



PROGRESS NOTES

July 18, 2014

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UPCOMING EVENTS (See pages 20-21 for details on all events)

Pediatrics Grand Rounds | 7/25/2014 | Baton Rouge, La

2014 Red Stick Pediatric Potpourri | 8/22-24/2014 | Baton Rouge, La

2nd Annual LA Hands & Voices Fundraiser | 8/24/2014 | New Orleans, La



AAP Statement on Emergency Medical Services for Children Reauthorization

The House of Representatives' Energy and Commerce Committee passed bipartisan legislation (H.R. 4290) to reauthorize the Emergency Medical Services for Children (EMSC) program before it expires on September 30th. Below is the AAP's press statement supporting the measure.

Please take a moment to urge your federal legislators to support EMSC reauthorization by visiting the AAP [Advocacy Action Center](#) for background information, talking points and a draft email to guide your outreach.

AAP Statement on Emergency Medical Services for Children Reauthorization

By: James M. Perrin, MD, FAAP, president, American Academy of Pediatrics

"The Emergency Medical Services for Children (EMSC) program aims to ensure that all children and adolescents receive the emergency medical care they need when they need it. The American Academy of Pediatrics applauds the U.S. House of Representatives' Energy and Commerce Committee for passing bipartisan legislation today to reauthorize this landmark child health program, which is celebrating its 30th anniversary. Specifically, pediatricians thank Representatives Fred Upton (R-Mich.), Henry Waxman (D-Calif.), Joe Pitts (R-Pa.) and Frank Pallone (D-N.J.) for their leadership advancing this bill through the House and Representatives Peter King (R-N.Y.) and Jim Matheson (D-Utah) for sponsoring the legislation.

"Pediatric emergency services begin the moment a call is placed with 9-1-1 and extend until a child is safely returned home. EMSC is the only federal program focused specifically on making sure that the emergency medical services system meets children's needs, and pediatricians understand all too well that the quality of medical care administered to a child during an emergency can have lifelong consequences. Ensuring that the emergency medical services system has the appropriate training, equipment, and resources to provide high quality care to children has been a key priority of the American Academy of Pediatrics.

"Our children count on the EMSC program to provide the medical equipment, care and services designed especially for them when they are at their most vulnerable. As this legislation advances to the House floor, pediatricians urge the Senate to follow suit, and call on both chambers to reauthorize the EMSC program without delay."

Source: American Academy of Pediatrics

Letter from the AAP To State Medicaid Directors Regarding State Supplies Vaccine

Dear State Medicaid Director:

The American Academy of Pediatrics represents over 62,000 pediatricians, pediatric specialists, and pediatric subspecialists and remains committed to the health, safety, and well-being of infants, children, adolescents, and young adults.

Our members are committed to caring for children who have immunization coverage through Medicaid and the Vaccines for Children (VFC) program. With that commitment in mind, we write today to express concern for the need for appropriate payment for immunization administration in a state supplied vaccine program.

Federal and state provided vaccines provide tremendous benefits and yet, there are challenges for vaccinating children. The greatest benefit of the VFC and universal purchase programs is enhancing access to vaccines and the positive impact on increased immunization rates by the removal of cost barriers so that all children can receive the recommended vaccines. Additionally, the vaccine product is provided to practices at no upfront cost, thus relieving the provider of the financial outlay to purchase the vaccine

product. However, practices incur additional overhead expenses for vaccines, including storage, maintenance, inventory, and reporting administration. In the private sector, those expenses would be covered through the vaccine product payment. As the vaccine product payment does not exist for VFC vaccine or in a universal purchase state, all overhead costs related to the vaccine product still must be paid. It is important for payers, particularly for public payers, to recognize and cover all costs associated with the vaccine and its administration, even if the vaccine product is provided at no cost.

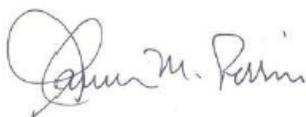
As outlined in the attached *Business Case for Pricing Immunization Administration In a Federal or State Supplied Vaccine Environment*, it is imperative there be appropriate payment for immunization administration for pediatricians to participate in immunization efforts. Ongoing inadequate payments are a threat to pediatrician practice viabilities and access to lifesaving immunizations that state supplied vaccine programs seek to provide. Adequate payment for the complete cost and administration of childhood immunizations that cover the physician practice overhead is necessary to support immunizations.

The AAP recognizes that the Affordable Care Act (ACA) is currently providing a two year enhanced payment for Medicaid primary care services, which includes immunization administration. While the AAP supports making this Medicaid payment increase permanent, it is important to note that this measure was intended to address the existing underpayment for Medicaid services—including immunization administration--and this higher payment does not address the lack of payment for the aforementioned overhead expenses.

In addition to encouraging states to sustain the higher payment for immunization administration beyond 2014, the AAP also urges recognition of and payment for the additional overhead costs not currently covered. Addressing both issues is critical for ensuring adequate payment for immunizations. The AAP chapter within your State stands ready to assist you in this effort. For any questions related to immunizations please contact Elizabeth Sobczyk, AAP Manager, Immunizations Initiatives at esobczyk@aap.org or for Medicaid related questions, contact Dan Walter, Senior Policy and Government Affairs Analyst at dwalter@aap.org.

I look forward to your response to share with our AAP chapter.

