The Alabama
Pediatrician
Early Summer 2013

From the President

Looking ahead to RCOs and 2014

Grant Allen, MD, FAAP
Chapter President

Well, here we have wrapped up another legislative session and have closed out the 2013 Spring Meeting in Sandestin. The Chapter staff and all of our key contacts with the Legislature can take a much-needed break from the hard work of the last several months. But not too long: Medicaid needs our constant advocacy. The new Regional Care Organizations (RCOs) will need pediatricians on their boards to help make sure that care and access are good for our patients. We need YOU to let us know if you could be that pediatrician. The geographic make-up of the regions is being finalized now; we need to have a working list of interested pediatricians. The physicians on the boards will be appointed by the county medical societies. They will have a much easier time filling these positions if the Chapter can nominate some good local choices. We also intend to help Chapter members who serve on these boards to make sure that access and coverage are ideal for patients and providers.

On a much lighter, but just as important, note: put April 24-27 on your schedule for 2014! We will be at the Marriott Grand Hotel in Point Clear. That's right – we'll be in Alabama for the Spring Meeting! There will be lots of fun activities. USA Children's and Women's Hospital and the Chapter's Reach Out and Read program are planning fun family activities to go along with all the amazing benefits of being at the Grand Hotel – golf, tennis, kayaking, biking, swimming, strolling, napping (bayside hammocks), water sliding, etc.

I look forward to seeing a lot of you there. Think about having a residency reunion jointly with the Chapter meeting or making this a fun family trip to celebrate the end of the winter flu season.

Spring Meeting attendees enjoy top-notch educational sessions

The Chapter's 2013 Spring Meeting & Pediatric Update, held May 2-5, 2013, proved to be a huge success, with high ratings from attendees on the quality of the speakers and topics.

National and state speakers provided excellent presentations on such issues as effects of media on children, gun safety, violence, spina bifida, UTI and others. Chapter members were also able to hear from Don Williamson, MD, State Health Officer, about the current efforts to reform Medicaid with the establishment of Regional Care Organizations.

Alabama is Outstanding Chapter awardee!
AAP District X Vice Chairperson J. Wiley, MD, FAAP, presented the Chapter's Outstanding Chapter Award to the Executive Board and Staff at the Friday lunch. Accepting the award left to right are: (front row) Naresh Purohit, MD, FAAP, Michael Ramsey, MD, FAAP, Polly McClure, RPh, and Linda Lee, APR; (back row) DeeAnne Jackson, MD, FAAP, Cathy Wood, MD, FAAP, Bruce Petitt, MD, FAAP, Michelle Freeman, MD, FAAP, Grant Allen, MD, FAAP, J. Wiley, MD, FAAP, Jill Powell, Linda Champion, MPA, and Salina Taylor.

"Excellent topics were relevant; the speakers were universally outstanding," wrote one pediatrician on his evaluation.

A highlight of the conference was a demonstration on gun locks, provided by representatives from the Walton County Sheriff's Department.

Attendees enjoyed a strong sense of camaraderie at networking events, such as the opening reception and the mixer and dinner on Saturday night, which was graciously sponsored in full by USA Children's and Women's Hospital. One of the highlights was the participation of five medical students from UAB and USA, who were able to attend thanks to scholarships provided by

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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.

Annual Meeting to feature lectures on early brain and more

Make sure your calendars are marked for September 27-29, 2013 for the 2013 Annual Meeting and Fall Pediatric Update at the newly renovated and managed Hyatt Regency Birmingham-The Wynfrey Hotel in Birmingham! This year's conference will offer a strong line-up of topics for Alabama pediatricians and other pediatric healthcare providers.

Chapter Child Care Contact Mary Blankson, MD, FAAP, has secured a small grant from the American Academy of Pediatrics that will fund lecturer Dina Lieser, MD, FAAP, who will speak on early brain and child development, which is the focus of several of the talks at this meeting. In addition, Chapter member Ann Klasner, MD, FAAP, has secured a visiting lectureship grant to host David Schonfeld, MD, FAAP, who will speak on "Supporting the Grieving Child and Family." Another highlight will be a social media training that will use role-play to help pediatricians with using video technology to share anticipatory guidance with a broader online audience (see article on social media campaign). The conference will also feature sessions on Infant Mental Wellness, HPV, "The Pediatrician's Role in Advocating for Quality Early Childhood Programs," "Tackling Toxic Stress," "Literacy Promotion for Children with Special Health Care Needs," "Surgical and Cath Lab-Based Treatment of Congenital Heart Disease," "Discipline and Behavioral Management of Preschool Children," and "Autism Spectrum Disorders: Causes and Treatment."

In addition, on Friday afternoon, a separate practice management workshop, co-sponsored by the Chapter's Practice Management Association, will feature sessions on ICD-10, "Keys to Optimizing Peak Financial Performance," and "Demystifying Data to Improve and Drive Performance." The workshop will be followed by a two-hour Loss Prevention seminar, sponsored and presented by ProAssurance Indemnity.

Look for registration details in your mailboxes and on the web at www.alaap.org!

Legislative Session ends with some wins, a lot of unknowns

In *A Tale of Two Cities*, Charles Dickens writes, "It was the best of times, it was the worst of times... ." In many ways that describes the 2013 Regular Session of the Alabama Legislature. Depending on who you talk to, it was either the best of times or the worst of times. The Session ended in May with some wins for children and many questions regarding where Medicaid is headed moving forward. Here is a summary.

- *Medicaid reform:* The Governor has signed SB 340/HB 454, the "Medicaid Reform" bill, which will fundamentally change Medicaid delivery by creating five Regional Care Organizations (RCOs) over the next several years. The Chapter attended many meetings and provided much input to Don Williamson, MD, who is leading this effort for Alabama Medicaid. Please see the the next section on RCOs for more information. Other Medicaid-related bills did not pass; see below for more details.
- *PreK Expansion:* The Chapter was delighted when in May, the Governor signed the FY 2014 Education Trust Fund budget, which includes an additional $9.4 million for Alabama's First Class Pre-K program. Many thanks go to all Chapter members who made phone calls to their lawmakers on this issue!
- *HB 267:* The Session ended on a good note for children with the passing of HB 267, which will allow the state's Child Advocacy Centers to participate in the State Insurance Plan with all costs being paid by the local programs. Many thanks go to all of our members who called their senators about this bill. Now, more funds can be used for services to abused children in Alabama!
- *ALL Kids budget:* The ALL Kids budget is looking at a deficit for 2014 of $1.5 million. In an effort to reduce the FY 2013 deficit, the program will be adding copayments to some services such as speech, occupational and physical therapy, home health and DME. The staff is analyzing data and working with Blue Cross Blue Shield and the Centers for Medicare and Medicaid Services to finalize details.

