

E = Executive Committee Member
 R = Regional Representative
 M = Dues Paying Member

NCALHD ATTENDANCE ROSTER JUNE 27, 2000

Initial County/Health Director

Initial County/Health Director

JH Alamance/Tim Green
JR Alexander/Shelley Carraway
BP Anson/James Roosen
BP Appalachain Dist/Danny Staley
BP Beaufort/~~Ginny Williams, Acting~~ *Roxanne Frederick*
BP Bertie/~~John Shaw~~ *Ron Freeman*
MB Bladen/Myra Johnson (M)
DJ Brunswick/Don Yousey
MT Buncombe/George Bond (R) *Nancy Thompson*
 _____ Burke/David L. Rust
 _____ Cabarrus/Dr. William Pilkington
DM Caldwell/Douglas W. Urland
 _____ Carteret/Dr. J.T. Garrett
 _____ Caswell/Vacant
CB Catawba/Barry Blick
JS Chatham/Wayne Sherman (M)
JS Cherokee/Elaine Russell
 _____ Clay/Janice Patterson
 _____ Cleveland/Denese Stallings
MB Columbus/Marian Duncan
JS Craven/Wanda Sandele
MB Cumberland/~~Eleanor McGinnis, Acting~~ *JANET LIND BLOOM*
 _____ Currituck/John B. Sledge
AT Dare/Anne B. Thomas
DS Davidson/Diane Crouse
DB Davie/Barry Bass
 _____ Duplin/Dr. Harriette Duncan
 _____ Durham/Brian Letourneau
JB Edgecombe/James Baluss
SK Forsyth/Sherman Kahn, MD (M)
 _____ Franklin/Keith Patton
GP Gaston/Bruce Parsons (E, R)
 _____ Graham/Marlene Orr
 _____ Granville-Vance Dist/Rodwell Drake, MD
DT Greene/Douglas Harr, PhD
DC Guilford/Harold Gabel, MD (R)
CS Halifax/Chris Szwagiel, PhD
AW Harnett/Wayne Raynor
 _____ Haywood/Robert Wood
Jan Henderson/Tom Bridges
 _____ Hertford-Gates Dist/Curtis Dickson
 _____ Hoke/Donald Womble
 _____ Hyde/Linda Mayo
AR Iredell/Raymond Rabe
 _____ Jackson/Randall Turpin
 _____ Johnston/L.S. Woodall, MD
 _____ Jones/Ruth Little
 _____ Lee/Mike Hanes

LM Lenoir/Loel Huff
MB Lincoln/Margaret Dollar
PH Macon/Ann Hyder
PH Madison/Ken Ring
RS Martin-Tyrrell-Wash Dist/Russ Childers
RD Mecklenburg/Peter Safir
RD Montgomery/~~Vacant~~ *Kathleen DeVore Jones*
 _____ Moore/Robert Wittman
JK Nash/William Hill, Jr.
JK New Hanover/David Rice
JK Northhampton/Sue Gay, Acting
JK Onslow/George O'Daniel
RS Orange/Dr. Rosemary Summers (M)
JS Pamlico/Jenny Lassiter
 _____ PPCC Dist/Howard Campbell
JA Pender/Jack Griffin, PhD
 _____ Person/Marc Kolman
JA Pitt/John Morrow, MD (R)
JK Randolph/Mimi Cooper (M)
TJ Richmond/Tommy Jarrell (M, E)
ES Robeson/Bill Smith
GM Rockingham/Glenn Martin
LD Rowan/Leonard Wood - *Sharon Brown Ken Howard Wood*
 _____ Rutherford-Polk-McDowell Dist/Joyce Sluder
JK Sampson/John Rouse
CAF Scotland/Curtis Holloman
JK Stanly/Jim Jones
CB Stokes/Colleen Bridger
 _____ Surry/Walter Linz, MD
 _____ Swain/Emma Waldroup
 _____ Toe River Dist/Tommy Singleton, Acting
 _____ Transylvania/Terry Pierce
 _____ Union/Lorey White, Jr.
PW Wake/~~Lou Brewer~~ *Paula Williams, Acting*
KOW Wayne/Kevin Watkins, MD (M)
 _____ Warren/Mildred Battle, Acting
 _____ Wilkes/Beth Lovette
LD Wilson/Dr. Louis Latour
JB Yadkin/Gayle Brown (M)
 _____ Susan Smith-Wharton, NCALHD Exec. Dir.

NCALHD ATTENDANCE ROSTER
APRIL 6, 2000

OTHERS IN ATTENDANCE

Steve Cline DPH - Epidemiology

ANN WANCE DPH - Local Health Services

Donna GULAS - Wake Co Human Services

Deborah Rowe - MCPNA

Barbara Fuller-Smith - DPH, DMH

Janie Bell - Lincoln Co.

