I have already had a wonderful first two months as the president of the Alabama Chapter-AAP. We have kicked off an exciting social media campaign (Choose to Have a Healthy Family, Alabama!), hosted a Facebook webinar, and attended the National Conference and Exhibition in Orlando. In addition, we have representatives on the Alabama Medicaid RCO Quality Assurance Committee (Dr. Cason Benton and Dr. Lee Scott); our Chapter Disaster Committee chairman (Dr. Karen Landers) was chosen to attend a national meeting on post-disaster care for pediatricians, and our former CATCH facilitator (Dr. Marsha Raulerson) was chosen as the first recipient of the F. Edward Rushton Award for having a CATCH grant whose influence extended beyond its initial community. I am truly fortunate to be a part of such a wonderful Chapter!

I recently had someone ask me what my platform was for my presidency. I have been so busy with everything going on that it was a little difficult to put into words. After thinking about it, I think that I would like for my presidency to be remembered as the one that highlighted the “Child Elsewhere.”

I know that sounds a little opaque, so let me explain. Every day, when I am in the exam room with a patient, I try to be focused on that child and that family. However, although I feel that I do a good job with that child, I sometimes wonder about the child who was not in my office – the “Child Elsewhere.” The child who could not get an appointment that day because they were all taken and all of my work-in time was gone. The

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2013 Annual Meeting brings top-notch education, highlights accomplishments

Pediatricians from across the state came together for yet another successful Annual Meeting and Fall Pediatric Update at the newly renovated Hyatt Regency Birmingham-The Wynfrey Hotel in late September, which featured a Friday practice management workshop, sponsored by the AL-AAP Practice Management Association, a Chapter business meeting on Saturday and the annual awards dinner in association with Children’s of Alabama. Pediatric residents from the University of Alabama at Birmingham once again played an active role by introducing speakers. One of the highlights was a social media session, featuring national media guru Pat Clark, which kicked off the Chapter’s 2013-2014 “Choose to Have a Healthy Family, Alabama” Facebook campaign.

At the Children’s of Alabama/UAB/Chapter Awards Dinner, outgoing Chapter President Grant Allen, MD, FAAP, recognized several individuals for their outstanding work, including:

- Kathy Monroe, MD, FAAP, Michele Nichols, MD, FAAP, Elizabeth Irons, MD, FAAP, and members of the UAB Pediatric Residency Program in recognition of their stellar efforts in promoting safe teen driving this past year;
- Nine practices who improved child health asthma outcomes through the CQN 2 asthma collaborative;
- Pippa Abston, MD, FAAP, in recognition of her grassroots and media advocacy for children in last year’s legislative session;
- Michael Ramsey, MD, FAAP, in recognition of his commitment to the Medicaid funding and policy crisis in 2012;
- Karen Landers, MD, FAAP, for lifetime achievement in promoting preparedness to protect children in times of disaster;
- Wes Stubblefield, MD, FAAP, for improving quality for Alabama’s children through stellar

continued on page 2

Salina Taylor, far left, and Linda Champion, MPA, second from right, are honored by Chapter Executive Director Linda Lee and Grant Allen, MD, FAAP, for their five years of service.

continued on page 5
Plans for 2014 Spring Meeting at Grand Hotel near completion!
Conference will feature “The Grand” Pentathlon Benefitting Reach Out and Read
April 24 – 27, 2014 • Marriott Grand Hotel, Point Clear, AL

The Chapter executive office and new CME Chair David Gremse, MD, FAAP, are looking forward to our 2014 Spring Meeting, to be held at a new location for the Chapter – the historic Marriott Grand Hotel in Point Clear, Ala.!

“We are really looking forward to trying out this venue, which has been a top resort location right here in Alabama for years,” said Chapter President Michael Ramsey, MD, FAAP, adding that the resort just recently made the news by jumping an astounding 44 spots to 28 in Conde Nast Traveler’s Top 100 Resort Spas listing for 2013. Meanwhile, the Spa at the Grand ranked 15th among the Top 20 Resorts in the South.