Other Medicaid legislation

- *General Fund budget:* Medicaid's 2014 budget was funded at 2013 levels, which could create cuts to the program in FY 2014 before the RCOs are operational and payment for Medicaid services is

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Chapter lands AAP grant to conduct "Choose a Healthy Family, Alabama!" online campaign

By Michael Ramsey, MD, FAAP

The Alabama Chapter-AAP Executive Board and staff are thrilled with the recent news from the American Academy of Pediatrics (AAP) that the Chapter was chosen as one of five across the country to receive the AAP's 2013 Healthy People 2020 grant to conduct a social media campaign geared to parents to improve health literacy and child health.

The new grant project, "Choose to Have a Healthy Family, Alabama" will establish pediatricians as credible spokespeople for health messages to parents via social media, emphasizing the importance of making healthy choices to positively impact child health among families in their own communities as well as the state audience. Strengthening the existing relationships between the Alabama Chapter-AAP and its partners, including the Alabama Department of Public Health and VOICES for Alabama's Children, among others, the 12-month campaign will deliver multiple anticipatory guidance messages via practice social media pages and a Chapter Facebook page to a broad audience, especially families with no access to care. The focus areas and menu of messages will be pre-chosen by a stakeholder committee of pediatricians and representatives from partner organizations and scripted by a public relations consultant, who will create a blueprint to guide members on easy ways to create online videos, "memes," and other messaging. Addressing such topics as tobacco use, teen driving, immunizations, oral health, SIDS, sun and water safety, reading to young children, and healthy weight, the project's objectives are to:

- Promote healthy choices to local practice parents and teens;
- Increase pediatricians' comfort in using social media and improve their practices' online image among their own patients;
- Improve health literacy among the state parent population while delivering unified evidence-based health messages from a network of state child health organizations.

The campaign will kick off at the Annual Meeting on Sept. 28, when we will be training members on using this technology and getting commitments for participation. Look for more details soon.

Also, if you are interested in helping us shape the campaign, please contact Linda Lee at llee@alaap.org.

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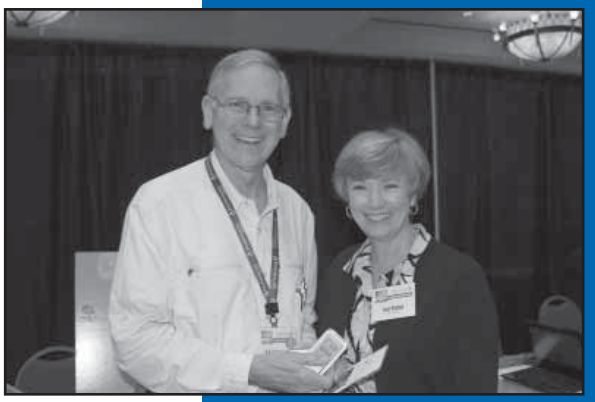
practices from across the state.

Make plans now to attend next year's highly anticipated Spring Meeting, set for April 24-27, 2014, at the Marriott Grand Hotel in Point Clear – which will be a location change from recent years!

Denise Dowd, MD, FAAP, presented a highly popular session on gun safety.

Dothan Pediatric Clinic's Michelle Freeman, MD, FAAP, visits with medical students Tessa Kleyn (and husband) and Sarah Kelley.



And then it wouldn't be a conference without door prizes! Here, David Glasgow, MD, FAAP, is all smiles with exhibitor Janice Pitchford, RN, after winning an iPod from her company, Briova.

Chapter creates endowment for program operation; founding members sought

By Wes Stubblefield, MD, FAAP, Chapter Secretary/Treasurer

The Alabama Chapter-AAP is pleased to announce the creation of an Endowment Management Account through the Wealth Management Division of Merrill Lynch. The purpose of the endowment is to build a permanent source of income to meet the operational needs of our Reach Out and Read program.

In September, we were informed that Reach Out and Read would not receive any federal funding for the second fiscal year in a row. In past years, federal support via Reach Out and Read National has accounted for up to 15 percent of our program budget. At a time when Reach Out and Read-Alabama is healthier than ever before, the budget cuts in Washington and the loss of a significant funding stream from the Alabama State Department of Education translates to a loss of almost 40 percent in our yearly resources.

Since the Chapter agreed to house the Reach Out and Read program in January 2006, the program has expanded rapidly across the state; we currently reach 79,000 children statewide and distribute more than 129,000 brand new books annually. According to VOICES for Alabama's Children *Kids Count Data 2012*, our reach is 30 percent of the 303,905 children in Alabama less than five years of age.

The Alabama Chapter-American Academy of Pediatrics, through its program Reach Out and Read, is working toward the day when all children in Alabama enter kindergarten supported by highly engaged parents, ready to learn, and prepared to excel.

With the establishment of the endowment, not only are there provisions for current operational funds, but as the endowment grows, opportunities exist to use these funds to expand the program for a greater reach to serve more children and their families.

Chapter members and other community partners are being sought as founding members. Initial investments of $1,000 or greater through the end of September will allow those participating to become one of our founding members of the endowment.

Mark Miller and Elizabeth Barnett, Financial Advisors with Merrill Lynch, will serve as the Wealth Management Team leaders with the oversight of an Investment Policy Committee from the Chapter.

Here are some ways to participate in the endowment:

1. Give a one-time gift by check or with stocks, bonds or mutual funds.
2. Pledge gifts over one, two, three or more years.
3. Name the Alabama Chapter-AAP EMA Fund in your will, trust or as a beneficiary of a life insurance policy.

Checks may be made payable to:
Alabama Chapter-AAP EMA
19 South Jackson Street
Montgomery, AL 36104

For more information, contact the Chapter office (llee@alaap.org) or me (stubblefield.wes@gmail.com).

