Approaching my new position as President of the Alabama Chapter-AAP has given me an opportunity to reflect on what is important to me as a member as well as what is important to me as a practicing pediatrician in Alabama. In recent years, practice transformation has left me, on many days, with my head spinning – EMR’s, meaningful use, medical home, MOC, quality improvement, ICD 10 – OVERWHELMING! And next on the agenda, we deal with changes to Medicaid delivery in our state, not to mention the constant concern with legislative funding of that process.

I have spent my share of time complaining about the rate of change and the pressures (from all sides) on the practitioner. But because of my Alabama Chapter-AAP membership and my involvement with other members of our Alabama Chapter, this overwhelming punchlist has been manageable and reduced significantly, and processes are in order of maintenance of the structure. Relationships within our Chapter improve the strength and effectiveness of our work, which in turn benefits every individual member of our Chapter – an endless cycle of sorts. These changing times are difficult for all of us as individuals, but as a unit, we can navigate complex issues and advocate for our patients and our practices. I encourage you to improve your understanding of your membership in the Alabama Chapter-AAP, take advantage of your member benefits, participate in the process and connect with other members of the Chapter. Wes Stubblefield, our new Vice President, and I will be happy to help you make connections.

I first became involved with our Chapter because someone asked me – now I am asking you!
Chapter leadership calls for Blue Cross to re-address vaccine payment

As most Chapter members know, Blue Cross Blue Shield has launched a new primary care program, Primary Care Select, as part of its emphasis on preventive care and enhancing the primary care medical home in Alabama.

While the Chapter leadership applauds this concept, we have also shared our concerns with Blue Cross over reductions in payment for certain vaccines on the December 1, 2015 fee schedule.

In November, Chapter President Cathy Wood, MD, FAAP, and new Chapter Pediatric Council Chair Michael Ramsey, MD, FAAP, wrote a letter to BCBS leadership urging a further assessment of these fees

continued on page 5
Dennis named Master Pediatrician, Joseph honored with Wallace Clyde award

Recognizing outstanding accomplishments and dedication to the practice of general pediatrics, the Children’s of Alabama Master Pediatrician has been awarded since 1991. Many long-time Chapter members have earned this distinction, and this year, Chapter member Maurice Dennis, MD, FAAP, of Gadsden, has joined his colleagues on the list.

Dr. Dennis received his medical degree from the University of Alabama School of Medicine and completed his residency at the University of Virginia. He is board-certified in pediatrics and a Fellow of the American Academy of Pediatrics. Dennis is a member of the American Medical Association, Medical Association of the State of Alabama and Etowah County Medical Society and has been in practice at Gadsden Pediatric Clinic since 1976.

The Wallace Alexander Clyde, M.D. Distinguished Service Award was established in 1984 by the UAB Department of Pediatrics and Children’s as a means of recognizing outstanding physicians who have devoted a lifetime of service to children and their families. This year, David Joseph, MD, FAAP, FACS, a professor in the Department of Urology at the University of Alabama at Birmingham (UAB) and the Beverly P. Head Chair in Pediatric Urology at Children’s of Alabama, was honored with the award.

Joseph joined the faculty at UAB and the staff of Children’s in 1986. He has a special interest in pediatric genitourinary reconstruction and neuro-urology and has been active nationally with the Spina Bifida Association for over 18 years and serves on its Board of Directors. A native of Wisconsin, Joseph has an undergraduate degree from Johns Hopkins University and completed medical school and urology residency at the University of Wisconsin-Madison. He went on to fellowship training in pediatric urology at Boston Children’s Hospital/Harvard Medical School. He is a past President of the Society for Pediatric Urology. He is currently a Trustee of the American Board of Urology and member of the ACGME Urology Residency Review Committee.

Dr. Joseph received a Presidential Citation from the American Urologic Association in 2010 for contributions to urologic education and patient care. He has served on the American Board of Urology/UA Joint Examination Committee as a member, consultant and past chair. Congratulations, Drs. Dennis and Joseph!

Wiley honored with Carden Johnston Leadership Award

In addition to the regular President’s Awards, Dr. Ramsey presented this year’s Carden Johnston Leadership Award to James C. Wiley, MD, FAAP, past president of the Chapter and Mobile pediatrician, for his significant leadership, service and contribution to the advancement of pediatrics in Alabama.

The Carden Johnston Leadership Award is presented to a member of the AL-AAP in recognition of a career in pediatrics that encompasses not only high ethical and professional standards in patient care, but includes extraordinary stewardship and service to the organized profession of pediatrics as a whole in Alabama and at the District and national levels of the American Academy of Pediatrics (AAP).