Trudy Beal - Lincoln Co

Red Tucker - Wilson Co

Lisa Dulin DPH.

Ken Lyons - Forsyth Co.

North Carolina Association of Local Health Directors
Treasurer's Report
June 26, 2000

	Checking	Savings	Money Market	CD
Account Balance Brought Forward	\$ 44,147.92	\$ 33.88	\$ 322.83	\$ 40,000.00
Receipts:				
Interest Payments:				
April 2000	\$ 101.49	\$ 0.21	\$ 2.71	\$ 0.00
Federal Back-up Withholding:				
April 2000	\$ (34.08)	\$ (0.05)	\$ 0.00	\$ 0.00
Maintenance/Service Fee:				
April 2000	\$ (1.00)	\$ 0.00	\$ 0.00	\$ 0.00
Deposits:				
Transfer from Checking	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Transfer from Money Market	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Transfer to Checking (interest From Certificate) April 2000	\$ 194.80	\$ 0.00	\$ 0.00	\$ 0.00
Dues	\$ 257.03	\$ 0.00		\$ 0.00
		\$ 0.00		\$ 0.00
Total	\$ 44,666.16	\$ 34.04	\$ 325.54	\$ 40,000

Total Expenses \$ 13,756.69
See Page 2 (list of disbursements)

Account Balance as of 06/14/00 \$ 30,909.47 \$ 34.04 \$ 325.54 \$ 40,000.00

EXPENSES:

0820	Holiday Inn Health Director's Spring Conf.	\$ 5,513.39
0821	NC Alliance Public Health VOID wrong amount on faxed invoice	-0-
0822	NC Alliance Public Health March salary – Susan Smith Wharton	\$ 2,711.65
0823	NC Hospital Association May rent	415.00
0824	NC Health Access Coalition 2000 dues	100.00
0825	NC Alliance Public Health April salary – Susan Smith Wharton	2,711.65
0826	NC Hospital Association June rent	415.00
0827	Russell Jones Jan. – June websit maintenance	1,500.00
0828	NCACCHO – ASTHO 2000 Registration annual conference	390.00
	Total Expenses	\$13,756.69

4

NCALHD COMMITTEE MINUTES
TEMPLATE

NCALHD COMMITTEE: Environmental Health

CHAIR: Mimi Cooper

DATE SUBMITTED: 6-27-00

DATE OF COMMITTEE MEETING: 6-27-00


COMMITTEE MEMBERS PRESENT: Don Yousey, Ken Ring,
Diane Crouse, Doug Urland

GUESTS/OTHERS: Linda Sewall, Malcolm Blalock,
Tom Bridges

I. ACTION ITEMS: None

II. INFORMATION ITEMS: Centralized training funds; 3rd session
of centralized training; Clarification of Expired
food-service permit memo; Boarding Homes Bill;
update on Well Testing in "Floyd" affected Counties

III. NEXT MEETING: 7-26-00; 1:00 pm.; PL Bldg., Raleigh
Date Time Place

E-Health   **NCHICA**

PO Box 13048
Research Triangle Park, NC 27709

Come to the Southeast's premier e-Health conference of 2000

Designed for the busy healthcare professional interested in improving care and reducing cost. Come for an overview of emerging e-Health companies, technologies, strategies for using the Web to connect with consumers and gather practical advice on implementing HIPAA privacy and security regulations.

Topics include:

- ✓ HIPAA regulatory compliance
- ✓ Developments and applications in Telemedicine / Telehealth
- ✓ Emerging ethics issues in e-Healthcare
- ✓ Paperless healthcare / electronic medical records
- ✓ Privacy & confidentiality
- ✓ Technical solutions for security
- ✓ Model projects demonstrating healthcare technology applications

New program format • See Web site for more details.

Reserve your room at The Grove Park Inn Resort by calling 1-800-438-5800, and tell them you're attending the NCHICA conference. Detailed conference information will be available soon. For more information, contact NCHICA at 919-558-9258, 800-241-4486 or at nchica@nchica.org. You can also visit our Web site at <http://www.nchica.org>

THE GROVE PARK INN RESORT • SEPTEMBER 10-12

Doug Harr

PLEASE SEND SURVEY TO RAJESH VIRKAR

Full Name: Rajesh Virkar
Last Name: Virkar
First Name: Rajesh
Job Title: Head, Health Informatics Branch
Department: NC-DHHS / DPH
Company: State Center for Health Statistics

Business: (919)715-5595
Business Fax: (919)733-8485

E-mail: Rajesh.Virkar@ncmail.net

**Health Alert Network
Information Technology Capacity Inventory**

Purpose: The purpose of this inventory is to assist state Health Alert Network (HAN) directors to assess the capacity of local health departments in their state as it relates to the HAN architectural standards. The information will be useful for program planning and development of the Health Alert Network.

