



PROGRESS NOTES

January 24, 2014

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UPCOMING EVENTS *(See pages 11-12 for details on all events)*

CMCS & MSDA Sixth CMS Learning Lab | 1/30/14

Pennington Childhood Obesity and Public Health Conference | 4/1/2014 | Baton Rouge, La

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

State insurance claims payments delayed by Blue Cross
Blue Cross blames computer upgrades
Source: The Advocate posted 1/21/14

BY MARSHA SHULER
mshuler@theadvocate.com

Doctors, hospitals and other providers aren't getting paid for the care they deliver to a quarter-million state employees and retirees insured through the Office of Group Benefits.

Blue Cross and Blue Shield of Louisiana recently took over, in a [private contract, the management](#) of the agency that had overseen health care coverage for state employees and retirees.

Blue Cross notified the state [by letters](#) that payments would be delayed while computer programs were upgraded.

Patients should not be affected, according to Blue Cross, but physicians and health care providers may not get paid for six to eight weeks.

The computer alterations deal with health plans benefit changes made by the state agency and were finalized Dec. 11, according to a letter from Brian Keller, a senior vice president of Blue Cross and Blue Shield of Louisiana.

Blue Cross also partly blamed adjustments needed to comply with the federal Affordable Care Act.

Greg Waddell, director of legal affairs for the Louisiana State Medical Society, said the payment delays are going to pose a cash-flow problem for some physicians who bill weekly or biweekly.

"Four to six weeks to get claims paid, that can become problematic," Waddell said. "The other obligations of a physician's office don't get put on hold."

Blue Cross asked the Jindal administration for a waiver of penalties that would normally be due for untimely payment of claims.

Blue Cross got a state contract in late 2012 to manage Group Benefits' preferred provider organization, health maintenance organization and Consumer Driven Health Savings Account.

The plans cover about 250,000 current and retired state employees and their families, most of whom live in the Baton Rouge and New Orleans areas.

Paying the bills submitted by doctors and other health care providers had been handled by employees of the state agency Office of Group Benefits.

The Jindal administration [privatized the work](#), citing a cost savings. Blue Cross stands to make \$37.8 million annually to serve as administrator.

"We are working closely with (Blue Cross/Blue Shield), and if this impacts Blue Cross' ability to meet its performance standards for claims processing time as required in their contract, we will apply the appropriate penalty," wrote Doug Baker, a Jindal administration spokesman, in an email response. Baker said 2013 claims are being paid, just not new ones filed for 2014. There will be no disruption in services to members, he wrote.

Late Monday, Baker said all of the problems and changes were caused by the Affordable Care Act. He said the state made no other alterations in the plans that had any effect on the situation.

Blue Cross and Blue Shield of Louisiana's communications chief, John Maginnis, also blamed the Affordable

Care Act mandates, though that was not mentioned in Blue Cross' initial letter seeking a waiver of contract requirements.

The second letter to the state mentioned both the Affordable Care Act and the finalization of the benefits plans.

"There are many, many things that have to be done to bring all our customers into compliance with (the Affordable Care Act). OGB is not the only area that has challenged us," Maginnis said. "It's a very difficult situation for all health plans."

Waddell said he understood the problem developed because of "late communication from the state about what (insurance) benefits were going to be."

Blue Cross' request for delay came in a Dec. 30 letter from Keller to Charles Calvi, the chief executive officer at the Office of Group Benefits, in which he outlined the problem meeting contract requirements. Maginnis said payments are just being delayed, not denied.

He said Blue Cross is hoping to have the issues resolved by early February. "We have got a lot of people working around the clock to rectify the delay," Maginnis said Monday. "We are working with our providers because they are also affected."

Calvi refers to changes in Office of Group Benefits-offered health insurance plans approved by OGB management on Dec. 11.

"The requested benefit changes for 2014 are variations of the member out-of-pocket maximums and will require significant work by our teams to build, test and deploy," Keller wrote. "The requested changes will likely take 6-8 weeks before we can accurately process claims. During this time period we feel it necessary to delay claims payments for services rendered in 2014."