The educational line-up for the conference will not disappoint, either: the meeting will feature dermatology sessions, including acne, “guess the diagnosis,” and pustular vesicular disorders in neonates, as well as talks focused on gastroenterology, rheumatology, developmental/behavioral pediatrics and more!

In addition to a Saturday evening dinner on the patio by the bay, networking opportunities include the first ever “The Grand” Pentathlon benefitting Reach Out and Read. The event will afford attendees, family members and exhibitors to participate in five events at their own pace – bicycling, swimming, kayaking, walking/running and reading – to become eligible for great prizes.

“The Grand is such a great place to bring families, and these events are designed to take advantage of everything the resort has to offer for fun and relaxation,” said Grant Allen, MD, FAAP, Immediate Past President and Chair of the event, which he created as a fundraiser for our Reach Out and Read early literacy program.

Pentathlon Dri-Fit™ T-shirts will be available to both participants and non-participants with a minimum donation of $50 to Reach Out and Read; registration will be available as part of the general meeting registration, which will begin in late January. Make plans to attend now – we’ll see you at The Grand!

From the President continued from page 1
child whose parents didn’t know that their daughter needed to come in for a checkup or that their son’s asthma was not really controlled that well. The child who doesn’t come in because the family can’t afford insurance, or worse, doesn’t know that they are eligible for assistance.

The AAP helps us provide the right care every time for not only the patient in front of us, but also for the “Child Elsewhere.” By working together, we are striving to increase the pediatric work force in Alabama. Through our outreach efforts to families, we are finding new ways to connect with our patients outside of the office, offering information and education. Our legislative efforts are trying to make Medicaid and CHIP as strong as possible for Alabama children. Together, we can expand our influence to every family in Alabama, ensuring that all children can obtain optimal health and well-being. Together we will provide educational and practice support for our membership so the highest quality of medical care can be achieved.

Together, we can impact the “Child Elsewhere.” I can’t wait to see how!
Affordable Care Act news
As we all know, there are many concerns among consumers regarding their health coverage since federally mandated health insurance marketplaces opened on Oct. 1. As you know, Alabama has defaulted to the federally facilitated marketplace, housed at healthcare.gov, which has been laden with information technology issues that have yet to be resolved. Additionally, individual plans that were not compliant with the Affordable Care Act’s Essential Health Benefits have gone by the wayside as private payors have transitioned individual members to new plan options.

In November, Blue Cross Blue Shield of Alabama announced that it would not revert back to its existing individual plans but is forging ahead with its ACA-compliant plans, which become effective Jan. 1.

Here are two pieces of important, related news:

From BCBS-AL: Healthcare reform mandate three-month grace period
Effective Jan. 1, 2014, healthcare reform legislation will require health insurance plans to provide a three-month grace period for individuals enrolled through state health insurance marketplaces (also known as “exchanges”) who receive federal health insurance subsidies through the Advance Premium Tax Credit (APTC). This three-month grace period will apply to those who enroll in Blue Cross and Blue Shield of Alabama plans and elect to receive a subsidy through the Health Insurance Marketplace for Alabamians. A member will begin a grace period the day following a missed premium payment. This is how it works:

Month One
During the first 30 days of the three-month grace period, Blue Cross will process medical claims for these enrollees even if they have not paid their premiums.

Months Two and Three
If a member is still in a grace period on the first day of month two and after, medical claims will be reflected as pending. A provider will also see an alert message regarding the premium paid-to date when checking Eligibility and Benefits through ProviderAccess on www.bcbsal.com/providers.

A provider can choose at this point whether or not to accept a patient. If he or she chooses to treat the member, all network contract guidelines must be followed and the provider assumes the risks of non-payment and can only bill the member for the contracted copayments. Paper and electronic remittances will show a claim adjustment reason code 257, which indicates that claims are pending premium payment or the end of the premium payment grace period per Health Insurance Marketplace requirements.