Created in 2011, the award is named in honor of Carden Johnston, MD, FAAP, of Birmingham, who served the Chapter well for more than 30 years, holding numerous offices including Chapter Chairman from 1980 to 1983, and has represented Alabama and children on a multitude of national committees of the AAP and became the first Alabama Chapter member to become a national advocate for children as AAP President in 2003.

“This year, the Executive Board could think of one person whom we felt met this high standard – Dr. J. Wiley, who has demonstrated leadership within the Chapter and the national Academy on so many levels,” Dr. Ramsey said.

Over the years, Dr. Wiley served as Chapter CME Chair and on the Executive Board from 2007 to 2010.

J. Wiley, MD, FAAP (center), with Carden Johnston, MD, FAAP (left) and Outgoing Chapter President Michael Ramsey, MD, FAAP (right).
Join Alabama physicians in preventing Human Papilloma Virus

Improve your patients' vaccination rates through HPV QI project

Across the U.S., 27,000 men and women are diagnosed with Human Papilloma Virus (HPV) cancers annually and 4,000 women die of cervical cancers. Currently, 300,000 cervical procedures are performed each year because of cervical dysplasia largely caused by vaccine-preventable HPV.

Why remove a cervix when you can get a shot instead? Vaccination could decrease the need for cervical procedures by 46 percent, or even better, by 75 percent if the HPV series is completed by age 14. Yet currently, only a third of Alabama's females are fully vaccinated against HPV. For males, only a quarter are estimated to have received the first dose.

Improve your patients' vaccination rates by participating in the “Prevent HPV Cancers Today: Alabama Child Health Improvement Alliance (ACHIA) HPV Quality Improvement Collaborative,” a virtual Maintenance of Certification Part IV project to be held March through August 2016, co-sponsored by the Alabama Chapter-AAP, the Alabama Department of Public Health Immunization Division and the Alabama Academy of Family Physicians.

“The goal of the project will be to increase patient uptake by developing a strong provider message and reducing missed opportunities for vaccine delivery,” said Wes Stubblefield, MD, FAAP, Pediatrician Champion for the project.

Benefits of project participation for practices:

- Satisfies continuous quality improvement requirement for practices seeking Patient-Centered Medical Home status
- Satisfies requirement for Stage 2 Meaningful Use Public Health Objectives
- Increases Adolescent Visits - a Medicaid-incentivized measure
- PENDING approval for 25 Points Part IV
- QI coaching, customized tools and materials
- Compare your practice’s vaccine rates to others in the collaborative
- Better health outcomes in cancer prevention

Requirements for project participation for practices:

- Participate in ADPH Immunization Division pre-assessment
- Attend six Learning Collaborative lunchtime webinars led by the ACHIA faculty
- Collect data and annotate run chart in the AAP Quality Improvement Data Aggregator (QIDA) monthly for three consecutive months – 10 patients per practice for each of the three months.
- Submit three monthly practice project update forms
- Implement project interventions to improve HPV vaccination rates: strong provider recommendations to improve series initiation and/or Reminder/Recall, Standing Orders, or Provider Prompts to improve series completion.
- Conduct practice-level team meetings to review data on a monthly basis and to discuss ideas for change
- Pediatricians must be members of the Chapter in order to obtain Maintenance of Certification.
- Identify a lead physician and lead clinical staff in each practice

This is a no-cost, value-added benefit to members of the Alabama Chapter-AAP and the Alabama Academy of Family Physicians!

If your practice is interested, contact Linda Champion, MPA, Chapter Project Coordinator, at lchampion@alaap.org for more information and an enrollment form. Enrollment closes mid-January 2016.
Five reasons Alabama pediatricians should apply fluoride varnish and perform oral health risk assessment

By Grant Allen, MD, FAAP, Chapter Oral Health Advocate

Did you know? 24 percent of US children two to four years of age, 53 percent of children six to eight years of age, and 56 percent of 15-year-olds have caries experience (i.e., untreated dental caries, filled teeth, teeth missing as a result of dental caries).

For the past seven years, the Alabama Chapter-AAP has worked to change those statistics by helping to start the 1st Look program, which allows for reimbursement for oral health risk assessment and fluoride varnish application in the medical home by Alabama Medicaid and ALL Kids. Through that program we have trained more than 200 pediatricians/office staff. Add to that: in 2014, the Chapter instituted a web-based CME training module so that members could be trained at their convenience. And now Blue Cross and Blue Shield of Alabama covers fluoride varnish application.