The following questions refer to the capacity of the public health **Emergency Response Coordinator** (ERC) of the local health jurisdiction. The ERC is the person who would lead the local health department's efforts in the event of a bioterrorism incident (e.g., the health officer, the LHD director, the environmental health director, etc.). The actual title of this person will vary from locality to locality.

1. Name of State _____
2. Name of Local Health Jurisdiction (or HAN "node" serving a cluster of local health jurisdictions) _____

Personal Computing and Internet Connectivity

3. Does the ERC have a computer at work (e.g., primary or exclusive use of a computer)?
• yes • no (if no, skip to Broadcast of Health Alerts)
4. Does the ERC have a CD-ROM reader on his/her computer at work?
• yes • no
5. Does the ERC have Internet e-mail on his/her computer at work?
• yes • no (if no, skip to Question #9)
6. Does the ERC (or someone they authorize) check his/her e-mail at work at least once each workday?
• yes • no
7. Has the Internet e-mail system for this jurisdiction failed for more than 5 consecutive working hours during the last month (excluding scheduled down time)?
• yes • no
8. Was the Internet e-mail system repaired within 1 working day the last time it failed?
• yes • no

**Information systems technical staff in the local jurisdiction should be consulted for assistance in providing information on technical issues (e.g., questions 7, 8, 9, 10, 11, 12, 14).*

- 9.* Does the ERC have an Internet connection of at least 56 kbps speed to his/her desktop?
• yes • no
- 10.* Does the ERC have **continuous** Internet access at work (e.g., "always on," not dial-up)?
• yes • no
- 11.* Has the Internet connection for this jurisdiction failed for more than 5 consecutive working hours during the last month (excluding scheduled down time)?
• yes • no
- 12.* Was the Internet connection for this jurisdiction repaired within 1 working day the last time it failed?
• yes • no
13. Can the ERC browse the World Wide Web from his/her computer at work?
• yes • no
- 14.* Does this browser meet HAN specifications (Netscape Communicator 4.07 or newer or Microsoft Internet Explorer 4.04 or newer)?
• yes • no

Broadcast of Health Alerts

This section contains information on the capabilities of local health jurisdictions to rapidly receive health alerts from their state, and to broadcast urgent health alerts to specific groups in their communities (e.g., local health care providers, hospital emergency department personnel, first responders, infection control specialists, et al.) that have been identified by the local health jurisdiction as key partners in responding to urgent health threats. The health alert system may employ broadcast fax, cellular telephones, e-mail, pagers, or other appropriate technologies.

The next three items pertain to the capacity of local health jurisdictions to **receive** urgent health alerts from the **state health department**.

15. Can your local health jurisdiction **receive** urgent health alerts from the state health department within 1 working day?
• yes • no (if no, skip to the introduction to Question #18)

**Information systems technical staff in the local jurisdiction should be consulted for assistance in providing information on technical issues (e.g., questions 7, 8, 9, 10, 11, 12, 14)..*

16. Has the state used or tested the health alert system within the past 3 months?
• yes • no

17. By what technology (or technologies) do you receive health alerts from your state health department? (Check all that apply)
- Telephone (individual call)
 - Auto-dial (computer-generated telephone call)
 - Fax
 - E-mail
 - Other _____
 - None

The next five items pertain to the capacity of local health jurisdictions to rapidly broadcast urgent health alerts to specific groups in their communities.

For the following questions, health alert broadcast capability is defined as:

- a system in which the alert message is likely to reach all intended recipients within one workday;
- a system that can reach all intended recipients without requiring an extraordinary diversion of staff (e.g., not one fax machine, hand-fed dozens of times);
- a system pre-configured with one or more lists of likely recipient groups (e.g., local health care providers, hospital emergency department personnel, first responders, infection control specialists).

18. Does the local health jurisdiction have a system for **broadcasting** health alerts to targeted community groups?
• yes • no (if no, skip the remaining items of this inventory)

19. What technology (or technologies) does the local health jurisdiction currently use to broadcast health alerts? (check all that apply)
- Telephone (individual call)
 - Auto-dial (computer-generated telephone call)
 - Regular fax
 - Broadcast fax
 - E-mail
 - Other _____
 - None

20. Can the system be used 24 hours a day, 7 days a week if necessary?
• yes • no

21. Has someone tested or used the system to send health alerts to members of the community within the last 3 months?
- yes
 - no
22. Is the system adequately maintained (at least 1 person assigned to maintain the list of community health alert recipients and the list updated at least quarterly)?
- yes
 - no

**North Carolina Association of Local Health Directors
TECHNOLOGY COMMITTEE MINUTES
February 17, 2000**

The Technology Committee of the Health Director's Association met on February 17, 2000, at 1330 St. Mary's Building, Raleigh, North Carolina. A list of attendees is attached for reference. Doug Harr called the meeting to order at 1:30 p.m.

