

Progress Notes- January 16, 2013
Louisiana Chapter- American Academy of Pediatrics

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Upcoming Events:

Asthma Educational Training for Providers, Nurses & Healthcare Professionals
DHH Region 6: Alexandria - Monday, 1/28/13, 6:00 – 8:30 pm training (2.0 CME)
DHH Region 1: New Orleans - Monday, 2/4/13, 6:00 – 8:30 pm training (2.0 CME)
DHH Region 7: Shreveport- Monday, 3/4/13, 6:00 – 8:30 pm training (2.0 CME); Tuesday, 3/5/13, 8:00 – 9:00 am (1.0 CME)
LMGMA ICD-10 Workshop | 1/17/13 | Lafayette, LA
Children and Nature Initiative | 1/26/13 | New Orleans, LA
Tobacco Control Program | 2/18/13, 2/19/13, 2/20/13, 2/21/13 | Various locations
AAP Advocacy Training Opportunity | 2/4/13 | Washington, DC
What Works: Birth to Adolescence | 3/8-9/13 | Monroe, La

Job Openings

Bayou Health

INPUT REQUEST: The Louisiana Chapter continues to ask members for feedback on their experiences with Bayou Health. Please let us know what your experience has been thus far. We want to know the positives and negatives and if you have any plan specific issues. Please send your comments, suggestions and experiences to ashley.politz@laaap.org.

Informational Bulletins

For all Informational Bulletins, [click here](#)

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Provider Calls- Now Including PRISM staff

The weekly provider call hosted by DHH will now also include Rose Eberhardt, the PRISM Provider Outreach Manager. She will be available to answer provider questions about PRISM provider re-enrollment through a weekly teleconference hosted by DHH. The teleconference takes place every Wednesday at noon. This call will also continue to address Bayou Health questions. Registration is not required to participate in these weekly calls.

The call in number is 1-888-278-0296

Access code is 6556479#

Any provider is welcome to call in, and pre-registration is not required.

Providers should first bring any issues they encounter with a Bayou Health plan to that plan's attention for resolution. To address issues directly with Medicaid outside the weekly call, providers can email bayouhealth@la.gov. Staff typically are able to respond to any issues received by email within one business day. Providers are also encouraged to frequently visit www.MakingMedicaidBetter.com to see the latest news, information and updates about Bayou Health.

A weekly call will continue to take place on Thursdays that focuses on specialized behavioral health services, conducted through Magellan/Louisiana Behavioral Health Partnership.

The call-in information for this call is 1-888-205-5513

Access Code: 827176

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Urge to Providers

As Open Enrollment for recipients in Bayou Health begins and the one year anniversary of the roll out start, we urge you to take some time to evaluate the relationships you have with the Bayou Health plans. You may want to examine how successful those relationships have been and are there any changes you feel you should make. Keep in mind that pharmacy benefits became part of Bayou Health as of November 1, 2012. The pre-paid plans each have their own formularies while the shared-savings continue to utilize the Legacy Medicaid formulary.

Deadline for open enrollment by GSA:

GSA-A: enrollees must make any changes they wish to make by January 31, 2013

GSA-B: enrollees must make any changes they wish to make by March 31, 2013

GSA-C: enrollees must make any changes they wish to make by April 30, 2013

Pharmacy Benefit- 72 Hour Notice

Bayou Health prepaid plans released notices to pharmacists to dispense a 72-hour supply of medicine in the event of an emergency or while waiting for prior authorization. See below for notices from each prepaid plan. The LA AAP as well as DHH and the health plans are seeking input on any formulary specific issues or difficulties you might be experiencing. Please email your comments to ashley.politz@laaap.org

[Amerigroup 72 Hour Notice](#)

[Louisiana Healthcare Connections 72 Hour Notice](#)

[LaCare 72 Hour Notice](#)

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CHS Referral Number Updates

Effective Jan. 1, 2013, the placement of the referral number on the CMS 1500 claim forms will be required to be placed in Box 17 A versus Box 23.

Please see the attachment for more details.

Also attached is the updated Referral Form that Primary Care Providers will use in 2013 when issuing referrals.

If you have any questions, please feel free to contact your CHS-LA Network Provider Representative or call our Member Provider Services at (855) 247-5248.

For contact information of your CHS-LA Network Provider Representative, please call our CHS-LA state office at (888)982-4752.

[Referral Form](#) [Letter to Providers](#)

DHH News

[Providers and Hospitals Eligible for the EHR Incentive Payment Program](#)

On February 28, 2013, Louisiana Medicaid will launch the NEW AND IMPROVED LAConnect, the online portal for eligible providers to apply for Medicaid EHR incentive payments. On February 28th, providers will be able to access the new system and complete the attestation process for Year 1 and Year 2 incentive payments.

On Friday, January 25, 2013, at close of business, Louisiana Medicaid will no longer accept applications for the Medicaid EHR Incentive Payment Program using the current method. All applications received after January 25th will be returned to the provider, and the provider will be instructed to apply on February 28th, using the NEW AND IMPROVED LAConnect. We apologize for any inconvenience. However, this transition period is needed to ensure a smooth and problem-free launch of the NEW AND IMPROVED LAConnect.

Logon credentials will be mailed to all active Medicaid providers prior to February 28th. You will use these logon credentials to access LAConnect at <http://www.medicaid.la.gov/PRISM>. Webinar training will be provided February 20, 21, 22, and 25 at 9:00 am and 1:00 pm. Registration for the webinars will open one week prior to the webinar dates. For webinar registration information, go to the PRISM web page.

