Subject: FW: Child Health Monitoring
Attachments: C & Y Monitoring 6 26 15.doc
Medicaid re payment NC Tracks.docx
NCAPHNA Draft April 2015 CH Report.docx
NCAPHNA Findings Reports 2014-15.docx
CH Monitoring and Quality Improvement.docx

From: Tant, Carol
Sent: Thursday, June 25, 2015 2:00 PM
To: Health Directors only list (NCDPH.LHDirectors@lists.ncmail.net)
Cc: Vukoson, Jean; Moyer, Debby; Tyson, Marshall; Andersen, Peter; Staley, Danny; Williams, Dennis
Subject: Child Health Monitoring

We had a discussion several months ago in the Core Public Health meeting about child health monitoring. It has taken me quite a while to discover the "payback" method for Medicaid through NC Tracks, but we finally received the information attached. On this email, please read the memo to all local health directors about monitoring, the attachment about payback, the training list for LHD staff and 2 items on the most common findings of the monitoring visits. Please let Marshall Tyson (919 707 5640) your regional nurse consultant or me (919 707 5610) know if you have any questions.

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Daniel Staley
Acting Division Director

June 26, 2015

To: Local Health Department Directors

From: Carol Tant, MPHA, Head
Children and Youth Branch

Re: Children and Youth Branch Monitoring of Local Health Departments

A review of the Children and Youth Branch (CYB) auditing process and procedures was presented at the March 18, 2015 Core Public Health Committee meeting of the local health departments (LHDs). At that time we indicated we would also distribute the information in writing. I apologize for the delay in sending this to you, but I've been waiting for the latest information about the payback system through NC Tracks and just received one email from CSC with another pending. I will send the second directive from NC Tracks as soon as I receive it.

In the C & Y Branch, we have made a clearer distinction between formal audits and consultation/technical assistance visits. A formal audit is an external audit completed by the Best Practice Unit (BPU) auditing nurse every three years for low risk health departments and at least annually for high risk LHDs. Local health departments are considered high risk if there is a payback associated with an audit visit or if a corrective action plan is created by the health department that is not successfully completed and closed within a 90 day period. If absolutely necessary the 90 day period can be extended with approval from Branch management to allow further internal corrective action by the health department, but in those cases a high risk rating would be assigned. During the audit, all records or services deemed incomplete or non-billable will be subject to a payback to the Division of Medical Assistance for Medicaid. Local nurses already employed by the LHDs have been provided copies of the audit tools and trained in their appropriate use. If new nurses are hired or current nurses would like refresher training, please let the Regional Child Health Nurse Consultant working with your agency know so that training is made available.

I have attached a copy of the process local health departments must use to arrange paybacks to Medicaid based on audit findings**.** A second attachment is the "Common Audit Findings" for the most common errors we have identified in local health departments for documentation errors. Please notify the Best Practice auditing nurse in writing (Debby.Moyer@dhhs.nc.gov) after you have arranged and completed any necessary paybacks to Medicaid. Errors resulting in paybacks have been identified in almost 60% of the local health departments this past year so this is an important area for your attention.

It is very important that your nurses work with the Regional Child Health Nurse Consultants to minimize the problems found in the audits for both preventive and E&M visits. We strongly recommend that your staff complete internal audits at least quarterly for assessment of documentation processes and changes needed, no longer than three months after a new clinical staff person is hired, and each time a new process is introduced into the child health clinical care such as new electronic medical records, new billing requirements, etc.

Visits by Child Health Nurse Consultants from the Health and Wellness Unit in the CYB will be to provide consultation and technical assistance to help your staff avoid payback situations, but if they are reviewing records and identify a problem it will be subject to payback. Please see the attached list of training and assistance these nurses have already made available to your staff and will continue to coordinate as need and time permits. Consultation and TA visits will be geared more toward education and training and not as much toward individual record review. We suggest you use your internal audit procedure to identify problems early and broaden your documentation requirements and instruction to reduce potential loss of receipts.

Medicaid payment process through NC Tracks: June, 2015

Obtained from:

Tammy Wheeler
CSC NCTracks Claims Manager
2610 Wycliff Rd., Raleigh, NC 27607
Room 300
North American Public Sector | phone: 919.786.6960 | twheeler9@csc.com |

Electronic adjustments are the preferred method to report an overpayment or underpayment to NC Medicaid. There are two separate actions that may be filed:

- A provider should use "void" when he/she needs to cancel or submit a refund for a previously paid claim. The entire claim will be recouped under the void process.

- A provider should "replace" a claim if he/she is updating claim information or changing incorrectly billed information. This term is interchangeable with adjusting a claim. The entire claim will be recouped and reprocessed under the replacement process.

Children & Youth Branch
NCAPHNA Report
April 2015

Child Health Program

APRIL 6-12, 2016 IS NATIONAL PUBLIC HEALTH WEEK
The 2015 theme is Healthiest Nation 2030. Check out the NC Association for Public Health website for daily focus areas and strategies: https://ncpha.memberclicks.net/public-health-week.
Thank you for all you do to support children and their families!

APRIL IS NATIONAL FITNESS AND SPORTS MONTH
View and implement the resources and recommendations at the President's Council of Fitness Sports and Nutrition: http://www.fitness.gov/. The website provides striking data (http://www.fitness.gov/resource-center/facts-and-statistics/) to support increased exercise for families and better nutrition, for example, children now spend more than seven and a half hours a day in front of a screen (e.g., TV, videogames, computer) and 28.0% of Americans, or 80.2 million people, aged six and older are physically inactive.

If you agency provides pre-participation for sports assessments are reminded that following the national expert guidance from AAP and others improves outcomes for children and teens and reduces the agency's medical legal risk. See the guidance and other resources available from AAP at: https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-sports-medicine-and-fitness/Pages/PPE.aspx.

IMPORTANT REMINDER: 2015 COHORT CHILD HEALTH TRAINING PROGRAM (CHTP)
Registration is now open for the 2015 CHTP cohort at http://sph.unc.edu/nciph/nciph-chern/.
Onsite training (Chapel Hill): Week 1: August 24-28 and Week 2: November 16-19, 2015.
Please note: Applications accepted January 21 – June 15 AND Registration payments are due by August 3, 2015

The spring CHTP cohort was cancelled due to insufficient participants. The course must have 13 participants to provide the course. If your agency is considering sending an RN to the program, please contact your RCHNC as soon as possible.