After Three-Month Grace Period
If premiums are paid in full, claims will be released for payment. If the premiums are not paid in full, the member’s contract is cancelled. This will be indicated on a remit with a code of 27 (expenses incurred after the coverage terminated). At this point, a provider can bill the member in full for services rendered.

From ALL Kids/Medicaid: 25,000 children will move from ALL Kids to Medicaid coverage on January 1
On Jan. 1, approximately 25,000 children will move from the rolls of ALL Kids (Alabama’s CHIP program) to that of Alabama Medicaid due to the ACA’s provision that all publicly covered children from 0 to 19 with household incomes up to 133 percent of the Federal Poverty Level (FPL) be covered by Medicaid. The 25,000 children represent those between ages six and 19 that fall between 100 and 133 percent of the FPL.

Currently, the Chapter leadership is meeting with ALL Kids and Medicaid staff to assure a smooth transition of these children, most of whom are seen by primary care providers who take Medicaid.
What is the Vaccines for Children Program?

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

What are the benefits of the VFC program?

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

- Reduce referrals of eligible children to the public clinics for vaccination, thus allowing them to stay in their medical homes and ensuring the continuity of care.

- Save money on your vaccine purchase because you will receive public-purchased vaccines under the program.

- Receive technical assistance to help improve your vaccination rates, such as record-keeping, vaccine handling, and vaccination opportunities.

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

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

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

Your strength is the ability to provide.
CQN Asthma project: real improvements from the physician perspective

By A. Lee Scott, MD, FAAP, Dothan Pediatric Clinic

The Alabama Chapter-AAP’s CQN3 Asthma Project Learning Session 3 was recently held on Nov. 9 in Birmingham at Children’s of Alabama. This was a productive session for the clinics that are involved in this, the third round of the project. We were able to review our progress in achieving optimal asthma care for our patients. Our state leader, Wes Stubblefield, MD, FAAP, and the AAP’s principal investigator on the project, Judy Dolins, reviewed our progress. Means to continue improving our asthma care were shared among the participating clinics in a “rapid fire session.” Motivational interviewing strategies were discussed and demonstrated by Kay McMullen of Children’s of Alabama and Dr. Hector Gutierrez, pulmonologist at Children’s. Vinit Mahesh, MD, FAAP, pediatric pulmonologist and the project’s asthma expert, also reviewed the use of spirometry in asthma care, discussing ways to overcome obstacles to optimal asthma care.

It has been exciting to see practices throughout our state adopt new ways of thinking and caring for our patients that result in significant, quantifiable positive results that improve their lives. Our practice, Dothan Pediatric Clinic, participated in the first round of the CQN asthma project. As a result of increasing the optimal asthma care for our patients, we saw the number of spirometry studies double during the course of the collaborative. It was even more rewarding to see our patients’ number of hospital admissions for asthma and the number of emergency department visits decrease. The clinic providers felt more secure in their ability to manage patients with asthma. Our patients, of course, benefitted the most as they learned more about their disease and means of controlling it.

As pediatricians, we more often deal with acute illnesses, so learning how to better manage one of the chronic diseases that we deal with has been a positive experience for all who embraced change and improved the care we render.

Annual Meeting continued from page 1

leadership and a commitment to meaningful data drivers; and

• Linda Champion and Salina Taylor, for five years of dedicated service to the Chapter.

The evening also marked the gavel-passing from Dr. Allen to Incoming President Dr. Ramsey, who recognized Dr. Allen for his two years of dedicated service as president.

The festivities concluded with Children’s awarding of its Master Pediatrician and Wallace Clyde awards (see sidebar story).
State child health improvement partnership formed as “ACHIA”

With a goal of coalescing all of the Chapter’s quality improvement initiatives under one sustainable, adequately funded umbrella, the Chapter has made further progress this fall on establishing a formal child health improvement partnership for Alabama.