Keller also advised that the work would be needed to ensure proper handling of eligibility issues and ID card generation for new members and/or member changes after Jan. 1.

After a meeting with Office of Group Benefits officials, Keller wrote a Jan. 10 letter detailing what had to be done and the timeline necessary "to make the appropriate system changes."

"This is to (ensure) proper processing and payment of OGB member claims as well as compliance with ACA requirements and the 2014 Benefit Plans finalized and approved on Dec. 11, 2013," he wrote.

Keller said work is scheduled to be completed by Feb. 15. But, he said, "a claims 'pay-hold' will remain in effect until all claims can be adjudicated correctly."

Direct link to the article: <http://theadvocate.com/home/8151593-125/state-insurance-claims-payments-delayed>

Addressing the ACA 90-Day Grace Period
Source: AAP Department of State Government Affairs



The Affordable Care Act (ACA) includes a number of provisions aimed at keeping individuals enrolled in health insurance. However, one such provision--the 90-day "grace period"--can create billing problems for physician practices, and state action may be necessary to address the issue.

Grace Period Defined

Referred to as the 90-day "grace period," the ACA allows individuals who receive Advanced Premium Tax Credits to purchase health insurance marketplace coverage (those between 100%-400% of the federal

poverty level (FPL) are eligible for such tax credits) and who have paid at least 1 full month's premium to continue to receive health care services for 90 days, even if such individuals begin to fall behind on premium payments.

During the first month of this 90-day grace period, an insurance company is required to continue to pay physicians and other health care professionals for services provided to an enrollee who has entered the grace period. However, during the second and third months of the grace period, insurance companies may "pend" claims, awaiting adjudication of outstanding premiums owed. If the enrollee fails to pay the premium owed before the end of the grace period, the insurance company can then deny payment for the health care services provided during the second and third months of the 90-day grace period.

The federal rule codifying the 90-day grace period can be found at [45 CFR 156.270](#).

Implications for Physicians

During the 90-day grace period, the ACA requires that the affected insurance company notify both the US Department of Health and Human Services (HHS) and associated physicians and other health care professionals that the enrollee has entered the grace period. However the mechanics of this notification requirement are not defined, nor is it clear how quickly such a notification must be made.

This grace period creates a precarious billing situation for physician practices, whereby a practice may be unaware that an enrollee has entered the grace period, and services provided to this individual during this time could ultimately be denied.

The AAP has expressed significant concern to HHS about the unintended consequences of this grace period and its potential for damaging effects to pediatric practices. Advocacy at the state level can alleviate some of the potential effects of this 90-day grace period.

States do have the ability to enact additional requirements to ensure that physician practices are better informed about enrollees entering a grace period, and that insurance company determinations of enrollment status are binding, alleviating the risk that an insurance company enrollment status determination is in error. AAP chapters are encouraged to work with [state medical societies](#) as the AMA has model legislation on this issue, and state medical societies are also interested in assuring that the financial risk to physicians posed by the 90-day grace period is minimized. While the 90-day grace period is not expected to overwhelmingly impact care for children (the majority of uninsured children are eligible for Medicaid and CHIP), unpaid claims could negatively affect any physician practice.

Chapter participation in state action on this matter will allow chapters to protect the bottom lines of pediatric practices and for the physician community to speak with one voice on this issue in your state.

Those with questions or seeking targeted consultation on this or any other state ACA implementation issue are encouraged to contact Dan Walter at 847-434-4086 or dwalter@aap.org or Wendy Chill at 847-434-7797 or wchill@aap.org. AAP chapters will continue to receive StateHealth e-updates from the Division of State Government Affairs with information on HHS guidance, grant announcements, and other ACA developments. Please continue to visit the [State Government Affairs MyAAP pages](#) for more information and advocacy resources on state implementation of the ACA.