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Affordable Care Act Enhanced Reimbursement of Primary Care Services

Louisiana Department of Health and Hospitals, Bureau of Health Services Financing

[Informational Bulletin- December 19, 2012 , Revised January 14, 2013](#)

The Affordable Care Act (ACA) requires Medicaid to reimburse designated physicians for specified primary care services rendered during calendar years 2013 and 2014 at an enhanced rate. The Centers for Medicare and Medicaid Services (CMS) must approve a State Plan Amendment (SPA) detailing the reimbursement method before any payment is made. The deadline for SPA submission to CMS is March 31, 2013.

Pending SPA submission and CMS approval, DHH has prepared this informational bulletin in Q&A format to provide an overview of federal requirements and preliminary State implementation plans. This document addresses who is eligible to receive payments at the enhanced rate, what activities the physician must undertake to receive the enhanced rate and the anticipated timing of payments. DHH will provide updates as implementation plans evolve in accordance with a CMS-approved SPA.

Q1: Do I need to do anything to receive the enhanced reimbursement?

Answer: Yes. First, you must determine if you meet the requirements of a “designated physician” (See Q5 below. If you believe you do, then you must complete the Medicaid Primary Care Services Designated Physician Attestation form and mail it to:

PRISM

P.O. Box 91108

Baton Rouge, LA 70821-9108

The form is available online at www.medicaid.la.gov/PRISM

Q2: What happens if I don't complete the attestation?

Answer: You will not receive the enhanced reimbursement. CMS requires DHH to obtain an attestation and prohibits enhanced reimbursement without it.

Q3: Is there a deadline for attestation submission?

Answer: No. You can submit an attestation at any time. However, your effective date for enhanced reimbursement is based on the date PRISM receives your complete and correct attestation form. Affordable Care Act Primary Care Services Informational Bulletin 2

Q4: If PRISM finds an omission or error on my attestation that I have to correct, what will be my effective date for enhanced reimbursement?

Answer: Incomplete and/or incorrect attestations will be returned by PRISM to the mailing address in Section II. If PRISM receives your complete and correct attestation by March 31, 2013, then you will receive enhanced reimbursement for eligible services rendered on or after January 1, 2013.

If PRISM receives your complete and correct attestation after March 31, 2013, then your effective date for enhanced reimbursement will depend on the date your attestation was originally received and, if applicable, the date your attestation was returned for completion and/or correction.

If your attestation was originally received after March 31, 2013, then you will receive enhanced reimbursement for eligible services rendered on or after the date PRISM receives your correct and complete attestation.

If your attestation was originally received by March 31, 2013 but returned for completion and/or correction, then you will receive enhanced reimbursement for eligible services rendered on or after the date PRISM receives your correct and complete attestation provided that such date is no later than 30 days from the date of the PRISM letter notifying you of the omission and/or error. If the date of receipt is more than 30 days from the date of the PRISM letter notifying you of the omission and/or error, then you will receive enhanced reimbursement for eligible services rendered on or after the date that PRISM receives your correct and complete attestation.

Q5: Which providers are eligible for enhanced reimbursement?

Answer: Physicians, either medical doctors or doctors of osteopathy, who attest to a specialty or subspecialty designation within family medicine, general internal medicine, or pediatric medicine, and then attest that to meeting one of the following criteria:

Board certification as a specialist or subspecialist within family medicine, general internal medicine or pediatric medicine by the American Board of Medical Specialists' (ABMS), the American Board of Physician Specialties (ABPS) or the American Osteopathic Association (AOA) (Refer to Attachment I for a listing of recognized specialty and subspecialty board designations.); OR

Furnished specified evaluation and management (E&M) (99201 through 99499) and vaccine administration services that equal at least 60% of total Medicaid services paid, including those for individuals enrolled in a Bayou Health Plan, during the most recently completed calendar year, or for newly eligible physicians the prior month, are eligible for enhanced reimbursement. Affordable Care Act Primary Care Services Informational Bulletin 3

Q6: What services are eligible for enhanced reimbursement?

Answer: Effective for dates of service on and after January 1, 2013 through December 31, 2014, Evaluation and Management (E&M) services (CPT codes 99201 through 99499) and vaccine administration services (CPT codes 90460, 90461, 90471, 90472, 90473, 90474, or their successors) covered by Louisiana Medicaid must be paid at the enhanced rate. Services that are currently non-covered and non-payable will remain non-covered and non-payable.

Q7: Why is enhanced reimbursement available for only two years?

Answer: ACA provides for enhanced reimbursement for eligible services rendered in calendar years 2013 and 2014 only. Federal funding for the enhanced reimbursement is limited to this two year period.

Q8: How much will the enhanced reimbursement be? Will it differ from the Medicare rate?

Answer: The enhanced reimbursement will differ from the Medicare rate. Rates for E&M services will reflect Medicare site of service adjustments but not Medicare geographic adjustments. Statewide rates will reflect the mean value over all counties for each the specified E&M codes based on the Calendar Year (CY) 2009 conversion factor. For vaccines administered under the Vaccine for Children's Program, rates will be the lesser of the CY 2013 or CY 2014 Medicare rate or the maximum regional VFC rate. A fee schedule for the enhanced reimbursement will be available at www.lamedicaid.com in early 2013.

Q9: When will enhanced reimbursement be paid?

Answer: No payment for enhanced reimbursement will be made prior to SPA approval. The deadline for SPA submission is March 31, 2013. The timeline for SPA approval depends on CMS. Pending SPA approval, DHH will continue to reimburse eligible physicians for eligible services at the Medicaid rate.

