With a presidential election in full swing and two outstanding tickets, we stand on the threshold of possibly another eight-year administration. I am happy, as I am sure many of my pediatric colleagues are, that health care is one of the hot topics in this election.

Several years ago, a book entitled *The Social Transformation of Medicine* pointed to the fact that a big slice of the nation’s gross national product goes to health care. Health care as a whole is big business. Because health care is a business, what is best for the public’s health and what’s best for the bottom line are not always one and the same.

We as pediatricians have a big voice, not only with our individual votes, but also with our standing in our communities.

Members of the Alabama Chapter-AAP must realize that politics, business and healthcare are forever intertwined. Therefore, we as community leaders must be involved.

An example of this is the group of pediatricians who participated in the recent *Step Up 4 Kids* rally on the steps of the state capitol, challenging the public to vote for candidates who will invest in children.

Let’s get involved in this national election as well as in the local and state elections coming up. Let your voice be heard! Speak up for the health of not only children, but all Americans.

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**Voting AAP Fellows: Don’t forget to vote!**

It’s that time of year again: national AAP election time! Let’s get all Alabama Voting Fellows to the “polls” and let our voices be heard; cast your ballot between now and October 1 (2 p.m. central time for electronic ballots). The election encompasses the office of national president and several district offices, including District Chair and District Vice Chair. The Alabama Chapter is honored to have our own Linda Anz, MD, FAAP, of Opelika, a long-time leader of the Chapter and District, on the ballot as the incumbent for District Vice Chairperson.

To access District candidate bios, go to http://www.aap.org/moc/vp/distcandbios.htm (NOTE: we are District X). To access bios, position statements and Q&A’s on the presidential candidates, go to http://www.aap.org/moc/vp/elec.htm.

And finally, to cast your electronic ballot, go to this link: https://www.directvote.net/AAP/login.aspx?ReturnUrl=%2fAAP%2fdefault.aspx. On behalf of the AAP, many thanks!

Chapter successfully launches early oral health assessment initiative

**Medicaid approves payment to PCPs for dental codes**

After a year of collaboration and planning, the Chapter, together with the Alabama Academy of Pediatric Dentistry (through our oral health representative, Ric Simpson, DMD) has successfully worked with the Alabama Medicaid Agency to add coverage of oral health risk assessment and fluoride varnishing in the pediatric medical home for children from six months to three years of age.

Effective January 2009, Medicaid will pay primary care providers who have been trained in oral health risk assessment for dental codes D0145 (oral exam <3 years old, counseling) and D1206 (topical fluoride application) under certain limitations.

“There is mounting evidence to prove that the incidence of dental caries can be reduced by having children six months to 36 months assessed by their pediatric provider and a fluoride varnish applied during routine pediatric visits. Results from North Carolina have indicated a 39 percent reduction in caries in anterior teeth by having these services available,” explained Dr. Simpson, who worked to formulate the policy and garner the endorsement of the state’s dental community.

“Working in tandem with the Oral Health Coalition, the goals of this program, which we are calling ‘1st Look,’ are to improve awareness of early childhood caries (EEC); increase early prevention education, enlarge the dental referral provider base continued on page 2
Chapter approaches payors through Pediatric Council

As part of the Executive Board’s strategic plan to improve communications with third-party payors, and following a successful model of other state chapters of the American Academy of Pediatrics (AAP), the Alabama Chapter has begun a Pediatric Council to identify areas of common interest between pediatricians and payors to improve access to and coverage for quality children’s healthcare in our state.

This group began meeting this summer on a quarterly basis to bring together Chapter members (appointed from the previous Child Health Financing Committee), the Practice Management Association and the medical directors/network representatives of Blue Cross Blue Shield, Medicaid and ALL Kids. Unlike our previous Child Health Financing committee, the format for this group is educational, with pediatricians providing one or two mini-sessions at each meeting on issues impacting the delivery of pediatric services, such as vaccinations, well-child visits, medical home and developmental issues, and then working together in a spirit of collaboration to address issues related to the topics covered.

“Our goals are to improve two-way communication and provide a deeper understanding of pediatric needs,” said A.Z. Holloway, MD, FAAP. “We hope that these discussions lead to more appropriate coverage for pediatric services, with a special focus on prevention and the medical home.”