Bayou Health/ Medicaid

DHH Announces \$10 Million Expansion of Waiver Services for Individuals with Disabilities in Proposed FY 15 Budget

Funding will open up 2,250 frozen waiver slots, create 200 new slots in the NOW program

Source: DHH | Thursday, January 23, 2014 | Contact: Olivia Watkins; (225) 342-1462 (work)

BATON ROUGE, La. -- Department of Health and Hospitals Secretary Kathy Kliebert was joined by advocates for individuals with disabilities on Thursday as she announced \$10 million in funding in Governor

Jindal's proposed upcoming fiscal year's budget, which will dramatically expand access to home and community-based services for some of Louisiana's most vulnerable residents.

Governor Jindal's Fiscal Year 2015 executive budget proposal, which will be presented to Legislators on Friday, invests \$10 million in expanding access to home and community-based waiver services. The FY 15 budget proposal includes more than \$606 million in spending on waivers, and increase of almost 6 percent when compared to FY 14's proposed budget of \$573.9 million.

If adopted, this investment will allow DHH to open access to nearly 2,500 waiver slots across programs both for individuals with developmental disabilities and those who are elderly or have adult-onset disabilities.

Secretary Kliebert said, "One of our top priorities is assuring that those children and adults who are living with disabilities in Louisiana are able to access supportive services in their communities that meet their unique needs and keep them in their homes. This \$10 million investment allows DHH to open these critical waiver services to thousands of additional Louisiana residents and reduce waiting lists for services across all of our programs"

In FY 15, the funding will allow DHH to begin filling more than 2,250 slots across all waiver programs that had been allocated by the Legislature but had previously been frozen because of lack of funding in FY 2014 and also to add 200 new slots in DHH's most comprehensive waiver program for people with developmental disabilities, the New Opportunities Waiver (NOW) program.

Jason Durham, a "Dadvocate" from Clinton, said, "What a great day for the voices of a few to have been heard on behalf of many. As the Dadvocate for my daughter, Bailey Durham, I am just one among thousands of voices in Louisiana who advocate for their children, as well as all individuals with developmental disabilities. I am proud to stand with Governor Jindal, and Secretary Kathy Kliebert, as they announce \$10 million dollars to fund lifesaving supports and services for hundreds of Louisiana citizens who daily live with developmental disabilities. This funding will provide for New Opportunities Waivers allowing individuals to live in their own homes surrounded by, and cared for by, the loved ones who know them best. Every day I am a proud father. Every year I am a proud advocate. Today, I am a proud Louisiana citizen."

Kay Marcel, a parent from New Iberia, and chairperson of the La. Developmental Disabilities Council said, "The Developmental Disabilities Council is gratified that funding to fill all of the vacant waiver slots for people with developmental disabilities and an additional 200 NOW slots is included in the Executive Budget. These waiver services will be very beneficial to the people on the waiting list who have been waiting the longest. We will continue to work with the administration and the legislature on system reforms so people with developmental disabilities are able to access services in a timely manner. Today we are happy that the untiring voices of people with developmental disabilities and their families were heard."

Rebecca Ellis, a parent from Mandeville and Assistant Director of Northshore Families Helping Families said, "As both a parent of a child who has been on the waiting list for 7 years and as an assistant director of a resource center designed to provide support to individuals with disabilities and their families, I am happy to hear of the funding of attrition slots and 200 NOW slots in the Governor's budget. While I would like the entire waiting list to be eliminated, I know that seeing some people finally receive services will give families hope that their turn will come and that there is light at the end of the tunnel."

Ashley McReynolds, a parent from Baton Rouge and LaCAN Leader for the Baton Rouge region said, "As my son Cooper's advocate and a voice for thousands of individuals and families living with a developmental disability, I am so honored to be a part of this exciting day in Louisiana. The funding to fill ALL the vacant waiver slots, and 200 additional New Opportunities Waiver slots is a huge step in the right direction that will allow hundreds of families to care for their loved ones in their own home, and enable individuals to exercise their right of living an independent rewarding life as a vital member of their communities. Thank you Gov. Jindal and DHH Secretary Kathy Kleibert for recognizing the importance of individual supports and services."