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Event Calendar

August 6, 2013
Pediatric Council meeting
Montgomery, AL

September 27 - 29, 2013
2013 Annual Meeting & Fall Pediatric Update
Hyatt-Regency Birmingham – The Wynfrey Hotel
Birmingham, AL

November 9, 2013
CQN 3 Learning Session 3
Birmingham, AL

April 24 - 27, 2014
2014 Spring Meeting & Pediatric Update
Marriott Grand Hotel
Point Clear, AL

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Reach Out and Read All About It!

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

Reach Out and Read National's Medical Director Perri Klass, MD, was moved to write about "Poverty as a Childhood Disease" in the *New York Times* recently after attending the Pediatric Academic Society's annual meeting in May, at which there was a new call for pediatricians to address childhood poverty as a national problem. Our own Marsha Raulerson, MD, medical director of the Reach Out and Read program in Alabama as well as medical coordinator of the Reach Out and Read program in her own practice for almost 17 years, has the following comments regarding some staggering statistics about the link between early childhood literacy and poverty in Alabama:

"My practice in rural, lower Alabama serves many children growing up in poverty. Sixty-seven percent of my patients receive health care through Medicaid, and another 10 percent receive coverage through the Children's Health Insurance Program (CHIP). These children all have one thing in common: they love the books they receive at every well-child visit. Personally, I enjoy showing a parent how much his child loves hearing Mom's or Dad's voice reading to him. In April of this year, I spoke at the AAP Legislative Conference in Washington, D.C., about the Reach Out and Read (ROR) program. I stated that I consider our office's 17 years of ROR as 'my teen pregnancy prevention project, my high school drop-out prevention project, my drug abuse prevention project, and now my violence prevention project.'

Almost 25 percent of children in Alabama – one out of every four – live below the Federal Poverty Level ($22,350 in 2011 for a family of four). Research suggests that average families need an income of at least twice that amount to meet their basic needs. A staggering 47 percent of children in our state live in low-income families, at or below 200 percent of the Federal Poverty Level.

In 2008, the American Association for the Advancement of Science published a report showing that 'many children growing up in poor families with low social status experience unhealthy levels of stress hormones, which impair their neural development.' This effect impairs language development and memory – and hence the ability to escape poverty – for the rest of the child's life. Paul Krugman, Professor of Economics and International Affairs at Princeton University, writing for the *New York Times*, summed it up this way: 'Poverty in early childhood poisons the brain.' The first 1,000 days of life are the most important for the developing brain. By kindergarten, a teacher can easily tell which children are headed for trouble.

Estimates reveal that 90 percent of what makes us healthy occurs outside of medical care. However, 96 percent of funding for health is spent on medications, hospitalizations, doctor's visits and other direct medical services – not on prevention. The Adverse Childhood Experiences study has shown that providing a child with a safe, nurturing environment could dramatically decrease not only poor behavior choices and mental illness but also reduce risk of heart disease, diabetes, obesity, hypertension, etc.

This brings me back to the purpose of this article: the Reach Out and Read program. One of my favorite poems was written by Emily Dickinson: 'There is no frigate like a book…' Ms. Dickinson describes a book as both a light sailing vessel, capable of traveling at high speeds, as well as a 'courser' – a very swift horse. In the poem she tells us that the poorest can travel through books without cost! Physicians, listen up! The ability to read is one of the greatest gifts we can give to our patients, and the positive interaction between an adult and a child through sharing a book is the greatest gift we can give our families."

To access specific county information about the childhood poverty statistics, visit VOICES for Alabama's Children (www.alavoices.org) and the 2012 *Kids Count Data Book*.

Michelle Freeman, MD, Reach Out and Read medical coordinator at Dothan Pediatric Clinic, accepts a check from Burton Ward from the Central Alabama Community Foundation. Thanks to the generosity of the Southeast Alabama Community Foundation and the Autauga Area Community Foundation, 800 children and their families served through the Reach Out and Read program in Autauga, Coffee, Dale, Geneva, Henry and Houston counties will receive new books and literacy guidance as a result of newly announced grants totaling more than $4,000. Existing programs at Southeastern Pediatric Associates and Dothan Pediatric Clinic, along with a new program at Prattville Pediatrics, will benefit.

CQN3 Asthma Collaborative well underway

By Wes Stubblefield, MD, FAAP, CQN3 Physician Leader

In March, the Chapter Quality Network (CQN3) Asthma Collaborative began with nine practices participating: Drs. Blancher and Stadther, PC; Carmel Health Network; Dothan Pediatric Clinic; Enterprise Children's Center and Family Medicine; Jefferson County Department of Health – Bessemer Clinic; Jefferson County Department of Health – West End Clinic, Jefferson County Department of Health – Western Clinic; Sylacauga Pediatrics, LLC; and UAB Primary Care Clinic.

Working with the American Academy of Pediatrics (AAP), the UAB Department of Pediatrics, Children's of Alabama, and the Alabama Department of Public Health (ADPH) social workers, the Chapter offers 40 points of Maintenance of Certification Part 4 Performance in Practice (for award in 2014) upon completion of the third phase of this 12-month quality improvement collaborative.

The collaborative expands upon the previous success of CQN with the development of the RMEDE™ Alabama Asthma Registry, created and hosted by our partner, University of South Alabama Center for Strategic Health Innovation. The registry is a powerful tool that is allowing providers to manage their asthma patient population by capturing important clinical information into a single location using the CQN encounter form and generating reports to help them identify patients that need specific attention in order to better manage and optimize their clinical care.

This phase of CQN also allows the Chapter to work with the AAP and Boston's Community Asthma Initiative to pilot a community asthma-focused home visiting

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transformed. Note that this will not affect primary care physician reimbursement in this next year due to the Affordable Care Act's "payment bump."