Following SPA approval and completion of necessary provider enrollment and claims payment systems changes, DHH will adjust paid claims to reimburse the difference between the Medicaid rate and the enhanced rate. Necessary systems changes are anticipated to be completed in June 2013.

Q10: I am a physician who works at a Federally Qualified Health Center (FQHC) or Rural Health Center (RHC). Am I eligible for the enhanced reimbursement?

Answer: No. FQHCs and RHCs are paid an encounter rate, which is not based on the physician fee schedule. Only the physician fee schedule is affected by this provision of ACA. Affordable Care Act Primary Care Services Informational Bulletin 4

Q11: Can physicians qualify solely on the basis of meeting the 60 percent claims threshold, irrespective of specialty designation? Also, would a physician that is Board certified in another specialty such as "general surgeon", but actually practices as a general practitioner qualify for the enhanced payment?

Per CMS guidance, the statute specifies that enhanced payment applies to primary care services delivered by a physician with a specialty designation of family medicine, general internal medicine, or pediatric medicine. The regulation specifies that specialists and subspecialists within those designations as recognized by the American Board of Medical Specialties (ABMS) the American Osteopathic Association (AOA) or the American Board of Physician Specialties (ABPS) also qualify for the enhanced payment. Under the regulation, "general internal medicine" encompasses internal medicine and all subspecialties recognized by the ABMS, ABPS and AOA. In order to be eligible for the enhanced rate, physicians must self-attest to:

1. A covered specialty or subspecialty designation, and
2. Either board certification in an eligible specialty or subspecialty or 60 percent of Medicaid claims paid during the most recently completed calendar year, or for newly eligible physicians the prior month, were for the E&M codes specified in the regulation. It is quite possible that physicians could qualify on the basis of both board certification and claims history.

Only physicians who can legitimately self-attest to a specialty designation of (general) internal medicine, family medicine or pediatric medicine or a subspecialty within those specialties recognized by the American Board of Physician Specialties (ABPS), American Osteopathic Association (AOA) or American Board of Physician Specialties (ABPS) qualify.

It is possible that a physician might maintain a particular qualifying board certification but might actually practice in a different field. A physician who maintains one of the eligible certificates, but actually practices in a non-eligible specialty should not self-attest to eligibility for enhanced payment. Similarly, a physician board certified in a non-eligible specialty (for example, surgery or dermatology) who practices within the community as, for example, a family practitioner could self-attest to a specialty designation of family medicine, internal medicine or pediatric medicine and a supporting 60% claims history. In either case, should the validity of that physician's self-attestation be reviewed by the DHH as part of the annual statistical sample, the physician's payments would be at risk if DHH finds that the attestation was not accurate. Affordable Care Act Primary Care Services Informational Bulletin 5

Q12: Do I need to submit an attestation for each Bayou Health Plan that I contract with?

Answer: If you are enrolled as a Medicaid provider and contract with Bayou Health plans, then you will need to submit an attestation to PRISM only. PRISM will provide Bayou Health plans with a listing of Medicaid providers from whom they have received an attestation. You will not need to submit an attestation to Bayou Health plans in addition to your submission to PRISM. If you are not enrolled as Medicaid provider and contract with Bayou Health plan(s), then you will need to submit an attestation directly to the plan(s). You should contact each plan for submission requirements.

Q13: How can I verify that my attestation has been received?

Answer: Go to <http://prism.la.gov/Pages/ProviderNPL.aspx> and input your NPI number to verify whether and when your attestation was received. In consideration of transit and processing times, please allow 10 business days after mailing your attestation before expecting a return result when querying for your NPI.

Q14: I am a member of a group practice. Will services rendered by all physicians in the group be eligible for enhanced reimbursement?

Answer: No. Eligibility for enhanced reimbursement is based on each individual physician meeting the eligibility criteria.

Q15: Are non-physician practitioners, such as nurse practitioners and physician assistants, eligible for the enhanced reimbursement?

Answer: Non-physician practitioners are eligible for enhanced reimbursed when eligible services are rendered under the personal supervision of an eligible physician and billed by the physician. DHH is evaluating options for identifying and correctly reimbursing such services. This informational bulletin will be updated to reflect the outcome of that process once complete.

Q16: I am not currently board certified in Family Medicine, Pediatrics or Internal Medicine by any of the boards listed. Am I still eligible for the enhanced reimbursement?

Answer: As noted above, you may be eligible if you attest to a specialty of family medicine, (general) internal medicine, or pediatric medicine AND if at least 60 percent of your services are for specified E&M and vaccine administration codes. The threshold calculation will be based on total Medicaid codes paid during the most recently completed calendar year, or for newly eligible physicians the prior month. Affordable Care Act Primary Care Services Informational Bulletin 6

Q17: I am a currently enrolled in Medicaid and obtaining Board certification in one of the designated specialties. If I become Board Certified will payment for the enhanced reimbursement be made retroactively?

Answer: No. The earliest date of eligibility for enhanced reimbursement will be the date that PRISM receives your complete and correct attestation, which can reflect either board certification or meeting the 60% E&M and vaccine service requirements.

Q18: Where can I get additional information on the ACA Primary Care Services enhanced reimbursement?

Answer: DHH will update this document as additional implementation details become available. Questions may also be addressed to DHH staff on the weekly Bayou Health Provider Call. For information on the Provider Call, including day, time and call in number, see <http://new.dhh.louisiana.gov/index.cfm/page/1462>

Q19: How will DHH ensure that only eligible providers receive the enhanced reimbursement?

Answer: DHH will conduct a review of a statistically valid sample of physicians who have self-attested to either board certification or a supporting claims/service history, at least on an annual basis. Physicians must keep all information necessary and make available such information to DHH as requested to support an audit trail for services reimbursed at the enhanced rate.

