



**CHILD MEDICAL EVALUATION PROGRAM  
NEWSLETTER  
JUNE 2011**

## **PHYSICIANS REPORTING CAN TO LAW ENFORCEMENT**

An interesting issue came up during a recent meeting of the Committee on Child Abuse & Neglect of the NC Pediatric Society. They were discussing NCGS 90-21.20, and many of the CCAN physicians mentioned problems with law enforcement not being aware of that statute and the fact that the statute states that when there is a concern for serious physical injury to a child, a report is to be made to the law enforcement agency where the hospital is located, rather than where the alleged incident occurred. They are finding that there can be a delay in the investigation because the LE agency where the hospital is located, oftentimes, does not get involved or they don't understand why they are being contacted. You can read the law at: <http://law.onecle.com/north-carolina/90-medicine-and-allied-occupations/90-21.20.html>

## **A CHANGE IN ITEMIZED STATEMENTS**

By: J.B. Cissell

As someone who deals with confidential patient information on a regular basis, I'm sure you are aware of the Health Insurance Portability and Accountability Act (HIPAA) and the implications that go along with it. In an effort to strengthen security of patient information that passes through the state offices, the Department of Health and Human Services will now require that patient names no longer accompany the financial information associated with Child Medical Evaluation Program services and the CMEP vendors beginning with the start of the 2012 fiscal year on July 1, 2011.

What this means is that patient names will no longer be listed on the itemized explanation of benefits that accompanies the check or electronic payment that you receive. As such, if you do not already use some sort of patient reference number, it may be necessary to do so in the future to ensure that payments are applied to accounts properly. It may also be helpful to use procedure codes. If you are unsure how this will affect your accounts receivables, feel free to contact me to discuss ways to deal with this new policy.

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In addition to this new policy, I would also like to emphasize other policies already in place. Please notify any patients that you refer to other vendors for additional services (labs, x-rays, eye exams, etc.) that they are not responsible for payment and should not provide any insurance information to those vendors. The patient may need a copy of the paperwork provided to you by the social worker so that the third-party vendor understands how they will be compensated for their services. If the patient provides insurance information, they may be billed and sent to collections if accounts are left open. Additionally, the vendor will not know to send the bill to CMEP. Have them call me at the CMEP office to clarify the process as it pertains to payment by for their services.

Also, if you are a CMEP examiner but see only Medicaid patients and have not submitted any reports to the CMEP office for payment, please contact me about submitting several reports as part of our quality control measures.

## *SAVE THE DATE*

**17th Annual Symposium on Child Abuse and Neglect & CACNC Child Medical  
Training  
September 27 - 29, 2011**

Brochures available early June!