At its first meeting on Aug. 7, through a presentation on the Bright Futures periodicity schedule, the Pediatric Council advocated for coverage of the new AAP-recommended 30-month well-child visit, annual well-child visits from age six through 18, and clarification of the benefit year for annual well-child visits by Blue Cross. Individual Pediatric Council members are following up with the payors on each of these issues.

The Chapter Executive Office is also working on a hassle factor form, which individual Chapter members can complete and turn in, so that the Council can track and advocate for issues on behalf of member pediatricians. Stay tuned for more details on this process. Meanwhile, if you have any suggestions for the Pediatric Council, please email them to the Chapter office at llee@aap.net.

Additionally, the Pediatric Council and Executive Board is devising a plan to increase awareness about the importance of the pediatric medical home and preventive care among employers who negotiate health insurance plans and the public at large.

“Oral Health” continued from page 1

and reduce the incidence of dental caries,” added Mary McIntyre, MD, Medical Director at Medicaid, who has served on the project from Medicaid’s perspective.

“Without a doubt, ‘1st Look’ will improve oral health in our youngest Medicaid recipients, preventing future disease and costly treatments down the road. It makes good sense to add this to our services for children in Alabama,” said Carol Steckel, Medicaid Commissioner.

This approval makes Alabama the 23rd state in the United States to have such a program, according to the American Academy of Pediatrics’ (AAP) Oral Health Initiative.

Pediatric providers, along with any clinical staff in their offices who will be applying the varnishes and performing risk assessments, will have to complete the AAP’s “The Oral Health Risk Assessment Training Program for Pediatricians and Other Child Health Professionals” and pass the post-test in the module. The training includes oral health risk assessment, education on performing anticipatory guidance/counseling, demonstration of fluoride varnish application, and information on recommendations for a dental home.

The Chapter will work with the AAPD to provide training opportunities; the first of these is being held at this Annual Meeting. Lists of “passed” providers, who will be deemed by Medicaid as 1st Look providers, will be sent by the training organizations (AAP, AAFP, etc.) to Medicaid so that their provider numbers will be flagged in the Medicaid system.

Medicaid will be sending out a provider alert closer to January to outline the limitations and other specifics of the policy.

Additionally, the Chapter will be working to promote such a program to other payors.

For more information, contact the Chapter office at lchampionaap@knology.net.
Chapter election results in, new slate announced

The 2008 Chapter election results have been tallied, with all nominees voted in as follows: Wes Stubblefield, MD, FAAP, of Auburn, was elected as Area 4 Representative (2008-2011); Mendy Blakeney, MD, FAAP, of Montgomery, was elected as Area 5 Representative (2008-2011); and Pippa Abston, MD, FAAP, of Huntsville, was elected to serve a three-year term as Nominating Committee member (2008-2011).

In addition, Michael Ramsey, MD, FAAP, was elected to complete the remaining 2007-2009 term of Secretary/Treasurer, which he assumed on July 1, 2008.

“I look forward to another productive year working with each of these pediatricians, who, by accepting these positions, will contribute to our efforts to improve pediatrics and child health in Alabama.” Dr. Holloway said.

Roundtables improve mental health linkages for pediatricians

As part of the Chapter’s 2008 mental health grant from the AAP, Strategies for System Change in Children’s Mental Health, pediatricians in four locations of the state – Florence, Opelika, Selma, and Dothan – joined forces with mental health providers in their areas for networking forums this summer in order to improve linkages and identify referral resources. Coordinated as a collaboration between local key pediatricians and their community mental health centers, these roundtable dinner meetings brought together pediatricians, community mental health center professionals, psychiatrists, early intervention professionals, and others serving the needs of children and families, as well as family members themselves.

“Prior to each session, local community service providers completed a community resource information form that catalogued the services provided by their specific program, contact information, linkage requirements for pediatricians, and preferred insurance accepted by their agency,” said Linda Champion, project coordinator, who then compiled all of the agencies’ information into local mental health resource directories, which are now available for the four areas on the Chapter web site (under mental health resources).

Likewise, the local pediatricians completed pre-meeting surveys to identify specific needs, which were addressed at each of the roundtables.

“Many of the attendees commented on how helpful it was to meet face to face to begin networking,” said Grant Allen, MD, FAAP, who served as the lead pediatrician at the Shoals roundtable.

“The very next week I needed to talk with a patient’s probation officer and she was so excited that we were putting into practice the improved communication we had discussed at the roundtable!”