Q20: What happens if I am selected as part of the validation process and it is determined that I didn't qualify?

Answer: If it is determined that you did not qualify for the enhanced rate for any reason, then Medicaid will recoup any difference between the Medicaid rate and the enhanced rate paid for the services. Attachment I Qualifying Specialties and Subspecialties

Affordable Care Act Primary Care Services Informational Bulletin 7 Specialist and subspecialists that qualify for enhanced payment are those recognized by the American Board of Medical Specialties (ABMS), American Board of Physician Specialties (ABPS) or American Osteopathic Association (AOA) which are identified below. For purposes of this enhanced payment, "General Internal Medicine" encompasses "Internal Medicine" and all recognized subspecialties.

The websites of these organizations currently list the following subspecialty certifications within each specialty designation:

ABMS

Family Medicine – Adolescent Medicine; Geriatric Medicine; Hospice and Palliative Medicine; Sleep Medicine; Sports Medicine

Internal Medicine – Adolescent Medicine; Advanced Heart Failure and Transplant Cardiology; Cardiovascular Disease; Clinical Cardiac Electrophysiology; Critical Care Medicine; Endocrinology, Diabetes and Metabolism; Gastroenterology; Geriatric Medicine; Hematology; Hospice and Palliative Medicine; Infectious Disease; Interventional Cardiology; Medical Oncology; Nephrology; Pulmonary Disease; Rheumatology; Sleep Medicine; Sports Medicine; Transplant Hepatology.

Pediatrics – Adolescent Medicine; Child Abuse Pediatrics; Developmental-Behavioral Pediatrics; Hospice and Palliative Medicine; Medical Toxicology; Neonatal-Perinatal Medicine; Neurodevelopmental Disabilities, Pediatric Cardiology; Pediatric Critical Care Medicine; Pediatric Emergency Medicine; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology-Oncology; Pediatric Infectious Diseases; Pediatric Nephrology; Pediatric Pulmonology; Pediatric Rheumatology, Pediatric Transplant Hepatology; Sleep Medicine; Sports Medicine.

ABMS Website: [http://www.abms.org/who we help/physicians/specialties.aspx](http://www.abms.org/who_we_help/physicians/specialties.aspx)

AOA

Family Physicians – No subspecialties

Internal Medicine – Allergy/Immunology; Cardiology; Endocrinology; Gastroenterology; Hematology; Hematology/Oncology; Infectious Disease; Pulmonary Diseases; Nephrology; Oncology; Rheumatology.

Pediatrics – Adolescent and Young Adult Medicine, Neonatology, Pediatric Allergy/immunology, Pediatric Endocrinology, Pediatric Pulmonology.

AOA Website: <http://www.osteopathic.org/inside-aoa/development/aoa-board-certification/Pages/specialty-subspecialty-certification.aspx>

ABPS

The ABPS does not certify subspecialists. Therefore, eligible certifications are:

American Board of Family Medicine Obstetrics; Board of Certification in Family Practice; and Board of Certification in Internal Medicine. There is no Board certification specific to Pediatrics.

ABPS Website: <http://www.abpsus.org/>

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Proof of Timely Filing through Systematic Confirmation of Claims History For Legacy and Shared Plan Claims

Currently, when providers must submit claims that are over the 1-year filing limit but under the 2-year filing limit, they must submit a paper claim with proof of timely filing attached to each claim form. The provider must search for the proof of filing – generally the page from an RA where the claim was denied within the timely filing limit – make copies of the document, and mail the claim(s) to Molina for processing. This involves mailing time and processing/handling time once received, which may mean that payment is not received for up to 30 days.

Effective with processing date January 14, 2013, if no other documentation is required for processing the claim, providers may submit claims over the 1-year filing limit but under the 2-year filing limit electronically or paper without attached proof of filing. When the claim is entered into the processing system, the system will search claims history for an exact match to the claim coming into the system. If a match is found, the 1-year edits (272, 371) will be systematically by-passed, and the claim will continue processing through other edits. If an exact match is not found in history, the edits will not be by-passed.

In many circumstances, this will allow providers to submit claims (either EDI or paper without an attachment) without trying to pull documentation to prove timely filing.

This will also help providers when they have made other errors on the claim. If the timely filing edits are systematically by-passed, the claim will continue through processing instead of denying immediately for the timely filing edit. The claim will continue until another edit identifies an error, and the claim will deny for that reason rather than the timely filing edit.

When a match is systematically found in history, the edit by-pass will occur for either EDI or paper claims. In situations where a match is not found in history, an EDI claim or paper claim with no attachments will continue to deny for timely filing and the provider will have to submit a paper claim with attached proof of filing because of changes made to the claim.

When an exact match isn't found for a paper claim with an attachment, the claim will pend as it does today and a determination will be made if the attachment meets the timely filing guidelines. As is today, these edits will be overridden if the attached documentation does meet requirements, and the claim will be denied if the attached documentation does not meet requirements.

NOTE: Provider Number (Billing and Attending), Recipient ID Number, Date of Service, and Procedure Code cannot be changed on the incoming claim.

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Medicaid Check Write Calendar January – June 2013

Link: http://www.lamedicaid.com/provweb1/recent_policy/Medicaid_Checkwrite_Calendar_2013.pdf

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DHH Releases Pharmacy Emergency Rule

Please review the rule to determine whether this limitation will impact patient services.

