



# The Alabama Pediatrician

Winter 2015

## From the President



Michael J. Ramsey, MD, FAAP  
Chapter President

With the new year upon us, I thought that in this newsletter, I would give you some suggestions for your resolutions. If everyone in our Chapter just chose one of these to do this next year, what a difference we could make in the care of Alabama's children!

### Dr. Ramsey's 15 for 2015

1. Call a senator or congressman about an issue that affects your patients.
2. Talk about AAP membership to a colleague who is not involved.
3. Begin a mentoring relationship with a young physician.
4. Decide what is your "One Thing" (the issue that inspires or inflames you the most), find where the AAP is involved with it, and join in.
5. Become involved with a quality improvement project.
6. Find out who your AL-AAP Area Representative is on our Executive Board, and ask where you can help.
7. Talk to a community group about poverty, obesity, or media and children.
8. Become involved with your local hospital to promote Safe Sleep education.
9. Establish the "1st Look" oral health program in your office.
10. Write an op-ed for your local paper about a "burning issue" in pediatrics.
11. Write a resolution for next year's AAP Annual Leadership Forum (ALF).
12. Find a new sponsor for Reach Out and Read.

## 2015 Spring Meeting to address obesity, related topics

**April 30 – May 3, 2015 • Sandestin Golf & Beach Resort**

The Chapter executive office and CME Chair David Gremse, MD, FAAP, are looking forward to our 2015 Spring Meeting, to be held at the Sandestin Golf & Beach Resort, April 30 – May 3, 2015.

Dr. Gremse has finalized a top-notch line-up of topics:

- ♦ How to Improve the Transition from Pediatric to Adult Health Care: A Look at New and Innovative Strategies
- ♦ Childhood Hypertension
- ♦ Fructose and Uric Acid: The Health Risks of Dietary Sugars
- ♦ Pediatric Antimicrobial Stewardship
- ♦ Emerging Infections in Children
- ♦ Getting an Early Start: Childhood Obesity – Birth to 5
- ♦ Childhood Obesity: Making Sense of a Complex Disease
- ♦ A National Agenda for Children
- ♦ Tackling Obesity in Practice: Lessons from Alabama's Healthy Active Living Pediatricians
- ♦ Type 2 Diabetes in Adolescents
- ♦ Motivational Interviewing: A Strategy to Stimulate Change Talk
- ♦ Burning More than the Midnight Oil: Sleep Deprivation in Teens
- ♦ Medicaid RCOs: What Pediatricians Need to Know



In addition to the education, the conference will feature networking opportunities, including an opening reception in the exhibits, a Saturday evening "dinner on the green," and our second annual Grand Pediatric Pentathlon benefitting Reach Out and Read, which will afford attendees, family members and exhibitors the opportunity to participate in five events at their own pace—bicycling, swimming, kayaking, walking/running and reading—to become eligible for great prizes. Pentathlon shirts will be available to both participants and non-participants with a minimum donation of \$50; registration will be available as part of the general meeting registration.

Make plans to attend now—we'll see you in Sandestin!

**continued on page 2**

## Chapter Office and Staff

### Alabama Chapter – AAP

- Linda P. Lee, APR  
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## Alabama Chapter – AAP

### Mission:

The mission of the Alabama Chapter of the American Academy of Pediatrics is to obtain optimal health and well-being for all children in Alabama, and to provide educational and practice support for its membership so the highest quality of medical care can be achieved.

### Values:

Children must be highly valued by society.

Each child must develop to his/her highest potential.

Children must have strong advocates for they have no voice of their own.

Pediatricians are essential to achieving optimal child health. The work of pediatricians, and the profession of pediatrics, must endure and grow even stronger.

### Vision:

Children in Alabama are happy and healthy; Alabama pediatricians are professionally fulfilled and financially secure.

## Chapter Seeks Safe Sleep Physician Champions

As a major partner in the Alabama Collaborative on Safe Sleep workgroup and its goal of promoting consistent safe sleep practices and environments throughout the state, the Alabama Chapter-American Academy of Pediatrics needs help from pediatricians across the state in reducing the number of preventable infant/child deaths.

Over the past several months, the Workgroup has developed a Safe Sleep Position Statement, which outlines Alabama's endorsed recommendations for safe sleep position/environment, as well as a step-by-step blueprint for hospitals to measure their safe sleep policy against the Position Statement.

Pediatricians identified by local OB nurse managers and perinatal directors are currently being contacted by the Executive Board Area Representatives to serve as Safe Sleep Pediatrician Champions for each birthing hospital.

The role of the pediatrician champions is to partner with an identified Nurse Champion at each hospital to work through the blueprint over the next six months in order to assess the hospital's safe sleep policy and help to develop/promote a plan of action to bring it in line with Alabama's recommendations.

We have a great opportunity to make a significant difference in the safety of our Alabama babies. If you are interested in becoming part of this initiative, please contact your Area Representative (see list on page 3), or Linda Lee, APR, Chapter Executive Director, at [llee@alaap.org](mailto:llee@alaap.org).

## Alabama Collaborative on Safe Sleep: Position Statement

The Alabama Collaborative on Safe Sleep (ACSS) under the Alabama Department of Public Health works closely with the Alabama Hospital Association, the Alabama Chapter of the American Academy of Pediatrics, the Alabama Medicaid Agency, March of Dimes, and numerous other stakeholders to promote public awareness to reduce the number of preventable child deaths in Alabama due to sleep-related conditions.