“In order to improve health outcomes for children in Alabama, there is a need to build a public-private child health improvement partnership that builds on existing efforts to provide quality health care to all children in the state and brings in key partners such as universities, health care providers and health systems, professional organizations, government organizations, children’s advocacy groups, health plans, employers/purchasers, and families,” said Wes Stubblefield, MD, FAAP, Quality Improvement Chair.

Over the past several months, the Chapter has formed and met with a stakeholder group with key partners from Children’s of Alabama, University of South Alabama, University of Alabama at Birmingham (UAB), Alabama Medicaid, ALL Kids, the Alabama Department of Public Health, the Alabama Quality Assurance Foundation and others to create the Alabama Child Health Improvement Alliance (ACHIA).

In September, the decision was made for UAB Department of Pediatrics Division of General Pediatrics to serve as its administrative home under the direction of Cason Benton, MD, FAAP, who will devote a portion of her time to serve as Program Director.

“Our mission will be to coordinate data-driven quality measurement and improvement activities across the state and support evidence-guided quality activities in clinical practices,” Dr. Benton said, reiterating that this is truly a state partnership that will extend to Mobile and University of South Alabama, which will also provide program support. “We are very excited about the future.”

“The Chapter will continue to be involved by running quality improvement collaboratives as it has been doing for the last four years, but now we have the institutional and funding support to grow our initiatives,” Dr. Stubblefield said, adding that the ACHIA leadership has already secured funding from Blue Cross Caring Foundation to run an obesity collaborative beginning in 2014. Look for more details soon!
“Choose to Have a Healthy Family” campaign off to great start

So far, 23 pediatricians from across the state have contributed to the Chapter’s “Choose to Have a Healthy Family” campaign, which capitalizes on the popularity of Facebook to bring pediatrician-approved anticipatory guidance to Alabama parents using this medium.

After a kick-off at the Annual Meeting in September, Chapter members have been sharing campaign posts on their own pages, as well as contributing content, including videos, memes (picture/word posts) and links on the Chapter’s newly created page for the campaign – each emphasizing the importance of making healthy choices that will positively impact children’s health. Each month, the theme changes, addressing such topics as tobacco use, teen driving, immunizations, oral health, nutrition and obesity (see list at right).

And each month, the Chapter is awarding one pediatrician a $75 Amazon gift card for the most participation! Nola Ernest, MD, FAAP, of Troy, was our first monthly winner during the “Health Literacy” month. Dr. Earnest contributed two videos that month, one introducing herself and another with four tips on scheduling a doctor’s appointment. Her second video even included a prop—a binder for keeping “your child’s current prescription” information. Kudos, Dr. Earnest!

November’s star participant was J. Wiley, MD, FAAP, Past President, Mobile, whose video on curbing smoking among high school students was thought-provoking: he explained how this would lead to a decrease in adult smokers later in life. Congratulations, Dr. Wiley!

Some things to remember:

- It’s still not too late to get involved! Help us reach parents in this interactive way! To sign up, please complete this short form: [http://www.alaap.org/ifrom.asp?id=806](http://www.alaap.org/ifrom.asp?id=806).
- Please “like” the Facebook page: [www.facebook.com/ChooseHealthyFamilyAL](http://www.facebook.com/ChooseHealthyFamilyAL).
- Want to learn more about using Facebook for your practice? In October, as part of the campaign, the Chapter conducted a webinar on how to get started in creating a practice Facebook page. Visit this link to watch the recording: [http://tinyurl.com/kxhsml8](http://tinyurl.com/kxhsml8).

2014 Legislative Day set for Wednesday, February 19

The Alabama Chapter-AAP’s 11th annual Pediatric Legislative Day will take on a new twist this year as it merges with a larger Legislative Day, hosted by the Medical Association of the State of Alabama on Wednesday, Feb. 19.

“The 2014 legislative session and election year is expected to be a whirlwind, and MASA invited us to join them for this larger event, which will potentially reach more legislators,” said Michael Ramsey, MD, FAAP. “We encourage all members to attend the event, which will include a late afternoon/early evening reception with lawmakers.”