Even so, only about 65 pediatricians are billing for these services through Medicaid. Here are five simple reasons why you should be doing it:

1) It’s quick – I can say from personal experience that it takes only an extra 90 seconds or less per patient encounter;
2) It’s easy – Did you know you do not have to clean or dry kids’ teeth to apply varnish? This is asked a lot! Varnishes can be applied in your office without special tools or fancy techniques;
3) You WILL make money – Not only is fluoride varnish and oral health risk assessment reimbursed well above cost by Medicaid and ALL Kids through the 1st Look program, but fluoride varnish is also covered by Blue Cross and Blue Shield of Alabama. Materials only cost $1.30 per patient - look up the reimbursement and you do the math!
4) It’s worth it – Not only is oral health part of the UPSTF and Bright Futures periodicity schedules, but who has not seen a young child with a mouth full of caries? Let’s put an end to this most chronic infectious disease of childhood! Having done this program for years now, I hardly see dental caries in my Medicaid population anymore; and,
5) Families like it – it is my practice’s second most popular program after Reach Out and Read.

And, the 1.25 hour online training is convenient: take it at your leisure AND earn enduring materials CME. After training, you’ll receive a list of helpful suppliers to get you started, as well as tips on adding it to your practice workflow (again, it’s quick and easy!). You’ll also get payor information so you know exactly how to code it. Plus, you can shadow a fellow pediatrician who is already doing fluoride varnish application and has agreed to demo it in his/her office. I’m happy to host you in my office.

Want to get started? Take the training at [http://tinyurl.com/mbjyqr8](http://tinyurl.com/mbjyqr8), and we’ll send you guidance from there. If you have questions, don’t hesitate to contact me at 256-710-3162 or allen_grant@hotmail.com.

Vaccine payment continued from page 2

The Chapter is concerned that the changes in vaccine payment will place a financial burden on practices that are operating their vaccine program on a thin margin,” they wrote. “The fees for these services should be increased to reflect these market forces and to adequately compensate pediatricians for providing this valuable service to their patients, patient’s families and in a broader public health prospective, our society as a whole.”

Drs. Wood and Ramsey are currently monitoring the fee schedule; Blue Cross representatives have indicated that they can and will be going up on fees on a case-by-case basis.
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The only non-profit GPO still run by a Board comprised of practicing physicians. Our Board members face the very same challenges our members do.
Reach Out and Read All About It!

By Polly McClure, Reach Out and Read-Alabama Statewide Coordinator

The evidence continues to mount

On the heels of the 2014 American Academy of Pediatrics Policy Statement regarding the essential nature of literacy promotion for primary care pediatric practice comes several studies that shed light on the effectiveness of the Reach Out and Read model in improving brain function and the future literacy success of children in school. Studies such as those below back up the importance of programs such as Reach Out and Read. Children who live in poverty hear 30 million fewer words by the age of three than children who live in book-rich households. Our own Alabama-based program has enabled more than 80,000 books to be prescribed at 100,000 well-child visits over the course of this past year.

1. “The Elephant in the Clinic: Early Literacy and Family Well-Being,” written by Dipesh Navsaria, MD, FAAP (Reach Out and Read Wisconsin Medical Director and National Board member) and Amy Shriver, MD, FAAP (Reach Out and Read Iowa Co-Medical Director), was recently published through a partnership between the Ascend Network of the Aspen Institute and Reach Out and Read. The report illustrates how the depth and diversity of Reach Out and Read helps to “fulfill the promise of child health supervision visits - to provide expertise, tools, and guidance that positively shape the home environment and, ultimately, improve family and child health outcomes.”

In addition, with advances in understanding the significance of the word gap between high- and low-income families and the impacts of toxic stress on parents and their children, the program provides a beginning opportunity to engage parents in the development of their child, starting at birth.

2. Using Magnetic Resonance Imaging (MRI) to study brain activity of three- to five-year-olds, researchers found differences in brain activation based on how much the child had been read to at home. The more a child was read to at home, the greater the activation of the visual section of their brain, reported the recent Pediatrics article. This activation was not noted among children exposed mostly to screen time. For children with greater book-story time, the visual areas of the brain were active even though the child in the MRI scanner was just listening to the stories and not seeing pictures. This ability to connect to an imaginary visual story may make it easier to create images and stories from words once the child starts to read.

3. Another benefit of reading is likely related to the range of words that appear in picture books. A report in Psychological Science studied the language content of children’s books. The researchers found diverse words from the books that would not be used in typical child-directed speech. The thought is that in hearing more words, the children create more images with those words, which again translates to success in reading.

Visit http://tinyurl.com/nnqfq8x or use your smartphone to access this QR code.

Spread the message: parents and pre-teens/teens need to be educated on Alabama’s Graduated Driver License Law!