The following ACSS Position Statement is designed to promote safe sleep practices and safe sleep environments to reduce the number of preventable infant and child deaths from Sudden Infant Death Syndrome (SIDS) and those deaths classified as Sudden Unexplained Infant Death (SUID). The recommendations are adopted from the "American Academy of Pediatrics: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment."

<http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>

### Recommended Safe Sleep Position:

- Babies are placed on their backs to sleep for naps, bedtime, or anytime.
- Babies are given time on the tummy while awake and supervised by a responsible person.
- Parents tell relatives, friends, church workers, daycare providers, and babysitters that the baby will be placed on his/her back to sleep.
- Never use devices like wedges, positioners, or monitors that are marketed to reduce the risk of SIDS/SUID.

**continued on page 3**

### From the President continued from page 1

13. Come to the Spring Meeting in Sandestin or the Fall Meeting in Birmingham and bring a friend who has not been in the last three years.
14. Have your office become involved in the Practice Management Association (PMA).
15. Attend the 2015 AAP National Conference and Exhibition in Washington, DC.

There are so many ways to be involved. Just imagine what would happen if we all "resolved!"

## The Alabama Collaborative on Safe Sleep continued from page 2

### Recommended Safe Sleep Environment:

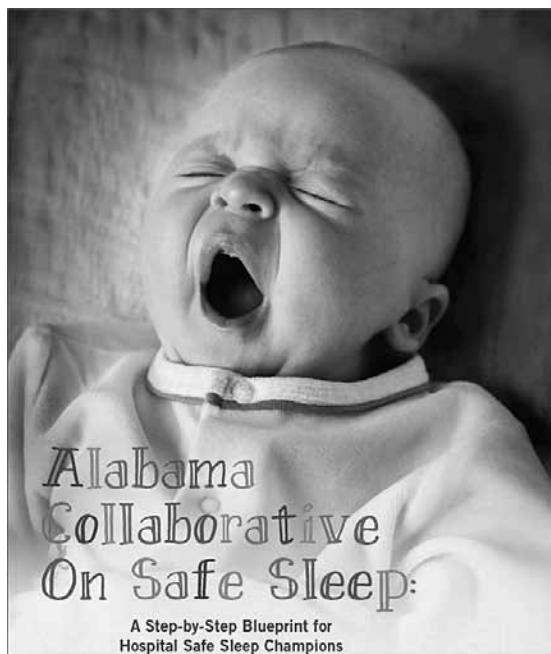
- Babies are placed to sleep in a safety-approved crib or bassinet with a firm mattress, using a well-fitting sheet made for the crib or bassinet.
- Parents/caregivers maintain the home free of cigarette smoke, alcohol, and drugs at ALL times.
- Babies are NEVER placed to sleep on soft mattresses or cushions, such as on beds, sofas, chairs, recliners, bean bags, or waterbeds.
- Babies sleep environment is free of toys or other soft bedding items, such as blankets, comforters, stuffed animals, or bumper pads.
- Babies should not be allowed to sleep in car seats, swings, or any place other than a safety approved crib or bassinet.
- Babies should not be overdressed and the room temperature should be maintained at a comfortable level.
- Babies' sleep environment is free of unsafe items, such as plastic sheets, plastic bags, strings, cords, or ropes.
- Room-sharing, NOT bed-sharing, is safest for baby to sleep.

If parents do not have a safe crib for baby to sleep, they should notify a provider or look for resources in the community that can/will help provide a portable crib. Contact numbers include: ADPH @ (334) 206-5675 or the Alabama Department of Child Abuse and Neglect Prevention @ (334) 262-2951.

While parents are influenced by tradition and cultural norms, significant evidence suggests that infants are less likely to choke when lying on their back. Breastfeeding is successful with room-sharing and is associated with a reduced risk of SIDS. Due to new crib safety regulations, bumper pads are no longer necessary to prevent rail entrapment; in fact, they have been found to increase the risk of suffocation.

### SOURCES:

- American Academy of Pediatrics: A Child Care Provider's Guide to Safe Sleep, [www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf](http://www.healthychildcare.org/pdf/SIDSchildcaresafesleep.pdf); A Parent's Guide to Safe Sleep, [www.healthychildcare.org/pdf/SIDSparentsafesleep.pdf](http://www.healthychildcare.org/pdf/SIDSparentsafesleep.pdf)
- Center for Disease Control: Sudden Infant Death Syndrome (SIDS), [www.cdc.gov/SIDS/index.htm](http://www.cdc.gov/SIDS/index.htm)
- First Candle: Important Safe Sleep Tips, [www.firstcandle.org/new\\_exp\\_parents/new\\_exp\\_safesleeptips.html](http://www.firstcandle.org/new_exp_parents/new_exp_safesleeptips.html)
- National Institute of Child Health and Human Development (NICHD) Pub. No. 06-5759, January 2006.
- U.S. Consumer Product Safety Commission: Crib Safety Tips (in English and in Spanish) [www.cpsc.gov/CPSPUB/PUBS/5030.pdf](http://www.cpsc.gov/CPSPUB/PUBS/5030.pdf), [www.cpsc.gov/CPSPUB/PREREL/prhtml01/01131s.pdf](http://www.cpsc.gov/CPSPUB/PREREL/prhtml01/01131s.pdf)



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## What is the Vaccines for Children Program?

The Vaccines for Children (VFC) program provides vaccines to eligible children without vaccine cost to the provider. All routine childhood vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are available through this program. The program saves parents and providers out-of-pocket expenses for vaccine purchases.