Sincerely,



James M. Perrin, MD, FAAP
President

The Business Case for Pricing Immunization Administration in a Federal or State Supplied Vaccine Environment

Source: The American Academy of Pediatrics

One of the goals of the American Academy of Pediatrics (AAP), shared by the American Academy of Family Physicians (AAFP) and the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP), is to promote maximum immunization coverage for all infants, children, adolescents, and young adults. To achieve this goal, physicians must be paid a fee that includes three components: the entire costs (direct and indirect) of vaccine product-related expenses, vaccine administration expenses, and a realistic margin for overall overhead expenses.

AAP Endorsed Principles for Enhancing Access to Vaccines for Children (VFC) Immunizations

To optimize access to the VFC program, the following principles are proposed:

1. Federal and State vaccine policies should support the VFC program and no policy should inadvertently or deliberately decrease opportunities for vaccine distribution and immunization administration

2. All stakeholders (vaccine manufacturers, payers, providers, local, state and federal agencies and programs) should cost share the resources to supply and store vaccines for VFC including appropriate storage units (refrigerators and freezers), temperature monitors, locks and alarms. Pediatricians should not be financially liable for storage accidents that are outside of the practice's control (i.e., power disruptions, weather calamities, acts of God, etc.) and not due to gross negligence by the practice.

3. State VFC programs must ensure timely and accurate verification of VFC eligibility that does not place undue administrative and financial burden to physician practices. There must be safeguards to protect and limit liability (including financial) to the physician practice from incorrect eligibility information by the family and/or VFC program.

4. Pediatricians should not be penalized for swapping of vaccines to correct supply issues between private purchase, VFC, CHIP, 317 funded or Medicaid vaccine supplies.

5. As fiduciary agents of VFC supplied vaccines, pediatricians should be accountable for reasonable tracking methodology of vaccines in their practice that does not place an undue or unnecessary administrative or financial burden to the practice.

The pediatric practice is the backbone of the immunization delivery infrastructure. It is a business venture that must run on sound, generally accepted business principles to remain solvent and vaccine purchase, storage, maintenance, counseling, administration, and overhead expenses related to these activities are among the top expenses for the pediatric practice. Private physician practice for children, as we know it, will fail if the total cost of providing immunizations exceeds payments for that service. Therefore, payments from public and private sector payers must ensure recovery of the total direct and indirect practice expenses, including the time spent counseling families on the indications for and potential adverse effects of each vaccine product.

Federal and state provided vaccines represent benefits and challenges for vaccinating children. In the Vaccines for Children (VFC) program, a federal program administered by the states, the vaccine product is provided at no cost to physician offices to administer to children meeting eligibility criteria. Some states have created universal purchase programs, which purchase all vaccine for all children in the state and distribute it to immunization sites, including pediatric practices. The greatest benefit of the VFC and universal purchase programs is that the vaccine product is provided to practices at no upfront cost, thus relieving the provider of the financial outlay to purchase the vaccine product. However, practices incur additional overhead expenses for vaccines, including storage, maintenance, inventory, administration, and vaccine spoilage and loss. In the private sector, those expenses would be covered through the vaccine product payment. As the vaccine product payment does not exist for VFC vaccine or in a universal purchase state, all overhead costs related to the vaccine product still must be paid either through enhanced payment of the immunization administration fee, or some other arrangement by the payer. It is important for payers, particularly for public payers, to recognize and cover all costs associated with the vaccine and its administration, even if the vaccine product is provided at no cost.

Immunization Administration Fees

The Centers for Medicare and Medicaid Services (CMS) uses its Medicare Resource-Based Relative Value Scale (RBRVS), which assigns relative value units (RVUs) to services based on the resources utilized. The RVUs of a *Current Procedural Terminology* (CPT) code take into account the physician work, practice expenses, and professional insurance liability expenses associated with that service. For immunization administration, these components are detailed below.

1. Physician Work Component: The total value of physician work contained in the Medicare RBRVS physician fee schedule includes:

- Physician time required to perform the service

- Technical skill and physical effort
- Psychological stress associated with the physician's concerns about the iatrogenic risk to the patient
- Mental effort and judgment

2. Practice Expense Component: Medicare RBRVS uses both direct and indirect practice expenses to determine practice expense RVUs, including the resources used within the facility or physician's office (or patient's home) in providing the service. The practice expense component of the immunization administration fee includes: 1) clinical staff time (RN/LPN/MA blend, including time for vaccine registry input, refrigerator/freezer temperature log monitoring/documentation, and refrigerator/freezer alarm monitoring/documentation); 2) medical supplies (1 pair non-sterile gloves, 7 feet of exam table paper, 1 OSHA-compliant syringe with needle, 1 CDC information sheet, 2 alcohol swabs, 1 band-aid) and; 3) medical equipment (exam table, dedicated full size vaccine refrigerator with alarm/lock [commercial grade], and refrigerator/freezer vaccine temperature monitor/alarm and/or back-up system, and continuous logging/monitoring devices that must be regularly calibrated and certified).

3. Professional Liability Insurance Expense Component: The professional liability insurance RVUs assigned to a code are based on CMS historic malpractice claims data.

Additional Overhead Costs Related to the Vaccine Product

Maintaining a vaccine inventory incurs costs, whether the vaccine is publically or privately purchased. These vaccine related costs to the physician practice are traditionally covered by payers (i.e., patients, third party payers) as consumers of the vaccine product and immunization service. Because vaccine product is not traditionally billed in a VFC or state supplied vaccine environment, these costs must be covered with enhanced payment for immunization administration or other arrangement.