As you may know, the Alabama Chapter-AAP has been part of a statewide partnership, the Alabama Safe Teen Driving Coalition, which is comprised of numerous organizations that have worked together to strengthen our state’s Graduated Teen Driver License law over the last several years. The collaboration has resulted in a strengthening of the law in 2010 and again this year – to make it more in line with American Academy of Pediatrics’ guidelines.

Pediatricians were also key in driving home safe teen driving tips to teens that visit their practice over the last several years, using the Alabama Safe Teen Driving Toolkit, found here: http://tinyurl.com/p5tqgids.

And now, one of our Coalition partners, Children’s of Alabama, has developed a perfect 5-minute video message for your practice’s clinic’s patients and parents. Please share it on your own web pages, Facebook pages, tweets, etc.!

Visit http://tinyurl.com/nqafa8x or use your smartphone to access this QR code.
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Commitment to Improved Access: UAB Pediatrics/Children’s of Alabama By Mitch Cohen, MD, FAAP, Chair, Department of Pediatrics, UAB; Physician-in-Chief, Children’s of Alabama

We believe that good access to specialty care is an important part of fulfilling our job to improve the health of the children of Alabama.

As measured by “the third next available appointment”, there has been significant improvement in access for children to see specialists in the Department of Pediatrics at UAB/Children’s of Alabama in: Adolescent Medicine, Allergy, Gastroenterology, Immunology, Neurology, Pulmonary Medicine, Allergy, Gastroenterology, and Rheumatology. Furthermore, wait times are generally less than 10 days in Cardiology, Hematology-Rehabilitation Medicine and Rheumatology. We are making progress by adding new clinics, streamlining clinic referrals and adding clinical faculty. In listening to our primary care physician (PCP) colleagues at the AL-AAP meeting in September and around the state, we have heard that our PCP partners would be happy to see appropriate patients in follow-up in their offices rather than have them return to Children’s of Alabama clinics, often at some travel distance, for follow-up with a specialist. This can work well when there is a clear treatment plan in the clinic note that can guide follow-up care by the PCP.

For example, I will do this with patients who see me for “primary care GI problems,” such as constipation. While the family may benefit from an initial GI consultation, if our approach results in the expected outcome, follow-up with the PCP may provide more convenient and less expensive care. And the family can always call or come back if things aren’t going well or if the PCP has an additional management question.

Combining this with increasing the number of new slots per clinic and using innovative strategies for telemedicine consultation and virtual clinics (watch for this in the next 12 to 18 months) will further improve access for children.

Many thanks for what you are doing! Together we are going in the right direction.

Let’s hear it from our Departments of Pediatrics!

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1The “third next available” appointment is the standard quality metric used by the Institute of Medicine rather than the “next available” appointment, since it is a more sensitive reflection of true appointment availability. For example, an appointment may be open at the time of a request because of a cancellation or other unexpected event. Using the “third next available” appointment eliminates these chance occurrences from the measure of availability.

USA Pediatrics: Addressing mental health needs through collaboration By David Gremse, MD, FAAP, Chair, Department of Pediatrics, University of South Alabama

Mental health is a critical component of children’s learning and general health. Fostering social and emotional health in children as a part of healthy child development is a significant role for the pediatrician. Addressing mental health needs is becoming an increasingly larger part of pediatric practice. A recent article in Pediatrics reported that primary care providers (PCPs) in the United States saw more children with ADHD than did psychiatrists or psychologists/social workers for pediatric mental health care. Not surprisingly, ADHD and anxiety/mood disorders combined to account for 87.9 percent of the conditions for which children received mental health services from PCPs. The shortage of mental health professionals for children places an increasing burden on pediatricians to meet these needs. In this study, 35 percent of children with mental health conditions (and 42 percent of children with ADHD) saw only a primary care provider.

Access to pediatric mental health services is challenging in the Mobile area as it is in many other places around the country. In order to address this need, the USA Department of Pediatrics is collaborating with the USA Department of Psychology to staff our pediatric and pediatric subspecialty clinics with graduate students in the doctoral program to obtain their PhD in child psychology. These students will provide direct patient care for children in our clinics, in collaboration with faculty and residents, and will be supervised by child psychology faculty to provide guidance for the evaluation, counseling, and mental health management. Initially, this program will assist in improving access to care for mental health services for our patients, but eventually this collaboration will provide more opportunities for our residents to receive training in counseling in the primary care setting and identifying patients for whom referral to mental health specialists is indicated.
New Practice

Management Association chair offers thoughts on vaccination the entire family for flu

By Rosalyn Rowley, PMA Chair and Practice Manager, Fairhope Pediatrics

I am extremely honored and excited to begin my journey as the Chair of the Alabama Chapter-AAP Practice Management Association (PMA) for the next year. My goal is to provide a forum where we can generate and share the most up-to-date and relevant pediatric practice management information with one another. This information will allow your practice managers and staff members who are part of the PMA the opportunity to be on the forefront of health care change. As we all know, health care is in constant transition and without the opportunity to have your staff network, they may not be in the know. Whether your practice is seamless in operations or not, all practice staff would benefit from being members of the PMA. Learn more by visiting www.alap.org and click Programs/Projects→Practice Management Association.