Lois Simpson, Executive Director of the Advocacy Center said, "Over 30,000 people with disabilities are waiting for a Community Choices Waiver, funding of these Waiver slots will help keep people who are eligible for nursing facility level of care in their own homes and communities rather than force them to receive these services in an institutional setting."

Last summer, in response to a budget shortfall in the final FY 2014 budget, DHH implemented heightened utilization controls for its home and community-based services provided through federal waiver programs. In order to effectively manage spending, DHH reserved waiver slot openings for only those individuals that met certain criteria, including those in emergency situations, individuals who were transitioning out of facilities and children aging out of other programs. This \$10 million investment in FY 15 allows the Department to lift these restrictions and begin filling all currently appropriated slots.

By DHH's estimates, opening up the previously unfilled slots and the addition of the 200 newly appropriated waiver slots will ultimately remove more than 4,000 individuals from the Department's waiver waiting lists, either by offering individuals waivers services or by removing them from the list because they no longer desire the services. In addition, DHH's Office for Citizens with Developmental Disabilities is currently reviewing its own registry as part of its system transformation process, which it expects will remove another 750 individuals who have not responded to an offer for services or who could not be located.

DHH currently serves 16,304 individuals through waiver programs, which give those with disabilities access to services and supports in their homes and communities so they do not have to be institutionalized.

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.

Bayou Health Plans Earn High Marks from External Review

An External Quality Review Organization says Bayou Health Plans are 98 percent in compliance with state and federal regulations

Source: DHH <http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2924>

The Department of Health and Hospitals released today final External Quality Review Organization (EQRO) reports that show that the Bayou Health Plans collectively earned high marks for compliance with more than 4,000 state and federal requirements. Compliance with requirements from the U.S. Centers for Medicare and Medicaid Services is key to demonstrating that they Bayou Health Plans are effectively managing the health care of the more than 900,000 individuals enrolled in the State's Medicaid managed care program. This is the first EQRO report to be issued for Bayou Health, which was implemented in by the Department of Health and Hospitals in 2012.

"This external review of Bayou Health is further evidence that the transformation of Louisiana's Medicaid program is effective both for those individuals it serves and also for the health care providers across the state," DHH Secretary Kathy Kliebert said. "Bayou Health has dramatically increased access to new resources that better promote coordination of care and management of chronic diseases. This external review is an important indicator that what we're doing works and it is an important tool for us to use as we work to continually improve service to our members."

The External Quality Review (EQR) is conducted by an independent third-party to analyze and evaluate the collected information on quality, timeliness and access to health care services of a managed care organization to its Medicaid recipients. An EQRO must be conducted by an organization with staff that has a demonstrated knowledge and experience with Medicaid recipients, policies, data systems and processes, and with managed care delivery systems, organizations and financing, as well as quality assessment and improvement methods. The EQR staff must also have demonstrated skill with research design and methodology, and with statistical analysis. IPRO was the EQRO that conducted the review of the Bayou Health Plans. The review covered February 2012 through June 30, 2013.

"We actively manage and monitor the health plans through regular meetings with leadership from each of the plans and through quarterly business reviews of their management of Medicaid services," said DHH Undersecretary Jerry Phillips. "This external report helps to confirm that our method of managing and tracking the progress of our Medicaid contractors, for Bayou Health and other programs, is working. We will continue to –set high expectations for our health plan partners to improve care, but I am very pleased with what the

external review shows us.”

Each of the five Bayou Health Plans was reviewed separately by the EQRO. Their individual requirements and scores are as follows:

- Amerigroup – 899 requirements with a 98 percent full and substantial compliance
- LaCare – 899 requirements with a 98 percent full and substantial compliance
- Louisiana Healthcare Connections – 899 requirements with a 98 percent full and substantial compliance
- Community Health Solutions of Louisiana – 740 requirements with a 96 percent full and substantial compliance
- UnitedHealthcare Community Plan of Louisiana – 740 requirements with a 99 percent full and substantial compliance.