- Personnel costs for ordering and inventory:** Medical office staff (clinical and administrative) time to monitor vaccine stock; place orders; prepare reports as required; review safe storage procedures are practice expenses that are not included in the practice expense component for immunization administration RVUs.
- Storage costs:** Vaccines must be stored at very specific temperature ranges and, therefore, require special monitoring and storage equipment. The practice expense component of the total immunization administration code pays for part of the vaccine storage costs; however, there are certain expenses that are **not** included that must be compensated: freezer(s), freezer lock(s), freezer alarm system(s), and generators for continued electrical supply (all of which are depreciated).
- Insurance against loss of the vaccine:** Professional liability malpractice insurance does not cover vaccine product, so additional insurance coverage is needed by the practice. This is especially important as states implement recovery programs if a practice can no longer use their vaccine stock due to disasters, equipment failure, etc.
- Recovery of costs attributable to uncontrollable circumstances:** If practices are held accountable for lost vaccine, this could include situations of drawing up the vaccine and having the patient/family reconsider and refuse or a loss of dose that may occur in attempting to vaccinate an uncooperative/combatative patient.
- Federal or state-specific requirements:** In an environment where vaccine is supplied, there are frequently additional inventory and reporting requirements, which adds staff time that must be compensated appropriately.

Pediatricians must receive adequate payment to cover the total direct and indirect expenses of the vaccine product and the immunization administration service. To account for the indirect (overhead) vaccine expenses, the AAP recommends vaccine payments to be at least 125% of the vaccine cost as reported by the Centers for Centers for Disease Control (CDC) vaccine price list for the private sector.^{1,2} One method to ensure payment of vaccine related expenses in a VFC or state supplied vaccine program would be to enhance payment of the Medicare Resource Based Relative Value Scale (RBRVS) physician fee schedule rate for each immunization administration code. For state supplied vaccines, the payment would cover the

total relative value of the immunization administration **plus** the additional overhead costs of the vaccine product. At a minimum, this rate would be at least 100% of the Medicare Resource Based Relative Value Scale (RBRVS) physician fee schedule rate for each immunization administration code3 **plus** an additional percentage to cover the additional overhead costs of the vaccine product An alternative to this method may be paying on the reported vaccine code a surcharge that reflects the overhead expenses of the vaccine (but not the acquisition cost since the vaccine is state supplied) with separate payment for the immunization administration.

Pediatric practices are the public health infrastructure for the nation's childhood immunization program. It is imperative there be appropriate payment for the vaccine and immunization administration for pediatricians to participate in immunization efforts. Pediatric practices will fail if immunizations are not adequately paid. Complete coverage by payers for the cost and administration of childhood immunizations with a margin for practice overhead is necessary to support immunizations.

References:

- 1 American Academy of Pediatrics. Endorsed Principles on Benefit Plan Coverage and Payment, at: <http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/PaymentPrinciples.pdf>
- 2 American Academy of Pediatrics, The Business Case for Pricing Vaccines, at: <http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Private/BusCasePricingVacc.pdf>
- 3 AAP Committee on Child Health Financing. Principles of Health Care Financing, *Pediatrics* Vol. 126 No. 5 November 1, 2010 pp. 1018 -1021

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Immunization Policies and Procedures Manual Revised

Immunization Program - Immunization Policies and Procedures Manual - 2014 edited July

The [Immunization Policies and Procedures Manual](#), chapter on "Vaccine Storage Requirements" pp19 -42 has been revised. This revision can be access in LINKS – "Document Center". Please contact Ruben A Tapia if you have any questions. Feel free to share this information.

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Nominate Your Colleagues for Chapter Awards Now!

Deadline: Friday, August 1st
Send to: ashley.politz@laaap.org with subject line of "Chapter Awards Nomination"
Include: name of nominee with a few sentences on why that person is being nominated

Award descriptions:

Charles M. Vanchiere Child Advocacy Award: This award is given to recognize special efforts to improve the health of children in Louisiana by increasing their access to needed health care.

Dr. Charles M. "Buzzy" Vanchiere was a private pediatrician in Lake Charles, Louisiana, for nearly 30 years, and a tireless advocate for children's services. He pushed the private sector to accept Medicaid patients when the state first allowed them to bill for screening and diagnostic services. He was president of the LA Chapter of AAP at the time that the federal State Child Health Insurance Legislation was enacted and he was a major force in assuring that Louisiana took advantage of this new opportunity to cover children. He served on medical committees in his parish, in the state and for the American Academy of Pediatrics. He organized and led the Pediatric Society of Southwest Louisiana and the LSU Pediatric Alumni Association. He chaired the Pediatric Advisory Committee for Medicaid and was a member of the Blue Cross Physician Executive Committee. He was also active in the "Children's Miracle Network" and received it "Miracle Makers" award in 1995 for outstanding service to that program. Dr. Vanchiere died in the year 2000 at the young age of 60 and the Chapter established this award in his name to honor outstanding child advocates.

Bettina C. Hilman Award for Services to Special Needs Children: This award is given to a pediatrician that has provided significant services for special needs children in the state.

Dr. Bettina Hilman is a renowned authority on pediatric cystic fibrosis. After graduating summa cum laude from Centenary in 1949, Dr. Hilman earned a Master of Science degree from Tulane and then earned her MD from Louisiana State University in New Orleans. Dr. Hilman is board certified in both Allergy/Immunology and Pediatric Pulmonary Diseases. Following completion of her training, she held positions in clinics, hospitals and universities throughout the United States and lectured throughout the world. She spent a major part of her career as a researcher and faculty member in the Department of Pediatrics at the LSU School of Medicine in Shreveport. While in Shreveport she served as Chief of the Pulmonary and Allergy Section. During her tenure, she established and served as first director of the LSU Shreveport Cystic Fibrosis Center and the Allergy/Immunology fellowship program.