## What are the benefits of the VFC program?

You can provide necessary vaccines to uninsured children and others who cannot get recommended vaccinations without financial assistance—and, you will not incur any additional costs. You can also...

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.
- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.
- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

## How can I enroll as a provider in the VFC program?

Enrolling in the VFC program is easy! Call the Alabama Department of Public Health's Immunization Program. Then...

1. Request a provider enrollment package.
2. Complete and return the enrollment form.
3. Return the Provider Profile form, as required, to ensure you receive the amount of vaccine needed for your office.

**Your strength is the ability to provide.**



Alabama Department of Public Health  
1.866.674.4807  
[www.adph.org/immunization](http://www.adph.org/immunization)



## “Maximizing Breastfeeding Outcomes” online CME offering launched

By Michael J. Ramsey, MD, FAAP

At the end of December, the Alabama Chapter-AAP launched its second online CME module, “Maximizing Breastfeeding Outcomes in the Outpatient Setting,” a collaborative grant initiative with the Alabama Breastfeeding Committee and the Alabama Department of Public Health. Featuring lactation expert Glenda Dickerson, MSN, RN, IBCLC, Lactation Services Manager at Brookwood Women’s Medical Center in Birmingham, this internet enduring material offers 3.0 AMA PRA Category 1 Credits™ and assists pediatric healthcare providers in providing support for breastfeeding mothers.

Included in the module is information about informed choices, physiology of lactation, medical contraindications to breastfeeding, the risk of artificial feeding, the physician’s role in supporting breastfeeding, and the AAP’s recommendations for breastfeeding initiation and duration rates.

Chapter members who watch the module, complete the evaluation and post-test required for CME will get a list of local International Board Certified Lactation Consultants (IBCLCs) so that one-on-one assistance will be just a phone call away when help is needed with an individual infant and mother.

And while supplies last, pediatricians who complete the webinar prior to February 15, 2015, will be provided a copy of *Medications and Mother’s Milk*, authored by Dr. Thomas Hale, which will serve as an added resource.

To access the module, follow this link: <http://tinyurl.com/kcsp9nh> or scan the QR code.

We hope you consider taking advantage of this important opportunity to positively affect breastfeeding outcomes and improve the overall health of our children in Alabama!



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## Pediatrician Needed to Join Growing Practice in Phenix City, AL

Pinnacle Enterprises, PC, dba Phenix City Children’s, seeks to hire a pediatrician to join a growing group practice in Phenix City, AL to provide primary care services for children from newborn through age 18. Competitive compensation package available. Please send resume and letter of interest to: Phenix City Children’s, 3700 A South Railroad Street, Phenix City, AL 36867, or contact us directly at (334) 664-0463, ext. 325.

## Oral health spotlight: Important news and reminders

*2014 has been a banner year for pediatric oral health! Here are several important updates for Alabama Chapter-AAP members:*

### 1) AAP updates statement on early oral health

Maintaining and Improving the Oral Health of Young Children, an updated AAP policy statement (Pediatrics. 2014;134:1224-1229), describes health patterns and demographics that contribute to the status of a child's oral health, as well as a pediatrician's role in the early establishment of oral health practices.

Dental caries is the most common chronic disease among children. In children ages two to four, the incidence of dental caries has increased significantly since 1988, from 19 percent to 24 percent. Dental caries results from a combination of factors, and the policy outlines evidence to prevent, reduce and even reverse dental caries progression.

The statement describes how children's demographic and health backgrounds contribute to oral health. Parental influence and oral bacteria play a large role in caries development, as does an overly sugared diet. The statement recommends several strategies to reduce a child's sugar intake, beginning with breastfeeding and bottle advice. The statement details age-appropriate brushing habits, fluoride considerations and precautionary measures.

The policy regards the establishment of a "dental home" by the time a child is one year old as especially important. Strong connections and collaborative relationships between dental providers and pediatricians are essential in continuing to improve children's oral health.

The statement calls for pediatricians to:

- Offer anticipatory guidance based on their patient's history, diet, oral hygiene and tooth status to establish healthy teeth from the beginning.
- Encourage parents to model healthful oral hygiene practice and to refrain from sharing items with their child that have had contact with the parent's mouth.
- Demonstrate proper brushing technique as soon as a child's first tooth erupts.
- Recommend diets low in sugar.
- Suggest checking the home for sharp corners and objects that pose a dental risk.
- Recommend mouth guards while playing sports.

Although there is not a particular test to estimate each child's risk of caries, the Academy offers the Bright Futures Oral Health Risk Assessment Tool. For information, visit <http://www2.aap.org/oralhealth/RiskAssessmentTool.html>.

### 2) REMINDER: become trained online as a 1st Look provider

Don't forget that you can become a part of the solution and carry out the recommendations of the policy statement by becoming an Alabama Medicaid/ALL Kids 1st Look Provider, providing oral health risk assessments and fluoride varnish application in the medical home for these patients—and be paid for both of these services!

Through collaboration with the Alabama Department of Public Health and the Alabama Academy of Pediatric Dentistry, the Chapter launched its 1.25-hour 1st Look online CME module, Take a 1st Look: A Healthy Smile = A Healthy Child, this summer. Previously provided only at live conferences and local meetings, this CME-approved training is now on demand on the Chapter website; the training is required for 1st Look certification for both the PMPs and any ancillary staff who perform these services.