The reports are posted online at MakingMedicaidBetter.com. DHH also tracks and publishes reports on numerous other administrative measures that are available on its Bayou Health “reporting and accountability” portal at MakingMedicaidBetter.com.

Bayou Health empowers Medicaid recipients to choose a Health Plan to fit their needs from a group of five different plans. In addition to the evidence of contractual and regulatory compliance demonstrated by the EQR report, DHH has observed tremendous improvements in the quality of care delivered under Bayou Health. Over the course of the first year of implementation of the Bayou Health program, there were numerous noteworthy accomplishments, including:

- Claims data indicates a significant reduction in statewide neonatal intensive care unit (NICU) days paid by Medicaid, meaning more babies were carried full-term.
- The overall collective physician oversight for enrollees increased five-fold and tremendous new care management resources were offered to recipients.
- More than 25,000 individuals received case management to help them better manage their chronic or high-risk health conditions.
- Health Plans provided support for more than 63,000 members in their efforts to quit smoking, lose weight, gain access to dental and vision services and to purchase medical essentials such as prescription medications, child care supplies and more.
- Health plans are assisting at least 111 practices with ongoing Patient Centered Medical Home (PCMH) certification, with six having obtained initial or higher level recognition.

Informational Bulletins

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

Provider Calls

The beginning of each call will begin with announcements from the Department and then will allow for time to address systemic issues with Bayou Health.

The weekly provider call hosted by DHH takes place every Wednesday at noon. Any provider is welcome to call in, and pre-registration is not required.

The call in number is 1-888-278-0296 Access code is 6556479#

Seasonal Influenza Vaccine Supply and Distribution in the United States

Source: Dr. Frank Welch

Supply

The challenges associated with the U.S. influenza vaccine supply are multi-faceted. Influenza viruses change from year to year, so influenza vaccines must be updated annually to include the viruses that will

most likely circulate in the upcoming season. Once the viruses are selected for the new formulation, manufacturers operate under a very tight timeline for producing, testing, releasing and distributing the vaccine. Due to these time constraints, any problems encountered during production may cause shortages or delays, and in fact, such problems have impacted the supply in prior influenza seasons. Additionally, different types of vaccine can take longer to produce than others.

Distribution

Influenza vaccine production and distribution in the US are primarily private sector endeavors. Neither CDC nor the State has the authority, resources or relationships with providers necessary to carry out or control vaccine distribution.

CDC and the state therefore encourage influenza vaccine providers to adopt a strategy that allows for the provision of influenza vaccine to their patients over the fall timeframe, and not all at once.

Multiple Shipments

The timing of the completion of influenza vaccine production varies from year to year and depends upon on a number of factors, including the strains chosen for inclusion in the vaccine. Even in a year in which each step of production goes well, since influenza vaccine manufacturers are currently producing vaccine at or near full capacity, it isn't possible for all of the doses to be produced and distributed before the beginning of the vaccination season.

To allow as many providers as possible to begin vaccinating early in the season, The State encourages providers to use a distribution strategy in which partial shipments are used to allow as many (other) providers as possible to begin vaccination activities early in the vaccination season. Ideally, the intervals between shipments are short so that each provider has a continuous supply and can continue vaccinating patients without interruption. The vaccine supply is usually more abundant, in September and October and thereafter.

Timing

Manufacturers say that, because of the unpredictable nature and complexity of biologics production, they cannot always anticipate when vaccine lots will be completed and released. Distributors must rely on the manufacturers to provide them with this information. Both manufacturers and distributors are reluctant to project very far into the future about when shipments will be made because they do not want to create unrealistic expectations among customers.