At each session, next steps were strategized, including local children’s mental health email groups; re-categorizing the resource directories by diagnosis and insurance accepted; continued meetings with community mental health centers; future educational sessions on HIPAA; legislative advocacy; and improved systems for pediatric referral coordinators to communicate with service providers, among others.

Effective Oct. 1, 2008, the 2008-2009 Executive Board and Nominating Committee members are as follows:

President – A.Z. Holloway, MD, FAAP
Vice President/President-Elect – J. Wiley, MD, FAAP
Secretary/Treasurer – Michael Ramsey, MD, FAAP
Immediate Past President – V.H. Reddy, MD, FAAP
Area 1 Representative – Tim Stewart, MD, FAAP - Huntsville
Area 2 Representative – Grant Allen, MD, FAAP - Florence
Area 3 Representative – Joseph Jolly, MD, FAAP - Birmingham
Area 4 Representative – Wes Stubblefield, MD, FAAP - Auburn
Area 5 Representative – Mendy Blakeney, MD, FAAP - Montgomery
Area 6 Representative – Jennifer Cole, MD, FAAP - Mobile
Nominating Committee Members –
Sara SmithT, MD, FAAP, Chair
Bill Whitaker, MD, FAAP
Pippa Abston, MD, FAAP
strength \(\text{strength}\) n
1: the quality of being strong: ability to do or endure
2: toughness, solidity 3: power to resist attack
4: intensity 5: force as measured by numbers

we need you to help give them strength!

The Vaccines for Children Program is a federal entitlement program that provides vaccine at no cost to children under 19 years of age who are on Medicaid, are uninsured, are underinsured, or are American Indian or Alaskan Native.
Developmental screening pilot study results released; statewide spread to begin

The results are in from the pilot study conducted in three Alabama pediatric practices earlier this year as part of the Alabama Assuring Better Child Health and Development Screening Academy (ABCD) grant project, in which the Chapter has partnered with other state organizations.

As one of 21 states provided technical assistance by the National Academy on State Health Policy to improve policy and protocols for the use of standardized developmental screening tools, Alabama convened pediatricians and representatives from Medicaid, Public Health, Mental Health, and Alabama’s Early Intervention System in 2007 to begin this process under the umbrella of the Alabama Partnership for Children’s Blueprint for Zero to Five initiative.

From January to March 2008, a pilot study was conducted in three pediatric practices – Anniston Pediatrics, Blancher & Stadther, PC, of Mobile, and Valley Pediatrics – to evaluate universal assessment of delayed development using a standardized tool (Ages & Stages Questionnaire) during well-child visits at intervals recommended by AAP policy: nine, 18, 24 and 48 months. The study was compared to baseline data from the same sites during the same period in 2007.

During the baseline period, standardized screening rarely occurred. During the study, screening increased from 4 percent to 78 percent. In addition, referrals for children with delayed development increased from 5 percent to 11 percent.

“Using the ASQ has definitely increased our detection of possible developmental problems in our patients,” said Lewis Doggett, MD, FAAP, of Anniston Pediatrics. “We have increased the number of referrals to early intervention with the majority of referrals being eligible for services.”

The pediatricians also cited increased parental involvement.

“I have noticed many parents become much more involved with and knowledgeable about their children’s development,” added Madeleine Blancher, MD, FAAP. “I tell them to take the completed ASQ home and use the milestones on it as a guide for playing with their children. When they return for their next check-up, the parents ask for the screener and are excited about the improvements their children have made.”

The study also showed increased use of the code 96110 (developmental screening, limited), for which Medicaid and ALL Kids have established policies through this initiative.

The goals of the ABCD team are to now inform pediatricians statewide about the pilot data, selection and use of standardized screeners, pilot practice successes and protocols, and coding. Stay tuned for more information, which will be mailed to you later this fall!
Chapter-ADPH task force conducts state perinatal drug study

_By Marsha Raulerson, MD, FAAP_

The State Perinatal Advisory Committee (SPAC) exists to improve pregnancy outcomes with reduced infant morbidity and mortality. Due to statewide concerns over increasing substance use during pregnancy, SPAC appointed a joint Perinatal Drug Abuse Task Force of the Alabama Department of Public Health and the Alabama Chapter-AAP two years ago. The goal of the task force is to better identify the problem and to suggest directions Alabama should take in tackling substance abuse among pregnant women.