Based on conversations on the PMA group email list, I wanted to share some thoughts from our practice.

At Fairhope Pediatrics, we offer the flu vaccine not only to our patients, but to any family member accompanying the patient during a visit. The process is simple and the parents appreciate the convenience, and over the years, they have come to expect the service. In many instances, parents even chose our office over the retail pharmacy or urgent care center because we are a true one-stop shop—vaccinating parents and children of all ages. We also offer FluMist to parents, which isn’t an option in many retail clinics. Big “kids” don’t like shots any more than little ones do!

CODING CORNER

By Lynn Abernathy Brown, CPC

HOW TO CODE WITH AND WITHOUT ABNORMAL FINDINGS

Since the beginning of ICD-10 going live, the most often discussed issue has been how to code a Preventive Care Visit – With or Without Abnormal Findings. I once again heard another version of this from a major payor’s coding consultant in the last couple of weeks during a presentation. After the presentation, I was able to discuss with her my research on the subject of Z00 codes (Encounter for Routine Health Examination). What I concluded was that no one really knows the answer to the question about how to code this series. There is no definitive answer from Coding Clinic, which is the source for additional explanations for ICD-10-CM. Also, the AAP has addressed this and is asking for clarification from the ICD-10 committee, but as yet, has no definitive answer. I offer this information for one reason, which is to let all providers know that there may be no right answer yet.

I want to offer my insight and tell you why I still believe that coding for abnormal findings should be based on the provider’s examination on that date of service. Below is information that I researched in order to come to my conclusion:

1) In the ICD-10-CM Official Guidelines for Coding and Reporting FY 2015, Chapter 21: Factors influencing health status and contact with health services (Z00-Z99) #13, I interpreted the following statement to mean that the abnormal finding had to be discovered during the exam, not a chronic condition that already exists. “During a routine exam, should a diagnosis or condition be discovered, it should be coded as an additional code.”

2) Below is a link to the information for AAP Frequently Asked Questions. There is a note that clarification is being sought. An excerpt from the FAQ states:

Encounters for general medical examinations with abnormal findings

The subcategories for encounters for general medical examinations, Z00.0-, provide codes for with and without abnormal findings. Should a general medical examination result in an abnormal finding, the code for general medical examination with abnormal finding should be assigned as the first-listed diagnosis. A secondary code for the abnormal finding should also be coded.


3) http://pediatrics.codinginstitute.com/

Physician documentation: The key difference between Z00.129 and Z00.121 is whether the visit revealed an abnormal finding during the examination of the patient. The pediatrician must document this. For instance, the physician might examine the patient and note, “patient appears severely speech-delayed,” which leads to the decision to perform further testing. Note: “Abnormal findings” does not refer to a blood test, biopsy, or a test that went to pathology. Often, these significant abnormal findings would support a separate E/M visit billed with a modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) at the time of a preventive medicine visit.

Stay tuned for clarification as it evolves regarding Z00 codes.

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.
Medicaid budget okay for 2016; fate of 2017 in question
Continued advocacy by Chapter members encouraged

As you all know, passing the Fiscal Year (FY) 2016 Alabama General Fund budget, which funds the Alabama Medicaid Agency, the Alabama Department of Public Health, the Alabama Department of Mental Health, and numerous other health and human service agencies, took a regular legislative session and two special sessions to reach consensus among our state lawmakers.

Alabama Medicaid originally requested $745 million for FY 2016 to maintain current operations and to continue RCO transformation as well as the payment “bump” for primary care physicians. After much effort, in the witching hours of the last fiscal year, a 2016 budget was passed that level-funded Medicaid at $685 million. With an increase in nursing home and pharmacy taxes contributing an estimated additional $16 million for Medicaid funding, the Legislature appropriated $701 million for Medicaid, which was still not sufficient to continue current operations or transformation.

Thanks to a few million dollars in “carry-forward” monies, additional assessments from the state’s hospitals and one-time funding promised by Governor Bentley, however, Medicaid will be “whole” this year, which started October 1.

But the bad news is that the Agency will be back in the same position next year, with no “carry-forward” money expected and payback of monies owed to the federal government imminent.