## Oral Health Spotlight continued from page 6

Consider taking advantage of this important opportunity to positively affect oral health outcomes for our youngest in Alabama!

To get started, scan the QR code, or go to [www.alaap.org](http://www.alaap.org).

### 3) New CPT code 99188 added for topical fluoride varnish

As noted in this issue's Coding Corner, CPT has added a new code, 99188, application of topical fluoride varnish by a physician or other qualified health care professional, effective January 1, 2015. This addition means that for Blue Cross Blue Shield of Alabama, pediatricians can bill for this service under medical coverage. Since Medicaid and ALL Kids cover the D codes currently for Dental Assessment and Dental Fluoride Varnish, coverage for these may or may not change. The Alabama Chapter-AAP is currently in discussions with the payors to evaluate these new codes and their effect on the 1st Look program. The Chapter's Oral Health Representatives remain committed to protecting the integrity of the program, which satisfies long-standing AAP policy and the evidence that supports these recommendations. Stay tuned for more information coming soon!

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## Event Calendar

March 11, 2015

Chapter/PMA Webinar: Setting Pediatric Service Charge Prices Fairly: A Review of the RBRVS for Pediatricians  
12:15 p.m.

April 2015 (exact date TBA)

12th Annual Pediatric Legislative Day, held in conjunction with the Medical Association of the State of Alabama  
Montgomery, AL

April 18, 2015

"Healthy Active Living" Obesity QI Collaborative Learning Session 3  
Bradley Lecture Center  
Birmingham, AL

April 30 – May 3, 2015

2015 Spring Meeting & Pediatric Update  
Sandestin Golf & Beach Resort  
Destin, FL

September 25 - 27, 2015

2015 Annual Meeting & Fall Pediatric Update  
Hyatt Regency Birmingham-The Wynfrey Hotel  
Birmingham, AL

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## Pediatric Quality Improvement Corner

*By E. Cason Benton, MD, FAAP, Medical Director, Alabama Child Health Improvement Alliance*

As most Chapter members are aware, the Alabama Chapter-AAP, in conjunction with other partners, including the University of Alabama at Birmingham Division of General Pediatrics, Children's of Alabama and the University of South Alabama (USA), formed the Alabama Child Health Improvement Alliance (ACHIA) almost one year ago to carry out pediatric quality improvement initiatives with the ultimate goal to improve child health for Alabama children.

### Obesity Quality Improvement Collaborative

Currently, ACHIA is administering the Healthy Active Living: An Obesity Prevention and Treatment Quality Improvement Collaborative (HAL-QI), a MOC Part 4 (25 points) collaborative, which held its first learning session in August with ten practices in attendance (a total of 45 pediatricians seeking MOC). ACHIA collaborated with the USA Center for Strategic Health Innovation to build a web-based repository for data abstraction and reporting. Using the obesity measures sanctioned by the National Improvement Partnership Network, Alabama is the first in the Network to use the guidelines based on specifications for obesity in HEDIS.

HAL practices collected baseline data and are now three months into the 12-month project. Already, the practices' aggregate data show improvement in the measures. ACHIA chose HEDIS-specified measures for obesity: BMI Percentile Classification, Counseling for Nutrition documentation, and Counseling for Physical Activity documentation, and a wrap-up of BMI Percentile, Counseling for Nutrition and Counseling for Physical Activity documentation. Other measures captured are documentation of weight classification, blood pressure and blood pressure percentile. A measure for "readiness to change" documented in the medical record is also included in the data set.

### ACHIA QI Team Space

The Chapter and ACHIA were successful in securing a \$35,000 grant award from The Caring Foundation to fund the creation of an ACHIA QI Team Space, an online infrastructure to support QI at the practice level with web-based learning modules and a QI data management system to track practice progress.

"The ACHIA team has learned that, to reach a broader audience of healthcare professionals and be effective, we need to transition to a QI module that aligns with the demands of

a busy practice," said Cason Benton, MD, FAAP, Director of ACHIA.

The ACHIA QI Team Space will offer dual modules: the Center for Strategic Health Innovation at USA will house the data collection and reporting module; while Canvas will support the online learning and project management module for QI projects. The modules will provide pediatricians with real-time data feedback and benchmarking to target areas for improvement--helping practices determine "where they are" before they can see "where they are heading."



Alabama Child Health Improvement Alliance

### Developmental Screening Collaborative

In June 2015, the Chapter and ACHIA will roll out a statewide, multi-year QI collaborative in 10-month increments for developmental screening in medical home settings. The "Alabama Early Screening Improvement Project" is an ABP Maintenance of Certification (MOC) Part 4-approved project that awards 25 points for successful completion. The goal of the collaborative is to implement universal, standardized developmental screening at the AAP-recommended periodicity and make appropriate referral of children with developmental delays and autism. ACHIA will offer this opportunity to physicians statewide, but will focus on areas of the state where we have partnered with state and local collaborators. Providers will use a combination of screening instruments for developmental delays (ASQ-SE at the 36-month well-child visit; ASQ-3 at 9-, 18-, and 24-month well-child visits) and autism (MCHAT-R/F at 18- and 24-month well-child visits). The collaborative will provide peer-to-peer learning, education, and technical assistance to pediatric healthcare providers. To evaluate quality improvement over time, participating physicians will be required to meet evidence-based guidelines in their clinical practices. To sign up, look for more details forthcoming!