The initial step was to design and conduct a study to quantify the extent of maternal drug use. This summer, urine was collected from 500 women in prenatal care from all geographic areas of the state, including urban, suburban and rural areas. Russell Kirby, PhD, Professor at the University of South Florida College of Public Health (formerly with University of Alabama at Birmingham School of Public Health) is analyzing the data at this time.

Preliminary data show that of the 489 pregnant women with lab results, 13.7 percent were positive for at least one illicit drug. Race was not a factor, nor was maternal age. However, parity greater than four had the highest incidence (19.4 percent) as did mothers whose care was paid for by Medicaid (20.1 percent). Rural mothers had twice the incidence of urban moms (20.5 percent vs. 10.0 percent). Specifically, 6.2 percent (45.3 percent of those who tested positive for any drug) were positive for marijuana and 5.8 percent (42.3 percent of those who tested positive for any drug) were positive for opiates. Cocaine or amphetamines were found in less than 1 percent of the results.

This study shows that substance abuse is a major problem affecting at least 8,000 pregnant women a

continued on page 7
Chapter partners with other state organizations to launch ATV safety awareness campaign

By Kathy Monroe, Chair, Injury Prevention Committee

The Alabama Chapter-AAP, through its Injury Prevention Committee, joined forces this summer with Children’s Hospital, the Alabama Department of Public Health’s (ADPH) Child Death Review Team and Injury Prevention Division, VOICES for Alabama’s Children, Safe Kids and Injury Free Kids Coalition to kick off an all-terrain vehicle (ATV) safety awareness campaign to inform the public and policymakers about the dangers of ATV use among children.

The campaign was the product of several months of planning during this year’s legislative session as a strategic effort to begin building momentum behind this issue for future years’ legislative advocacy efforts.

Armed with the simple “no children under 16 on ATVs” message underpinning the American Academy of Pediatrics’ (AAP) guidelines on ATV use, the campaign began with the distribution of Children’s Hospital-produced ATV education posters to members of the Chapter’s Practice Management Association and school nurses throughout the state. The posters pointed to the increasing numbers of ATV-related injuries in the state and outlined the AAP guidelines. In addition, Children’s paid for an animated version of the poster to be displayed before the movies at Rave Motion Pictures in Birmingham during a 16-week period this summer. This message will be repeated during the months of November and December, which we hope will discourage parents from buying ATVs for their children for Christmas.

In addition to the poster efforts, the partners kicked off a media awareness campaign on July 10 with a satellite news conference at ADPH in Montgomery. Nan Frascogna, MD, FAAP, and our President A.Z. Holloway, MD, FAAP, both represented the committee at this event, which was picked up by several local news stations and more than two dozen newspapers across the state. This prompted further interviews, as well as a positive “reply” Letter to the Editor from a Montgomery ATV retail outlet.

Dr. Frascogna also wrote a letter to the editor, which was mass-distributed to newspapers across the state and appeared in The Birmingham News. Additionally, we were pleased to work with the Alabama Rural Electric Association, which ran an ATV safety article in their August issue of Alabama Living, which goes to 376,000 rural households in Alabama!

Other items we are still working toward include a strengthened graduated teen driver license law as well as future ATV legislation. We appreciate any input from Chapter members!

“Perinatal Drug Study” continued from page 6

year in Alabama. Physicians caring for maternity patients feel that these data underestimate the actual number. Women using amphetamines or cocaine frequently do not receive maternity care until close to delivery or at delivery and would not have been identified by this study—which is a first step in understanding the complex, high-risk problem of substance abuse among pregnant women. The task force will meet this month to review the preliminary data and plan for the future.
From the Coordinator

City of Greensboro second in nation to receive Bookend City Award

On June 18, Reach Out and Read (ROR)-Alabama honored the city of Greensboro with ROR National Center’s “The Bookend City Award,” presented to communities in which 100 percent of the eligible pediatric practices have implemented an ROR program. The award emphasizes the importance of partnerships and honors all those who have worked together in their own communities to ensure that every family understands the importance of early literacy and reading aloud to children.

Greensboro became the second Reach Out and Read “Bookend City” in the Nation.

Congratulations to Izzeddin Kamelmaz, MD, FAAP, and his staff for this notable accomplishment!