The Board has taken note of the recent tragedies associated with fungal meningitis traced to a compounding pharmacy in Massachusetts. That pharmacy was licensed to do business in Louisiana, although none of the cases to date have been located within the state. Further, the Board has learned there are other similar types of pharmacies operating across the country that are licensed to do business in Louisiana. Some of these pharmacies specialize in the large scale preparation of practitioner administered compounds as opposed to compounding medications pursuant to patient specific prescriptions. Further, the Board has recently learned that other state boards of pharmacy may have resource limitations that restrict their ability to inspect such facilities on a sufficiently regular basis. The preparation of compounds in the absence of a patient specific prescription is construed as manufacturing as opposed to compounding. Compounding by pharmacies is regulated by the Board. Manufacturing is regulated by the federal Food and Drug Administration (FDA). In an abundance of caution for the health, safety and welfare of Louisiana citizens, the Board seeks to repeal the rule which allows the compounding of preparations without the necessity of a patient-specific prescription. The business entity that wishes to continue the preparation of such products will be able to apply for a manufacturer's registration from the federal Food and Drug Administration and then continue their same activities.

The Board has determined this emergency rule is necessary to prevent imminent peril to the public health, safety, and welfare. The declaration of emergency is effective December 13, 2012, and shall remain in effect for the maximum time period allowed under the Administrative Procedure Act or until adoption of the final rule, whichever shall first occur. In recognition of the necessity for practitioners to develop alternative business procedures to acquire needed medications for their patients, the Board has instructed its compliance officers to delay their assessment of compounding pharmacies for compliance with this emergency rule until January 14, 2013. [Click here](#) to read the entire rule.

PRISM Provider Re-Enrollment Information. Coming Soon! No Action Required at this Time!

Provider Re-Enrollment to Begin February 28th, 2013

- The first provider groups re-enrolling will be Electronic Submitters and Clearing Houses.
- Next, re-enrollment for health systems and hospital groups.

- All remaining providers will follow.
- Providers will be notified well in advance of their specific re-enrollment period.

Re-Enrollment Training to Begin in early February 2013

- Convenient, web-based training will be available online in early February on the PRISM Portal. It is an easy-to-use, interactive, voice-guided system that allows you to learn on your own schedule and at your own pace.
- Web-based workshops will also be offered for providers who prefer scheduled training with a live facilitator.
- Geographically situated seminars around Louisiana for face-to-face training
- Stay Tuned for Additional Training Opportunities in Spring 2013!

More information will be provided on the PRISM website at www.medicaid.la.gov/PRISM and through other means of notification as it becomes available. Please check the website periodically for additional updates.

We are currently drafting answers to Frequently Asked Questions to post on the PRISM website. We would appreciate submission of any questions you may have. To submit questions, please visit <http://www.medicaid.la.gov/PRISM> and complete the online form by clicking on the “Request More Info” button under the “Contact Information” button.

Rose Eberhardt, the PRISM Provider Outreach Manager, will be available to answer provider questions about PRISM provider re-enrollment through a weekly teleconference hosted by DHH. The teleconference takes place every Wednesday at noon. This call will also continue to address Bayou Health questions. Registration is not required to participate in these weekly calls.

Call-in number: 1-888-278-0296
Access code: 6556479#

Immunization Information

Source: Ruben Tapia, MPH

**Louisiana Department of Health and Hospitals
Immunization Program**

Vaccine Storage and Handling Toolkit Available

I want to alert you of the new Vaccine Storage and Handling Toolkit – November 2012. It can be accessed through LINKS web homepage, click on the “Document Center” go to the Vaccines For Children Program sub-heading. Feel free to call me if you have any questions.

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CDC Offers Interim Guidance on Vaccine Storage and Handling

In response to recent scientific studies on vaccine storage equipment and a better understanding of best practices, CDC is providing interim guidance on appropriate vaccine storage and handling practices. This guidance is intended for use by all public and private sector providers and, while recognizing that cost may be a barrier, providers are encouraged to move toward implementing these recommendations when possible. With the goal of improving the way providers store and handle vaccines nationwide. Below you will find some helpful attachments.

[VFC Storage and Guidelines](#)

[Interim Guidelines for Storage and Handling](#)

[FAQs](#)

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FDA Posts Information About Intermittent Shortages of Tamiflu Oral Suspension

Link: <http://www.fda.gov/Drugs/DrugSafety/DrugShortages/ucm314742.htm#oseltamivir>

ACA Increased Payments Update

DHH must have a self-attestation on file for an eligible physician to receive the enhanced reimbursement. Completed attestations received by 3/31/13 will be granted an effective date of 1/1/13.

What you need to do:

Go to <http://prism.la.gov/Pages/ACA-PCP.aspx> and click on the Attestation Form link. You need to complete this form no later than 3/31/13 in order to have an effective date for enhanced payments of 1/1/13. NOTE- this is different than your provider re-enrollment that will be required of you beginning February 28, 2013.

Health Information Technology Updates

Source: Louisiana Healthcare Quality Forum

Survey: EHR Adoption Rate Reaches 25 Percent In Louisiana

Twenty-five percent of Louisiana's office-based physicians are now using an electronic health record (EHR) system with a basic level of functions, according to the National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention (CDC).

Approximately four in 10 office-based physicians are now using basic level EHR systems, the annual federal survey reports. The survey places the basic EHR adoption rate for office-based physicians – excluding anesthesiologists, pathologists and radiologists – at 39.6 percent in 2012, a 5.7 percent increase over 2011 and a 17.8 percent increase over 2009.

As of December 2012, the Louisiana Health Information Technology (LHIT) Resource Center was assisting a total of 1,245 Preferred Primary Care Physicians (PPCPs) in the transition to EHRs. Of that number, 881 were live, and 374 had achieved Meaningful Use (MU).