Dr. Hilman held a number of leadership positions in state and national organizations throughout her career and was an active member of the Louisiana Chapter of the AAP. She served as a member of the AAP's Task Force on Opportunities of Women in Pediatrics in 1978-9. Dr. Hilman was on the editorial boards of a number of journals and served as the editor-in-chief of the journal Pediatric Asthma, Allergy and Immunology for a number of years

Dr. Hilman has been the recipient of numerous awards including the Humanitarian Award for the National Conference of Christians and Jews in 1989, the Shreveport Medical Society Distinguished Service Award in 1996, the William Stewart Distinguished pediatric Alumni Award from LSUHSC-NO in 1996, the Women Who Make a Difference Award in Shreveport in 1997, and was inducted into the Centenary College Alumni Hall of Fame in 1998. The LA AAP presented the David William Van Gelder Distinguished Service Award to Dr. Hilman in 1996 and the Elizabeth Casenelli Award in 2000.

Named in her honor, the Hilman House opened in September 1988 in Shreveport to provide a homelike residence for cystic fibrosis patients and their families to have free housing while undergoing medical treatment at the Cystic Fibrosis Center in Shreveport.

Throughout her career she has been a strong advocate for her patients, for advancing pediatric care, for medical education and for women in medicine.

Chapter Service Award: This award is to recognize a committee or special interest group that has most successfully accomplished its goals and objectives.

Sandra C. Adams Award: recognition of a non-physician in their efforts to improve health of children in Louisiana through advocacy and community involvement.

Sandra C. Adams served as the Executive Director of the Louisiana MCH Coalition from January 1, 1990,

when it began, until her retirement on June 20, 2009. The Coalition is a non-profit advocacy organization focused on improving health care for women and children. Ms. Adams was a registered lobbyist at the Louisiana Legislature and worked on a variety of issues including prenatal care, well-child care, adolescent pregnancy, Medicaid eligibility, health insurance reform and comprehensive school health. She concurrently served as Executive Director of the Louisiana Chapter of the American Academy of Pediatrics and managed both the LA AAP Foundation and the LA Perinatal/MCH Foundation.

Her career was shaped by a diverse combination of business, government and non-profit experience in states from coast to coast. After graduation from the University of Maryland, she worked on injury prevention at the US Department of Health and Welfare in Washington, DC. She moved to New York and served as a human resources officer at Bankers Trust Company on Wall Street and then moved to the west coast where she was a financial analyst for Xerox in Los Angeles. After moving to Louisiana, she sought work in the non-profit realm and led community services for the elderly until she was appointed to a term as Executive Director of the Governor's Office of Elderly Affairs. Ms. Adams also has an extensive list of volunteer accomplishments including:

- Board of Trustees, Woman's Health Foundation/Woman's Hospital (Past Chair)
- Capital Area United Way Board of Directors and Chair of Community Partnership Division (Allocation Process)
- Council for a Better Louisiana (Member of Board and Executive Committee)
- Past President of WRKF, Public Radio
- Founder and first president of La. Senior Olympics

Bayou Health/ Medicaid

DHH announced yesterday, July 17, 2014, changes they intend to make in the Bayou Health Program. The press release is contained below. DHH Secretary, Kathy Kliebert, presented the components of the proposal to the Joint Legislative Committee on the budget today. You can watch the testimony by going to: http://house.louisiana.gov/H_Video/2014/Jul2014.htm and clicking on the date of July 18th.

Highlights of the changes:

- There will no longer be a shared-savings model and a pre-paid model. All plans will be risk-bearing pre-paid models.
- The plans will no longer be referred to as coordinated care networks but will be referred to as managed care organizations
- The plans selected to participate will be required, within 6 months of the contract start date (2/1/15), to develop a common formulary
- There will be specifics around who is responsible for what claims around behavioral health and associated medications
- New Medicaid enrollees will be able to select their plan during the application process
- There are new opt-in populations
- Streamlining efforts for non-emergency medical transportation for all provider types
- Changes to performance measures and quality benchmarks

Timeline:

The RFP for the new contract is currently under review by the Division of Administration (DOA). DHH anticipates that it will be released on July 28 with the deadline for proposals on Sept. 26. There will be two rounds of questions and answers (the second for follow up on the Department's written responses) for any interested entity to provide feedback or ask questions regarding the RFP during this time. Revised rules for Bayou Health are scheduled to be published in the August 20, 2014 *Louisiana Register*, which will commence a public input process. New contracts for Bayou Health are set for implementation on Feb. 1, 2015.

There will be opportunities for public comment and feedback on the RFP. DHH has encouraged the Louisiana Chapter of AAP and it's members to submit suggestions and feedback. The Louisiana Chapter will be reviewing the RFP once published and will keep you apprised of any activity.

Press Release from DHH:

State Improving Bayou Health in Next Round of Contracts

Enhancements prioritize health outcomes, budget predictability, and streamline administrative processes for providers

Thursday, July 17, 2014 | Contact: Olivia Watkins (225) 610-8660

Baton Rouge, La. - The Louisiana Department of Health and Hospitals (DHH) announced plans for substantial improvements today to the State's Medicaid managed care program called Bayou Health. The anticipated changes will improve budget predictability, provide greater opportunity and incentives for managed care organizations (MCOs) to improve recipient health outcomes, add benefits for Bayou Health recipients, and will streamline coordination between Bayou Health and the State's behavioral health managed care program. These changes will be outlined in new program rules and contracts, anticipated to begin on February 1, 2015.