IMPORTANT GUIDANCE AND RESOURCES FROM PUBLIC HEALTH NURSING AND PROFESSIONAL DEVELOPMENT UNIT (PHNPDU) WHICH MAY IMPACT YOUR CHILD HEALTH CLINICS:

- **Guidance regarding Electronic Documentation**
  Please see the memo from Phyllis Rocco dated December 2, 2014 regarding electronic health record (EHR) documentation requirements. Child health supervisors and ERRNs are asked to underscore the requirements regarding use of copyrighted tools, including commonly used developmental tools, and the need to clearly document the ERRN in scope of practice when consulting or obtaining a verbal order for care.

Children & Youth Branch

NCAPHNA Report

April 2015

- **Nursing Standing Orders**

  We continue to find nurses practicing outside their NC Board of Nursing scope of practice; we have had several agencies that were required to make reports to the NC Board of Nursing for practice outside the RN scope of practice. Please make sure that you are evaluating Nursing Standing Orders based on the information in Joy Reed's memo dated February 2013 available at the following link: http://www.ncpublichealthnursing.org/Standing%20Orders%202-12-13.docx.

  - Nursing standing orders are developed to facilitate and improve access to care
  - Nursing standing orders:
    - Are based on clear actions based on objective and verifiable findings
    - Do not require medical decision making: the RN can determine normal vs. abnormal, but discrimination between abnormal findings, in the absence of objective data (such as a lab result), is beyond the scope of practice for the RN
  - The following conditions require medical decision making:
    - Identification of rashes including: eczema, allergic reactions, fungal infections, diaper rash, cradle cap, ring worm*or poison ivy

      **Please note initially, it was felt that ring worm objective findings could support a nursing standing order, after extensive literature review, it has been determined that this is not possible due to the extensive number of possible diagnosis*
    - Discrimination between strep and thrush
    - Conjunctivitis
    - URI or other viral illness
  - The NCBON has ruled that RNs may recommend the use of OTC medications and non-prescriptive devices for an identified health related need
  - The RN who makes the recommendation is held accountable for having the knowledge to make nursing care decisions safely and monitor the outcomes of his/her actions
  - Recommendations should be consistent with agency policy and procedures

- **Nursing Competencies**
  - All agencies are responsible for assessing initial and ongoing competencies of all agency staff. Resources include your regional PHNPDH nurse consultant and NC Board of Nursing guidance: http://www.ncbon.com/MyFiles/Downloads/Course-Bulletin-Offerings-Articles/Bulletin-Article-Fall-2010-Competency-Validation.pdf.

- **Documentation and Coding Guidance**

  The Public Health Nurse and Profession Development Unit has posted guidance on billing and coding improvement for all programs: http://publichealth.nc.gov/lhd/ under the Documentation and Coding section. Available resources include an audit tool to assess appropriate billing for Evaluation and Management (E&M) visits; and the training "The Process for Billing and Coding for Health Department Providers". Please also review the memo in this section from Joy Reed (April 2014) regarding use of LU codes and flat fees for pediatric physicals including KHA and pre-participation in sports assessments.

- **Practice Management Resources**
  Practice Management Resources are now located on the DPH Website at http://publichealth.nc.gov/lhd/ under the Practice Management section. The tools and documents may be used by locals and consultants in order to facilitate the clinic efficiency and cost effective clinical improvement process. As additional items are developed and approved they will be added. This site also includes guidance on coding and billing for local health departments.

Questions regarding the above guidance can be addressed by your regional CHNC or PHNPDU nurse consultant (http://www.ncpublichealthnursing.org/NurseCons1.pdf).

CHILD HEALTH MONITORING UPDATES

In an effort to reduce the number of audit findings which are not compliant with Health Check Billing Guide (HCBG) requirements, the program is continuing focus and education on internal audits and understanding of the HCBG requirements. We are seeing more agencies who must report non-compliance to Medicaid and payback for visits which did not meet requirements. If external audit identifies non-compliance, a corrective action plan (CAP) is developed with the agency to resolve the issues. ***The agency is expected to demonstrate 100% compliance at the external audit conducted 90 days after the CAP is developed.***

Internal monitoring resources:

- Child Health Monitoring and QI Recommendations training available at: http://childrenyouth.chclinicalresources.sgizmo.com/s3/ . All staff auditing child health records are encouraged to review the training.
- Available January 15: New Internal Audit Assessment Tool (http://www.ncdhhs.gov/dph/wch/lhd/cyforms.htm) will help local agencies assess their internal auditing process to make sure it identifies non-compliance with regulatory, licensure, and local policies and outlines a corrective action process. The tool was developed to be used in conjunction with the above training.
- *Available January 15, 2015: Revised* 2013-2014 DPH Child Health audit tools available at: http://www.ncdhhs.gov/dph/wch/lhd/cyforms.htm. The revised tools allow the agency to summarize findings and demonstrate areas of compliance. Agencies are asked to use the Child Health Policy Audit Tool to assure compliance with required program policies.
- *Note: the 2013-2014 DPH audit tools will be used until a new HCBG is released by Medicaid.*

Debby Moyer, Best Practice Nurse Consultant, continues to summarize the most common audit findings from program reviews during the last quarter of 2014 below. ***Visits which do not meet all the required age specific visit components should not be billed or Title V funds used to support***

the service. Local agencies are urged to assure they have processes in place to assure compliance with the Health Check Billing Guide (HCBG) requirements for all child health preventative visits. If you have questions regarding the requirements, application of the audit tools, or resources, please contact your regional child health nurse consultant (RCHNC).

The current requirements are available at http://www.ncdhhs.gov/DMA/healthcheck/index.htm. Your RCHNCs recommend that you print and laminate pages 85-87 and make readily available to your clinical staff to increase compliance with requirements and appropriate coding.

Common audit findings January-March 2015

Audit monitoring reports (January-March 2015) are continuing to show improvements in multiple areas. DMA accountability for meet all Health Check Billing Guide requirements are increasing. We expect that there will be more paybacks related to non-compliance and urge all agencies to review their current quality assurance policies and processes to assure identification and resolution of identified issues. Please contact your regional child health nurse consultants for assistance in assessing and strengthening your internal monitoring infrastructure.

The following grid provides the common non-compliance findings for the previous quarter. Please also note that we are seeing more non-compliance related to electronic documentation. Please make sure that you are auditing records within three months of going on to your EHR to assure appropriate documentation.