The LHIT Resource Center was also working with 206 other providers - 190 of those were live with EHRs and 44 had achieved MU. Those providers include dentists, cardiologists, psychiatrists and other health care professionals.

Through the efforts of the LHIT Resource Center, eligible providers in Louisiana received more than \$14.5 million in 2012 in Medicare and Medicaid EHR incentive payments. Eligible hospitals received more than \$22.8 million.

To read the NCHS survey, [click here](#). To learn more about the services provided by the LHIT Resource Center, [click here](#) or call 225.334.9299.

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Report: More Physicians E-prescribing Via EHRs In Louisiana

According to a report released in late November by ONC, almost half of U.S. physicians are now e-prescribing using electronic health records (EHRs) on the Surescripts network.

That figure has increased substantially over the past five years, according to ONC, which reports that only seven percent of physicians were e-prescribing in December 2008.

The new report also indicates that more than half the physicians in 23 states are now e-prescribing through EHRs. Louisiana's rate has increased by more than 36 percentage points, from three percent in 2008 to 39 percent as of June 2012, ONC reports.

Louisiana has also experienced a 60 percent growth rate in the number of pharmacies enabled to e-prescribe, the report notes. As of June 2012, at least 88 percent of all pharmacies in nationwide now have e-prescribing capabilities.

In addition, the report states that in 2012, 27 percent of new and renewal prescriptions were sent electronically – an increase of 25 percent since 2008.

E-prescribing, as required by Meaningful Use, allows prescribers to electronically access a patient's prescription benefit plan to choose medications that are on formulary and are covered by the patient's health plan. Prescribers can also, with a patient's consent, access the patient's medication history to become better informed about potential problems.

The full report from ONC is available by clicking [here](#).

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Deadline Nears For Public Comment On Stage 3 Meaningful Use

The deadline to submit public comments on Stage 3 Meaningful Use requirements is 11:59 p.m. on Jan. 14, according to the Office of the National Coordinator for Health Information Technology (ONC).

Commenters are asked to provide opinions regarding feasibility, achievability and personal experiences in one or more of three sections: Meaningful Use Objectives and Measures, Quality Measures and Privacy and Security.

ONC is expected to approve the Stage 3 recommendations in April 2013, and to submit the final recommendations to HHS in May 2013. The Stage 3 requirements will go into effect in 2016.

To review a grid of the Stage 3 proposal drafted by the HIT Policy Committee's meaningful use workgroup, [click here](#). To read the official request for comment, [click here](#). Comments may be submitted electronically at www.regulations.gov.

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HIMSS Seeks Participation Of Nurses, Physicians And Pharmacists In iHIT Survey

HIMSS is conducting a new survey to research the impact of health IT on communication between clinicians.

Nurses, physicians and pharmacists are invited to participate in the 10-minute survey to provide valuable insight on the effects of health IT. The results of the survey will be presented at the HIMSS 2013 Conference in New Orleans and made available on the HIMSS Clinical Informatics website.

The survey will continue until mid-January. To participate in the survey, [click here](#). To visit the HIMSS Clinical Informatics website, [click here](#).

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Revisions Made To Stage 2 MU Final Rule

ONC and the Centers for Medicare and Medicaid Services (CMS) have announced revisions in the measures required for Stage 2 Meaningful Use. The changes will primarily affect hospitals, according to the two agencies.

The revisions stipulate that to be certified, electronic health records must be able to electronically record all the data identified in the data element catalog necessary to calculate each clinical quality measure and to use the latest quality reporting document standard to create a data file for transmission of clinical quality measurement data.

Other changes include the following:

- A revision of the regulation text for hospital measures to make patient information available online. The measure will now base the denominator on all unique patients.
- An expansion of the denominator options for sending electronic lab results to ambulatory providers. The expansion will allow hospitals to choose between a denominator of all lab orders received from office providers or all lab orders received electronically from office providers.
- A change in the clinical quality measure minimum denominator threshold effective date from 2014 to 2013 to allow hospitals to take immediate advantage of the new flexibility.

According to ONC, the changes offer greater clarity for providers and better align standards to the timeframe.

The rule was published Dec. 7, 2012, and will take effect Jan. 7, 2013. Public comments will be accepted until 5 p.m., Feb. 5, 2013. Comments may be submitted electronically in Microsoft Word, Adobe PDF or Excel format via the Federal eRulemaking Portal.

To read the interim final rule, [click here](#).

Southeast Dairy Council Recipe- Banana Pancakes

Studies show children who eat breakfast have better attendance in school, improved test scores, superior nutrition and are less likely to be overweight. Whether we are an adult or a child, eating a morning meal improves our mood. Tired of the same ole pancake? This is a fun twist on ordinary pancakes. Kick start your family's day with the nutrition their body craves.

Ingredients

- 3 tablespoons sugar
- 1 tablespoon baking powder
- ¼ teaspoon salt
- 5 tablespoons unsalted butter, divided
- 1½ cups all-purpose flour
- 2 large eggs
- 1¼ cups LACTAID® Reduced Fat Milk
- ½ teaspoon vanilla extract
- 2 cups sliced bananas (¼-inch thick)
- 6 tablespoons vegetable oil, divided, for cooking (For a healthier option, use cooking spray instead of oil)
- Garnish: maple syrup and chopped pecans



Directions:

- Mix flour, sugar, baking powder, salt and nutmeg together in a large bowl. Melt butter in a small saucepan over medium heat, and set aside.
- Whisk the eggs lightly in a medium bowl. Add the LACTAID® Reduced Fat Milk, vanilla and 3 tablespoons of the melted butter, whisking until well mixed. Pour the egg mixture into the flour mixture, stirring until the batter is smooth and thick.
- Heat the remaining 2 tablespoons melted butter in a large frying pan over medium heat. Add the banana slices and cook

on both sides until caramelized and golden brown, about 3 to 4 minutes per side. Stir half of the cooked banana slices into the batter. Reserve the remaining banana slices for topping the pancakes.