Approval of Minutes:

The minutes of the 12/15/99 meeting were approved

HSMS Project Update:

Marc Kolman provided a brief update regarding the HSMS project. Vendor Demonstration information and March dates were provided

NCALHD Web-Site Maintains Update:

Proposal responses from ITS/web services and Russell Jones have not been received. Jim Womack indicated he would contact ITS.

Paperless Medical Record Resolution:

Copies of the resolution were distributed. A public Health HIPPA primer provided by Tom Bridges was also distributed.

Presentation/ Demonstration:

Besty Clayton provided a software demonstration of the Environmental health food handling inspection software. Counties are encouraged to utilize this software in their communities to provide on site information on a lab top bases system.

Next Meeting:

The next meeting was scheduled for March 17 at 1:00 (1330 St. Mary's St., suite201)

The meeting adjourned at approximately 4 p.m.

Respectfully submitted by Doug Harr, Greene County Health Department.

**North Carolina Association of Local Health Directors
TECHNOLOGY COMMITTEE MINUTES
March 17, 2000**

The Technology Committee of the Health Directors' Association met on March 17, 2000, at 1330 St. Mary's Building, Raleigh, North Carolina. A list of attendees is attached for reference. Marc Kolman called the meeting to order at 1 p.m.

Approval of Minutes:

The minutes of the 2/17/00 meeting were not available for approval.

HSMS Project Update:

Marc Kolman provided a brief update regarding the HSMS project.

Linking UNC Web based course on CPT/ICD to NCALHD Web Page:

Joy Reed, Public Health Nursing Chief provided information on the linking of the UNC Web based course to the NCALHD Web page. The decision was made to place a "Hot-link" on the NCALHD web-site to the CPT/ICD9 web-based training. The training will be developed by the UNC-SPH and located on their web-site.

Presentation/Demonstration – NC Immunization Program:

Lisa Wojnovich, MPH, Immunization Branch provided a presentation and demonstration of updates for the North Carolina Immunization Program. See attachments.

PAIRS – Provider Access to Immunization Registry Securely – This is a secure internet-based registry with read-only access. The main function is to look-up childrens' immunization histories. There are two pilot sites – New Hanover and Craven counties.

70% of immunizations given by private providers are not included in the current registry data.

Benefits of PAIRS to a local health department include a much more specific record search function, and the ability to combine selected records.

One of the values of PAIRS is getting private providers prepared for an immunization registry and the opportunity to build and advance partnerships between local providers. In addition, PAIRS will improve efficiency and accuracy of immunization data look-up.

PAIRS next steps:

- Establish 25+ pilot sites.
- Implement PKI for user authentication and security.
- Expand PAIRS participation
- Possible implementation of inter-state exchange of immunization information (NC, SC, Tennessee).

Next Meeting:

A recommendation was made that the next meeting "piggy-back" with the Managed Care committee. The Managed Care committee meeting will be held Wednesday, April 12, 2000 from 1 p.m. until approximately 3 p.m. at the NCHA. This is pending Doug Harr's agenda for the committee and final decision as to date, time and location.

The meeting adjourned at approximately 3 p.m.

Respectfully submitted by Marc Kolman, Person County Health Department.

14

North Carolina Alliance Of Public Health Agencies 2000-2001 Membership Invoice

Date: _____ Initial: _____ Renewal: _____

Agency: _____

Address: _____

Phone: _____ Fax: _____

E-mail Address: _____

Contact Name: _____

Membership Options:

- | | | |
|--------------------------------------|--------|-------|
| 1. Clinical Services only | \$500 | _____ |
| 2. Home Health Only | \$1000 | _____ |
| 3. Clinical Services and Home Health | \$1500 | _____ |

Total Remitted: _____

Please make check payable to:

North Carolina Alliance of Public Health Agencies

Please forward this check and attached form to the following address:

Susan Smith-Wharton
ED, NCAPHA
P. O. Box 4449
Cary, NC 27519-4449

If you have any questions, please call Susan at (919) 677-4133. Thank you.