- *"Medicaid False Claims Act":* SB 183 would have penalized physicians for claims errors – even those submitted in good faith--and hold them liable for a civil penalty worth three times the amount of the damage sustained, to include attorney's fees.
- Neither of the other two fraud prevention bills, the *"Medicaid and public assistance fraud prevention bill"* (SB 105/HB 631) nor the *"Medicaid Fraud Reduction Act"* passed.
- *Medicaid expansion:* SB 259, which did not pass, would have expanded Medicaid to all eligible individuals as made possible through the Affordable Care Act. There is still hope for expansion in 2014.
- *Medicaid physician tax credit:* HB 41 would have established a state income tax credit for physicians and dentists providing free qualified services to Medicaid recipients
- *Cap on Medicaid funding:* HB 370, which did not pass, would have placed a cap on state funding of the Medicaid program.
- *Medicaid waiver request:* HB 371, which did not pass, would have required Alabama Medicaid to request a waiver from CMS to increase Medicaid recipient co-payments for health care services.

Regional Care Organizations: What are they and what does this mean?

Alabama's Medicaid program is on its way to being fundamentally transformed to a managed care model of care delivery. But instead of contracting with commercial managed care organizations to deliver care to Medicaid recipients, the state is allowing the creation of locally run regional care organizations (RCOs) to coordinate care delivery – similar to the Patient Care Networks, but with these organizations bearing the financial risk.

While some things about the transformation are known, many rules and regulations must still be drafted and adopted. The Chapter will keep its members up to date on the details as they unfold. However, you, as members, shape this process. Please let Linda Lee know if you are interested in serving on an advisory committee to help shape care for children in this "new world order."

Below is a list of frequently asked questions on the RCO legislation.

Q: WHAT IS AN "RCO?"

A: RCO stands for "regional care organization," an organized group of physicians, hospitals and other providers of Medicaid services in a group of counties in the state. The organization could be a limited liability corporation or a for-profit or some other type organization, but those participating will contract with the state to provide care to all Medicaid patients in that region. Each RCO contracting with Medicaid to deliver care in its respective region must be approved by Medicaid. Each RCO will provide services to Medicaid beneficiaries either through the RCO or through contracts with other entities. An RCO must contract with any physician, hospital or other provider willing to accept the payments and terms offered to comparable providers. Eventually, RCOs will become risk-bearing entities.

Medicaid will collect and publish information (unless protected by law) regarding quality, cost and outcomes for each RCO. RCOs must meet minimum solvency requirements for operation or submit proof of a bond guaranty in an equal amount of the solvency requirements to the Medicaid Agency. Each RCO will also have to issue periodic HIPAA-compliant reports, financial and otherwise, to Medicaid. Medicaid will also conduct audits of each RCO at least every three years. At intervals, each RCO will be evaluated to determine whether the Agency will enter into a continuing contract for care delivery by that RCO for the region it serves.

Q: HOW WILL THESE "REGIONS" BE SET UP?

A: The state is being divided into care regions, which Medicaid is ensuring are actuarially sound. With input from the Hospital Association, the Medicaid Association, Chapter, and family physicians, the

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Agency has drafted a map of five regions, which is currently up for comment in *Alabama Administrative Monthly*. Each regions must be capable of supporting at least one RCO that agrees to provide a comprehensive package of Medicaid benefits to Medicaid beneficiaries in those counties.

Q: HOW WILL THE RCOs BE PUT TOGETHER AND HOW WILL THEY OPERATE?

A: Physicians, hospitals and other entities providing health care services to Medicaid beneficiaries within each region will have to come together and organize as RCOs, which are explicitly not considered insurance companies under the law. Each RCO shall have a medical director, who is a primary care physician, and a governing board of 20 members who fall into one of two categories: (1) 12 risk-bearing members, who contribute either capital, cash or other assets to the RCO, to include physicians or others providing health care services who agree to a capitated payment rate to treat beneficiaries; and, (2) eight non-risk-bearing members to include three primary care physicians, one optometrist, one pharmacist and three community representatives.

For those members in category (2), two of the primary care physicians shall be appointed by a caucus of county boards of health in the region while the third shall be from a Federally Qualified Health Center. These physicians and the optometrist and pharmacist serving on the board must work in the region served by the RCO and can be neither risk-bearing participants in the RCO nor an employee of a risk-bearing participant but they can still contract with the RCO on a fee-for-service basis. The three community representatives in category (2) are a business person in the region and two representatives nominated from the region's citizens' advisory committee, made up of Medicaid beneficiaries and patient advocacy groups. No single type of health care service provider, whether physician or otherwise, may have a majority membership on the RCO board. Additionally, other safeguards exist to ensure physicians have a strong voice in decisions made by each RCO governing board.

Q: CAN COMMERCIAL MANAGED CARE RUN ONE OF THESE REGIONS?

A: While an RCO may contract with an alternate care provider or commercial managed care company, only under certain limited circumstances may such an entity be allowed to fully manage delivery of health care services in a region. Those circumstances include the failure or termination of an RCO in the region; the lack of an RCO or any other organization in the region willing to accept management of care delivery for the region; and, the lack of any other established or probationary RCO elsewhere in the state willing to attempt establishment of an RCO in the region in question. Any alternate care provider or commercial managed care company that contracts with Medicaid to provide health care services in a region shall be subject to the same network

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and case management program to address the high rates of poorly controlled asthma in communities, especially among low-income racial and ethnic minority populations. The Chapter's partner, ADPH, is providing social workers to launch these home intervention services for patients of pediatric practices in the Jefferson County area.

In the Period 1 Action Plan, practices are working on "Plan Do Study Act" cycles to fully incorporate the use of the encounter form into their office flow, engaging their practice staff, and identifying their full asthma population for entry into the registry. Practices are to achieve at least 90 percent optimal care by the end of the collaborative. In Action Period 1 (March to June) here is the progress of the practices: there are 59 percent of patients receiving "optimal" care; 89 percent of patients for whom a stepwise approach was used to assess and treat their asthma; 60 percent of patients with an asthma action plan, 61 percent of patients were given asthma educational materials; and 73 percent were assessed as well-controlled.

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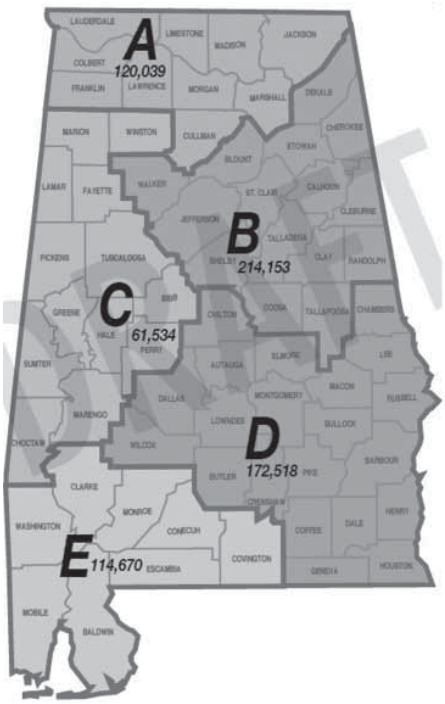
adequacy requirements as an RCO.