The tentative agenda for the day will include generic advocacy sessions beginning in the late morning, a Senate Health Committee meeting at lunch, specialty breakout sessions from 1 p.m. – 2 p.m. (at which we will go over our specific pediatric legislative priorities), a State House visit, followed by a legislative reception from 5:30 p.m. – 7 p.m.

“Physicians must become more engaged in the political process in order to affect positive outcomes for our patients and our practices,” Medical Association President Michael Flanagan, MD, said. Look for more details coming soon!
Endowment Management Account founders encourage all members to contribute

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

Pediatricians and others who have a desire to make a permanent impact on early literacy via our Reach Out and Read program are encouraged to join the founding members of the Chapter’s new Endowment Management Account, established by the Executive Board this summer as a permanent source of income to meet the operational needs of the program.

With decreased resources this past year due to loss of federal and state support, Reach Out and Read-Alabama made an appeal to members this fall to become founding members of the EMA, which has resulted in contributions of at least $1,000 each from 21 individuals and organizations (see list at right). These members were honored for their generosity at the Annual Meeting in September.

This month, all Chapter members have the chance to help us reach our goal of $50,000 by Jan. 1. All members will soon receive an appeal via e-mail.

To contribute now, do any of the following:

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

Thank you for your consideration! For more information, contact the Chapter office ([lee@alaap.org](mailto:lee@alaap.org)) or me ([stubblefield.wes@gmail.com](mailto:stubblefield.wes@gmail.com)).

Pippa Abston, MD, FAAP
Grant Allen, MD, FAAP
Linda Anz, MD, FAAP
Tatiana Bidikov, MD, FAAP
Waldemar Carlo, MD, FAAP
Waldemar Carlo, Jr., MD
Elizabeth Dawson, MD, FAAP
Michelle Freeman, MD, FAAP
Sara Goza, MD, FAAP
Carden Johnston, MD, FAAP
PAAC Crusaders for Kids
Bruce Pettit, MD, FAAP
Naresh Purohit, MD, FAAP
Michael Ramsey, MD, FAAP
Marsha Raulerson, MD, FAAP
Linda Reeves, MD, FAAP
Chante Ruffin, MD, FAAP
Matt Aubrey/Katrina Skinner, MD, FAAP
Southeastern Pediatric Associates
James Wiley, MD, FAAP
Cathy Wood, MD, FAAP

Coding Corner

By Lynn Abernathy Brown, CPC

AL-AAP’s Steps to ICD-10: “Unspecified” clarified

We have heard a great deal in the past year about coding less unspecified diagnoses. Often in general pediatrics “unspecified” is still a valid diagnosis. The 2014 Coding Guidelines have been appended to include new instructions addressing the use of signs, symptoms, and unspecified codes.

This important change brings into the official guidelines language which was previously published only as a memo. All covered entities and business associates as defined under HIPAA must adhere to these guidelines. As indicated by the following excerpt, codes reporting a sign, symptom, or unspecified condition should not result in a denied claim when these represent what is known about the patient’s condition at the time of the associated encounter:

Sign/symptom and “unspecified” codes have acceptable, even necessary, uses. While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition, there are instances when signs/symptoms or unspecified codes are the best choices for accurately reflecting the healthcare encounter. Each healthcare encounter should be coded to the level of certainty known for that encounter.

If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis. When sufficient clinical information isn’t known or available about a particular health condition to assign a more specific code, it is acceptable to report the appropriate “unspecified” code (e.g., a diagnosis of pneumonia has been determined, but not the specific type). Unspecified codes should be reported when they are the codes that most accurately reflect what is known about the patient’s condition at the time of that particular encounter. It would be inappropriate to select a specific code that is not supported by the medical record documentation or conduct medically unnecessary diagnostic testing in order to determine a more specific code.
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CHAPTER BRIEFS

Raulerson honored with first F. Edwards Rushton CATCH Award

In October, Marsha Raulerson, MD, FAAP, of Brewton and a past president of the Alabama Chapter-AAP, was honored at the Community Pediatrics reception at the American Academy of Pediatrics’ National Conference & Exhibition when she was presented with the first F. Edwards Rushton CATCH Award.