15

DOT/School Bus Drivers Contract

requirements: Alliance membership
Enhanced nurses, PA's, FNP's on staff

Services performed: Above staff to do histories and physicals for all state school bus drivers
Pilot counties: Halifax, Robeson and Caldwell to do physicals starting 7/1/2000
State mandate for all school bus drivers to get physicals every 2 years. Effective 2/1/2001
Alliance members to start contract 7/1/2001

Contracted Price: \$55 per physical

BCBS Contract

requirements: Alliance membership
Attending MD on staff for 35 clinical hours/week, minimum. 24/7 coverage
Mid-level care must have MD co-sign
MD must be Board Certified or Board Eligible (2 letters from peers)
MD must have hospital admitting priviledges
claims: can use Blue-E software for \$50/mo. Or submit HCFA 1500
Hedis compliancy: audit every 2 years
Admin charge of 50 cents per member per month

services provided: Primary care to children and adults

Contracted price: 115-120% Medicare on PPO select with full utilization

DOC Physicals

requirements: Alliance member
Enhanced nurses or Mid-level providers

services provided: history and physicals to DOC hires, pre-employment

Contracted price: \$55 per physical

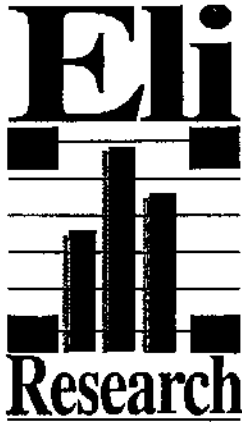
Discounted Subscriptions for Nursing Staff:

Home Health Line	\$312/yr (\$125 off)
Eli Research	\$115/yr (\$172 off)

In-Services

Vendor discounts: OASIS/PPS for Home Health -6/27
To be announced

	NCAPHA member	clinical	home health	dues- 6/2000	dues 6/2001	Blue Cross/Blue Shield
Alamance Co. Health Dept.	yes	yes		paid	paid	
Alexander Co. Health Dept.	yes	yes		paid	paid \$1,000	
Appalachian District-(Allegheny/Ashe/Watauga)	yes	yes		paid		
Anson Co. Health Dept.						
Beaufort Co. Health Dept.	yes	yes		paid		
Bertie Co. Health Dept.	yes	yes	yes	paid		
Brunswick Co. Health Dept.	yes	yes		paid		BCBS eligible
Burke County Health Dept.	yes	yes		paid		
Burke County Health Dept.	yes	yes		paid		
Cabarrus Co. Health Dept.						
Caldwell County Health Dept.	yes	yes	yes	paid		
Camden Co. Health Dept. (PPCC District)						
Carteret Co. Health Dept.						
Caswell Co. Health Dept.	yes	yes	yes	paid		
Catawba Co. Health Dept.	yes	yes	yes	paid		
Chatham Co. Health Dept.	yes	yes		paid		
Cherokee Co. Health Dept.						
Chowan Co. Health Dept. (PPCC District)						
Clay Co. Health Dept.						
Cleveland Co. Health Dept.						
Columbus Co. Health Dept.	yes	yes	yes	paid		BCBS eligible
Craven Co. Health Dept.	yes	yes	yes	paid		
Cumberland Co. Health Dept.						
Currituck Co. Health Dept.						
Dare Co. Health Dept.						
Davidson Co. Health Dept.	yes	yes	yes	paid		
Davie Co. Health Dept.	yes	yes	yes	paid		BCBS eligible
Duplin Co. Health Dept.	yes	yes		paid		
Durham Co. Health Dept.						
Edgecombe Co. Health Dept.	yes	yes	yes	paid		
Forsythe Co. Health Dept.						
Franklin Co. Health Dept.	yes	yes	yes	paid		BCBS eligible
Gaston Co. Health Dept.					paid \$500	
Graham Co. Health Dept.						
Granville Co. Health Dept.						
Greene Co. Health Dept.	yes	yes		paid		
Guilford Co. Health Dept.	yes	yes		paid	paid \$500	BCBS eligible
Halifax Co. Health Dept.	yes	yes	yes	paid	paid \$1,500	BCBS eligible
Harnett Co. Health Dept.	yes	yes	yes	paid		
Haywood Co. Health Dept.	yes	yes		paid		
Henderson Co. Health Dept.	yes	yes		paid		BCBS eligible- Aug.
Hertford Co. Health Dept. (Hertford/Gates)	yes	yes	yes	paid		
Hoke Co. Health Dept.						
Hyde County Health Dept.	yes	yes		paid		



PO Box 9132
Chapel Hill, NC 27515
Fax: 800-789-3560

Account Information (required):

Name: _____
Title: _____
Company: _____
Address: _____
Acct No: _____

Date	Eli Research Report	Amount Due
14 April 2000	<i>Home Care Week</i> -1 yr. renewal (45 issues) - NCAPHA Discount – 60%	\$287.00 -\$172.00

Total Amount Due: \$115.00

If you have any questions, please call (800) 874-9180.

Account Representative: Elizabeth Mosler

Date: April 14, 2000

Please return this order form with your payment. Thank you.

19

...home health line

INVOICE

Special "Members Only" ...home health line Discount
For the Association of Local Health Directors in North Carolina

YES! Start my subscription (1 year, 48 issues) to ...home health line at the special "members only" rate of \$312. That's \$125 off the regular subscription price of \$437. Or, I may renew my current subscription for the same "members only" rate of \$312.