Now is the time to reach out to your lawmakers, while they are back and home in their districts, and talk to them about the importance of sustaining adequate funding for Medicaid and other health services. Visit the home page of the Chapter website for resources on how to get started. And contact the Chapter office at 334-954-2543 or llee@alaap.org if you need pointing in the right direction!
PMA continued from page 10

Once the family member has elected to receive the immunization, the new “patient” fills out a short demographic and consent form, allowing us to bill his or her insurance. If the family member does not have insurance, we collect out of pocket and keep our fees in line with those charged by the local pharmacies. The whole process from paperwork to injection takes our staff about five minutes of active time.

We have not only made this process extremely convenient for busy families by allowing them to bypass a trip to the retail clinic or pharmacy, but we have increased our pediatric population’s protection against the flu, all while generating additional revenue.

So when it comes time to pre-book vaccines for the next flu season, consider increasing your order and offering vaccines to your patients’ parents as well. Your families will be happier and your bottom line will look a little better, too.

If you would like to request a copy of our parent flu consent form, email me at rrowley@fairhopenseds.com.

Public Health News

Miller named State Health Officer

The State Committee of Public Health has appointed Tom Miller, MD, MPH, as acting State Health Officer effective November 1, upon the retirement of Donald E. Williamson, MD.

When the committee announced his appointment, Dr. Williamson said, “Dr. Miller has been an invaluable member of our team, and I have every confidence in him. He has done yeomen’s work, especially in the past three years when I have been very involved with the Alabama Medicaid Agency.”

New from AAP Publishing: AAP Gateway is here!

How to access your journals online:

1. Go to gateway.aap.org and log in with your AAP ID and password. (The network consolidates your access to member benefit and additional paid subscriptions. Click on the top left orange button to view all journal title Table of Contents. Then click on the blue sub-menu square to reveal features unique to that publication.)

2. In the center of the home page, customize your interests and specialties so that AAP Gateway can prioritize and deliver the most relevant research to you the moment it’s published.

3. Catch up on the latest news, policy, journal articles, open-access case reports, expert blogs, and more!

The alabama pediatrician

Telemedicine expanding in Alabama: where do you fit?

Telemedicine - using HIPAA-compliant audio and video equipment to allow two-way, real-time interactive communication between a patient and distance site physician or practitioner - is increasingly becoming an important part of a U.S. medical system that focuses more on quality and integration of care, through such models as patient-centered medical homes and accountable care organizations.

Here in Alabama, telemedicine is taking a front seat in policy conversations on access to care for patients in rural counties.

Movement has occurred on a number of fronts:

• Expansion and use of telemedicine is a priority recommendation of the Governor’s Healthcare Improvement Task Force.

• Blue Cross and Blue Shield of Alabama will begin coverage of telemedicine for certain medical conditions beginning December 1. Providers will have to be enrolled as telemedicine providers to be paid. Payment will be on par with reimbursement for face-to-face visits for the same reasons. The originating site will be paid a $25 fee. Visit bcbsal.org to view the policy.

• Alabama Medicaid has been covering telemedicine since 2012. Procedure codes covered for telemedicine services include consultations (99241-99245, 99251-99255), office or other outpatient visits (99201-99205, 99211-99215), individual psychotherapy (90804-90809), psychiatric diagnostic (90801), and neurobehavioral status exam (96116).

• ALL Kids now covers telepsychiatry services based at community mental health centers.

• And finally, the Alabama Department of Public Health (ADPH) has a Telemedicine Program and is aggressively working to equip county health departments with this technology. Since February, seven telemedicine clinics have been established and plans are being finalized to deploy six additional telemedicine “carts” soon. The county health departments will be the “spoke” sites and patients in rural areas will be able to have telemedicine appointments with hub sites at the ADPH and health care provider partners.

“We are working with numerous health care providers to partner with us and use this technology to increase access to care, especially in rural Alabama,” said Michael Smith, Director of Video Communications & Distance Learning at ADPH. “Our telemedicine carts are equipped with a digital stethoscope, and a handheld exam camera with otoscope, dermatology and general viewing lenses. This enables a broad range of clinical and counseling services.” For more information about the ADPH Telemedicine Program, go to the Telemedicine page at www.adph.org.

The Chapter is currently exploring applications for pediatricians throughout the state. With payor engagement and the increased availability of technology, the possibilities will abound for rural patients to get specialty care without the need for travel.
Notifiable Disease Rules
FOR VACCINE-PREVENTABLE DISEASES (VPDs)

HIGHLIGHTS

• Physicians cannot delegate laboratories to report for them, but must report separately

• Laboratories are required to report electronically to EPI

• Expanded minimum data elements required

• Report “presumptive” within 4-hour (Polio) and 24-hour diseases (Diphtheria, Hib, Hepatitis A, Measles, Meningococcal Disease, Pertussis, Polio-nonparalytic, and Rubella)

• Report Standard Notification diseases (Hepatitis B, Mumps, Strep pneu invasive disease, Tetanus, Varicella) within 5 days

• Report ALTs with all acute hepatitis A & B reports

To learn more about VPDs, go to adph.org/immunization or call 1-800-469-4599.