This award recognizes an outstanding CATCH (Community Access to Child Health) grantee whose project has developed over time and expanded beyond its original goals to positively impact child health.

Dr. Raulerson has practiced community pediatrics in Brewton for more than 30 years and has served in many capacities on state and local health committees and medical associations. One of her passions over the last decade has been the advancement of CATCH, having served as State and District CATCH Facilitator. Her telepsychiatry CATCH initiative, begun in 2005, has been replicated in other areas of the state and remains a strong part of her practice.

Currently, she serves as chair of the AAP Committee on Federal Government Affairs and continues to work hard on numerous areas of child advocacy.

Congratulations, Dr. Raulerson!

St. Clair and Walker – are encouraged to sign up 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 on Saturday, February 15, open to all pediatricians in these counties.

Look for recruitment materials soon; if interested, contact Linda Champion at (334) 324-9307.

Get involved in PROS!

PROS (Pediatric Research in Office Settings) is still looking for interested Alabama practitioners to participate. Current studies include DART-dialogue around respiratory treatment, which will study the effects of training practitioners about antibiotic prescribing and communicating with parents on respiratory illnesses and treatments. CEASE (Clinical Effort Against Secondhand smoke) Exposure) is another study that is improving the rate of addressing parent and caregiver smoking during the pediatric visit.

Starting in January 2014, you can get EQIPP credit for participating. Also, congratulations to Rian Anglin, MD, FAAP, of Auburn, who is the new PROS liaison from the Section on Young Physicians.

For more information, go to the PROS site at www.aap.org or email djanagnos@gmail.com.

– D.J. Anagnos, MD, FAAP,
PROS Coordinator for Alabama

Birmingham metro area pediatricians: join developmental screening MOC project in 2014

Thanks to grant funding from the Community Foundation of Greater Birmingham, pediatricians in five counties – Blount, Jefferson, Shelby,
Reach Out and Read All About It!

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

VOICES for Alabama Children “Success Stories” recognizes Reach Out and Read-Alabama

Reach Out and Read-Alabama was chosen as one of six “Success Story” programs featured in the just-released 2013 Alabama Kids Count Data Book and other VOICES’ publications throughout the upcoming year. Winners were chosen based on how the program used the Kids Count data to support its work as well as the need of services and degree to which it assists children and families.

“While we seek funding from many different sources, partnering with local community and business partners for sustainability has proved beneficial. Using the county-specific data based on the Kids Count indicators during local presentations helps community leaders understand the potential impact the program could have on families in their community,” said Polly McClure, RPh, statewide coordinator. “These resources are invaluable as we continue to prepare young children to succeed in school by prescribing books and encouraging families to read together.”

The Kids Count Data book enjoys widespread exposure, as it is distributed to child advocates, legislators, state agencies, education officials, foundations and corporations.

“It is our hope that these success stories will serve to stimulate thought and action for unique solutions that benefit Alabama’s children and bring awareness to programs that are in place in our communities,” said Linda Tilly, VOICES Executive Director.

Operation We Mean Business reaps benefits for Dallas County sites through Wells Fargo grant

Because of the relationships built during a successful Operation We Mean Business program at Pediatrics and Adolescent Medicine in Selma last spring, Reach Out and Read-Alabama was honored to receive a grant from Wells Fargo, Southeast Alabama Region. This contribution will help five pediatricians in two program sites in Dallas County prescribe 1,000 books and encourage their families to read together daily.

“Wells Fargo is proud to support organizations that work to strengthen our communities. We look for projects that keep our communities strong, diverse, and vibrant. Through the volunteer efforts of our enthusiastic team members and our contributions, we share our success with the communities in which we live and work,” said Paula Beck, Senior Vice President and Community Affairs Manager, Southeast for Wells Fargo.

