

MEETING 2/20/06 ON HEALTH MODULE

Laura returned in February for a follow-up meeting with the nurses to discuss the health module. After our meeting in January, the decision was made to incorporate the Medicaid processing with the health module so it could be sold separately somewhat like JSPED.

The goal of EDGEAR is to create all the data collection and form printing needed by the Nurses at the school district. We went thru the activities performed daily, weekly, monthly and annually by the nurses and came up with the following needs:

NURSE CONSULTATIONS

This has to be the first priority since we are trying to bill these services to Medicaid. The health module will have to be modified to include a diagnostic code, drop down boxes and narrative. Our vision is the nurses will enter the consultation narrative for the student, along with the date of the consultation, diagnostic code, action taken (return to class, sent home, etc), and conference (student, parent, etc),. This will then print out the HCFA 1500 information necessary for filing with Medicaid and the narrative.

However, more important than the health module changes indicated above is the programming for billing Medicaid. This will require that we can set up the account information (basically Kidmed versus EPSDT), enter the consultation diagnostic code, units billed and consultation dates, and create the electronic billing file for Medicaid. The Nurses have been handwriting the Nurse consult forms since August which can be used for data entry into Medicaid billing. The plan for the future is to enter the consults into the health form and print the forms that can then be used for Medicaid data entry.

EMERGENCY PLANS

Each year emergency plans are written by the nurses for students that may require emergency medical attention. There are basically 5 types of emergency plans: Seizures, Asthma, Diabetic, Allergy and Child Specific. The emergency plan is good for one calendar year and for regular education students will usually run from August to August. For Special Education students, the plans usually coincide with the evaluations and re-evaluations. In the past, templates with standard procedures for treating the specific conditions were developed for each type of emergency plan using a word processor and modified according to the needs for the individual student. The nurses would then insert demographic data for the student such as name, school, grade, etc. Since the plans are written in May for the following school year (so they will be in place on the first day of school especially if the student feeds from an elementary to middle, or middle to high school) there is a lot of leg work done to find this type of information.

Our plan for this program is to have the Nurses type the emergency plans for each student into the health module this May. We will need a template (which may change parish to parish) that can be accessed by the Nurse and modified per the student's individual needs.

Added to the plan will also be a data element such as next school year referred to Nurse. In May, 2007, now that all emergency plans are on file, a processing program can be utilized by the Nurses to update the emergency plans for the following school year. This will print the demographic data from the Student Master and assign the emergency plan to the Nurse in the “referred to” data element. However, since retentions are not year entered by the schools and promotions have not occurred, the program will need to automatically assume all students pass (add 1 to grade) and possibly change the school if it is a feeder school. In the case the student is retained, the Nurses will manually adjust the emergency plan upon their return to work in August.

VISION AND HEARING SCREENING

Since screenings can be Medicaid billable if the student is Medicaid eligible, this process will necessitate changes in both the Health module and Medicaid Billing. First, in Medicaid billing we would need a process that would look at the school and grade levels being screened and compare these students to the Medicaid eligibility file. If students meet the criteria, then a form will be printed with the necessary Medicaid information. These forms will be given to the Nurses as they much personally perform the screening not a volunteer. Procedures must also be coded for billing the screenings to Medicaid.

In the Health module, we would like a process were the Nurses will enter the school and grade levels screened on a particular day. The program will then need to check the attendance files for that day. A list will be displayed automatically indicating the students that were absent. The Nurse will then click the students that failed and enter the results of the screening. The process will then post records to the health module with the failures documenting and a date and pass code for all others. The vision/hearing results can then be printed for filing in the CUM folders at the school if so desired. It would also, be nice to generate the appropriate “failure” letters to the parents at this time.

IMMUNIZATIONS

Currently, we have no electronic record of immunizations. This data exist on individual cards filed in the student’s folders at the schools. DHH has developed a web based browser system (LINCS) that allows access by school nurses for the immunization records that they have on file. Any immunizations given by parish health units or participating private physicians will be on the DHH database. We have had conversations in the past on trying to share this data with DHH. In other words, receiving a file from DHH with all the records they have on file and updating our database. With the hurricanes, this conversation was halted and needs to be re-established. However, the method exists in the health module where immunizations can be entered for the students. This will probably be the last of the elements implemented and will need more definition as to the reports and letters that are needed.

COMPUTERS

With the development of the health module, plans are underway to purchase laptops for the Nurses with wireless capability. Russ also has plans for them to have access points that they can take with them to the school. The Nurse would then go to the school, plug the Ethernet wire from the access point to an existing internet connection at the school. This will provide approximately a 50 foot range where the Nurse could sit and have networking capability. When this gets in place, we will need to work with the school administration and technology people, so the Nurses will be comfortable with where to plug the computers in and work.