## Reach Out and Read All About It!

*By Salina Taylor, Reach Out and Read-Alabama Development & Communications Coordinator*

### Care Network makes donation for East Alabama Reach Out and Read practices

Thanks to the generous \$20,000 donation of the Care Network of East Alabama (CNEA), children throughout Bullock, Chambers, Coosa, Lee, Macon and Russell counties will benefit from the powerful evidence-based program, Reach Out and Read-Alabama, that works to improve early literacy and educational outcomes.

Doctors, nurse practitioners, and other medical professionals incorporate Reach Out and Read's evidence-based model into regular pediatric check-ups by advising parents about the importance of reading aloud and giving developmentally appropriate books to children.

Two program sites, Pediatric Clinic, LLC in Opelika and Auburn along with Pediatric Associates of Auburn, see more than 8,400 children between the ages of six months and five years each year for regular check-ups.

"It's about more than reading," said Linda Anz, MD, FAAP, a longtime pediatrician with Pediatric Clinic, LLC. "We want all our children to enter kindergarten ready to learn and succeed. Research shows that children who start school on a strong track are more likely to reach their full educational, social, and life potential, and that's why this program is important in our practice."

CNEA is a not-for-profit organization dedicated to promoting primary care and addressing the needs of Patient 1st Medicaid patients in east Alabama.



*Linda Anz, MD, FAAP, with Congressman Mike Rogers and Polly McClure, RPh, Reach Out and Read-Alabama Statewide Coordinator, at a previous visit by the congressman at Dr. Anz's practice to promote early literacy.*



### 2014: A Year of Stories

Thanks to the many community partnerships and unselfish contributions of more than 300 medical providers throughout the state, Reach Out and Read-Alabama is changing the practice of pediatricians--and lives of children and families across the state. Working with the Alabama Chapter-American Academy of Pediatrics, we have worked to ensure that literacy promotion is an essential part of pediatric primary care for the past nine years. Thanks to all who have been a part of more than 1 MILLION books prescribed since 2006! View the annual report at <http://tinyurl.com/m9e8zvw> and share it with your friends.



where great stories begin™

## Coding

**O** By Lynn Abernathy Brown, CPC

### **r** New CPT codes introduced January 1

Effective January 1, 2015, CPT added a few codes that are relevant to primary care pediatricians:

**e** **96127** – Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument will used for tools such as Vanderbilt, Conners', MCHAT, PHQ-9, Beck's Depression Scale and other emotional/behavioral assessment tools. Once the diagnosis is confirmed, it would not be expected to see this code again unless the patient needs a re-assessment.

**r** **96110** – Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation interpretation and report, per standardized instrument form will continue to be used as a screening tool for developmental issues and includes such tools as ASQ, PEDS, and other standardized developmental tools. This code might be used during preventive care visits or as the provider determines he/she needs to screen for delays.

The description for 96110 and 96127 will include scoring and documentation, which is a change from interpretation and report. After discussions with Alabama Medicaid and Blue Cross Blue Shield of Alabama (BCBS-AL), there will be no change in the current requirement to include a copy of the standardized tool in the patient's medical record. If you have an EMR, you will need to scan the report or a summary of the report. If you have paper charts, you will keep a copy in the chart.

**99188** – Application of topical fluoride varnish by a physician or other qualified health care professional was added on January 1, 2015 to CPT. This addition means that for BCBS-AL, the pediatrician can bill under medical coverage. Since Medicaid and ALL Kids cover the D codes currently for Dental Assessment and Dental Fluoride Varnish, coverage for these may or may not change. The Alabama Chapter-AAP is currently in discussions with the major payors to evaluate these new codes.

**Modifiers:** CMS has added the following new modifiers, known as the "X(EPSU)" modifiers:

- XE: Separate encounter (A service that is distinct because it occurred during a separate encounter)
- XS: Separate structure (A service that is distinct because it was performed on a separate organ/structure)
- XP: Separate practitioner (A service that is distinct because it was performed by a different practitioner)
- XU: Unusual, non-overlapping service (The use of a service that is distinct because it does not overlap usual components of the main service)

Once Alabama Medicaid evaluates all of the new codes, providers should be notified and according to the CMS transmittal, CMS will continue to recognize the -59 modifier in many instances, but may selectively require a more specific - X{EPSU} modifier for billing certain codes at high risk for incorrect billing. Read the Chapter 28 Changes January 1, 2015 specific to Modifier 59 in the Alabama Medicaid Manual at <http://tinyurl.com/7e69luj>, and stay tuned for further payor updates.

*DISCLAIMER: Children's of Alabama does not accept responsibility or liability for any adverse outcome from the advice of Lynn A Brown, CPC, for any reason, including inaccuracy, opinion and analysis that might prove erroneous, or the misunderstanding or misapplication of extremely complex topics. Any statement made by Lynn A Brown, CPC, does not imply payment guarantee by any payor discussed.*

## CHAPTER BRIEFS



Wes Stubblefield, MD, FAAP, right, at the IHI Annual Forum with Dale Micalizzi and the other scholarship winners.

### Stubblefield named scholarship IHI Forum scholarship winner

At Thanksgiving, Wes Stubblefield, MD, FAAP, of Infants' & Children's Clinic in Florence, was announced as one of three winners of the 2014 Justin Micalizzi Institute for Healthcare Improvement Forum Scholarship, awarded annually since 2008 to promote quality, safe, compassionate, patient and family-centered healthcare in memory of Justin, who died at the age of 11 following a "simple" ankle procedure.