"Bayou Health has already delivered incredible results through improved health outcomes of Medicaid recipients in Louisiana while saving state taxpayers money," said DHH Secretary Kathy H. Kliebert. "The improvements to Bayou Health in the RFP will build upon our early successes and implement some of our lessons learned. I am so excited to work with the health plans, providers and stakeholders on new ways to improve the health and wellbeing of more than 900,000 Louisiana residents. Together we can become a healthier and stronger Louisiana."

At its inception, DHH anticipated that Bayou Health would save \$135.9 million in the program's first full year of implementation. Those savings were achieved, and ongoing savings are validated by a recent comparison of Bayou Health to legacy Medicaid costs, which indicates that one model of managed care saves the State nearly \$30 per recipient per month for its members, a greater than 12 percent reduction in costs.

Simplifying the Delivery Model

The largest planned change for Bayou Health is the consolidation of its two models into one risk-bearing MCO model, in which managed care organizations are paid a monthly flat fee for managing the care of Medicaid recipients, reimbursing providers for services and maintaining a robust network of subcontracted providers to ensure benefits for Bayou Health members. One of the greatest lessons learned in the first three years of Bayou Health was that prepaid health plans increased budget predictability for the State and taxpayers while allowing the needed flexibility for health plans to deliver care tailored to the needs of the recipient. Shared savings plans, plans in which a smaller management fee is paid in addition to the old fee-for-service style of claims payment, would no longer be a part of Bayou Health.

The Department also proposes incorporating the best practices it learned from shared-savings plans. Taken from the shared-savings model, MCOs will be incentivized to more directly engage health care providers to find more ways to improve health outcomes making Bayou Health recipients healthier and saving Louisiana money.

An analysis conducted by the Department with the support of its actuary firm found that prepaid plans saved the State nearly \$13 per recipient per month on average over shared-savings plans. A summary of the cost comparison may be found [here](#). While that difference may be small in terms of each individual recipient, with nearly 1 million Bayou Health members, transitioning to a complete system of prepaid plans will save Louisiana millions of dollars.

Improving Health Outcomes

Another series of proposed changes will allow faster access to care coordination for new Medicaid enrollees

and establishes new quality benchmarks for health plans tied to financial rewards that are intended to lead to further improvements in the health of Bayou Health recipients.

Under anticipated rule changes through a Notice of Intent, new Medicaid applicants will be able to choose a health plan during their application process or will be immediately auto-assigned to one if they did not choose. Historically, new Medicaid recipients were enrolled in fee-for-service Medicaid and provided an opportunity after Medicaid enrollment during which they could select a health plan or be auto-enrolled during the time prior to enrollment-often two months or more-they were not receiving the benefits of care coordination and, claims were paid in the legacy fee-for-service model. Under these revised rules, care coordination would begin immediately upon enrollment into Medicaid. This change also reduces costs for processing claims in the fee-for-service model.

Improved Benefits & Expanded Populations

Under the proposed new requirements for MCOs will be a requirement for each to develop a common Bayou Health pharmaceutical formulary within six months of the contract start date - a change that will reduce administrative complexity for Bayou Health providers statewide while improving continuity of care for plan members. Currently, each health plan manages its own formulary, meaning the same brands of drugs are not always covered by all plans.

Proposed rule changes also include new benefits for Bayou Health including:

- Hospice care and services,
- In-home personal care assistance for children under 21 years of age, and
- Non-emergency medical transportation for all services, including dental appointments and behavioral health care.

The revised rule would also allow the voluntary opt-in for some populations not previously covered, including:

- Recipients of 1915(c) home and community based waivers for acute care services
- Children ages 3 through 21 on a waiting list for home and community-based services, and
- Members who choose to begin receiving hospice care (previously individuals in need of hospice care were moved back into the legacy Medicaid program).

Improved Coordination between Bayou Health and the Louisiana Behavioral Health Partnership

DHH is also working to improve the overall coordination between the health plans in Bayou Health and the Louisiana Behavioral Health Partnership to simplify billing and payment for services and prescription medications. DHH anticipates that it will require health plans under new Bayou Health contracts to employ a Louisiana-licensed psychiatrist to assist with behavioral health care coordination for their members.

The Department would also clarify that medications prescribed by a behavioral health provider shall be the financial responsibility of the behavioral health plan. Bayou Health plans will be responsible for arranging and providing non-emergency medical transportation for members for appointments with all provider types, including the still carved out dental and behavioral health care services. Getting to and from important medical appointments will be easier for Bayou Health members under this consolidation of transportation services, which increases the chances they will be able to attend scheduled medical appointments that they might otherwise miss.

More Performance and Financial Quality Benchmarks

In the next round of Bayou Health contracts, DHH intends for health plans to be measured against 20 new performance metrics in addition to the 25 existing performance and 10 administrative measures. These measures will ensure that health plans are held accountable for the care they provide to recipients and how they work with providers and hospitals across the state.

Current plans include a total of eight quality metrics to which financial rewards are tied. Six of these metrics

are new; two are a continuation from the current round of Bayou Health contracts. Tying financial incentives to the selected quality measures encourage health plans to prioritize services for their members that will ultimately impact Louisiana's population health outcomes.

DHH also anticipates making several other changes, including improved member communication, administrative changes, participation of the State's actuary in the proposal evaluation and scoring, and additional refinement of the expectations for Patient Centered Medical Homes.