Q: HOW WILL PAYMENT RATES BE DETERMINED?
A: Medicaid will determine the capitated payment rate per-beneficiary to the RCOs. The governing board of each RCO will then determine how to apportion that payment among physicians and other providers, for both fee-for-service and at-risk contracts. Some physicians will elect to continue seeing Medicaid patients on a fee-for-service basis, such as those in category (2) of the RCO governing board. For those electing to enter into a "risk-reward" contract with an RCO, the "risk" is the capitated payment per beneficiary. If quality care is provided to patients for less than the capitated amount, those participating as at-risks physicians will share in the "reward" of those savings. This is the reason for the solvency requirements for each RCO – if the cost of care exceeds the capitated amount, the RCO's reserve can be accessed to cover the cost of that care. In Alabama's Medicaid "transformation," the financial risk of caring for patients shifts from the state to each RCO for the patients served in that region.

Q: ARE THERE ANTI-TRUST CONCERNS FOR PHYSICIANS?
A: The legislation specifically addresses that concern to provide safeguards for physicians. Because physicians, hospitals and others participating in the RCOs will be collectively negotiating and bargaining with one another to establish payment models for care delivery, the Medicaid Agency will play a direct supervisory role in that process to ensure protection from federal and state anti-trust laws. Physicians wishing to collectively participate will need to receive a certificate from the Medicaid Agency in order to collaborate with other entities, individuals or RCOs.

Q: HOW WILL QUALITY STANDARDS BE ESTABLISHED?
A: Medicaid will establish a Quality Assurance Committee appointed by the commissioner. At least 60 percent of those on the committee will be physicians who participate in one or more RCOs in the state. The committee will assess outcome and quality measures for all services provided to Medicaid beneficiaries and all measures must be consistent with state and federal quality guidelines.

Q: HOW WILL CLAIMS REJECTIONS AND GRIEVANCES BE HANDLED?
A: Medicaid will establish a timely procedure for wrongful denial of claims and develop rules for the appeals process for this and for addressing grievances of Medicaid beneficiaries. The first step for rectifying the purported wrongful denial of a claim will be an immediate appeal to the RCO's medical director, whose decision shall be binding on the RCO. If the physician or patient filing the initial appeal is dissatisfied with the medical director's decision, an appeal may be filed for a hearing before a peer review committee composed of three RCO-participating physicians of the same specialty practicing within the region. If the physician or patient filing the initial appeal is dissatisfied with the peer review committee's decision, an appeal may be filed with the Medicaid Agency. If the physician or patient filing the initial appeal is dissatisfied with the Medicaid Agency's decision, the physician or patient may file an appeal in circuit court.



Q: WHAT IS THE TIMELINE FOR IMPLEMENTATION OF THE TRANSFORMATION?
A: By Oct. 1, 2013, the RCO map must be finalized. By Oct. 1, 2014, an organization seeking to become an RCO must establish a governing board and structure approved by Medicaid. By April 1, 2015, an organization with probationary RCO status must demonstrate to Medicaid the ability to establish an adequate medical service delivery network. By Oct. 1, 2015, an organization that has received probationary RCO status must demonstrate to Medicaid that it has met the solvency/financial requirements. By Oct. 1, 2016, an organization with probationary RCO status must demonstrate to Medicaid that it is capable of providing services in the region pursuant to a risk contract. Nothing shall prevent an organization seeking Medicaid approval to operate as an RCO from meeting any of the aforementioned deadlines at an earlier date.

Q: WILL THIS SOLVE THE PERPETUAL MEDICAID FUNDING CRISIS?
A: Unfortunately, no. The current Medicaid budget utilizes roughly 30 percent of the State General Fund, which also funds Corrections and most non-education state spending. The current economic slump the state and nation are in has caused the Medicaid rolls in Alabama to increase by about 200,000 people since 2008 when the recession began. State lawmakers are hopeful the transformation to RCO-run managed care will improve outcomes and reduce future growth in the General Fund budget.

Many thanks to Graham Champion, Chapter Lobbyist, and Niko Corley, MASA Government Affairs, for contributing to this article.

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CHAPTER BRIEFS

Holloway named CDC Childhood Immunization Champion

A.Z. Holloway, MD, FAAP

A.Z. Holloway, MD, FAAP, of Health Services, Inc. in Montgomery and Past President of the Alabama Chapter, has been recognized by the Centers for Disease Control and Prevention (CDC) as Alabama's *CDC Childhood Immunization Champion* for 2013.

The CDC Childhood Immunization Champion Award is an annual award given jointly by CDC and the CDC Foundation to recognize individuals who are doing an exemplary job or going above and beyond to promote or foster childhood immunizations in their communities and thereby making a significant contribution toward improving public health.

Each year, one CDC Childhood Immunization Champion is selected from each state after nominations are submitted by the state Immunization Program Managers. The CDC reviews and confirms states' recommendations, and this year, announced the awards during National Infant Immunization Week, April 20-27.

Dr. Holloway initiated the Chapter's Pediatric Council in order to foster dialogue among payors regarding

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Chapter leaders past and present convene on Capitol Hill

Past President Marsha Raulerson, MD, FAAP, and Secretary/Treasurer Wes Stubblefield, MD, FAAP, meet with Congressional delegation in Washington on April 29 at the American Academy of Pediatrics' annual Legislative Conference to discuss gun safety. Each year, the Alabama Chapter-AAP sends at least one representative to this effective meeting that trains pediatricians on the legislative process and then hosts visits on Capitol Hill on pediatrics-specific issues.