The information below must be filled in to ensure proper handling of your order.

Name _____
Company _____
Address _____
City _____ St _____ Zip _____
Phone _____ FAX _____
Email _____
(for "breaking news" alerts)

My check is enclosed
Make payable to UCG for \$312
(Tin #52-2205881)

Charge my credit card
Charge my credit card \$312
 VISA M/C AmEx Diners Club
Card # _____
Exp. date _____ Signature _____

Please check here if you are renewing ...home health line.
Subscription account # _____

For fastest service, use your credit card: CALL toll free 1-888-293-9383. Be sure to mention the special code located in the bottom right hand corner of this invoice to claim your discount.

FAX this completed invoice to 301-816-0037.

MAIL to UCG Information Services, 11300 Rockville Pike, Rockville, MD 20852-3030. Be sure to include this invoice when mailing.

R08121/DD7235

...home health line ♦ 11300 Rockville Pike, Rockville, MD 20852-3030 ♦ 1-888-293-9383

20

Legislative Update 6/27

Budget items:

Healthy Carolinians	\$1M, approved by House and Senate
Asthma Program	\$250K, approved by House and Senate. Non-recurring
Office of Minority Health	\$200, non-recurring
Centralized Intern. Training	\$100K. Non-recurring

Prescription drug program for the elderly, budget doubled to \$500K

Tobacco Trust: there are discussions in the Senate on modifying earlier HB.

Senate budget allocated expansion of Medicaid waiver for family planning to both men and women over 18 years of age, 185% of poverty, 9-1 match.



North Carolina
 Department of Health and Human Services
 Division of Public Health
 1330 St. Mary's Street • 1915 Mail Service Center • Raleigh, North Carolina 27699-1915
 H. David Bruton, M.D., Secretary • Ann F. Wolfe, M.D., M.P.H., Director

MEMORANDUM

TO: Health Directors
 Attn: Management Support Staff – Billing and A/R Staff

THRU: Dennis E. Harrington, MPH *Dennis Harrington*
 Chief, Local Health Services

FROM: Carol Chandler, Head Analyst *cc*
 Medicaid Reimbursement

DATE: June 26, 2000

RE: CPT Code Rates starting July 1, 2000 for LHDs and DEC's

You will be receiving this memo and attached files in several routes: 1- an **email** with (a) – an abbreviated CPT Code List with rates and (b)- a more comprehensive CPT Code list [which departments more into Primary Care may need], 2- a **Fax** including the abbreviated CPT Code List with rates (larger file omitted), and finally 3- a hard copy mailing of the memo with both files attached.

Given the lateness of the hour, we have received verbal approval from DMA to send these rates out. We anticipate written approval within days.

If you are unable to access the larger comprehensive file in the email and want an electronic version of the codes and rates, please **fax** a request to the Office of Medicaid Reimbursement, Division of Public Health at (919) 715-5288; and they will mail you a copy on disk. Be sure to include the following information in your request.

1. Department Name (LHD or DEC)
2. Name of the individual to whom the file is to be sent (Dept. Contact)
3. Courier or mailing address

Thanks for all your efforts and that of your staff in providing data to Office of Medicaid Reimbursement used in setting these rates. This is our best attempt at setting rates that are revenue neutral to our Local Health Departments and DEC's.

Cc: Dr. Ann F. Wolfe
 Dr. Dennis McBride
 Mr. Jim Panton
 Mr. George Packenham
 Carol Chandler
 Steven Garner
 Joy Reed
 PHMT 1
 Jerry Wilkinson
 Administrative Consultants

22



Medicaid Rates
Local Health Departments and Developmental Evaluation Centers
Effective July 1, 2000

Procedure Codes	Rates July 1,2000
59425	\$321.00
59426	\$551.00
90804	\$36.00
90806	\$46.00
90808	\$76.00
90810	\$36.00
90812	\$46.00
90814	\$76.00
90846	\$46.00
90847	\$46.00
92015	\$38.00
92506	\$85.00
92507	\$50.00
92508	\$25.00
92510	\$90.00
92525	\$100.00
92526	\$50.00
92551	\$10.00
92552	\$35.00
92553	\$44.00
92555	\$19.00
92556	\$25.00
92557	\$80.00
92568	\$10.00
92569	\$10.00
92579	\$34.00
92582	\$34.00
92583	\$25.00
92585	\$115.00
92588	\$70.00
92589	\$40.00
92590	\$50.00
92591	\$70.00
92592	\$23.00
92593	\$33.00
92594	\$28.00
92595	\$38.00
96100	\$63.00
96110	\$90.00
96111	\$60.00
96115	\$60.00
96117	\$60.00
97001	\$100.00
97002	\$75.00
97003	\$100.00
97004	\$75.00