HCBG Requirement	Type of finding
Pre-visit questionnaire (all ages)	No date on document; *Note: Pre-visit questionnaire is completed by the parent or guardian and reviewed by the provider. To meet billing requirements, a DOS must be present on all forms and screening tools*
Head circumference documentation	Head circumference not documented for child > 2 years, but < 3 years of age; *Note: Head circumference (for all infants and children through age 2 years) must be measured as indicated by the age of the child, plotted and dated on an age-appropriate growth chart;*
Blood pressure documentation and blood pressure percentile documentation	Blood pressure (BP) not documented in electronic health record (EHR) and/or BP percentile not documented in EHR; some EHR's are able of computing BP% if BP is documented; *Note: Blood pressure and Blood Pressure Percentile are required to be documented starting at ≥ 3 years of age and older; clinical action (a plan of care) is required for systolic or diastolic percentiles >90 percentile;* *http://www.ncdhhs.gov/dph/wch/doc/lhd/2013-2014-WellChildCareAuditToolInstructions.doc*
Comprehensive unclothed physical exam	Missing components noted with documentation of physical exam; body-systems not checked on visit sheet or not on EHR template; *Note: All components of the physical assessment (a complete physical appraisal of the unclothed child or adolescent) must be documented at each well child visit*

Hearing screening and reporting	Quantitative results of test and type of test used not documented, checked as completed on visit form and reported to HIS; *Note: Quantitative results of an objective hearing screening must be performed and documented for children ages 4-10 years*
Vision screening and reporting	Quantitative results of test and type of test used not documented; checked as completed on visit form and reported to HIS; *Note: Objective screenings results for vision must be performed and documented for children ages 3-10 years; at 11 years, screenings are done every 3 years;*
Nutrition and documentation	Nutrition section blank; *Note: Documentation should include specific findings/results (i.e., BMI %, Diagnosis code; any risks (i.e., dietary inadequacy, obesity, disordered eating practices, etc.). Review agency policies regarding documentation by exception.*
BMI V-codes documentation and reporting	BMI percentile not documented as recommended by HCBG or reported to HIS; *Note: Providers are encouraged to report one of the following diagnosis codes with corresponding BMI percentiles: V85.51 for < 5%; V85.52 for 5-85%; V85.53 for 85-95%, V85.54 for >95%*
Developmental structured screening	ASQ-3 completed but, not reported to HIS; *Note: Developmental structured screening (PEDS, ASQ-3) to be performed and results documented at ages 6 months, 12 months, 18 or 24 months, 3 years, 4 years, and 5 years, and reported with the EP modifier.*
Psychosocial and Behavioral Assessments	HEEADSSS and PSC completed but, not billed to HIS; *Note: When HEADSSS, PSC, PSC-Y, and ASQ-SE are billed with the EP modifier (99420 EP). HEEADSSS and PSC can be billed together if both are done at the WCC visit.*
Autism spectrum disorders screening documentation	MCHAT not circled on encounter & not billed to HIS (99420 EP); *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement (addition revenue is generated if these assessments are billed).*
Structured developmental screening and reporting	ASQ-3 completed, but reported as 99420 instead of 96110; *Note: developmental screening is a required component at ages 6, 12, 18 and 24 months and 3, 4, and 5 years; report of 96110 EP demonstrates compliance with this requirement (no additional revenue is generated).*
TB risk screening documentation	A baseline PPD not placed/documented; patient had positive for risk factor; *Note: A TB test (baseline) must be performed as clinically indicated for children and adolescents who present for care with the following: clinical symptoms; 2) if risk factors are present;*
Next Well Child Care (WCC) visit documentation	Next WCC appointment not documented in month and year format with WCC visits or PPC visits; *Note: The next well child care appointment (month and year) be must be discussed and documented; To assure continuity of care, if the Health Check screening assessment is not performed in the child's medical home, then the results of the visit and recommendations for follow-up should be shared in a timely manner with the child's medical home.*

May 13, 2015 **Follow-up to the Spring 2015 Child Health Regional Meetings** **All meetings can be accessed 8:00-9:00am or 12:00-1:00pm**		
See the attached map for your region and nurse consultant designation	**Consultants**	**Webinar Link and Meet me Number**
Regions 1, 2, 3	Linda Harrison Debra Patterson Melody McCune	To join the webinar: Meet me #
Regions 4, 5, 6	Stephanie Fisher Jean Vukoson New Consultant	To join the webinar: https://ncdhhschildrenandyouth.adobeconnect.com/r6a76d67s0z/ Meet me #: 1-712-432-1500 Access code: 698646#
Regions 7 & 8	Tara Lucas Lynette Robinson	To join the webinar: https://ncdhhschildrenandyouth.adobeconnect.com/r9624pi3jin/ Meet me #: 1-605-475-5900 and Access Code is 594-2210
NOTE: Handouts for the meetings will be sent via email on May 11 to the DON and Nurse Supervisor list serves from Beth Murray.		

Purpose of the meetings

Review of key messages and opportunity for questions regarding topics presented at the Spring Child Health Regional Meetings. As an example, changes in the Health Check Billing Guide including the July 2013 requirement for blood pressure percentiles for children over three was reviewed at the Fall 2013 and Spring 2014 regional meetings, but external program review demonstrated non-compliance with the requirement. This is an opportunity to reinforce and clarify questions regarding changes in recommendations or regulatory requirements.

Who should attend?

The content is focused for supervisors, program coordinators, and others responsible for assuring that the agency meets regulatory and licensure requirements.

Meeting Logistics

The meetings are available by webinar to review key slides from the regional meeting presentations and a phone line is provided to encourage conversation between the consultants

and local agencies. The meetings will not be recorded and archived. See the above notes regarding handouts for the meeting.

2015 CHILD HEALTH PROVIDER MEETINGS

MEETING LOGISTICAL INFORMATION including webinar links, phone numbers and handouts are available one week prior to the meetings at:
http://childrenyouth.chproviderresources.sgizmo.com/s3/

Date	Region	Times	Agenda
WINTER CHILD HEALTH PROVIDER MEETINGS			
FEBRUARY 2	Counties EAST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	Orientation to the new MCHAT R/F
FEBRUARY 5	Counties WEST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	
SPRING CHILD HEALTH PROVIDER MEETINGS			
MAY 5	Counties EAST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	*Provider-centric topics from the Spring Child Health Regional Meetings*
MAY 6	Counties WEST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	

Jean Vukoson, State Child Health Nurse Consultant
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919-609-2904

JANUARY 2014 NCAPHNA REPORT

All required age specific visit requirements must be completed and documented to bill Medicaid for the visit or to use Title V, Healthy Mothers Healthy Children funds to support the visits of non-Medicaid recipients. In the past six months there has been a significant increase in the number of Medicaid paybacks where significant non-compliance with visit requirements was identified.