Maintaining Key Components

DHH is committed to ensuring that next phase of Bayou Health keeps many of the same critical components that created a stronger Medicaid program for Louisiana residents, including:

- Medical loss ratio of 85% to ensure that dollars are spent on health care services
- Absolute rate floors for most providers,
- Competitive procurement to ensure a limited number of the best qualified plans are selected
- Prompt payment rules to ensure timely claim payments, and
- Grievance and appeals process for both providers and members.

Timeline

The RFP for the new contract is currently under review by the Division of Administration (DOA). DHH anticipates that it will be released on July 28 with the deadline for proposals on Sept. 26. There will be two rounds of questions and answers (the second for follow up on the Department's written responses) for any interested entity to provide feedback or ask questions regarding the RFP during this time. Revised rules for Bayou Health are scheduled to be published in the August 20, 2014 *Louisiana Register*, which will commence a public input process. New contracts for Bayou Health are set for implementation on Feb. 1, 2015.

The Louisiana Department of Health and Hospitals strives to protect and promote health statewide and to ensure access to medical, preventive and rehabilitative services for all state citizens. To learn more about DHH, visit <http://www.dhh.louisiana.gov>. For up-to-date health information, news and emergency updates, follow DHH's [Twitter account](#) and [Facebook](#).

In the headlines: [Jindal administration announces big changes for Medicaid program](#)

Informational Bulletins

All bulletins: <http://new.dhh.louisiana.gov/index.cfm/page/1198/n/311>

State of Louisiana Department of Health & Hospitals New Resource:

NEW DHH RESOURCE : [Louisiana Medicaid Policy Page](#)

2014 Red Stick Pediatric Potpourri

This comprehensive three day course is designed to help the pediatrician and pediatric sub-specialist efficiently and effectively address pediatric problems on a daily basis and better serve the pediatric population. At the conclusion of the three day conference, the attendees should be able to:

- Establish a listing of the common and uncommon causes of viral meningitis and encephalitis; appreciate the spectrum of CNS disease from meningitis to meningoencephalitis to encephalitis; discuss non-infectious causes of encephalitis/encephalopathy, including autoimmune (anti-NMDA)
- Recognize the unique visual aspects of the various cases presented; discuss the differential diagnosis of the conditions presented; review the therapy of the conditions represented by the cases presented
- Recognize the varied clinical presentations of superficial fungal infections; initiate appropriate therapy for fungal infections
- Identify which congenital nevi are of concern; recognize appropriate workup and management of congenital nevi; communicate to parents when to be concerned
- Describe the factors contributing to the pathogenesis of acne; assess types of acne lesions and severity; design an appropriate treatment plan

Recognize changing concepts about infantile hemangiomas; become familiar with new emerging therapeutic options for infantile hemangiomas; recognize when to perform a more extensive evaluation of a newborn with an infantile hemangioma.

TARGET AUDIENCE

An integrated educational program for pediatricians and pediatric specialists. Content is appropriate for other health care professionals including registered nurses.

JOINT SPONSORSHIP STATEMENT



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., Woman's Hospital of Baton Rouge, and Louisiana Chapter of the American Academy of Pediatrics. The Woman's Foundation, Inc. and Woman's Hospital of Baton Rouge are accredited by the 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.

DESIGNATION STATEMENT

The **Woman's Foundation, Inc.** designates this live educational activity for a maximum of **15.50 AMA PRA Category 1 Credits**™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other attendees will be given Certificates of Attendance which may be used to obtain continuing education credit with their respective boards/professional societies.

REGISTRATION DEADLINE - All pre-registrations for this conference must be received at Woman's Foundation office no later than **August 20, 2014**. Onsite registration will be available each day.

HOTEL ACCOMMODATIONS

A specific block of rooms is available for this conference until the **block is SOLD** or until **Wednesday, August 20, 2014**. Please make your reservations early!

Reservations can be made by calling (800-EMBASSY) using group code "PPP" or online at www.Embassysuites.com.

King and Double rates are \$109.00 per night. All room rates are subject to local sales tax and occupancy taxes.

Cancellation Policy: 30 day cancellation policy. Full payment of peak night room if cancelled within 30 days. Early departure fee of \$ 50.00

CONFERENCE REGISTRATION

CONFERENCE REGISTRATION FEES

Registration fees include continental breakfast, breaks, lunch, conference materials and CME/CE credits.

Pre-registration deadline is **Wednesday, August 20, 2014**.

	3 DAY CONFERENCE	8/22/14 FRIDAY	8/23/14 SATURDAY	8/24/14 SUNDAY
LA AAP PHYSICIAN MEMBER				
NON LA AAP PHYSICIAN MEMBER	\$450	\$150	\$225	\$150
NURSE/HEALTH CARE	\$200	\$75	\$100	\$75
PEDIATRIC RESIDENTS	\$0	\$0	\$0	\$0

TO

REGISTER:

Online registration: <http://womansfoundation.com/continuing-medical-education-louisiana-chapter-aap-annual-meeting.php>

Submit online registration at: www.womansfoundation.com (or)

Mail form and payment to:

Woman's Foundation
Contact: Taryn Daigle
4630 Ambassador Caffery Parkway
Suite 100
Lafayette, La 70508