Medicaid Rates
Local Health Departments and Developmental Evaluation Centers
Effective July 1, 2000

Procedure Codes	Rates July 1, 2000
97010	\$10.00
97032	\$20.00
97110	\$20.00
97112	\$24.00
97113	\$40.00
97116	\$20.00
97124	\$20.00
97140	\$20.00
97520	\$19.00
97530	\$18.00
97703	\$15.00
97750	\$19.00
97770	\$19.00
99201	\$40.00
99202	\$60.00
99203	\$85.00
99204	\$126.00
99205	\$156.00
99211	\$22.00
99212	\$37.00
99213	\$51.00
99214	\$79.00
99215	\$118.00
99241	\$70.00
99242	\$109.00
99243	\$130.00
99244	\$160.00
99245	\$180.00
99271	\$40.00
99272	\$70.00
99273	\$95.00
99274	\$125.00
99275	\$145.00
99384	\$112.00
99385	\$109.00
99386	\$131.00
99387	\$143.00
99394	\$98.00
99395	\$95.00
99396	\$106.00
99397	\$117.00
W8010	\$90.00
W8012	\$20.00
W8016	\$90.00
W8019	\$438.16
W8201	\$110.00

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Medicaid Rates
Local Health Departments and Developmental Evaluation Centers
Effective July 1, 2000

Procedure Codes	Rates July 1, 2000
W8202	\$55.00
W8203	\$87.00
W8204	\$88.00
W8205	\$73.00
Y2041	\$47.00
Y2044	\$60.00
Y2045	\$30.00
Y2046	\$60.00
Y2047	\$60.00
Y2048	\$65.00
Y2049	\$40.00
Y2104	\$106.00
Y2155	\$89.00
Y2351	\$50.00
Y2352	\$85.00
Y2353	\$85.00
Y2525	\$20.00
Y2526	\$55.00
Y2527	\$85.00

Special Edition on Conversion to CPT/ICD-9 Coding

Effective July 1, 2000, health departments will begin billing for many services provided to Medicaid clients using CPT and ICD-9 codes. This special edition of our newsletter is intended to reinforce and clarify some of the information health departments will need to deal with this transition.

Transition Hotline

(919) 715-3358

Local Health Services will have a hotline available to local staff effective July 1 for all questions related to this transition, so that you do not have to decide whether to call EDS, the Division of Medical Assistance or the Division of Public Health to get an answer. Like the hotline that was in place following implementation of Health Choice, you will need to leave your question and then it will be referred to the appropriate person for an answer. We feel this "one stop shopping" will make things much easier on local health department staff.

Documents to Review

Many memos and other guidance related to CPT/ICD9 have been provided to local health directors and nursing directors, and several series of training sessions have been held for local clinical and billing staff. From questions we have been getting, however, it appears that not all staff have seen some of the critical documents related to this transition. Four documents that you should look at are :

(1) The final Crosswalk document and cover memo dated February 10, 2000

The Crosswalk shows what happens after July 1 to each code currently billed to Medicaid by local health departments (based on the current Interagency Agreement with the Division of Medical Assistance.) *NOTE: Since this document was distributed, there have been three changes to the information it contains:*

- a. Y2034 Refugee Health Assessment will NOT transition to CPT codes, but will continue to be billed as Y2034.
- b. Y2012 TB Control and Treatment will NOT be redefined; its definition will remain the same.
- c. Y2013 STD Control and Treatment will NOT be redefined; its definition will remain the same.

The cover memo explains how enhanced role nurses will continue to provide services and be reimbursed for them following the transition. The memo does not speak to the nurse who has completed "Physical Assessment of Adults" and sees adults for Comprehensive Adult Health Assessments (currently Y2039), but those enhanced role nurses will also continue to provide and bill Medicaid for that service using the appropriate preventive medicine code (99384-99387 or 99394-99397.)

(2) Common Questions and Answers on CPT Coding

This document was sent to health directors and directors of nursing with a memo dated April 6, 2000. It provides answers to the most common questions asked during CPT/ICD-9 training sessions. *There is one answer which is no longer valid:* that is the answer to question 41 on how health departments will handle dispensing/provision of contraceptives after July 1. *That issue is still being debated,* but at this point it appears that health departments will have new Y codes which cover the cost of contraceptives.

(3) North Carolina Medicaid Special Bulletin, May 2000

This document, which has a lavender cover, is being shared as a handout at the training being done by EDS across the state. A copy should also be mailed to each local health department soon. It provides some specific guidance related to certain services (for instance, page 20 clarifies billing for Norplant.)