Documentation of new procedures and reporting measures require revision to policies and procedures, staff training, as well as updates to existing electronic health records (EHR). Debby Moyer, Best Practice Nurse Consultant, has summarized the most common audit findings from program reviews during the last quarter of 2013 below; local agencies are urged to assure they have processes in place to assure compliance with the HCBG requirements. If you have questions regarding the requirements, application of the audit tools, or resources, please contact your regional child health nurse consultant.

Common audit findings October-December 2014

HCBG Requirement-WCC	Type of finding
Initial history	No date on document; sections incomplete *Note: To meet billing requirements, a date of service (DOS) must be present on all forms and screening tools*
Interval history	Not updated at each visit *Note: The Initial History is completed once for each child, but the history must be updated at each preventative visit*
Dental home	Dental home not documented *Note: HCBG requires that a referral be made if the child does not have a dental home or is not meeting the recommended dental periodicity (every six month assessments)*
Blood pressure percentile	Not computed or documented or follow-up per national recommendations *Note: the BP percentile must be documented based on the agency's Anthropometric Policy; clinical action (a plan of care) is required for systolic or diastolic percentiles >90 percentile*
Vision & hearing screening	Quantitative results of test and type of test used not documented *Note: See 2014 WCC Audit Tool Instructions for specific examples (http://www.ncdhhs.gov/dph/wch/doc/lhd/2013-2014-WellChildCareAuditToolInstructions.doc).*

HCBG Requirement-WCC	Type of finding
Structured developmental screening	PEDS, ASQ-3 not dated (*see note re DOS above*), scored per tool recommendation, or reported (96110 EP) *Note: developmental screening is a required component at ages 6, 12, 18 and 24 months and 3, 4, and 5 years; report of 96110 EP demonstrates compliance with this requirement (no additional revenue is generated). The tool must be scored per the tool recommendation.*
Structured psychosocial and behavioral health screening	HEADSSS not reported/billed (99420 EP) PSC, ASQ-SE not billed/reported (99420 EP) *Note: When indicated by routine surveillance, the HCBG recommends assessment of psychosocial and behavioral health risks using validated tools and referral and follow-up as indicated by the assessment. If completed and billed, additional revenue is generated for these assessments.*
Autism spectrum disorders screening	MCHAT not billed (99420 EP) *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement (addition revenue is generated if these assessments are billed).*
BMI V-codes	BMI percentile not documented as recommended or reported/billed *Note: see information above*

Common audit findings April 2014

HCBG Requirement-WCC	Type of finding
Initial history	No date on document; sections incomplete *Note: To meet billing requirements, a date of service (DOS) must be present on all forms and screening tools*
Interval history	Not updated at each visit Well Child Care (WCC) and Pediatric Primary Care (PPC); sections incomplete *Note: The Initial History is completed once for each child, but the history must be updated at each preventative visit*
Pre-visit questionnaire (all ages)	No date on document; sections incomplete *Note: Pre-visit questionnaire is completed by the parent or guardian and reviewed by the provider. Provider to review all sections and complete if left blank by parent. To meet billing requirements, a DOS must be present on all forms and screening tools*
Dental evaluation/application of dental fluoride varnish	No documentation of dental evaluation & application of dental varnish on visit form *Note: Dental evaluation and application of fluoride varnish can be applied*
Blood pressure percentile and documentation	Not computed or documented correctly or follow-up per national recommendations *Note: the BP percentile must be documented based on the agency's Anthropometric Policy, including DOS; clinical action (a plan of care) is required for systolic or diastolic percentiles >90 percentile*
Vision & hearing screening and reporting	Quantitative results of test and type of test used not documented; procedure not reported *Note: See 2014 WCC Audit Tool Instructions for specific examples (http://www.ncdhhs.gov/dph/wch/doc/lhd/2013-2014-WellChildCareAuditToolInstructions.doc).*
Structured developmental screening and reporting	PEDS, ASQ-3 not dated (*see note re DOS above*), scored per tool recommendation, or reported (96110 EP) *Note: developmental screening is a required component at ages 6, 12, 18 and 24 months and 3, 4, and 5 years; report of 96110 EP demonstrates compliance with this requirement (no additional revenue is generated). The tool must be scored per the tool recommendation.*

HCBG Requirement-WCC	Type of finding
Structured psychosocial and behavioral health screening and reporting	HEADSSS not reported/billed (99420 EP) PSC, ASQ-SE not billed/reported (99420 EP) CRAFFT not billed/reported (99408EP) *Note: When indicated by routine surveillance, the HCBG recommends assessment of psychosocial and behavioral health risks using validated tools and referral and follow-up as indicated by the assessment. If completed and billed, additional revenue is generated for these assessments.*
Autism spectrum disorders screening documentation	MCHAT not billed, dated or scored (99420 EP) *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement (addition revenue is generated if these assessments are billed).*
BMI V-codes documentation and reporting	BMI percentile not documented as recommended or reported/billed *Note: see information above*
CPT codes and Pediatric Primary Care (PPC) visits	Under coding of services;
Lab CPT codes and PPC visits	Lab services not circled on encounter form or reported
Next Well Child Care (WCC) visit documentation	Next WCC appointment not documented at WCC visit or PPC visit. *Note:*

JULY 2014 NCAPHNA REPORT

Common audit findings JULY 2014

Debby Moyer reports she is seeing improvements in the audits completed this quarter, but continued focus is needed in the following areas. *Data and audits are revealing undercoding for problem/primary care visits. See the billing and coding resources available at http://publichealth.nc.gov/lhd/ and contact your Public Health Nursing and Professional Development Unit consultant for assistance with billing and coding audit and training.*