The scholarships are presented to young healthcare leaders across the country who have completed monumental work toward improving pediatrics and family-centered care. With the scholarship, Dr. Stubblefield was able to attend the Annual IHI National Forum on Quality Improvement in Health Care in December in Orlando, attended by nearly 5,000 health care professionals to gain experience and share top ideas on health care quality and safety.

"Each year, I read the essays ... and we decide on 3 exemplary clinicians with a passion for patient safety and quality in healthcare," said Dale Micalizzi, who created the scholarship along with Donald Berwick, MD, FAAP, of IHI. "All of the essays submitted this year radiated concern for change and the will to roll up their sleeves and help make that happen."

A full-time general pediatrician at

ICC, Dr. Stubblefield serves as Secretary/Treasurer of the Alabama Chapter-AAP's Executive Board and Quality Improvement Chair. He has served in a leadership role with the Chapter since 2008.

Kudos to Dr. Stubblefield!

### Stagno recognized with Master Pediatrician honorary jacket, AAP District Award

In November, Chapter President Michael Ramsey, MD, FAAP, was honored to serve as speaker at Grand Rounds at Children's of Alabama, which gave him the opportunity to recognize Sergio Stagno, MD, FAAP, for his many years of service as longtime Chair of the UAB Department of Pediatrics.

First, Dr. Stagno was presented with an honorary Master Pediatrician jacket for his dedication to promoting excellence in pediatrics in Alabama over the last 25 years.

Dr. Ramsey then presented Dr. Stagno with an American Academy of Pediatrics' District X Special Achievement Award "for lifetime achievement in contributing to the training and education of residents and fellows in Alabama and the health of pediatric patients served by the state's largest child health system."



Sergio Stagno, MD, FAAP, accepting the AAP Special Achievement Award from Chapter President Michael Ramsey, MD, FAAP

In a follow-up communication, Dr. Stagno wrote: "I was totally surprised with the presentation of an honorary Master Pediatrician blazer and the diploma from the AAP."

I want to convey my sense of gratitude and the honor I felt about this recognition."

Congratulations, Dr. Stagno, for these well-deserved honors!

### Walley receives top award in tobacco control poster symposium

Congratulations to Susan Walley, MD, FAAP, of the University of Alabama at Birmingham Division of General Pediatrics! Dr. Walley was awarded the



Susan Walley

*Top-Rated Abstract for the Provisional Section on Tobacco Control Poster Symposium* at the 2014 AAP National Conference and Exhibition for her work, "Improving Smoking Cessation Interventions for Children Admitted with Bronchiolitis: The AAP Value in Inpatient Pediatrics Bronchiolitis Network Collaborative Experience." To see her poster, visit <http://tinyurl.com/papd4j6>.

### Mark your calendars: new Practice Management Association webinars scheduled

After several very successful webinars on ICD-10, vaccines as a business line, social media and others, all of which are available on-demand on the Alabama Chapter-AAP website ([alaap.org](http://alaap.org)), the AL-AAP Practice Management Association continues its webinar series in 2015 with the following installments:

- January 14: *New Practice Manager Responsibilities Regarding 401K/Profit Sharing/Cash Balance Retirement Plans*
- March 11: *Setting Pediatric Service Charge Prices Fairly: A Review of the RBRVS for Pediatricians*

- May 13: Topic TBD
- July 8: *Medicaid Update*
- September 9: *Medical Waste Disposal Requirements and Responsibilities*

Each webinar is 45 minutes in length and begins at 12:15 p.m. Look for registration emails approximately two weeks prior to each session. You can also click on the Events tab on the Chapter website at [alaap.org](http://alaap.org) for more information.

To access previous webinars on demand, visit [tinyurl.com/p9lyzgo](http://tinyurl.com/p9lyzgo).

#### **REMINDER: Contact your congressmen to “Save CHIP”**

As a reminder, Alabama’s Children’s Health Insurance Program (CHIP - ALL Kids) is in danger of losing its federal funding starting October 2015. Because federal cost-sharing contributes significantly to the cost of the program (about 78 percent), a loss of that funding would mean that all of these families would be forced into underinsurance or the federal health insurance marketplace.

The Alabama Chapter-AAP Executive Board asks for all members, their patients’ parents and colleagues to take action now and advocate to your Congressmen to fund CHIP through 2019. It’s very important to spread the word to your parents, civic clubs, and business leaders in your communities, churches, etc. Please scan the QR code, visit [tinyurl.com/mmj9yju](http://tinyurl.com/mmj9yju) or go to the Chapter website at [alaap.org](http://alaap.org) to access our “Save CHIP” Member Action Toolkit to get started!



#### **Practices begin social needs data collection**

Practices in Alabama have begun data collection as part of the new WE CARE Alabama Project, a practice- and evidence-based model for addressing key unmet social needs for patients and families by systematically screening for those needs and referring families to existing community-based services at pediatrician visits.

Almost all of the practices that signed up at the Annual Meeting in September have been enrolled in the program and are now collecting data: participating providers ask parents to complete a short questionnaire at the beginning of well-child visits. The questionnaire evaluates for limited literacy skills, unemployment, lack of quality childcare, housing instability, availability of basic utility services, and food insecurity. Families are given the opportunity to privately discuss these needs and receive counseling. Every exam room at participating practices will have a resource book with one-page tear-out sheets that address each need screened for. Currently students are creating the resource books under the direction of project leader Rian Anglin, MD, FAAP, of Pediatric Associates of Auburn.

After the visits, pediatricians write the actions taken on the back of questionnaires, which are then collated and evaluated.