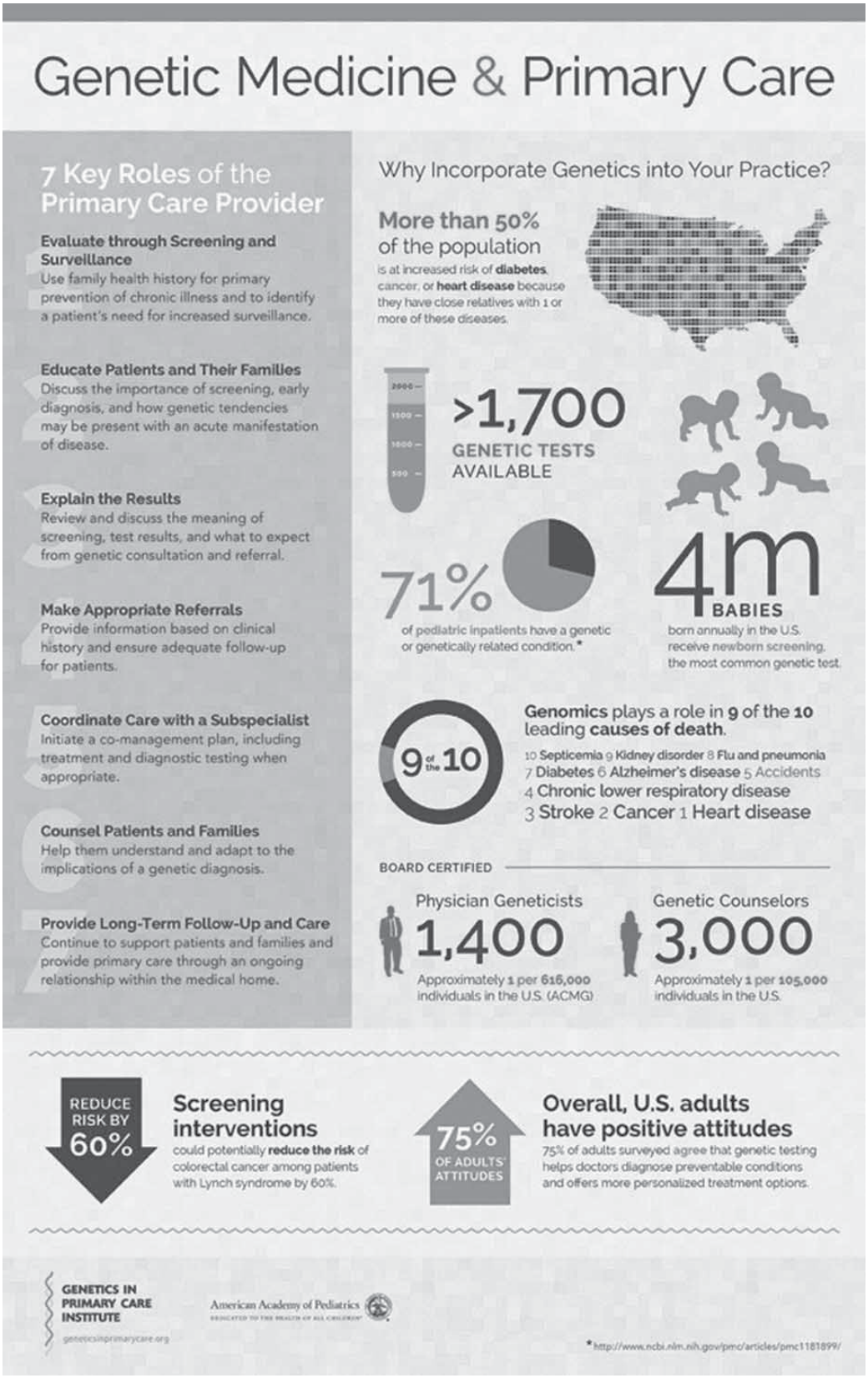
NEWS FROM THE AAP

AAP launches HealthyChildren.org Español

After several months of planning and design, the American Academy of Pediatrics (AAP) has launched HealthyChildren.org en Español, a Spanish-language resource to serve Hispanic families with reliable children's health and safety information. HealthyChildren.org en Español (www.healthychildren.org/Espanol) aims to improve child health literacy among Hispanic parents and caregivers so they may better understand disease prevention and treatment and as a result, feel empowered to be proactive about their children's health. Help spread the word about HealthyChildren.org en Español by referring families today.

Announcing the NEW GeneticsinPrimaryCare.org!

The Genetics in Primary Care Institute is pleased to announce the launch of their new Website, GeneticsinPrimaryCare.org. This site houses practical tools and information for pediatric primary care providers (PCPs) regarding genetics and genomics, genetic testing, family history, genetic counseling, and patient communication. Visit our Provider Education page for resources, webinars, and live educational activities, including the upcoming Dive into the Gene Pool Conference. Explore the role of pediatric primary care providers in the provision of genetic medicine by checking out the new Genetic Medicine & Primary Care Infographic at right.



Attention Providers!

GET READY!

New immunization requirement for 6th grade entry

Beginning with the 2010-2011 school year, a dose of Tdap vaccine is required for Alabama students age 11 years or older, entering the 6th grade.

This requirement increases by one successive grade each year for the following 6 years to include sixth through twelfth grades, through the fall of 2016.

For the school year 2013-2014, all students in grades 6-9 not previously receiving Tdap at age 11 years or older are required to have a Tdap vaccination.*

***For questions, please contact the Immunization Division at 1-800-469-4599.**

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coverage of immunizations in Alabama, specifically advocating for increasing the immuization administration fees from Alabama Medicaid by presenting a video on vaccine administration so that payors could see the scope of work required. He also encouraged pediatricians to understand and develop their business case for pricing vaccines and maximizing practice resources to provide optimal coverage of children in their practices. In addition, he advocated for increasing coverage of pertussis among parents of children in pediatric practices.

For these reasons, Dr. Holloway was nominated by the Alabama Department of Public Health and selected as a CDC Childhood Immunization Champion.

Congratulations, Dr. Holloway!

Abston honored with Marsha Raulerson Advocacy Award

Pippa Abston, MD, FAAP

Pippa Abston, MD, FAAP, has been honored with the Alabama Chapter-AAP's 2013 Marsha Raulerson Advocacy Award for her tireless advocacy for children.