HCBG Requirement-WCC	Type of finding
Initial history	No date on document; sections incomplete Not completed or updated on problem/primary care visits *Note: To meet billing requirements, a date of service (DOS) must be present on all forms and screening tools*
Interval history	Not updated at each visit Well Child Care (WCC) and Pediatric Primary Care (PPC); sections incomplete *Note: The Initial History is completed once for each child, but the history must be updated at each preventative visit*
Pre-visit questionnaire (all ages)	No date on document; sections incomplete *Note: Pre-visit questionnaire is completed by the parent or guardian and reviewed by the provider. Provider to review all sections and complete if left blank by parent. To meet billing requirements, a DOS must be present on all forms and screening tools*
Dental evaluation/application of dental fluoride varnish	No documentation of dental evaluation & application of dental varnish on visit form *Note: Dental evaluation and application of fluoride varnish can be applied*
Blood pressure percentile and documentation	Not calculated or documented correctly or follow-up per national recommendations *Note: the BP percentile must be documented based on the agency's Anthropometric Policy, including DOS; clinical action (a plan of care) is required for systolic or diastolic percentiles >90 percentile*
Nutrition Assessment	Documentation of nutrition assessment must meet BF guidelines including documentation of red flags. LHD policy and procedure should be specific regarding age specific assessment components and documentation expectations. Reference: BF Nutrition Assessment training: http://childrenyouth.brightfutureswebinar.sgizmo.com/s3/

HCBG Requirement-WCC	Type of finding
BMI V-codes documentation and reporting	BMI percentile not documented as recommended by HCBG
Vision & hearing screening and reporting Failure to follow-up on hearing and vision screens unable to be completed at the visit	Quantitative results of test and type of test used not documented; procedure not reported *Note: See 2014 WCC Audit Tool Instructions for specific examples (http://www.ncdhhs.gov/dph/wch/doc/lhd/2013-2014-WellChildCareAuditToolInstructions.doc).* Required vision and hearing not completed at the visit must be followed up and referral made if unable to be completed on return visit. See the HCBG for guidance on how to code the visit.
Structured developmental screening and reporting	PEDS, ASQ-3 not dated (*see note re DOS above*), scored per tool recommendation, or reported (96110 EP) *Note: developmental screening is a required component at ages 6, 12, 18 and 24 months and 3, 4, and 5 years; report of 96110 EP demonstrates compliance with this requirement (no additional revenue is generated). The tool must be scored per the tool recommendation.*
Structured psychosocial and behavioral health screening and reporting	HEADSSS not reported/billed (99420 EP) PSC, ASQ-SE not billed/reported (99420 EP) CRAFFT not billed/reported (99408EP) Connors or Vanderbilt not billed (99420) *Note: When indicated by routine surveillance, the HCBG recommends assessment of psychosocial and behavioral health risks using validated tools and referral and follow-up as indicated by the assessment. If completed and billed, additional revenue is generated for these assessments.*
Autism spectrum disorders screening documentation	MCHAT not billed, dated or scored (99420 EP) *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement (addition revenue is generated if these assessments are billed).*
CPT codes and Pediatric Primary Care (PPC) visits	Under coding of services; service documentation meets higher E&M code requirements. *Note: annual billing & coding audit recommended with Public Health Nursing & Professional Development Nurse Consultants to optimize coding and revenue*
Lab CPT codes and PPC visits	Lab services not circled on encounter form or reported or billed

HCBG Requirement-WCC	Type of finding
Next Well Child Care (WCC) visit documentation	Next WCC appointment not documented at WCC visit or PPC visit. *Note: HCBG requires agencies to facilitate access to preventative visits at recommended periodicity; best practice recommendation is documentation of the month and year of next preventative visit*

Common audit findings OCTOBER 2014

Debby reports she is seeing improvements in the audits completed this quarter, but continued focus is needed in the following areas. *Data and audits continue to demonstrate undercoding for problem/primary care visits, but also improvements in this area. See the billing and coding resources available at http://publichealth.nc.gov/lhd/ and contact your Public Health Nursing and Professional Development Unit consultant for assistance with billing and coding audit and training.*

HCBG Requirement-WCC	Type of finding
Initial history	No date on document; sections incomplete Not completed or updated on problem/primary care visits *Note: To meet billing requirements, a date of service (DOS) must be present on all forms and screening tools*
Interval history	Not updated at each visit Well Child Care (WCC) and Pediatric Primary Care (PPC); sections incomplete *Note: The Initial History is completed once for each child, but the history must be updated at each preventative visit*
Pre-visit questionnaire (all ages)	No PVQ present with initial visit; no date on document; sections incomplete *Note: Pre-visit questionnaire is completed by the parent or guardian and reviewed by the provider. Provider to review all sections and complete if left blank by parent. To meet billing requirements, a DOS must be present on all forms and screening tools*
Nutrition Assessment	Nutrition documented as "balanced", "good" or "none" or left blank. *Note: Documentation of nutrition assessment must meet BF guidelines including documentation of red flags. LHD policy and procedure should be specific regarding age specific assessment components and documentation expectations.* *Reference: BF Nutrition Assessment training:* http://childrenyouth.brightfutureswebinar.sgizmo.com/s3/
Vision & hearing screening and reporting Failure to follow-up on hearing and vision screens unable to be completed at the visit	Quantitative results of test and type of test used not documented; procedure not reported *Note: See 2014 WCC Audit Tool Instructions for specific examples (http://www.ncdhhs.gov/dph/wch/doc/lhd/2013-2014-WellChildCareAuditToolInstructions.doc).* Required vision and hearing not completed at the visit must be followed up and referral made if unable to be completed on return visit. See the HCBG for guidance on how to code the visit.

HCBG Requirement-WCC	Type of finding
Physical Assessment	Sections of the physical assessment left blank; Tanner stage not documents *Note: The HCBG requires a comprehensive, unclothe physical examination; all components of the physical must be addressed and documented.*
Measurements	Head circumference not documented in record for child 15 months of age *Note: the HCBG requires head circumference through age 2 years; Bright Futures recommends through age 3 years.*
Anticipatory Guidance	Section left blank Note: documentation of "targeted" education and guidance or priority messages for the child are required
Immunizations	Updated in NCIR but no documentation of the immunizations provided at the visit
Lead Screening	No lead screen at 2 year visit and no documentation regarding why not done; no lead screening in file for child <72 months and no documentation regarding why not performed. Note: See HCBG requirements regarding lead screening Federal regulations require that all Medicaid-enrolled children have a blood lead test at 12 and 24 months of age. Providers must document results in the medical records. **Children between 36 and 72 months of age must be** tested if they have not been previously tested. Providers should also perform lead testing when otherwise clinically indicated. **Medical follow-up begins with a blood lead level greater than or equal to 5µg/dL.** Capillary blood level samples are adequate for the initial testing. Venous blood level samples should be collected for confirmation of all blood lead test results ≥ 5 µg/dL.
Newborn Metabolic Screen	Newborn metabolic screen not documented in record for infant *The HCBG requires the newborn screen be documented in the chart as soon as possible; program guidance is that the results be documented within 3 months of age*
Structured developmental screening and reporting	PEDS, ASQ-3 not dated (*see note re DOS above*), scored per tool recommendation, or reported (96110 EP) *Note: developmental screening is a required component at ages 6, 12, 18 and 24 months and 3, 4, and 5 years; report of 96110 EP demonstrates compliance with this requirement (no additional revenue is generated). The tool must be scored per the tool recommendation.*

