POLICY AND PROCEDURE	
SUBJECT/TITLE:	Children with Medical Handicaps (CMH) Program
APPLICABILITY:	Public Health Nurses (PHNs)
CONTACT PERSON & DIVISION:	Diane Thompson, RN, MSN, Director of Nursing
ORIGINAL DATE ADOPTED:	05/22/2018
LATEST EFFECTIVE DATE:	05/22/2018
REVIEW FREQUENCY:	Every five (5) years
BOARD APPROVAL DATE:	N/A
REFERENCE NUMBER:	200-009-P

A. PURPOSE

Canton City Public Health (CCPH) works closely with the CMH program to provide services to children with special health care needs and their families who reside in the City of Canton. The PHN is an essential member of the healthcare team and a vital link in coordination of healthcare services and service delivery for children with special health care needs.

B. POLICY

CCPH follows the policies of the Ohio Department of Health (ODH), Bureau for Children with Medical Handicaps, Policies for Public Health Nurse Services.

C. BACKGROUND

N/A.

D. GLOSSARY OF TERMS

N/A.

E. PROCEDURES & STANDARD OPERATING GUIDELINES

1. Janet (Tammy when Janet is off) runs weekly LOA report from CMACS
   a. Report dates are previous week (Sunday to Saturday)
   b. Runs CCHD report
   c. Runs SCHD report
2. Report goes to Connie (Kelli when Connie is off)
   a. Checks Canton addresses to see if in City of Canton
   b. If in City of Canton, prints LOAs
3. LOAs go to nurse according to territory
   a. NW/SE
   b. SW/NE
4. Nurse adds/updates info from LOA in InSync as follows:
   a. All demographic info
      i. Name
      ii. DOB
      iii. Preferred Language
      iv. Race Group

     v. Race (should populate from Race Group)

     vi. Ethnicity Group

     vii. Ethnicity

     viii. Patient category of NE, NW, SE, SW

     ix. Primary Provider (Dr. Elias)

  b. Additional Information

     i. Guarantor (person financially responsible) for BCMH patient – could be JFS

     ii. Next of Kin should be used to record contact if different from Guarantor

  c. Insurance

     i. Payer is BCMH

     ii. Policy # is the BCMH ID number – ***do not*** enter dashes

     iii. Start Date is the earliest LOA date

     iv. End date is the latest LOA date

     v. Priority is ***always*** Primary

     vi. Comments

       1. Format the insurance comment section as follows: V [last visit date]; Dx [date from-to]; Tx [date from-to]; SC [date from-to]; PHN [date from-to]

       2. Replace [last visit date] with the actual date of the last visit.

       3. Replace [date from-to] with the actual LOA dates.

       4. If a BCMH client does not have a Dx, Tx, SC and/or PHN, do not enter a date.

       5. Example: a visit was made on 2/1/16 and the client only has a Treatment LOA with dates of 1/1/16 – 10/1/16, your data in the comments section will be V 2/1/2016; Dx; Tx 1/1/16-10/1/16; SC; PHN

       6. DO NOT to use commas or periods when entering dates – slashes and dashes are acceptable.

       7. Extra spaces are acceptable.

       8. Leading zeros on the dates are acceptable – enter dates 01/01/2016 or 1/1/2016 or 01/01/16 or 1/1/16 or any other

     vii. Subscriber Details is the patient information

     viii. Contact Details is the patient address information

5. Nurse contacts patient – I don't know anything about this ☺

6. Nurse books visit

  a. Enter appointment on InSync Scheduler

  b. If multiple BCMH patient in one household, enter each patient

  c. Document visits/appointments

     i. Confirm – means visit occurred

     ii. Cancel – means parent cancelled appointment

     iii. No Show – means parent did not call and did not show up

     iv. ***Do not*** delete appointments unless you didn't mean to book it

      v. Reschedule – ***do not*** delete and re-enter an appointment, select re rescheduled to move it to another day/time

7. Nurse has "contacts" – i.e. visits, paperwork, phone calls, etc.

8. All "contacts" all billable

9. Nurse creates claim in InSync for all billable time
    a. Name is entered in New Charge screen
    b. Place of Service
        i. 11 is for office contact
        ii. 12 is for home contact
    c. Provider is always Dr. Elias
    d. Primary insurance is always BCMH
    e. All diagnosis codes from the LOA are entered in the Diagnosis code section
    f. Date of Service From is the date of the contact
    g. Date of Service To is the date of the contact (automatically populates with the "from" date)
    h. CPT code is always 99600
    i. No modifier
    j. Dx Pointer(s) are the number(s) in from of each diagnosis code (up to 4) – must have at least one
    k. Units are the number of 15 minute increments of time spent on the contact
    l. "Validate" calculates the total of the claim (each 15 minute increment of time is $10) and lists any errors that need corrected
    m. Once all errors are corrected ,"Save & Generate" submits the claim for processing

10. Nurses print list of claims to be billed
    a. Nurses check list of claims for accuracy
    b. Nurses total amount to be billed and write it on the list
    c. Nurses sign the list as approval to submit claims
    d. List of claims is given to Clerk

11. Clerk transmits InSync claims to BCMH

12. A spreadsheet of claims submitted, rejections, denials and payments is maintained by the Office Manager

13. Office Manger checks weekly for payments and rejections

14. Rejections are given to Nurse to figure out if it was an error or if it is not billable.
    a. If error, error is corrected and claim is rebilled
    b. If not billable, Office Manager enters denial
    c. All paperwork is filed in BCMH billing files

15. Paper checks are received for BCMH payments

16. Vital Clerk enters payments and denials

17. Vital Clerk generates the Detailed Payment Report

18. Office Manager reviews and documents in BCMH spreadsheet

F. CITATIONS & REFERENCES

N/A.

G. CONTRIBUTORS

The following staff contributed to the authorship of this document:

1.   Diane Thompson, RN, MSN, Director of Nursing
2.   Jon Elias, MD, Medical Director

H. APPENDICIES & ATTACHMENTS

N/A

I. REFERENCE FORMS

Bureau for Children with Medical Handicaps

J. REVISION & REVIEW HISTORY

Revision Date	Review Date	Author	Notes

K. APPROVAL

This document has been approved in accordance with the "800-001-P Standards for Writing and Approving PPSOGFs" procedure as of the effective date listed above.