In practice at UAB Huntsville's general pediatrics clinic, Dr. Abston has been heavily involved in both her local community and the state pediatric community in a number of ways, including service on the National Alliance on Mental Illness state board of directors, the Chapter Executive Board, Physicians for a National Health Program, and many others. Her other accomplishments in encouraging policy for children are too many to list, but they include: engaging Chapter members at the meetings through Chapter challenges, setting up "best practice" models in her own practice; calling, writing and visiting with legislators on virtually every pediatric issue at the state level; writing a blog on pediatric issues; testifying/speaking at state rallies; speaking at local engagements; and creating two Facebook pages on Supporting Children's Mental Health in Alabama and Saving Medicaid for Alabama's Children.

"I can think of no other Chapter member who has, in recent years, been such an avid advocate for children on so many levels," said Grant Allen, MD, FAAP, Chapter President. "She is tireless in her dedication."

The Marsha Raulerson Advocacy Award is presented to a pediatrician member of the AL-AAP in recognition of steadfast service to children beyond the usual scope of practice through strong and faithful dedication to better policies for improved child health at the local, state and national levels.

Created in 2011, the award is named in honor of Marsha Raulerson, MD, FAAP, of Brewton, who has worked for children in Alabama during her more than 30 years of practicing community pediatrics through consistent and effective advocacy for children's programs and policies. Congratulations, Dr. Abston!

One pediatrician CAN make a difference: take Tim Stewart, MD

Did you know that sometimes a simple, well-placed phone call from a respected pediatrician can have an impact in your community? In May, a well-known anti-vaccine speaker, Mary Tocco, was scheduled to give a four-hour seminar in Huntsville on raising the unvaccinated child (including "the latest scientific evidence linking vaccines with autism and death"). This was scheduled in the auditorium of one of the largest churches in the area, Trinity Methodist Church. Tim Stewart, MD, FAAP, of Huntsville Pediatric Associates, called Trinity and outlined Ms. Tocco's agenda and his concern that it would appear that the church was promoting non-vaccination. Result: the lecture was cancelled less than two days before her scheduled presentation. This small victory is an example of what pediatricians can do on a regular basis in their communities. You are well-respected for your expertise – which can be a powerful tool to advocate for child health in your own back yard!

Chapter members Michael Ramsey, MD, FAAP, Katrina Skinner, MD, FAAP, and Elizabeth Dawson, MD, FAAP, discuss "life after residency" during a networking lunch with second-year pediatric residents at the Chapter's recent career day at the University of South Alabama.

Birmingham area pediatricians urged to consider joining developmental screening MOC project for 2013-2014

Thanks to grant funding from the Community Foundation of Greater Birmingham, pediatricians in five counties – Blount, Jefferson, Shelby, St. Clair and Walker – will soon be sought for the second year of the Chapter's Quality Improvement project to refine practice processes for standardized developmental screening and referral through Help Me Grow-Central Alabama. A CME training/learning session will be held this fall (date to be determined), open to all pediatricians in these counties. Look for more details coming soon!

Mark calendars for 2014 Spring Meeting at the Marriott Grand

Make plans now to attend next year's highly anticipated Spring Meeting, set for April 24-27, 2014 at the Marriott Grand Hotel in Point Clear – which will be a location change from recent years. The Executive Board was ready to try something different next year as a test – we look forward to shaking things up by having a great Alabama meeting in a beautiful, truly Southern location!

MEDICAID NEWS

CMS approves Alabama Medicaid primary care payment bump

The Centers for Medicare and Medicaid Services has approved Alabama Medicaid's request to change our payment method in order to satisfy the Affordable Care Act's payment increase to primary care physicians to Medicare rates. Approximately 2,700 eligible Alabama Medicaid providers will now benefit from the long-awaited increased payments. According to Medicaid Medical Director Robert Moon, MD, the Agency began paying the enhanced rate to qualified providers starting on June 8. In July, Alabama Medicaid will begin reprocessing claims paid under the old rate and should have all reprocessing completed by the end of September so eligible providers will receive the difference for services provided since January, he said.

The Affordable Care Act requires states to pay 100 percent of the Medicare rate for 2013 and 2014, or if higher, the Medicare rate for primary codes using the Calendar Year 2009 Medicare conversion factor. The increased payments – projected to be $39.6 million per year in Alabama – are funded entirely by the federal government for 2013 and 2014. However, the responsibility of maintaining the higher fees will fall to the state in 2015.

Earlier this year, Medicaid providers attested to their eligibility based on board-certification in primary care and whether 60 percent or more of the Medicaid codes they billed in the previous year were primary care codes and certain codes associated with vaccine administration. Health departments, federally-qualified health centers (FQHCs)

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NEWS FROM PUBLIC HEALTH

Management guidelines for blood lead level screening revised, effective 6/1/2013

The Centers for Disease Control and Prevention recently revised its guidelines for childhood blood lead level screening, emphasizing the value of primary prevention. It now recommends diagnostic (venous) testing for all children who have a blood lead reference value ≥ 5μg/dL, because research has shown that even low levels of lead in blood are associated with cognitive deficits, attention-related behaviors, and poor academic achievement. However, due to limited resources, only blood lead levels ≥ 10μg/dL are reportable to the Alabama Department of Public Health (ADPH) for case management and follow-up. As well, there has been no change to the recommendation that chelation therapy be considered when a child has a blood lead level ≥ 45μg/dL. Clinicians should take the primary role in educating families about preventing lead exposure.

The ADPH management guidelines for clinicians with a pediatric patient whose blood lead level is 5-9μg/dL are:

- OBTAIN confirmatory diagnostic (venous) test within three months, even if the initial sample was venous.
- CONTINUE follow-up testing every three months until two consecutive tests are < 5μg/dL.
- EDUCATE families concerning lead absorption and sources of lead exposure (ADPH pamphlet available). Case management services may be requested if the physician determines the family requires additional education in the home. A physician's order is required.
- EXPLAIN that there is no safe level of lead in the blood.
- PROVIDE nutritional counseling.
- COMPLETE history and physical examination.
- TEST for anemia and iron deficiency.
- PROVIDE neurodevelopmental monitoring.
- SCREEN all siblings under age 6.
- OBTAIN abdominal X-ray (if particulate lead ingestion is suspected) with bowel decontamination if indicated.