“By achieving our study aims, we will provide an important step to potentially shift current pediatric practice-based research and clinical practice paradigms,” Dr. Anglin stressed.

For more information, contact Dr. Anglin at [rian\\_anglin@att.net](mailto:rian_anglin@att.net).

#### **2015 state legislative peek**

The Regular Session of the Alabama Legislature is slated to begin on March 3, 2015, with a flurry of activity and issues facing pediatrics. At its January 10 meeting, the Executive Board of the Alabama Chapter-AAP voted on our legislative priorities for this session.

Issues that the Chapter expects to address/educate members and legislators on this year include: adequate Medicaid and CHIP funding (including permanent Medicaid to Medicare fee parity, Medicaid expansion and an increase in the tobacco tax); adequate funding for birth to 5 services; protecting the health of children through adherence to current AAP guidelines/standards: a strengthened graduated driver license law; safe births; and protection of the medical home.

Stay tuned for more information soon!

## Special to *The Alabama Pediatrician*: Give the people what they want

*New approaches to consumer-driven private pediatric practice*

When retail health clinics recently started popping up on Long Island like 1950s tract housing, RBK Pediatrics launched its own answer to the need for after-hours care.

For RBK Pediatrics, adding urgent care was a practical solution for families who can't wait to see their regular pediatricians.

In 2011, Eden Park Pediatric Associates added a lactation center, knowing Millennial Generation moms need flexibility, efficiency, and convenience. In 2012, a practice poll determined 33 percent of new moms chose Eden Park for its lactation services.

"Prior to us providing in-office lactation support, the common age for moms to stop breastfeeding was six months," said Lynn Cramer, Eden Park's Chief Administrative Officer. "By providing breastfeeding support along the continuum of the first year, moms are breastfeeding much longer."

Positive results like these can build a strong case for adding services to a pediatric practice. Ancillary services have also become increasingly important for doctors who want to stay independent. Primary care practices can earn as much as 15 percent or more from expanding their preventive care models.

Currently, 19 percent of U.S. pediatricians offer ancillary services, according to Medscape's 2014 Physician Compensation Report. These services can include dietary and nutritional guidance, management of minor mental health issues, and programs for coordinating care, as well as services for lactation and urgent care.

### Does it serve a need?

While adding services can be a boon to practices, not every service is going to be a good fit. Doing your homework can mean all the difference. Successful services are those your patients want, and those that pay for themselves.

Cramer views the lactation center and Eden Park's other services as logical additions to the medical home. "We manage all our diabetic patients on insulin pumps. We manage all minor mental health issues. We manage all our asthma and allergy kids, and we manage obesity and lactation," Cramer says. "We try not to send our patients elsewhere for pediatric care unless it requires a subspecialty."

Only 29 percent of U.S. primary care physicians offer after-hours care, in spite of a marked increase in the number of urgent care centers in recent years, according to PCC data.

"Unfortunately, most doctors still have that 9 to 5, 'when it's a good time for me' mentality. This is no longer a viable model," RBK's Dr. George Rogu says. "Kids get sick at unexpected times, when these offices are closed. Yes, an ear infection can probably wait until tomorrow, but for the first-time mom or busy mom, it is an emergency."

Opening an urgent care can be a major project, but RBK did it with little overhead. The practice picked one of its existing locations to double as the urgent care. Parking and visibility there is better, and there are more children per household near that location. Two clinicians and a front desk staffer were hired to cover after-hours, from 6 to 10 p.m. The center operates on the slogan "Primary Care When You Want It, Urgent Care When You Need It."

Clinically, the urgent care is already a success, says Dr. Rogu. "Families love knowing somebody from the organization will be there to see their kids. And they know if they see a doctor they don't know, the electronic record has all the child's basic information. Nobody goes to the ER anymore."

RBK's senior partners are also happier. "I cannot remember the last time my beeper rang," Dr. Rogu said. "The lifestyle of our doctors is much better."

Financially, it's a break-even proposition, although revenue is expected to increase as patients outside the practice are now welcome. "We haven't seen enough volume to make it a home run, but as I've learned over the years, if you do the right thing medically, the finances will follow."

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## NEWS FROM PUBLIC HEALTH

### Updates on newborn screening collection forms

As most Chapter members are aware, the Alabama Department of Public Health's (ADPH) Bureau of Clinical Laboratories distributed new Newborn Screening (NBS) collection forms at the beginning of November.

The new form requires additional information that must be captured by practices before sending the specimens, including the provider's NPI number, which must be handwritten in, as well as the newborn's insurance information, which is captured on one of the pages.

In early November, Chapter Executive Director Linda Lee, as well as DeeAnne Jackson, MD, FAAP, one of our representatives to the Alabama Newborn Screening Advisory Committee, shared concerns about the administrative burden this places on practices, as well as the increased chance for errors. The laboratory representatives said that the collection of the insurance information is now needed because the state is now billing insurers for the specimens. Chapter leaders mentioned that in some cases, insurance information on newborns is not available. The laboratory representative did stress that it is important for providers to NOT delay sending in the specimens due to insurance information currently being unavailable.

In early December, ADPH issued a communication to all providers saying that alternative mechanisms to provide the requested information, such as including a face sheet or similar document in the envelope with the NBS form, will be acceptable.

The Chapter office will continue to monitor this issue and advocate for what's best for both babies and providers.