Email: taryn@womansfoundation.com | Phone: 337-988-1816 | Fax: 337-988-5613

CONFERENCE SCHEDULE

FRIDAY, AUGUST 22, 2014		
11:30 – 12:30 P.M.	Registration/Box Lunch	
12:30 – 12:45	Welcome/Opening Remarks/Introductions	Bryan Sibley, MD, La AAP President Ashley Politz, LMSW, La AAP Executive Director Michael Judice, MD, Moderator
12:45 – 1:30	Encephalitis: Current Concepts	David Kimberlin, MD, University of Alabama at Birmingham School of Medicine
1:30 – 2:15	Potpourri of ID Visual Diagnosis Cases – Part 1	James Brien, DO, Texas A&M Health Science Center College of Medicine
2:15 – 3:00	HPV	John Vanchiere, MD, Ph.D, Louisiana State University Health Science Center, Shreveport
3:00 – 3:15	Questions and Answers Session	Faculty
3:15 – 3:30	Break	
3:30 – 4:15	Neonatal HSV – When to Consider it, How to Evaluate it and How to Treat it	David Kimberlin, MD, University of Alabama at Birmingham School of Medicine
4:15 – 5:00	Potpourri of ID Visual Diagnosis Cases – Part 2	James Brien, DO, Texas A&M Health Science Center College of Medicine
5:00 - 5:15	Questions and Answers Session	
5:30	COCKTAILS, HORS D'OEUVRES, RESIDENT POSTER PRESENTATIONS & NETWORKING	

**Online Registration for Red Stick Pediatric
Potpourri Now Available!!**
[CLICK HERE TO REGISTER](#)

SATURDAY, AUGUST 23, 2014

7:15 – 8:00 A.M.	Registration/Continental Breakfast	
8:00 – 8:15	Welcome/Announcements/Introductions	Bryan Sibley, MD, LaAAP President Ashley Politz, LMSW, LaAAP Executive Director Michael Judice, MD, Moderator
8:15 – 8:30	A Case of Pediatric Paralysis	Kristin Pontiff, MD, Our Lady of the Lake, Baton Rouge
8:30 – 8:45	Xerophthalmis, Vitamin A Deficiency, CF	Megan Murphy, MD, Louisiana State University Health Sciences Center, New Orleans
8:45 – 9:00	Foamy Urine and Sickled Cells	Margaret Huntwork, MD
9:00 – 9:15	Abnormal Urine Screen: When Things Don't Add Up	Ramona Dsouza, MD
9:15 – 9:30	Questions and Answers Session	
9:30 – 9:45	Break	
9:45 – 10:30	Treatment of Superficial Fungal Infections	Amy Theos, MD, University of Alabama at Birmingham School of Medicine
10:30 – 11:15	Congenital Nevi: When to Worry?	Elizabeth McBurney, MD, Louisiana State University Health Sciences Center, New Orleans
11:15 – 12:00	Cancer or not Cancer: How to Distinguish	Catherine Boston, MD, Our Lady Of the Lake, Baton Rouge
12:00 – 12:15	Questions and Answers Session	
12:15 – 1:30	LaAAP Business Lunch and Awards	
1:30 – 2:15	Management of Acne	Amy Theos, MD, University of Alabama at Birmingham School of Medicine
2:15 – 3:00	Infantile Hemangioma: Past, Present, Future	Elizabeth McBurney, MD, Louisiana State University Health Sciences Center, New Orleans
3:00 – 3:15	Questions and Answers Session	
3:15 – 3:30	Break	
3:30 – 5:00	Master Pediatrician Session	Larry Hebert, MD Roberta Vicari, MD

SUNDAY, AUGUST 24, 2014

7:15 – 8:00 A.M.	Registration/Continental Breakfast	
8:00 – 8:15	Welcome/Announcements/Introductions	Bryan Sibley, MD, La AAP President Ashley Politz, MSW, La AAP Executive Director Michael Judice, MD, Moderator
8:15 – 9:00	The Power of Belief	Ann Tilton, MD, Louisiana State University Health Science Center, New Orleans
9:00 – 9:45	Autoimmune Neuropsychiatric Disorders	Jane El-Dahr, MD, Tulane University School of Medicine
9:45 – 10:00	Questions and Answers Session	Faculty
10:00 – 10:15	Break	
10:15 – 11:00	Pediatric Pseudotumor Cerebri – From Diagnosis to Treatment	Ann Tilton, MD, Louisiana State University Health Science Center, New Orleans
11:00 – 11:45	New Auto-inflammatory Disorders and Biologics	Jane El-Dahr, MD, Tulane University School of Medicine
11:45 – 12:30	A Practical Approach to Leukopenia/ Neutropenia in Children	Lucien “Vandy” Black, MD, Our Lady of the Lake, Baton Rouge
12:30 – 1:00	Questions and Answers Session	Faculty

GENERAL INFORMATION

REFUND POLICY - refunds of any activity fees will be made if cancellations are made prior to **Monday, August 18, 2014**. Absolutely no request for refunds will be honored after this date. No-shows are not eligible for a refund.

REGISTRATION - all participants of the conference must register with the registration desk at the conference prior to all events. Name badges will be provided and will be required for admittance to all activities.

PARKING – parking is available at the Embassy Suites free of charge.

DRESS ATTIRE - business casual - consider layered clothing as heating and cooling conditions may vary.

EXHIBITORS

The Louisiana Chapter of the American Academy of Pediatrics
would like to thank the following companies for their support:

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OF THE LAKE
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EDUCATIONAL GRANTS

The Louisiana Chapters of the American Academy of Pediatrics
would like to thank the following companies for providing an educational grant:

NOVARTIS



Coming to a mailbox near you

**Red Stick Pediatric
Potpourri Brochure**

SUIDA Recipe: Baked Apples with Cinnamon Yogurt Topping

An apple a day keeps the doctor away... but who said it couldn't be with dessert? Apples naturally low in calorie and rich in vitamin C which can boost the body's natural defense. Your family won't be able to resist the aroma of baked apples wafting through the house. Low-fat yogurt tops this dessert with nine essential nutrients including calcium, potassium and vitamin D.