PLEASE NOTE:

All capillary and venous blood lead level results ≥ 5μg/dL must be confirmed with a venous sample within one to three months.

- Some clinicians may choose to repeat blood lead tests on all new patients within a month to ensure that their blood lead level is not rising more quickly than anticipated.
- Clinicians will continue to follow current recommendations regarding management of blood lead levels ≥ 10μg/dL.

For more information, please contact the Program Coordinator for the Alabama Childhood Lead Poisoning Prevention Program at 334-206-2966 or 1-800-545-1098 or visit the website at www.adph.org/aclppp.

References:

1. Centers for Disease Control and Prevention. *Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention*. Report of the Advisory Committee on Childhood Lead Poisoning Prevention. CDC, Atlanta: 2012.

2. Centers for Disease Control and Prevention. *CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention. Recommendations in "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention."* CDC, Atlanta: 2012.

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GROWING GENERIC ORGANIZATION BRINGS BACK TRUSTED ANTIBIOTIC TO OFFER ANOTHER CHOICE FOR PEDIATRICIANS

PACK Pharmaceuticals, LLC, was founded in 2005 on the mission to create reputable and safe pharmaceutical products through key global partnerships at each step in the pharmaceutical chain. Based on their initial successes, PACK was able to quickly attract additional high-value and reputable partners that have enabled them to grow to their current portfolio of 17 products with over an additional 40 products currently in their pipeline encompassing a wide range of therapeutic categories. Today, PACK markets and sells high-quality and affordable generic medications throughout North America and Puerto Rico.

CEFACLOR FOR ORAL SUSPENSION, USP DISAPPEARS WITHOUT A WORD

Cefaclor for Oral Suspension, USP had been removed from the market back in 2008 due to a FDA ban against the previous manufacturer. According to FDA documents, the FDA found manufacturing deficiencies at two different facilities resulting in a ban of about 30 of the company's products. According to the Federal Register, the company "requested that FDA withdraw approval of the applications. The company has also waived its opportunity for a hearing." The company requested withdrawal of approval under a Consent Decree of Permanent Injunction (Decree) on January 26, 2012. The Decree specifies that the company "must never submit another application to FDA for these withdrawn drug products and must never transfer these ANDAs to a third party." For the complete list of products affected by this Decree, you can visit the Federal Register at https://www.federalregister.gov/articles/2012/08/22/2012-20588/ranbaxy-laboratories-limited-withdrawal-of-approval-of-27-abbreviated-new-drug-applications#t-1

PACK PARTNERS WITH PEDIATRICIANS

In late 2012, PACK decided to build a new division in their organization within the pediatric arena and bring back to market the previously trusted and effective antibiotic, Cefaclor. Knowing the limited options available to treat the two most common bacterial infections that affect young children, Otitis Media and Lower Respiratory Tract infections, they felt this aligned with their mission. This provided an opportunity to expand the value they could provide directly to physicians and their patients. In addition to hiring Pediatric Account Managers in select areas of the country to service pediatric offices, they have created educational resources for Healthcare Professionals and their patients. The valuable resources available at CefaclorOral.com are:

- Cefaclor Informational Guide for Healthcare Professionals
- Cefaclor Q&A Brochure with $25 rebate for patients
- Bacterial Infection Patient Brochure
- Attractive Brochure Stand

As one of the few antibiotics the FDA has approved to treat children as young as one month old, Cefaclor for Oral Suspension, USP has been a welcome addition back in the pediatrician's treatment line-up. For more information on Cefaclor or PACK Pharmaceuticals, you can visit Packpharma.com.

Coding Corner

By Lynn Abernathy Brown, CPC

Prepare for ICD-10 now!

Injuries need additional documentation in the pediatric medical record in order to prepare for ICD-10 effective October 1, 2014. A good recommendation is to begin adding information into the current record so that the transition will be smooth next year.

One scenario for a pediatrician might be a 14-year-old female presents with right hand pain. Her ring finger is especially painful. She just left cheerleader practice and she has seen no one else for this injury. Upon examination, the injury resulted in a contusion of the right ring finger. The final diagnosis code for this visit is ICD-9 code 923.3 Contusion of the finger.

In ICD-10, more information will need to be documented in order to file a claim. The laterality and encounter information is necessary. For the same scenario, the pediatrician would add "right ring finger contusion without nail damage, initial encounter" which would then be coded S60.041A.

The breakdown of this code is:

ICD-10-CM	Description
S60	Superficial injury of wrist, hand and finger
.04	Contusion of ring finger without damage to nail
1	right
A	initial encounter

ICD-9-CM, International Classification of Diseases, Ninth Revision, Clinical Modification; ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification.

Additionally, in ICD-9 the Accident code describing how the injury occurred would be the secondary diagnosis, E005.4 – Activities involving dancing and other rhythmic movement, Cheerleading

The coding comparison for today's claim would be:

ICD-9-CM code	ICD-10-CM code	Description
923.3	S60.041A	Contusion of right ring finger
E005.4	Y93.45	Activity involving cheerleading

By becoming familiar with documenting laterality (right, left, both) and encounter type (initial encounter, subsequent encounter, sequela), the pediatrician will be in a better position next year when this information will be necessary in order to code the visit.

Medicaid News

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and rural health clinics are not eligible for the fee increase.

Co-payment Changes Effective July 1, 2013

Effective for dates of service July 1, 2013, and thereafter, co-payments for Medicaid covered services will be based on the federally approved maximum amounts shown below (including Medicare crossovers):

- Office Visit (including visits to physicians, optometrists, nurse practitioners):
  The co-payment amount is:
  $3.90 for procedure codes reimbursed $50.01 and greater
  $2.60 for procedure codes reimbursed between $25.01 and $50.00
  $1.30 for procedure codes reimbursed between $10.01 and $25.00
  The following CPT codes are considered office visits and the co-payment is based on Medicaid's allowed amount (fee schedule) for each procedure:
  90847, 90849, 90853, 90865, 92002, 92004, 92012, 92014, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350
- Federally Qualified Health Center (FQHC)
  The copayment amount is $3.90 per visit (encounter)
- Rural Health Clinic (RHC)
  The copayment amount is $3.90 per visit (encounter)

For more information, including hospital and DME co-pays, visit the following page: http://tinyurl.com/m37b2sn.

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