Variation in Distribution

The primary reason for the variation in timing (between when providers receive their vaccine) is that different types of vaccine providers receive their vaccine from different sources. A provider may order influenza vaccine (1) directly from the manufacturer; (2) from a distributor, who is a customer of the manufacturer; or (3) from a secondary distributor, from whom the provider also receives other medical products. Some of these routes of distribution are more direct than others, which can affect the timing of vaccine delivery.

Summary

In summary, Influenza vaccine like any other product or commodity in the market place has a production run. The product is not manufactured in entirety in one run, and at one time. Whether we are discussing a drug product, or vehicles on a production line, the situation is the same. Virtually all products are produced in "batches or in lots". In this regard, influenza vaccine manufacturing is similar. As in the case for influenza vaccine, each production run is given a lot number and each lot number must be tested for purity and potency prior to being submitted to the FDA for approval and release. This process does take time. Influenza vaccine lots cannot be released without the express approval and release authorization of the FDA. It should also be noted that each vaccine manufacturer distributes its product such that all of its purchasers receive some portion of their order. Rarely does it occur that one customer (especially with a large order) will receive their entire order in one shipment, such as the Vaccines For Children (VFC) Program which orders millions of vaccine doses. Neither the manufacturers nor CDC can provide a specific time frame for the delivery of all the vaccines.

LOPH Immunization Consultants November 2013

Source: Frank Welch

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LA VFC Refrigerator and Freezer Guide

Please be informed that the "[LA VFC Refrigerator and Freezer Guide](#)" has been updated and is available on LINKS at the "Document Center". Also, don't forget to get the latest "Influenza Key Points" by clicking on the FAQ section. In closing, I want to wish all of you the best New Year ever!

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Visit our registry at:
<https://linksweb.oph.dhh.louisiana.gov/linksweb/main.jsp>

Visit our outreach website at:
www.shotsfortots.com

LA AAP Legislative Committee - Seeking Participants

The Chapter is seeking interested members to be part of the Chapter's Legislative committee. Member's responsibilities include reviewing pre-filed legislation as asked, assisting the Chapter in determining positions to take on pieces of legislation and assisting with the development of talking points for legislative action and/or committee testimony. Most business of this committee will be conducted via conference call and emails. If you are interested, please send an email to: ashley.politz@laaap.org

Happy February Birthdays!

2/1	Jessica Simone Butler Ebony Dione Hunter	2/11	Madhuri D Dixit, MD , FAAP Sarah Smith, MD
2/2	Jane Everist, MD , FAAP Kenneth Wayne Falterman, MD , FAAP Carmen S Payne, MD , FAAP Keren Elizabeth Ray, MD , FAAP	2/12	Claire Cali Neumann, MD , FAAP Janice Neill Nugent, MD, FAAP
2/4	Rachel Lara Dawkins, MD, FAAP Amber Ashlee Denham, MD, FAAP Robert Stewart, MD	2/13	Krishnakumari Kanesan, MD, Heidi J Murphy, MD Richard Warren Pratt, MD, FAAP Joseph Weiss, MD
2/5	Juan M Bossano, MD , FAAP	2/14	William Lamar Morgan, MD , FAAP Charla Nicole Poole
2/6	Nafisa Ahmed, MD Warren A. Daniel Jr., MD , FAAP Kimberly Michelle Stewart, MD , FAAP	2/15	Farrah Ricks Huval, MD , FAAP Kimberly Mukerjee, MD
2/7	Davis Ogitani, MD	2/16	Casey McAtee, MD Kacie Lummen Sims, MD Michelle Steinhardt, MD
2/8	Heather Baskind, MD Jennette S Bergstedt , MD , FAAP Donald Faust Mackey Sugar Quinlan, MD, FAAP	2/17	Joan R Griffith, MD , FAAP Wanda Henderson Thomas, MD , FAAP
2/9	Flora Finch-Cherry, MD , FAAP Cammie Hilliard, MD George James Schwartzenburg, MD , FAAP	2/18	Charles W. Daniel, MD
2/10	Emily Simon, MD, FAAP	2/20	Jennifer Kelley, MD Richard Kelt, III, MD Richard Peter Kelt III
		2/21	Carolyn Forgey Green, MD , FAAP Suman Shekar, MD Rajini Yatavelli, MD
		2/22	Laura Marie Boudreaux, MD, FAAP Emily Klepper, MD Do_Quyen Pham
		2/23	Quynh Tran Dang, MD , FAAP Natalie Ball Evans, MD, FAAP Monica LaRose Haynes, MD , FAAP
		2/24	Krystal Jerry, MD
		2/25	Michelle Jones, DO Sarah marie Wilks, MD
		2/26	Christopher Charles Roth, MD, FAAP
		2/27	Jonna Clark Marret, DO Kieran Leong, DO Emily Brown Vigour, MD , FAAP Scott Rory Zander, MD , FAAP