HCBG Requirement-WCC	Type of finding
Structured psychosocial and behavioral health screening and reporting	HEADSSS not reported/billed (99420 EP) PSC, ASQ-SE not billed/reported (99420 EP) CRAFFT not billed/reported (99408EP) Connors or Vanderbilt not billed (99420) *Note: When indicated by routine surveillance, the HCBG recommends assessment of psychosocial and behavioral health risks using validated tools and referral and follow-up as indicated by the assessment. If completed and billed, additional revenue is generated for these assessments.*
Autism spectrum disorders screening documentation	MCHAT not billed, dated or scored (99420 EP) *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement (addition revenue is generated if these assessments are billed).*
Follow-up and Plan of Care	Risk for anemia identified on PVQ and not addressed;
CPT codes and Pediatric Primary Care (PPC) visits	Under coding of services; service documentation meets higher E&M code requirements. *Note: annual billing & coding audit recommended with Public Health Nursing & Professional Development Nurse Consultants to optimize coding and revenue*
Next Well Child Care (WCC) visit documentation	Next WCC appointment not documented at WCC visit or PPC visit. *Note: HCBG requires agencies to facilitate access to preventative visits at recommended periodicity; best practice recommendation is documentation of the month and year of next preventative visit*
HCBG Requirement-PPC	**Type of Findings**
Initial History	Completed but not dates Note: best practice recommendation is to complete an initial history on first visits to agency regardless of visit type. This increases the available information to treat the new patient (reduces medical legal risk) and increases data to support billing level. The past medical history should be updated at each visit
Visit documentation	Incomplete visit documentation but visit billed Physical exam and ROS and Plan of Care not documented Child with chronic asthma but no Asthma Action Plan (visit was for different issue) Unable to read provider handwriting *Note: required components of E&M visit documentation; failure to document impacts billing level and medical legal risk*
Immunizations not updated	Immunizations should be updated at each visit to the agency to avoid "missed opportunity" to fully immunize children

HCBG Requirement-PPC	Type of finding
Allergies and current medications	Not updated at the visit; this information provides critical information for treatment of the child (reduces medical legal risk)
Billing & coding	Strep test and culture completed but not billed
Continuity of care	Next well child appointment not documented or document "as needed"
RN scope of practice	ERRN did not document referral to higher level provider or medical home for BMI>95% or BP percentile >90%; child presents with nausea, vomiting, and abdominal pain advised to see medical home but care not coordinated by the ERRN ERRN scope of practice requires consult or referral of all abnormal findings to the appropriate clinician Resources NCBON: http://www.ncbon.com/myfiles/downloads/position-statements-decision-trees/rn-position-statement.pdf Joy Reed Memo Standing Orders: http://www.ncpublichealthnursing.org/publications.htm

Common audit findings October-December 2014

Audit monitoring reports (October through mid-December 2014) are continuing to show improvement for this quarter. Continued focus is needed in the following areas. *Data and audits are continuing to reveal some undercoding for problem/primary care visits. See the billing and coding resources available at http://publichealth.nc.gov/lhd/ and contact your Public Health Nursing and Professional Development Unit consultant for assistance with billing and coding audit and training.*

HCBG Requirement-WCC	Type of finding
Initial history	Birth history section missing on electronic medical record (EMR) visit; no paper copy of initial history scanned to chart; *Note: To meet billing requirements, a complete initial history must be documented. Please check with your EMR vendor.* *If birth history is not available, please document "history not available." Child may be in foster care, and birth history is not known.*
Interval history	Not updated at Pediatric Primary Care (PPC) visits; *Note: The Initial History is completed once for each child, but history must be updated at each subsequent visit*
Head circumference	Head circumference documentation missing on electronic medical record (EMR) visit. *Note: To meet billing requirements, head circumference documentation is required for infants, age's birth up to 3 years. Please check with your vendor.*
Blood pressure percentile documentation	Not documented on WCC visit form; *Note: BP percentile must be documented based on HCBG requirements; clinical action (a plan of care) is required for systolic or diastolic percentiles >90 percentile.*
Nutrition Assessment	Documentation of nutrition as "WNL", "none", or "no red flags" not consistent with HCBG documentation guidelines. Documentation of nutrition assessment must meet Bright Futures guidelines of nutritional components and be age specific. Reference: BF Nutrition Assessment training: http://childrenyouth.brightfutureswebinar.sgizmo.com/s3/

HCBG Requirement-WCC	Type of finding
Structured psychosocial and behavioral health screening and reporting	HEADSSS not billed or reported (99420 EP) PSC, ASQ-SE not billed or reported (99420 EP) CRAFFT not billed or reported (99408EP) *Note: When indicated by routine surveillance, the HCBG recommends assessment of psychosocial and behavioral health risks using validated tools and referral and follow-up as indicated by the assessment..* *Agency can bill HEEADSSS and PSC at the same time if both screening tools are completed.* *A CRAFFT screening can be billed If there are at least 2+ risk factors on HEEADSSS.* *Additional revenue is generated for CRAFFT screening tool based on time: CPT code 99408 for 15-30 minutes, and CPT code 99409 for > 30 minutes.*
Autism spectrum disorders screening documentation	MCHAT not billed (99420 EP) *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement (addition revenue is generated if these assessments are completed and billed).*
BMI V-codes documentation and reporting	BMI percentile not documented as recommended by HCBG
CPT codes and Pediatric Primary Care (PPC) visits	Under coding of services; service documentation meets higher E&M code requirements. *Note: annual billing & coding audit recommended with Public Health Nursing & Professional Development Nurse Consultants to optimize coding and revenue*
Next Well Child Care (WCC) visit documentation	Next WCC appointment not documented at WCC visit or PPC visit. *Note: HCBG requires agencies to facilitate access to preventative visits at recommended periodicity; best practice recommendation is documentation of the month and year of next preventative visit*

Common audit findings January-March 2015

Audit monitoring reports (January-March 2015) are continuing to show improvements in multiple areas. DMA accountability for meet all Health Check Billing Guide requirements are increasing. We expect that there will be more paybacks related to non-compliance and urge all agencies to review their current quality assurance policies and processes to assure identification and resolution of identified issues. Please contact your regional child health nurse consultants for assistance in assessing and strengthening your internal monitoring infrastructure.