Bessemer Health Center beneficiary of Birmingham-Southern book drive

Bessemer Health Center’s pediatric clinic recently received over 100 books collected as part of a book drive during Birmingham-Southern’s (BSC) Greek Week, sponsored by Birmingham-Southern’s Order of Omega chapter. Not only will the book drive for ROR be continued during BSC’s Greek Week next spring, but also the Alpha Epsilon Delta (AED) Health Pre-professional Honor Society will be collecting books during the fall semester to donate to Bessemer Health Center in November. For more information on gently used book drives in your community, visit ROR-AL’s web page at www.roralabama.org.

— Polly
AAP awards Chapter grant for developmental services open forums

The American Academy of Pediatrics has selected the Alabama Chapter as one of five states to receive a $3,000 grant to conduct two open forums on developmental issues between now and 2010. These sessions will bring together pediatricians and other health care providers that care for children with developmental problems.

The Chapter’s application for this grant proposed one open forum in January 2009, to be held at the University of South Alabama, to focus on improvements in policies that impact the referral of children with developmental delays from primary pediatrics to diagnostic and treatment services in Alabama. A second open forum will be conducted later next year in Birmingham and will focus on the state’s activities related to coordination of services for children with autism.

The Chapter will be working with developmental/behavioral pediatrics faculty and pediatric residents at both the University of Alabama at Birmingham and the University of South Alabama on these initiatives, which are an extension of the work already done on the Assuring Better Child Health and Development project (see related story on page 5.)

Chapter participates in statewide autism task force

By Myriam Peralta-Carcelen, MD

In March 2007, the Alabama Autism Task Force was created by a joint legislative resolution, which was signed by Governor Bob Riley. Made up of state officials, educators, physicians, and members of the academic community, the task force immediately convened to recommend ways to improve diagnosis and treatment of autism in Alabama.

The group conducted a statewide needs assessment and made several preliminary recommendations, including the creation of regional centers for providing multi-disciplinary evaluation, diagnoses and treatment; the provision of universal screening for developmental delay/disabilities and autism-specific screening as recommended by the American Academy of Pediatrics; and the development of best evidence-based practice standards, among other recommendations.

Following this, the Riley Ward Act of 2008 was passed by the Alabama Legislature and the Alabama Interagency Autism Coordination Council has been created. The Alabama Chapter-AAP has an appointment on this council. The task force is in its second year and is currently working through several subcommittees on education, health care, adult care, diagnosis and screening, and systems of care.

For more information on how to participate on these subcommittees, please contact the Chapter office at llee@aap.net or the Autism Society of Alabama at jennifer@autism-alabama.org.

Resident Rounds: NCE and CATCH

By Jessica Kirk, MD, pediatric co-chief resident, University of South Alabama

AAP Resident Section, ADC District X

Hello everyone! We are gearing up for the AAP National Conference and Exhibition (NCE) and will have great resident representation from Alabama. The residents will have their usual one-day meeting on Saturday, October 11, then we’ll join you at the District X meeting Sunday morning. We hope to see you all there! The remainder of this issue’s “Resident Rounds” will be an article by Josh Mizell, a third-year med-peds resident from USA, highlighting his CATCH grant project. Of note, Josh is the first resident in Alabama to receive a Resident CATCH Grant. Congratulations, Josh!

Update on Gulf Coast Booster Seat CATCH Grant

By Josh Mizell, MD, third-year medical-pediatrics resident, USA

In an attempt to promote child passenger safety, Dr. Katherine Savells and I started a project several months ago aimed at increasing awareness of and compliance with recommendations regarding booster seat use. We applied for and received a CATCH grant to fund our project. At our very first planning meeting, we invited members of both the Alabama State and Mobile County Traffic Safety Divisions. Through our contacts at this meeting, Dr. Savells and I were invited to talk at a subsequent meeting of law enforcement representatives from five counties in southwest Alabama. As a result of this talk, for the first time since Alabama passed a booster seat law in 2006, booster seat checks were incorporated into checkpoints in this year’s Click it or Ticket campaign during Memorial Day weekend. We were able to provide educational pamphlets to the officers for distribution to parents at these checkpoints. Warnings were issued to parents of children less than six years old who were not in booster seats and, as a result of our
UAB Division of Pediatric Allergy and Clinical Immunology at Children’s Hospital

• All new facility with free, convenient parking
• Next-day appointments available
• No physician referrals necessary
• Alabama’s only all-pediatric allergy group

205-939-9141
discussion at the highway safety meeting, there are plans to start issuing tickets for non-compliance by the start of next year.