HAPPY BIRTHDAY



SUIDA Recipe – Baja Bruschetta

Rating:

Ease: Easy

Prep time: 11 minutes

Cook time: 10 minutes

Yield: 6 servings



Ingredients

12 slices crusty French bread

1/2-inch thick nonstick cooking spray

1 1/4 cups finely shredded mild Cheddar cheese, divided

1/2 cup refrigerated salsa

1/4 cup green onions, chopped

2 tablespoons sliced black olives, drained

1/2 cup fat-free sour cream

Directions:

Preheat oven to 375 degrees Fahrenheit. Spray both sides of sliced bread lightly with cooking spray and arrange on baking sheet.

Sprinkle 3/4 cup of cheese over top of sliced bread and bake for 10 minutes or until bread is golden and cheese is melted.

Arrange on a serving plate and spoon salsa evenly over slices of cheese bread. Scatter remaining cheese, green onions and black olives over top and serve with sour cream.

Upcoming Events

CMCS & MSDA Sixth CMS Learning Lab | 1/30/14

The Center for Medicaid and CHIP Services (CMCS) & The Medicaid-CHIP State Dental Association (MSDA) invite you to the sixth CMS Learning Lab: Improving Oral Health Through Access Keep Kids Smiling: Promoting Oral Health Through the Medicaid Benefit for Children & Adolescents (CMS Kick-Off for National Children's Dental Health Month)

Thursday, January 30, 2014

1:30 pm - 3:00 pm EDT

Guest faculty include:

Cordelia Clay, Program Manager, Louisiana Department of Health & Hospitals

Jakenna Lebsock, Quality Improvement Manager, Arizona Health Care Cost Containment System

Sarah Borgida, Program Officer, Washington Dental Service Foundation

Patrick Finnerty, President, Board of Directors, Virginia Dental Association Foundation

The learning objectives for the webinar are to understand, through examples from four states:

- (1) How state Medicaid dental program performance can be improved through policy changes,
- (2) How to maximize provider participation to ensure better access to dental care,
- (3) How to engage directly with children and families through an oral health education curriculum, &
- (4) How partnering with oral health stakeholders leads to improvements in oral health access.

Register [NOW!](#)

The Conference

Young faces need healthy spaces. Join us at Pennington Biomedical Research Center's seventh annual childhood obesity and public health conference to discover how parks, neighborhoods, and schools shape our children's health and learn from key leaders about how to create more happy faces in your community.

Learning Objectives

The participants in this conference will be able to:

- recognize the different ways that local environments shape our children's health.
- identify resources and successful strategies to create healthy spaces for children throughout Louisiana.

More Details & Registration Coming Soon!

Pennington Biomedical Research Center

6400 Perkins Road | Baton Rouge, Louisiana 70808
225-763-2500 | www.pbrc.edu

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, LA 70808)

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



Know of something going on in your region you think others should know about?

Is there new research you want to share?

Are there things you think your colleagues need to know?

Submit an article for the next Progress Notes

A photograph showing a pair of black-rimmed glasses and a black pen resting on a newspaper with visible text.