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### Special to *The Alabama Pediatrician* continued from page 14

#### Is your practice ready?

Just because a service seems to be a good fit for your patient demographic doesn't necessarily make it a good fit for your practice. When researching a service, look at your organization. Do you have the time, the space, and the equipment? Are your partners on board? Will adding a service disrupt your current workflow?

Eden Park's Cramer suggests no service works unless clinicians and staff are 100 percent committed to the effort. "If you want to maintain these services, somebody has to be the driving force behind them," says Cramer. "You need someone who is innovative and effective, and someone who is passionate about that particular subject."

Since 2007, Cramer has championed the implementation of Eden Park's special programs. She recently laid the groundwork for a VIP (Very Important Parents) service, in which children with chronic illnesses have quick, dependable access to their clinicians.

#### Adapt or survive

Unfortunately, not all practices employ people like Lynn, who are always looking for new ways to increase clinical excellence and revenue. Physicians often miss out on opportunities because they are too cautious.

"You have to be open to new things," agrees Dr. Rogu. "If you continue with business as usual, you'll find yourself turning into a dinosaur very quickly."

"Having a successful, independent practice depends on constantly observing what the medical community is doing," Cramer says. "Everything changes, and if you don't adapt, you slow down, revenue slows. Our patients expect us to be the first to do what's happening out there."

— Reprinted with permission from *The Independent Pediatrician*, Summer 2014

## MEDICAID NEWS

### Medicaid RCOs: What you need to know now

Over the last few weeks, a flurry of activity has transpired as the Alabama Medicaid Agency gears up for its future Regional Care Organizations (RCOs), which are locally led managed care systems with whom Medicaid will contract, moving it away from a volume-based, fee-for-service environment to a payment system that incentivizes the delivery of quality health care and improved health outcomes.

A few items worth noting for pediatricians at this point:

- **Incentivized measures for the RCOs have been selected.** In November, the Agency announced 10 measures that will be incentivized under the new managed care system. The measures are a subset of 42 metrics chosen earlier this year by the Quality Assurance Committee (of which the Alabama Chapter-AAP had several pediatric representatives) that will be used for monitoring RCO performance. The measures not only include nationally recognized metrics related to diabetes, asthma, maternity care, cervical cancer screening and well-child care, but assessments of care transition and coordination, and mental and behavioral health. Visit <http://tinyurl.com/pqjug7b> to see a list of the measures.

- **Provider Letters of Intent.** Twelve organizations have filed intent to become RCOs; of these, 11 have been approved as probationary RCOs (see list below) at time of writing. They will have to jump through many hoops before October 2016 through an RCO “readiness” process. These groups may now proceed to work with health care providers to show that they have the ability to develop an adequate provider network by April 1, 2015. To do this, probationary RCOs will ask Medicaid providers to submit a Letter of Intent (LOI), a standard form developed by the Alabama Medicaid. Probationary RCOs that wish to participate in the existing Health Home program (for chronic conditions) will need completed LOIs from primary medical providers no later than February 11, 2015. *You as a provider will likely be contacted within the next month to sign an LOI with these organizations.*

Note that:

- 1) Providers interested in contracting with one or more RCOs to provide covered services to Medicaid recipients, should indicate so by signing the LOI to express their interest. By signing the LOI, the provider is not obligated to sign a contract and may rescind his or her intent to subcontract with the RCO upon review of a final contract.
- 2) Providers may sign LOIs or contract with more than one RCO.
- 3) An RCO must contract with “any willing provider” as long as he or she agrees to the terms offered to comparable providers. The minimum fee-for-service reimbursement

rates that a Regional Care Organization is to pay providers for covered services provided to a Medicaid recipient is to be the prevailing Medicaid fee-for-service schedule, unless otherwise jointly agreed to by a provider and an RCO through a contract or mandated by federal law.

### The 11 organizations approved thus far are:

Region A: Alabama Community Care – Region A, My Care Alabama, Alabama Healthcare Advantage North

Region B: Alabama Care Plan, Alabama Healthcare Advantage

Region C: Alabama Community Care – Region C, Alabama Healthcare Advantage West

Region D: Care Network of Alabama, Alabama Healthcare Advantage East

Region E: Gulf Coast Regional Care Organization, Alabama Healthcare Advantage South

### Medicaid payment bump: Physicians must self-attest again in 2015

Medicaid-enrolled primary care physicians who qualify for Primary Care Enhanced Physician Rates may continue to receive enhanced payments since the federal program ended on December 31, 2014 for dates of service between January 1 and September 30, 2015. To qualify, eligible providers must accurately self-attest by filing required 2015 forms, ideally by January 31, taking the following steps:

1. Visit [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov);
2. Select Provider Enrollment from the drop-down menu under “Providers;”
3. Complete a 2015 self-attestation form;
4. Attach proof of board certification, if applicable;
5. Mail original self-attestation form to the address specified.

Providers for whom HPES has a 2015 self-attestation form on file by January 31 will receive payment at the enhanced rates retroactive to January 1, 2015. Providers with 2015 self-attestation forms on file at HPES on or after February 1 will receive payment at the enhanced rates for dates of service beginning with the date the self-attestation is entered into the system by HPES.

The Agency will review and verify that requirements for the enhanced rates are met. Enhanced rates paid to providers that do not meet the specifications may be subject to recoupment.

For questions regarding the primary care enhanced physician rates, please contact Beverly Churchwell at [beverly.churchwell@medicaid.alabama.gov](mailto:beverly.churchwell@medicaid.alabama.gov), or see the December 19 alert at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov).

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