Ingredients

- 4 Granny Smith or Gala apples (with or without skin)
- 1/4 cup unsweetened apple juice or apple cider
- 1/4 cup brown sugar
- 2 tablespoons cornstarch
- 1/2 teaspoon cinnamon
- 1/4 teaspoon nutmeg
- 1/4 teaspoon salt
- For the cinnamon yogurt topping:
 - 2 1/2 cups low-fat plain yogurt
 - 1 tablespoon honey
 - 1/4 teaspoon cinnamon



Directions:

Preheat oven to 350 degrees Fahrenheit. Spray an 8x8-inch baking dish with nonstick cooking spray; set aside. Core and thinly slice apples. Place apples in a medium bowl and toss with apple juice. Mix brown sugar, cornstarch, cinnamon, nutmeg and salt together in a small bowl. Sprinkle over apples and stir gently until apples are coated. Pour apples into prepared baking dish. Bake 40 minutes or until apples are slightly browned at edges and sauce is bubbling.

For the cinnamon yogurt topping: Line a colander with several paper towels and place over a bowl to catch drips. Pour yogurt into colander and allow draining, refrigerated, about 30 minutes. Spoon yogurt into a small bowl and stir in honey and cinnamon.

For each serving, top 1/4 of the warm apples with 1/4 of the yogurt topping.

Recipe Source: Recipe Created by Chef Michael Bussinger on behalf of 3-A-Day™ of Dairy

Nutrition Information

- Calories: 330
- Total Fat: 2 g
- Saturated Fat: 1.5 g
- Cholesterol: 15 mg
- Sodium: 270 mg
- Calcium: 30% Daily Value
- Protein: 7 g
- Carbohydrates: 72 g
- Dietary Fiber: 3 g

For more information and recipes visit www.southeastdairy.org

Upcoming Events

Pediatrics Grand Rounds | 7/25/14 | Baton Rouge, La

Pediatrics Grand Rounds 7:30-8:30 a.m. Friday, July 25, 2014

Pediatric Cervical Spine Clearance: Bridging the Evidence Radiation Risk and Reality

Our Lady of the Lake Children's Hospital
5000 Hennessy Blvd, Baton Rouge, LA 70806
Heart and Vascular Institute (HVI) Classroom (1st Floor)

Dr. Dionne Skeete

The University of Iowa Hospitals and Clinics,
Medical Director, Trauma Services

Kristel Wetjen, RN, BSN

University of Iowa Children's Hospital
Pediatric Trauma Coordinator

Support provided by a "Putting Patients First" grant from AHRA/TOSHIBA

Target audience: Pediatric and Emergency Medicine physicians, Pediatric residents, Emergency Medicine residents, Trauma surgeons, and Radiologists.



Our Lady of the Lake Regional Medical Center is accredited by the Louisiana State Medical Society to provide continuing education for physicians. OLOLRMC designates this live activity for a maximum of 1 **AMA PRA Category 1 Credit™**. Physicians should claim credit only commensurate with the extent of their participation in the activity. OLOL will make every effort to provide reasonable accommodations for physically challenged attendees who require special services. Please call the CME Department in order to receive this service.

2014 Red Stick Pediatric Potpourri | 8/22-24/14 | Baton Rouge, La

Date: August 22-24, 2014

Location: Embassy Suites (4914 Constitution Ave, Baton Rouge)

For all the details: www.laaap.org/2014potpourri

2014 Red Stick Pediatric Potpourri Is Gearing up!

The 2014 Red Stick Pediatric Potpourri has gone mobile using [Guidebook!](#)

We strongly encourage you to download our mobile guide to enhance your experience at 2014 Red Stick Pediatric Potpourri. You'll be able to plan your day with a personalized schedule and browse exhibitors, maps and general conference info.

The app is compatible with iPhones, iPads, iPod Touches and Android devices. Windows Phone 7 and Blackberry users can access the same information via our mobile site at m.guidebook.com.



To get the guide, choose one of the methods below:

- Download 'Guidebook' from the Apple App Store or the Android Marketplace
- Visit <http://guidebook.com/getit> from your phone's browser

The guide will be listed under the "Download Guides" section of the application. In the search enter "Potpourri" and select 2014 Red Stick Potpourri

Lodging information: Embassy Suites Hotel | 4914 Constitution Ave. Baton Rouge, LA 70808

A block of rooms is available until August 20, 2014 or until the block is sold out. Make your reservations early calling (800-EMBASSY) or online using the code "PPP" at www.embassysuites.com

King and Double room rates are \$109.00 per night. All rooms rates are subject to local sales and occupancy taxes.

2nd Annual LA Hands & Voices Fundraiser | 8/24/14 | Baton Rouge, La

BACK 2 SCHOOL
bash14

When: Sunday August 24, 2014 1 to 4 pm

Where: Rock 'n' Bowl
3000 S. Carrollton
New Orleans, LA 70118



Cost: \$5.00 [pre-register] for Hands & Voices members, \$7.00 at door
\$10.00 [pre-register] for non-members (Open to public), \$12.00 at door

Includes bowling, shoes, food and soft drinks, 3 years and under admitted Free

Hands & Voices is a nationwide non-profit organization dedicated to supporting families and their children who are deaf or hard of hearing

www.lahaandsandvoices.org

Need more information, call 504-919-8147 or 504-388-5712

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