To schedule a 1-hour Notifiable Disease CEU Training, go to adph.org/epi or call 1-800-338-8374.
Public Health continued from page 12

Dr. Miller attained his medical degree and completed his residency in obstetrics and gynecology at the University of South Alabama. He earned a Master of Public Health degree from the University of Alabama at Birmingham.

In his more than 25 years with the Alabama Department of Public Health, Dr. Miller has gained experience in leading many areas. In his most recent position has been as chief medical officer, he has overseen the bureaus of Family Health Services, Clinical Laboratories, Communicable Disease, and Home and Community Services, with responsibilities including maternal and child health, family planning, WIC, dental, laboratory testing, immunizations, TB, STD, HIV/AIDS, epidemiology and home care services. In addition, he works with the Bureau of Health Provider Standards and the Office of Radiation Control.

Dr. Miller is an active member of several professional organizations. In 2012, he finished his third term on the Prattville City Council, where he served as president pro tempore and president. He serves on the boards of the Autauga County United Way and the Prattville YMCA.

In addition, he is active with the Medical Association of the State of Alabama’s Foundation for Continuing Medical Education. In 2013, he became a member of the Committee for Review and Recognition, which is part of the national Accreditation Council for Continuing Medical Education, and was elected recently to a three-year term on its board.

“Having attended many of our conferences, Dr. Miller is a familiar face among the state’s pediatricians,” said Cathy Wood, MD, FAAP, Chapter President. “We look forward to working with him in his new role.”

Pediatricians participate in PMP workgroup to explore RCO patient panels

On November 12, David Smalley, MD, FAAP, of Opelika, Cason Benton, MD, FAAP, of Birmingham, and Chapter Executive Director Linda Lee, APR, participated in a Primary Care Provider Workgroup meeting at Alabama Medicaid along with administrative representatives of the probationary Regional Care Organizations (RCOs) to explore how RCOs are going to work “on the ground” when they kick off in October 2016. The first order of business was to go over how patients will be assigned to Medicaid provider panels.

Pediatricians who represented the Chapter at the meeting emphasized the importance of continuity of care and assuring that patients are assigned to the physicians whom they have been seeing so that there will be minimal disruptions to their care.

Preliminarily, the process for assignment will involve the following steps:

- Providers will contract with the RCOs they choose;
- A third-party enrollment broker will contact the patients and provide them with the choice of RCOs in their region, letting them know which RCO(s) their doctor has contracted with;
- Those patients who are never reached or do not actively choose will be auto-assigned an RCO, based on a pre-defined algorithm (pediatrician representatives at the meeting advocated that physician relationship be at the top of the algorithm);
- Once patients are assigned to an RCO, then the RCO will assign them to the providers, based on prior relationship.

The RCO representatives assured the PCPs that they value the provider-patient relationship and will work to keep patients seeing their same PCPs. Look for more details on this coming soon!

RCO review nears completion

With less than a year to go before Regional Care Organizations begin serving Alabama Medicaid recipients, Medicaid is nearing completion of its review of the 11 probationary RCOs’ financial solvency and provider networks.

The reviews are part of the ongoing preparations to implement RCOs on October 1, 2016. Under state law, probationary RCOs must demonstrate that they have an adequate provider network, which includes minimum numbers of primary medical providers, medical facilities and core specialists. The probationary RCOs must also demonstrate that they are financially solvent and can operate as risk-based organizations. Probationary RCOs that successfully meet these requirements will begin readiness reviews in the spring.

While the reviews continue, Medicaid is awaiting approval from the Centers for Medicare and Medicaid Services on a draft contract that will be used by Alabama Medicaid and the RCOs that become fully certified. Federal approval of the contract, submitted on October 27, is required before final RCO certification can take place.

Dental workgroup presents report to governor, state legislature

Alabama Medicaid should continue the current system of dental care while seeking additional input from state dental providers and evaluating various options, according to a report presented to Governor Robert Bentley and the state Legislature on October 1.

The report was a requirement of the 2013 state law that created Regional Care Organizations. The report reflects several months’ effort by a workgroup of dental providers and organizations who were tasked with evaluating the current Medicaid dental program. The group was formed this summer and met in August and September.