According to VOICES for Alabama’s Children’s Kids Count Data Book 2012, Dallas County ranks 66th out of 67 counties in child health indicators. Of the 3,175 children under the age of five living there, 56.5 percent live in poverty with 58.8 percent living in single-parent families.

New Criteria Points

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<td>Complete Self-Audit Review Exercise</td>
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<tr>
<td>Complete Practice Management Software</td>
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<tr>
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<td>Complete the ICD-10 Readiness Survey</td>
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Recurring Criteria

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Blue Cross updates Value-Based Payment for 2014

Blue Cross Blue Shield of Alabama has retooled its Primary Care Value-Based Payment (VBP) Program for 2014. Many of the changes complement its new “Complete Picture of Health – Documentation and Coding Improvement” initiative.

In 2014 the VBP program will have three performance measure categories as before, but several enhancements have been made to the “Qualitative” category (now called the “Administrative” category). These changes will boost the reward potential to 10 percent for this category and 20 percent for those who meet criteria in all three categories. This category will be scored monthly, but some criteria must be completed by a specific date. Point values have also changed for some of the criteria. Here are some highlights of the changes:

The new criteria in the performance measure category is designed to prepare for 2015, when VBP will correspond with accurate and complete coding that is reflected through your claims data. These criteria are in step with the Complete Picture of Health initiative that measures risk adjustment and encourages coding to the most specific code possible. To meet the threshold for this category, a score of 70 or greater can be achieved through any combination of the new or recurring criteria in the table at the left.

The BCBS provider website, www.bcbsal.com/providers, features complete details on the program, including FAQs, attestation and self-audit forms, and more: select “Value-Based Initiatives” under Quality and Transparency. You will also find Documentation and Coding Improvement Initiative tools and resources by selecting “Documentation and Coding” under Quality and Transparency. If you have questions, contact your Provider Network Services Representative at (866) 904-4130.
The CATCH call for proposals now open
One pediatrician can make a difference! The Community Access to Child Health (CATCH™) program supports pediatricians to collaborate within their communities to improve children’s access to medical homes. Grants of up to $12,000 for pediatricians and fellowship trainees and $3,000 for pediatric residents are now available from CATCH for innovative projects that will ensure that all children, especially underserved children, have medical homes and access to health services not otherwise available in their communities. Applications will be accepted for Planning, Implementation, and Resident Grants until Jan. 31, 2014.

Have an idea for a project but not sure how to get started? Contact Marjorie White, MD, FAAP, Chapter CATCH Facilitator, at mwhite@peds.uab.edu to learn more about the grant process.

Browse summaries of previously funded CATCH grant projects at http://www2.aap.org/commpeds/grantsdatabase. In addition, learn more on “Strengthening Your CATCH Application” by participating in an AAP webinar on Dec. 17 from 11:30 a.m. – 12:30 p.m. CST. Geared to any pediatrician or resident who is interested in applying for a grant, the session will provide an overview of the scoring process and things to consider when applying. Reserve your seat now at https://www3.gotomeeting.com/register/288988214.

For details and an application, visit www2.aap.org/catch/funding.htm.

Anagnos leads as innovator in national genetics project
In November, a diverse group of 13 pediatric primary care practices serving more than 130,000 patients graduated from an American Academy of Pediatrics (AAP) quality improvement collaborative on genetic services in primary care. D.J. Anagnos, MD, FAAP, from Prattville Pediatrics, recently completed the project in which she worked with the other teams to integrate genetic medicine into primary care pediatrics with new tools and strategies.

“Recent genomic advances have improved our understanding of the role of genetics in common conditions encountered in primary care,” said Beth Tarini, MD, MS, FAAP, co-medical director of the AAP’s Genetics in Primary Care Institute (GPCI). “Unfortunately, insufficient education about genetics has left primary care providers uncertain about their role.”

continued on page 13
Over the six months of the project, practices made significant strides to improve:

• The assessment and identification of genetic conditions for all patients aged 0-21 years old as part of the health supervision visit through the collection of family health history;

• The care and management of children with defined genetic conditions;

• Office systems and processes to meet these first two goals.