- Heat 1 tablespoon of the oil in a large skillet or griddle over medium heat. Measure ½ cup batter per pancake and pour onto pan or griddle when oil is hot (the surface will appear to shimmer when the oil is the correct temperature). Cook until bubbles appear around the edges of the pancakes. Flip and cook until brown on the other side. Remove from the pan, setting aside in a warm oven. Carefully wipe out the pan or griddle and add more oil if necessary.
- To serve, arrange the pancakes on individual plates or on a serving platter and top with the reserved caramelized bananas, syrup, and pecans.

Recipe Source: Makers of LACTAID brand products

For more information and recipes visit www.southeastdairy.org

Direct link to recipe if needed: <http://www.southeastdairy.org/recipes/banana-pancakes>

Upcoming Events:

Asthma Educational Training for Providers, Nurses & Healthcare Professionals

Sponsored by: LA AAP and DHH Asthma Management and Prevention Program

Objectives: The purpose of this healthcare provider training session is to provide the state's highly qualified healthcare providers, nurses and respiratory therapist with tools as provided by the NAEPP Expert Panel Review-3 Guidelines for managing asthma long term and for managing exacerbations around four essential components of asthma care, namely: assessment and monitoring, patient education, control of factors contributing to asthma severity, and pharmacologic treatment.

The training will provide physicians and nurses with tools to take away from the session that will assist in establishing a partnership between the clinician and the person who has asthma (and the caregiver, for children) is required for effective asthma management while emphasizing the four components of asthma care which are:

Part 1:

Component 1: Assessing and Monitoring Asthma Severity and Asthma Control

Component 2: Education for a Partnership in Care

Component 3: Control of Environmental Factors and Comorbid Conditions That Affect Asthma

Part 2:

Component 4: Pulmonary Function and Medications

Training Dates & Locations

DHH Region 6: Alexandria (To register: www.asthma-alex.eventbrite.com)

Monday, 1/28/13 (Part 1 and 2) 6 pm Registration, 6:30 – 8:30 pm training, 2.0 hours of CME and nursing credits

Rapides Parish Public Health Unit Office- 5604 Coliseum Boulevard, Alexandria

DHH Region 1: New Orleans (To register: www.asthma-nola.eventbrite.com)

Monday, 2/4/13, (Part 1 and 2) 6 pm Registration, 6:30 – 8:30 pm training, 2.0 hours of CME and nursing credits-

Children's Hospital, 200 Henry Clay Ave, First Floor conference room, New Orleans, LA 70118. In conjunction with United Healthcare.

DHH Region 7: Shreveport (To register: www.asthma-sport.eventbrite.com)

Monday, 3/4/13, (Part 1 and 2) 6 pm Registration, 6:30 – 8:30 pm training, 2.0 hours of CME and nursing credits-

LOCATION, TBD, In conjunction with the Northwest Pediatric Society
Tuesday, 3/5/13, (Part 1 Only) 8:00 am – 9:00 am, 1.0 hours of CME and nursing credits- LSUHSC-

Continuing Education Credits:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Louisiana State Medical Society (LSMS) through joint sponsorship of Woman's Foundation, Inc. and (organization name). The Woman's Foundation, Inc. is accredited by Louisiana State Medical Society to provide continuing medical education for physicians. The Woman's Foundation, Inc. takes responsibility for the content, quality, and scientific integrity of this CME activity.

Woman's Foundation, Inc. designates this educational activity for a maximum of (number of credits) AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

This continuing nursing education activity was approved by Louisiana State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission of Accreditation.

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LMGMA ICD-10 Workshop | 1/17/13 | Lafayette, LA

Save the date! The LMGMA Education Committee announces an ICD-10 Workshop. Please save the date for this informative event: Thursday, January 17th, 2013 9:30 AM to 1:30 PM at the Lafayette Hilton Hotel, 1521 West Pinhook Road Lafayette, LA 70503. Complimentary Lunch included. Contact Suzie Smith by email at suzie@lmgma.org for more information.

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Children and Nature Initiative | 1/26/13 | New Orleans, LA

New Orleans Pediatric Health Care Providers Invited to Serve as Nature Champions

The National Environmental Education Foundation (<http://www.neefusa.org/health/index.htm>) is looking for pediatric health care providers who are interested in participating in our Children and Nature Initiative: Prescriptions for Outdoor Activity. The Initiative addresses two important issues— preventing serious health conditions like obesity and diabetes and connecting children to nature. A growing body of research indicates that unstructured outdoor activities in nature may improve children's health by increasing physical activity, reducing stress, and serving as a support mechanism for attention disorders (Using Nature and Outdoor Activity to Improve Children's Health— McCurdy LE, Winterbottom K, Mehta SS, Roberts JR. Current Problems in Pediatric and Adolescent Health Care 2010; 40(5):101-118. [http://www.cppah.com/article/S1538-5442\(10\)00044-1/abstract](http://www.cppah.com/article/S1538-5442(10)00044-1/abstract)).

The Children and Nature Initiative: Prescriptions for Outdoor Activity is designed to engage pediatric health care providers in recommending outdoor activities to children. The Initiative also connects health care providers with nature sites, such as local parks, so they can refer families to safe and easily accessible outdoor areas. This project is already being implemented in several communities around the country, and we are delighted to have the opportunity to launch it in New Orleans in partnership with the National Park Service and the Audubon Nature Institute.