Recently, Dr. Savells and I attended a back-to-school event at a Bay Bears game in conjunction with ALL Kids. Fliers promoting booster seat use were distributed and five free booster seats were raffled off to families attending the game.

As the keystone of our project, we are planning a booster seat event on October 18 at USA Women’s and Children’s at which free booster seats will be distributed and installed and car safety seats will be checked for correct installation. We are excited to say that this event has mushroomed into a Health and Safety Fair, as we were able to recruit many other parties interested in promoting child safety and health, including representatives from ALL Kids, who will attempt to sign up uninsured children who may be eligible, and the Breathmobile, a project started by a previous CATCH grant by Dr. Jennifer Cole to promote asthma awareness.

One of the goals of the CATCH program is to encourage community coalitions that will advocate for the needs of children. By getting the right people together in one room to exchange ideas, changes are taking place in our community to ensure the safety of children in ways we could not have imagined on our own. We believe this is the very reason the CATCH program was created and we are very grateful to be a part of it.

Expanded Newborn Screening Update: Cystic Fibrosis Newborn Screening in Alabama

By Hector Gutierrez, MD, UAB Faculty Member

In April 2008, Alabama began newborn screening for cystic fibrosis (CF). The two referral centers for follow-up of babies who have a positive screen for CF are the UAB/Children’s Hospital CF Center in Birmingham and Pulmonary Associates at the University of South Alabama in Mobile. If a baby has an IRT level in the top 5 percent and is positive for at least one CF mutation, the baby is referred to a follow-up center for a sweat test. Those babies with extremely high IRT levels (top .2 percent) are also referred for a sweat test.

Between these two follow-up centers, there have been approximately 70 referrals for sweat tests and five babies confirmed to have CF. The CF centers are working hard to include the pediatricians in informing patients of a positive screen and making arrangements for adequate follow-up.

If you have questions about the CF newborn screening process, call Staci Thrasher (205-939-5494), CF Newborn Screening Coordinator at Children’s Hospital in Birmingham or Ashley Graves (251-343-6848), CF Newborn Screening Coordinator at Pulmonary Associates in Mobile.

In Memoriam

It is with great sadness that the Chapter heard recently of the loss of Dr. David E. Bowers, a long-time pediatrician in Alabama. Before his retirement, Dr. Bowers practiced pediatric medicine for over 40 years in Athens and Decatur, and later Fort Myers, Fla. Upon his retirement, he returned to Athens. Dr. Bowers formerly served as Chief of Staff and Chief of Pediatrics at Decatur General Hospital. He had been an Assistant Clinical Professor of Pediatrics at the University of Alabama School of Medicine. Dr. Bowers served as past Secretary-Treasurer of the Alabama Chapter-AAP, and was recently recognized by the AAP for his huge impact on the lives of children and teenagers for the past four decades.
Synagis® Criteria for 2008-2009 Season

The Alabama Medicaid Agency has updated its prior authorization criteria for Synagis®. The approval time frame for Synagis administration will begin Oct. 1, 2008 and will be effective through Mar. 31, 2009. A total of up to five doses will be allowed per recipient in this time frame. There are no circumstances that will allow for approval of a sixth dose. If a dose was administered in an inpatient setting, that date must be included on the request form.

For approval of requests, the recipient must meet gestational and chronological age requirements. The recipient must not exceed the specified age at the start of the RSV season. Providers are to submit requests for Synagis on a separate prior authorization form (Form 351) to Health Information Designs. The form and complete updated criteria are available at www.medicaid.alabama.gov.

Medicaid accepts the following as American Academy of Pediatrics risk factors for infants less than six months old with gestational age of 33-35 weeks:

• Childcare attendance
• Severe neuromuscular disease
• School-age siblings
• Congenital abnormalities of the airways
• Exposure to environmental air pollutants (environmental air pollutants will not include second-hand smoke. Environmental air pollutants must include instances where a child is constantly exposed to particulate air matter.)

For more details, call the Agency’s Prior Authorization contractor, Health Information Designs at 1-800-748-0130.

Tamper-Resistant Update

Effective October 1, a new federal law requires that all written prescriptions for covered outpatient drugs paid for by Medicaid be executed on a tamper-resistant prescription. The law applies only to written prescriptions for covered outpatient drugs; prescriptions transmitted from the prescriber to the pharmacy verbally, by fax, or through an e-prescription are not impacted by the statute.