(4) The current year's edition of both the CPT Manual and the ICD-9 Manual

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Coding Tips

Based on work in selected counties by the Nurse Consultants, here are some specific tips related to coding:

"Cheat Sheets"

many agencies are developing "cheat sheets" of the most common ICD-9 codes; however, several things appear to be missing: 1) specification of ICD-9 codes which **MUST** be used when billing certain services (e.g., V20.2 must be the primary diagnosis when billing W8010); and 2) 4th and 5th digits for ICD-9 codes which offer that level of specificity. Most ICD-9 codes require a 4th or 5th digit, and claims bearing the 3 digit code only will **NOT** be reimbursed. In addition, in selecting codes to go on a "cheat sheet" be sure to read the ICD-9 Manual carefully, including any descriptive information provided prior to a specific section of codes. **DO NOT** use just Volume II, the alphabetical index, to select the appropriate codes!

Lab Services

ICD-9 codes must be used to justify lab services when that lab would not normally be a part of that service to every client. (For example, if you perform a throat culture on a pregnant woman, the ICD-9 code for pregnancy *will not* be sufficient for that service to be reimbursed, as that is not a lab provided to all pregnant women. On the other hand, a hemoglobin check *would* be expected for a pregnant woman, so no additional code is needed for that lab.)

Encounter Form/"Superbill"

- (1) The encounter form/superbill needs to include the continuing Y and W codes as well as relevant CPT codes; many agencies seem to be leaving off the codes for TB Control and Treatment (Y2012) and STD Control and Treatment (Y2013.)
- (2) Checking services on the encounter form/superbill is **not** sufficient documentation; the encounter form is not a legal document, so *make sure that services checked on the encounter form are also documented in the chart.* It is the chart that would be used in an audit situation and compared to the bill submitted to EDS for Medicaid clients.

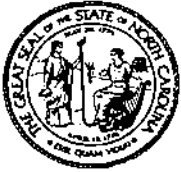
Agency Readiness

We want to remind you (as we have your health directors) that your agency should already have the following documents and procedures in place:

- (1) an encounter form /"superbill" that you will use beginning July 1 (recognizing that it may need to be modified as you learn from implementation);
- (2) a fee schedule for all new billable codes;
- (3) sufficient copies of the current version of both the CPT and ICD-9 Manuals for each program/clinic area so that staff have ready access to these documents; and
- (4) a multidisciplinary committee whose responsibilities include:
 - using the encounter form, the "audit tool" shared at the training on CPT/ICD-9 coding, and charts to determine if staff are currently documenting the level of service that you anticipate billing (*NOTE: This committee is NOT designed to point fingers at individual staff, but to provide guidance on system changes*);
 - looking at EOB reports from EDS, specifically denials, following July 1 to determine any internal changes in billing, coding, documentation, etc;

Recommendations for immediate implementation:

- (1) begin using the encounter form (even though you must still bill using the current state-created codes);
 - (2) use members of the multidisciplinary committee in pairs (and other staff, if desired) to review the encounter form and the chart for a specific visit to make sure everything that is on the encounter form is also on the chart and to make sure that every service documented on the chart is also checked on the encounter form;
 - (3) have the committee prepare a report for the staff on their findings.
- Again, note that the purpose of this exercise is NOT to point fingers at staff who are doing things incorrectly but to raise every staff member's awareness of the critical connection necessary between those two documents to maximize revenues.*



North Carolina Department of Health and Human Services
Division of Public Health
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H. David Bruton, M.D., Secretary • Ann F. Wolfe, M.D., M.P.H., Director

JUNE 27, 2000

TO: ALL LOCAL HEALTH DIRECTORS
ATTN: MANAGEMENT SUPPORT STAFF (BILLING AND A/R)

FROM: DENNIS E. HARRINGTON, CHIEF LOCAL HEALTH SERVICES

**SUBJECT: ATTENDING PHYSICIAN NUMBER FOR MEDICAID
CLAIMS ORIGINATING IN LOCAL HEALTH DEPARTMENTS**

Effectively immediately, discontinue any efforts to obtain Attending Physician Numbers from the physicians who serve as medical directors and consultants for your agency. **YOU WILL NOT NEED THEIR NUMBER TO BILL YOUR CLAIMS.** This should make the transition to CPT billing easier.

Effective 7/01/00 claims, Medicaid has arranged for a uniform Attending Physician Number to be developed for all local health departments. This number will be plugged automatically by HSIS into the Attending Physician Number block (block 33 on the HCFA 1500) on each claim once received in Raleigh.

You will still need to insert your Facility Medicaid Number in the appropriate block to indicate who is to receive the payment for services.

If you have questions, please call the CPT Hotline for clarification.

CC: Dr. Ann Wolfe
Dr. Dennis McBride
George Pakenham
Joy Reed
Ann Nance
Jim Womack
PHMT1

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EveryWhere. EveryDay. EveryBody