The following grid provides the common non-compliance findings for the previous quarter. Please also note that we are seeing more non-compliance related to electronic documentation. Please make sure that you are auditing records within three months of going on to your EHR to assure appropriate documentation.

HCBG Requirement-WCC	Type of finding
Pre-visit questionnaire (all ages)	No date of service (DOS) on document *Note: Pre-visit questionnaire is completed by the parent or guardian and reviewed by the provider. To meet billing requirements, a DOS must be present on all forms and screening tools*
Head circumference documentation	Head circumference not documented for child > 2 years, but < 3 years of age; *Note: The HCBG required head circumference (for all infants and children through age 2 years) must be measured as indicated by the age of the child, plotted and dated on an age-appropriate growth chart;*
Blood pressure & blood pressure percentile documentation	Blood pressure (BP) not documented in electronic health record (EHR) and/or BP percentile not documented in EHR; some EHR's are able of calculate and graft BP% if BP is documented; *Note: Blood pressure and Blood Pressure Percentile are required to be documented starting at ≥ 3 years of age and older; clinical action (a plan of care) is required for systolic or diastolic percentiles >90 percentile;* *http://www.ncdhhs.gov/dph/wch/doc/lhd/2013-2014-WellChildCareAuditToolInstructions.doc*
Hearing screening and reporting	Quantitative results of test and type of test used not documented, checked as completed on visit form and reported with visit *Note: Quantitative results of an objective hearing screening must be performed and documented for children ages 4-10 years*

HCBG Requirement-WCC	Type of finding
Vision screening and reporting	Quantitative results of test and type of test used not documented; checked as completed on visit form and reported with visit *Note: Objective screenings results for vision must be performed and documented for children ages 3-10 years; at 11 years, screenings are done every 3 years;*
Comprehensive unclothed physical exam	Missing components noted with documentation of physical exam; body-systems not checked on visit sheet or the EHR template; and in some cases the EHR template did not contain all the physical assessment components. *Note: All components of the physical assessment (a complete physical appraisal of the unclothed child or adolescent) must be documented at each well child visit*
Nutrition and documentation	Nutrition section blank; *Note: Documentation should include specific findings/results (i.e., BMI %, Diagnosis code; any risks (i.e., dietary inadequacy, obesity, disordered eating practices, etc.). Review agency policies regarding documentation by exception.*
BMI V-codes documentation and reporting	BMI percentile not documented as recommended by HCBG or reported to HIS; *Note: Providers are encouraged to report one of the following diagnosis codes with corresponding BMI percentiles: V85.51 for < 5%; V85.52 for 5-85%; V85.53 for 85-95%, V85.54 for >95%*
Developmental structured screening	ASQ-3 completed but, not reported with visit *Note: Developmental structured screening (PEDS, ASQ-3) to be performed and results documented at ages 6 months, 12 months, 18 or 24 months, 3 years, 4 years, and 5 years, and reported with the EP modifier.*
Psychosocial and Behavioral Assessments	HEEADSSS and PSC completed but, not billed resulting in loss revenue *Note: When HEADSSS, PSC, PSC-Y, and ASQ-SE are billed with the EP modifier (99420 EP). HEEADSSS and PSC can be billed together if both are done at the WCC visit.*
Autism spectrum disorders screening documentation	MCHAT not circled on encounter & not billed to HIS (99420 EP) resulting in loss revenue *Note: Autism screening is required at 18 and 24 months of age; billing of these codes demonstrates compliance with this requirement*
Structured developmental screening and reporting	ASQ-3 completed, but reported as 99420 instead of 96110 resulting in overpayment from DMA *Note: developmental screening is a required component at ages 6, 12, 18 and 24 months and 3, 4, and 5 years; report of 96110 EP demonstrates compliance with this requirement (no additional revenue is generated).*

HCBG Requirement-WCC	Type of finding
TB risk screening documentation	A baseline PPD not placed/documented; patient had positive for risk factor; *Note: A TB test (baseline) must be performed as clinically indicated for children and adolescents who present for care with the following: clinical symptoms; 2) if risk factors are present;*
Next Well Child Care (WCC) visit documentation	Next WCC appointment not documented in month and year format with WCC visits or PPC visits; *Note: The next well child care appointment (month and year) be must be discussed and documented; To assure continuity of care, if the Health Check screening assessment is not performed in the child's medical home, then the results of the visit and recommendations for follow-up should be shared in a timely manner with the child's medical home.*

Fall 2014 Regional Child Health Meetings *Payments must be made via check or Credit Card. No late fees will be accepted and no payments will be accepted on-site.*			
Dates	**Location**	**Registration Opens**	**Fees Due (Postmarked by)**
September 15	Forsyth County HD (Melody)	July 25	August 25
September 22	Pitt County Ag Building (Stephanie)	July 31	September 4
September 23	Harnett County HD (Tara)	July 31	September 4
September 30	Haywood County HD (Linda)	August 7	September 11

HOLD THE DATES: Fall 2014 Child Health Regional Meetings

Due to the continued need to optimize resources, the fall regional meetings will be reduced from six to four sites beginning in September 2014. We are continuing to work with our partners at the NC Institute for Public Health (NCIPH) to provide the trainings. As with past meetings, NCIPH requires that the registration payment be postmarked no later than two weeks prior to the meeting date the participant will attend.

Registration information will be shared by email with DONs and nursing supervisors no later than July 25, 2014; you may check the following website for registration information: http://sph.unc.edu/nciph/nciph-catalog/. **Please note that payments received after the designated dates below, will not be accepted and the registration will be cancelled.**

DATE	MEETING LOCATION	LAST DATE FOR PAYMENT TO BE POSTMARKED
September 15	Forsyth County Health Department, Winston Salem	August 25
September 22	Pitt County Agricultural Building, Greenville	September 4
September 23	Harnett County Health Department, Lillington	September 4
September 30	Senior Resource Center, Waynesville	September 11

The agenda will provide programmatic updates including updates to the 2014 Health Check Billing Guide and nursing practice, review of the new national nutrition guidelines, strategies to improve adolescent health and information on the Minor's Consent law, and the Americans with Disabilities Act and strategies to improve access to care for families with disabilities. Registration will begin at 8:30AM, with the meeting following at 9:00AM and adjournment at 3:45PM. 5.5 nursing continuing education hours (CEH) will be offered for the training; the 5.5 CEHs are approved for child health enhanced role nurses. Tuition of $40 covers CEH (<$8 per CEH), catered lunch, and snacks.