As of October 1, to be considered tamper-resistant, a prescription must contain all three of the following characteristics:

1. one or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
2. one or more industry-recognized features designed to prevent the

continued on page 13
“News from Medicaid” continued from page 12

erasure or modification of information written on the prescrip-
tion pad by the prescriber;
3. one or more industry recognized features designed to prevent the
use of counterfeit prescription forms.
While special paper may be used to achieve copy resistance, it is not
necessary. Electronic medical record (EMR) or ePrescribing gener-
ated prescriptions may be printed on plain paper and be fully com-
pliant with all three categories of the tamper-resistant regulations
presuming they contain at least one feature from each of the three
categories. To read the complete guidance, download the CMS “fre-
cently asked questions document” at
AQs9122007.pdf.

TFQ Initiative introduces QTool
In July, Alabama Medicaid went “on the road” to introduce
QTool, its electronic clinical support tool, to providers in nine pilot
counties as implementation of its Together for Quality (TFQ)
Medicaid transformation initiative.
In July, the first of 68 clinics and offices were able to test the new
web-based clinical support tool using the providers’ own patient
data. A total of 298 providers and 90 medical residents have agreed
to participate thus far.
This first version of the QTool allows providers a
read-only view of claims-based data on office visits,
medications, lab tests and other procedures. The
clinical support tool also displays rules-based alerts
for management of asthma and diabetes patients.
Versions to be released later in 2008 will add
provider update/editing capability, a provider mes-
sage center, e-prescribing capability, a referral func-
tion, email, provider dashboard reporting and better
management of patient-provider encounter workflow (SOAP) for
recording and viewing patient visit records.
In addition to the release of QTool, the transformation project’s
care management program, Q4U, has enrolled nearly 400 asthma
patients and almost 300 diabetic patients in its first six months.
Early feedback from the program supports the value of the care
management concept as a means of encouraging patient compliance
and partnership with the primary care physician to improve patient
health outcomes. Next steps call for expanded recipient education
and efforts to streamline the process for physicians.
For more information or to become a pilot, contact Kim Davis-
Allen at 334-242-5011.

EPSDT policy change
Based on a recommendation from the American Academy of
Pediatrics, Medicaid no longer requires a urinalysis as part of any
routine EPSDT examination. A urinalysis will now be performed
only if clinically indicated. Appendix A of the Medicaid Provider
Manual has been updated to reflect these changes. An updated ver-
sion of the manual will be released on October 1, and will be posted
at www.medicaid.alabama.gov under “Billing.”
For more details, contact Kaye Melnick, RN, at (334) 353-5012.

VFC update: new codes added
Three new Vaccines for Children (VFC) codes have been approved by the
Advisory Committee on Immunization Practices. The codes, listed below, are
90681 (RV1), 90696 (DTaP-IPV) and 90698 (DTaP-Hib-IPV).

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Immunization</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>90681</td>
<td>Rotavirus vaccine (RV1), human attenuated, 2 dose schedule for 2 and 4 months of age, live, for oral use.</td>
<td>06/25/2008</td>
</tr>
<tr>
<td>90696</td>
<td>Diptheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTaP-IPV), is indicated as a booster for children of 4 through 6 years of age (prior to 7 years of age).</td>
<td>06/26/2008</td>
</tr>
<tr>
<td>90698</td>
<td>Diptheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use. It is indicated as a primary series and first booster dose (doses 1-4) at 2, 4, 6 and 15-18 months of age.</td>
<td>06/26/2008</td>
</tr>
</tbody>
</table>

Medicaid Medical Director, Mary McIntyre, MD, introduces QTool to
Angela Martin, MD, FAAP, of Anniston.
Update on ALL Kids behavioral health services

Since May 1, 2008, behavioral health & substance abuse services for children enrolled in the ALL Kids program have been managed by Blue Cross Blue Shield of Alabama (BCBS-AL) (replacing previous contractor United Behavioral Health). BCBS-AL also manages the medical benefits.

The current network for behavioral health and substance abuse services consists of Alabama Psychiatric Services (APS) offices and their contract providers, Community Mental Health Centers (CMHCs), Bradford Health Services, and others (including the same inpatient network as with UBH). Many UBH providers are also providers with BCBS-AL, so for the children who were receiving care from those providers, services continued without interruption.

In order to make the transition from one network to another as seamless as possible for enrollees, the following steps have been taken:

A toll-free number (1-866-796-1071) was established and is staffed 24 hours a day, seven days a week by experienced master’s-level clinicians, who have the information on all network providers and are able to assist enrollees and their families in finding and accessing appropriate behavioral health and substance abuse providers in their local community.