NEEF is inviting pediatric health care providers from the New Orleans area to serve as Nature Champions in their communities. NEEF will offer a train-the-trainer workshop on Saturday, January 26, 2013. The faculty for the training will include two leading experts on pediatric environmental health, James Roberts, MD, MPH from the Medical University of South Carolina and Joel Forman, MD from Mount Sinai School of Medicine. NEEF will provide technical support, tools and resources, including a PowerPoint presentation created by medical experts, and Nature Kits which include prescription pads, patient brochures, and pediatric environmental history forms in English and Spanish. (To see these tools, please go to www.neefusa.org/health/children_nature.htm). Nature Champions will be offered Continuing Education credits and \$500 honorarium each. Nature Champions will be asked to collaborate with the nature site partners,

write prescriptions for their patients to visit these nature sites where active programming will be provided, and train 25 other providers in the New Orleans area about prescribing nature within six months following the training workshop.

Pediatric health care providers (pediatricians, family physicians, pediatric nurses/nurse practitioners, and school nurses) who are interested should contact Leyla Erk McCurdy at lmccurdy@neefusa.org or 202-261-6488 as soon as possible.

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Tobacco Control Program | 2/18/13, 2/19/13, 2/20/13, 2/21/13 | Various locations

Southwest Louisiana Area Health Education Center (AHEC) in partnership with the Department of Health and Hospitals' Tobacco Control Program is holding a series of seminars in locations throughout Louisiana for mental health professionals, physicians, pharmacists, nurses, social workers* and allied health professionals, to teach them how to implement a brief, evidence-based tobacco treatment for tobacco-dependent patients.

There is no cost to attend. Participants will receive 3.5 CE hours (0.35 CEUs).

*Social workers (NASW-LA) - an application has been submitted, and approval is pending.

To register, visit www.swlahec.com and click on the seminar link. Registration for DHH mental health professionals begins Dec. 17, and registration for non-DHH mental health professionals begins Jan. 7. Registration for these seminars closes Jan. 23.

If you have questions or want more information, email tobaccocontrol@swlahec.com.

Seminar Series:

Brief Treatment of The Tobacco-Dependent Patient

8 a.m. - 12:30 p.m.

Monday, Feb. 18

St. Francis Medical Center

309 Jackson St., Monroe, LA 71201

Tuesday, Feb. 19

CHRISTUS Schumpert

One St. Mary Place, Shreveport, LA 71101

Wednesday, Feb. 20

Women & Children's Hospital

4200 Nelson Road, Lake Charles, LA 70605

Thursday, Feb. 21

Ochsner Health System

1514 Jefferson Hwy., BH Room, New Orleans, LA

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AAP Advocacy Training Opportunity | 2/4/13 | Washington, DC

Please see below for an opportunity for AAP members. Medical students, residents, and fellowship trainees are also invited to attend.

Speak up for Children at the Federal Level: Attend an Advocacy Training in Washington, DC

What: A daylong federal advocacy training in Washington, DC, led by AAP Committee on Federal Government Affairs Chair Marsha Raulerson, MD, FAAP, and Subcommittee on Access Chair Molly Droge, MD, FAAP.

The training will provide a federal policy overview of a timely child health topic and an in-depth training session on how to advocate that issue to members of Congress and their staff. Participants will then conduct in-person visits with their federal legislators on Capitol Hill.

Who should attend: AAP members who are interested in learning more about federal advocacy and conducting in-person visits with Capitol Hill staff on federal policy issues of importance to children and pediatricians. Novice and experienced advocates welcome.

Cost information: There is no cost to attend other than travel to/from Washington, DC.

Scholarship funding: There are limited scholarships available to cover travel and lodging expenses. Please download the application and apply by December 21, 2012 at 5:00 pm ET.

When: Monday, February 4, 2013, from approximately 8:00 a.m. – 5:00 p.m. Agenda and additional materials are forthcoming.

Where: Hilton Garden Inn, 1225 First Street NE, Washington, DC 20002

RSVP: Please e-mail Jamie Poslosky in the AAP Department of Federal Affairs at jposlosky@aap.org to secure a spot in the training. Please register by January 4, 2013.

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What Works: Birth to Adolescence / 3/8-9/13 / Monroe, La

Monroe Civic Center - Monroe, La

Hosted by the Children's Coalition for Northeast Louisiana

This is a 2-day conference you don't want to miss!!

Join us to explore "what works" to promote literacy as well as physical and mental health in children. This conference will have something for everyone who works with and care about children: Healthcare professionals, teachers, parents, community leaders and advocates.

Intended Audience: LMFT, LPC, Social Work, Early Childhood Professionals, Teachers, Parents and Advocates. CEU's applied for.

Conference Fee: \$125/both days or \$75/single day plus CEU fee (\$25)

Registration will open soon! Click here for the full conference flyer

Please contact Lindsey Murry at the Coalition for any questions at 318-323-8775 or via email at:

lmurry@childrenscoalition.org

Job Opening:

Full time pediatrician- Children's International Medical Group

Children's International Medical Group is seeking a full time pediatrician in Walker, Louisiana- just 15 minutes East of Baton Rouge. This position provides a great quality of life with no weekend calls, no after hour calls & Holidays off. Monday-Friday 8:30-5:00. Compensation includes both income guarantee & bonus based on productivity. Contact Zach Allen, VP of Business Development for details zach.allen@cimgpeds.com or 601-795-1611