HOLD THE DATE: October 20, 2014 Follow-up to the 2014 Spring Child Health Regional Meetings

To assure communication of key programmatic messages provided in the Fall 2014 Child Health Spring Meetings, the regional child health nurse consultants (RCHNC) will provide a review of key messages and opportunity for questions and clarification of issues via regional webinars on **October 20, 2014. Meetings in all regions will occur at the same times 8:00-9:00am or 12:00-1:00pm.** Your RCHNCs will facilitate the regional meeting; meeting logistics including phone and webinar access will be distributed soon.

The target audience for these meetings is directors of nursing, nursing supervisors and program coordinators. The consultants will review the Child Health Updates *requiring action by local agencies*. For example, at the Fall Child Health Regional meetings, the HCBG requirement to document BP percentiles and develop a plan of action for abnormal BP percentiles was reviewed in detail, but many local agencies were delayed in implementation; our hope is by providing an opportunity for clarification, questions, and resources, we can avoid similar situations. Registration is not required for the meeting and no continuing education is provided for the meeting.

Child Health Monitoring and Quality Improvement Training		
HANDOUTS FOR THIS MEETING WILL BE AVAILABLE AT: http://childrenyouth.chclinicalresources.sgizmo.com/s3/		
Date	**Region**	**Web Link**
October 14 8:00-9:00am 12:00-1:00pm	Counties EAST of Raleigh	Web Link: https://ncdhhschildrenandyouth.adobeconnect.com/chqi/
October 16 8:00-9:00am 12:00-1:00pm	Counties WEST of Raleigh	Web Link: https://ncdhhschildrenandyouth.adobeconnect.com/chqi/

NEW Child Health Quality Assurance Training

Best Practice Nurse Consultant and Jean Vukoson will provide live web-based training on how to perform internal audits to assure compliance with the Health Check Billing Guide requirements using the 2014 DPH Audit Tools. The training will include pointers on setting up your quality improvement team, the audit tools and documentation expectations, and follow-up of identified non-compliance issues. Please mark your calendars; more information on the training access and handouts will be provided at the Fall Child Health Regional Meetings. All child health supervisors, coordinators and QA staff are encouraged to attend the trainings.

DON's & Child Health Nursing Supervisors:
Please share the following *updated* information with CH providers and staff:

MARK YOUR CALENDARS FOR IMPORTANT MEETINGS

October 8	*Counties EAST of Raleigh*	*8:00am-9:00am or 12:00pm-1:00pm*		*Review of key topics from the Fall CH Regional Meetings*
October 15	Counties WEST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm		

MEETING LOGISTICAL INFORMATION including webinar links, phone numbers, and handouts are available one week prior to the meetings at: http://childrenyouth.chproviderresources.sgizmo.com/s3/			
WINTER CHILD HEALTH PROVIDER MEETINGS			
Date	**Region**	**Times**	**Agenda**
FEBRUARY 25	Counties EAST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	Implementing the new MCHAT R/F Autism Screening Tool
MARCH 11	Counties WEST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	
SPRING CHILD HEALTH PROVIDER MEETINGS			
MAY 5	Counties EAST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	*Provider-centric* topics from the Spring Child Health Regional Meetings
MAY 7	Counties WEST of Raleigh	8:00am-9:00am or 12:00pm-1:00pm	

Spring 2015 Regional Child Health Meetings

Tuition $40

Payments must be made via check or Credit Card. No late fees will be accepted and no payments will be accepted on-site.

Tuition includes 5.5 nursing continuing education hours (CEH) which are approved for Child Health Enhanced Role Nurse (ERRN) rostering.

All agencies receiving any Title V/Healthy Mothers Healthy Children Funds are required by the 351 Child Health Agreement Addenda to send one participant to the regional meetings.

Dates	Location	Registration Opens	Fees Due (Postmarked by)
April 9	Pitt County Agricultural Building	February 16	March 27
April 13	Harnett County Health Department		March 27
April 20	Forsyth County Health Department		April 1
April 23	Haywood County Senior Resource Center		April 1

Registration: http://sph.unc.edu/nciph/nciph-catalog/

Handouts:

Monitoring QI Handout -1.docx

Monitoring QI Handout 2.docx

Monitoring QI Handout 3.docx

Monitoring QI Handout 4.docx

Monitoring QI Handout 5.docx

Please note: 5.5 hours of nursing continuing education (CEH) are provided in these trainings. All the CEH are appropriate for child health ERRNs and are counted toward re-rostering.

Agencies are encouraged to send all ERRNs to the regional meetings to keep abreast of changes in current child health practice and to support rostering requirements. Title V/Healthy Mothers/Healthy Children funds may be used to support attendance at the meetings.

May 13, 2015

Follow-up to the Spring 2015 Child Health Regional Meetings

All meetings can be accessed 8:00-9:00am or 12:00-1:00pm

See the attached map for your region and nurse consultant designation	Consultants	Webinar Link and Meet me Number
Regions 1, 2, 3	Linda Harrison Debra Patterson Melody McCune	To join the webinar: https://ncdhhschildrenandyouth.adobeconnect.com/chrm/ Meet me # Dial in Number 605-475-4700 access #301319
Regions 4, 5, 6	Stephanie Fisher Jean Vukoson New Consultant	To join the webinar: https://ncdhhschildrenandyouth.adobeconnect.com/r6a76d67s0z/ Meet me #: 1-712-432-1500 Access code: 698646#
Regions 7 & 8	Tara Lucas Lynette Robinson	To join the webinar: https://ncdhhschildrenandyouth.adobeconnect.com/r9624pi3jin/ Meet me #: 1-605-475-5900 and Access Code is 594-2210
NOTE: Handouts for the meetings will be sent via email on May 11 to the DON and Nurse Supervisor listserves from Beth Murray.		

Purpose of the meetings

Review of key messages and opportunity for questions regarding topics presented at the Spring Child Health Regional Meetings. As an example, changes in the Health Check Billing Guide including the July 2013 requirement for blood pressure percentiles for children over three was reviewed at the Fall 2013 and Spring 2014 regional meetings, but external program review demonstrated non-compliance with the requirement. This is an opportunity to reinforce and clarify questions regarding changes in recommendations or regulatory requirements.

Who should attend?

The content is focused for supervisors, program coordinators, and others responsible for assuring that the agency meets regulatory and licensure requirements.