UBH providers were notified of the transition in March and were given information on the procedure for requesting additional visits with ALL Kids children beyond May 1. ALL Kids enrollees were notified of the transition in March as well, were given the option of beginning services through Blue Cross prior to May 1 if appropriate, and were also given the toll-free number for assistance.

In addition, ALL Kids has a toll-free number (1-877-774-9521) and staff who are available to assist in resolution of unusual or exceptional situations.

Meetings have been held around the state with CMHCs, BCBS-AL, APS, Bradford, and ALL Kids to facilitate coordination and communication and minimize any disruptions or fragmentation of care.

The network is monitored on an ongoing basis for adequacy and additional providers have been added as needed.

Pediatricians can also use the toll-free number (1-866-796-1071) if assistance is needed in locating appropriate behavioral health services for ALL Kids’ enrollees.

For other questions or concerns about ALL Kids, please contact Ava Rozelle at 1-877-774-9521.

Providers recognized for outstanding vaccination coverage rates

The Alabama Department of Public Health Immunization Division recently honored Vaccine for Children (VFC) providers who reached 80 percent or greater vaccination coverage rates in 2007.

A plaque was awarded to VFC providers listed below who contributed significantly toward reducing the spread of disease in Alabama.

Nabers Family Clinic
SARHA – Doctors Center
Village Medical Clinic
UAB Selma Family Medicine Center
Brightstarts Pediatrics, PC
USA Children’s Medical Center
Central North Alabama Health Services
Billy B. Sellers, MD
Lakeshore Pediatrics
Autauga County Health Department

Hale County Hospital Clinic
Butler County Health Department - Greenville
James Parker, MD
Clay County Health Department
South Trace Pediatrics
WHS - Crescent East Health Center

Das Kanuru, MD
AHD – Southwest Alabama Health Services
Internal Medicine & Pediatrics of Cullman
North Baldwin Pediatrics
Family Medical Clinic
Southeastern Pediatric Associates, PA
Cullman Family Practice
Milton S. Brasfield III, MD
Frederick Yerby, MD
Central North Alabama Health Center – Athens
Rizk Moutagaly, MD
Family Health Associates, PA
Shoals Pediatric Group
Charles Henderson Child Health Center
Athens Pediatrics
SARHA – Enterprise Children’s Center
Angel Pediatrics
HSI – Lister Hill Health Center
Pell City Pediatrics
HSI – Autaugaville Family Health Center
Jeffery Hull, MD
Family Practice Associates
Rogersville Family Practice
FPHC – Aiello/Buskey Medical Center
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- Belk & Associates
- Children’s Hospital
- MedFusion Rx
- MedImmune, Inc.
- Physicians’ Alliance
- Southeast United Dairy Industry Association, Inc.
- Vaccines for Children

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Michele Jordan, MD
Primary Care Center of Monroeville
Morgan Pediatrics
Escambia County Health Department - Brewton
Alabama Multi-Specialty Group
Tallassee Family Care
Taylorville Family Medicine
Dy Medical Clinic
Magnolia Pediatrics South, Inc.
Ozark Pediatric Associates
Acton Road Pediatrics, LLC
Berry Family & Occupational Medicine Pediatrics East, PC
Taylor County Health Department
Tots ‘N’ Teens Pediatrics, PC
Lamar County Health Department
Robert W. Smith, MD
Grove Hill Health Care
BHC – Marks Village
Robert B. Parsa, MD
Charles A. Casarona, MD
Lilly J. Alexander, MD
Richard M. Freeman, MD
Covington Pediatrics – Opp
Southeast Pediatrics
Nabers Family Medical Clinic
Troy Pediatrics
Prime Care Pediatrics
Kevin Coady, MD
HSI – Lowndes Clinic
Martin Wybenga, MD
Judy C. Travis, MD
Prattville Pediatrics
Eclectic Family Care
Maria Villarreal, MD
ABC Pediatrics
The Alabama Vaccines for Children Program is a statewide pediatric and adolescent immunization program designed to remove barriers to vaccination and enhance preventive health care.
Thank you for a successful 2007-2008 Synagis season. We provided our services to over 2,000 Alabama babies. Together we did protect our babies against RSV! We look forward to serving you for the 2008-2009 Synagis Season.

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