“One of the biggest hurdles was convincing participants why family history was important,” Tarini noted. “By the project end, it was evident that the critical patient information uncovered simply by asking a few additional questions would be the impetus for their continued efforts in this area of medicine.”

“arini noted. “By the project end, it was evident that the critical

hand genetics to a point where it was easy and very helpful for general pediatric practice,” Dr. Anagnos commented. “It also made me aware of all the resources the AAP has available for us on genetics in primary care. I learned a lot.”

Resources developed as part of the project will be available through the GPCI website at www.geneticsinprimarycare.org.

MEDICAID NEWS

Pharmacy changes effective January 1

On Jan. 1, 2014, the Alabama Medicaid Agency’s “phase-in” of pharmacy changes will be complete as the Agency:

• Implements the mandatory three-month maintenance supply program for selected medication classes. A maintenance supply prescription will only be counted toward the prescription limit in the month in which it is filled, and will be required after 60 days stable.

<table>
<thead>
<tr>
<th>Medication Class</th>
<th>Medications Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE Inhibitors</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Angiotensin II Receptor Blockers</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Asthma</td>
<td>Generic montelukast only</td>
</tr>
<tr>
<td>Beta Blockers</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Calcium Channel Blockers</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>Oral, vaginal rings, patches only</td>
</tr>
<tr>
<td>Diabetic Agents/Supplies</td>
<td>Generic metformin, OTC insulins, and syringes</td>
</tr>
<tr>
<td>Diuretics</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Lithium</td>
<td>All covered Products</td>
</tr>
<tr>
<td>Statins</td>
<td>Preferred generics and brands</td>
</tr>
<tr>
<td>Thyroid Replacement</td>
<td>All covered Products</td>
</tr>
</tbody>
</table>

• Limits the number of outpatient pharmacy prescriptions to five total drugs (including up to four brands) per month for adults. Children under 21 and nursing home recipients are excluded. In no case can total prescriptions exceed 10 per month per recipient. Allowances will be made for up to five additional (10 total) prescriptions for brand and generic anti-psychotics, anti-retrovirals, and anti-epileptic drugs.

Additional information can be found on the Pharmacy Services page of the Agency website at www.medicaid.alabama.gov.

New rules, web portal established to register RCO collaborators

As directed by state law, the Alabama Medicaid Agency has established rules and a web portal for individuals and entities who wish to cooperate, negotiate or contract in the establishment of the Agency’s planned Regional Care Organizations. The law requires that every person or entity who is operating or may operate as a “collaborator” shall have a “Certificate to Collaborate” issued by the Agency.

D.J. Anagnos, MD, FAAP, accepts her certificate of project completion at the recent collaborative wrap-up meeting in November.
“As physicians, we have so many unknowns coming our way...

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New eligibility and enrollment system launched

Thanks to the collaborative efforts of the Alabama Medicaid Agency, the Alabama Department of Public Health and ALL Kids, the first phase of a new online eligibility and enrollment system that is Affordable Care Act-compliant was successfully developed and launched on Oct. 1 at a savings to taxpayers.

The new online portal allows application submissions for ALL Kids or Medicaid coverage for children and pregnant women or women seeking family planning coverage only through Plan First. The portal is also available for those applying for tax credits or other subsidies to purchase health insurance through the federally facilitated insurance exchange (FFE). During its first month of operation, 1,350 new accounts were established and 658 new applications submitted. Applications for Medicaid and All Kids are processed as they are received, while applications for tax credits or subsidies are forwarded to the federal exchange for action.

The new system will eventually replace the existing architecture, which is more than 30 years old and suffers from inefficiencies common to older, outdated systems. By developing the system in house through ADPH, the two agencies expect to save $20 million in state and federal funds.

Once the first phase is completed, the next step will be to add the state’s elderly and disabled programs to the system by the end of 2015. The state also plans to add Department of Human Resources programs such as TANF, SNAP, and Child Care.
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