During the study period, the group heard presentations about Medicaid dental programs in other states and examined various models including managed care, fee-for-service and hybrid models. The group’s reports and presentations are available at http://tinyurl.com/oaumtw6.

Chapter member and Tuscaloosa pediatric dentist Ric Simpson, DMD, and other members of the state pediatric dentist community did an excellent job in presenting how efficient and effective the system has been in caring for the oral health of Medicaid-covered children, particularly given the small numbers of pediatric dentists in the state.
C H A P T E R B R I E F S

Blakeney honored as Best Clinical Educator

University of Alabama School of Medicine (UASOM) has awarded Montgomery pediatrician Mendy Blakeney, M.D., FAAP, as the Argus “Best Clinical Educator,” presented at its recent awards ceremony honoring faculty and departments that exhibit excellence in medical education and training.

The 20th annual Argus Awards for Educational Excellence was formed by the UASOM student body of UASOM in 1996. Dr. Blakeney, who served as clerkship director for pediatrics for the 2014-2015 academic year, was honored by the class of 2016 with the award; she was instrumental in the creation of the curriculum for the pediatric block and its ultimate recognition for educational distinction.

Dr. Blakeney has been in private practice at Partners in Pediatrics in Montgomery since 2001. She completed her residency at Children’s of Alabama, where she received the Michele St. Romain Housestaff award for compassion and dedication to her patients. Congratulations, Dr. Blakeney!

Denton awarded CATCH grant

Congratulations to Stephanie Denton, M.D., FAAP, of Birmingham, who has been awarded a 2016 Community Access to Child Health (CATCH) implementation grant from the American Academy of Pediatrics that will allow her to partner with area pediatricians to test for dyslexia and check basic health and inoculation status. Her project was one of 8 proposals awarded among 67 total applications submitted from around the country.

The goal of Dr. Denton’s project is to improve literacy in impoverished local areas by providing early identification, effective teaching, and an evaluative medical home.

“Our areas’ dyslexic students face a bleak, illiterate future without special instruction by teachers trained in evidence-based reading programs. Early intervention is essential in changing dyslexia’s neural course,” Dr. Denton stressed in her grant proposal. “Becoming fluent readers will give these children an invaluable start toward a successful future.”

Kudos again to Dr. Denton for undertaking this project!

Walley featured as lead author of AAP News article on e-nicotine

Congratulations to Susan Walley, M.D., FAAP, lead author for the AAP Policy Statement calling on pediatricians to ask about use of electronic nicotine delivery systems (ENDS) when screening for tobacco use and exposure. The policy statement was included in the October 2015 issue of Pediatrics and Dr. Walley’s paper will be published in the November issue. Dr. Walley was also co-author on the Clinical Policy Statement and the supporting Technical Report.

Dr. Walley’s front-page AAP News article, “AAP Policy Cites Harms of e-Cigarettes; Urges Screening,” is available here: http://tinyurl.com/p9afo33.

To view the Clinical Practice Policy to Protect Children From Tobacco, Nicotine and Tobacco Smoke, visit http://tinyurl.com/oo4pkug.

White receives HSF-GEF award

The General Endowment Fund (GEF) of the University of Alabama Health Services Foundation (HSF) has announced its annual faculty grants, awarding more than $1.4 million to University of Alabama at Birmingham faculty for projects in clinical care, patient research, medical education and laboratory research. Each project must be multi-disciplinary and demonstrate strong potential for long-term success.

Marjorie Lee White, M.D., FAAP, Pediatric Emergency Medicine, was awarded a grant in medical education titled, “Standardized Patient Center Re-Boot for 21st Century Health Professionals Students.” The project is funded for $296,000.

Congratulations, Dr. White!

CATCH grant projects sought!

By Jaime McKinney, MD, FAAP, Chapter CATCH Coordinator

Attention Alabama community pediatricians, pediatric faculty, and pediatric residents interested in advocacy: You can receive funding to plan or implement your own community-based child health initiative. One pediatrician can make a difference! CATCH (Community Access to Child Health) grants of up to $10,000 are awarded from the American Academy of Pediatrics twice each year on a competitive basis for you to address the needs of the underserved children in your communities.

CATCH applications are open through January 29, 2016 and again from May 1, 2016 to July 29, 2016. For more details and to access the CATCH Call for Proposals, visit http://www.aap.org/catch/funding.htm.

Launching soon – the new alaap.org

By late December, Chapter members will be pleased to visit the Alabama Chapter-AAP’s new website, which will feature more tools for pediatricians, lots of photos and links, and a better-organized site all the way around. Stay tuned for the unveiling soon!
Mark Benfield, MD

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Metabolic Syndrome