

Kansas Pediatrician

Dedicated to the health of children and adolescents

February 2005

KANSAS MEDICAID TO INCREASE FEES

Table of Contents

Medicaid to Increase Fees..... page 1

Issues & Commentary page 2

Legislative Update page 2

Calendar..... page 2

President's Perspective..... page 3

CPT Coding page 4

Chapter News.....pages 6 & 7

Committee Newspage 7

“Turn a Page. Touch a Mind.” page 8

State News page 9

National News page 10

According to a report from the Kansas Medical Society, Medicaid fees for physicians and hospitals in Kansas are tentatively scheduled to increase July 1 of this year. When this happens it will be the first general fee increase in the state Medicaid Program in over 30 years. Despite a financially strapped state budget, Medicaid rates will be able to be increased as a result of the hospital assessment program that passed the legislature last year. This program allows the maximization of federally available funds by assessing a Medicaid usage tax on hospitals and the state's only Medicaid managed care plan, First Guard. Together the two programs will provide \$66 million in federal funds, a large portion of which will be earmarked for physician reimbursements. Hospitals and First Guard will get back their “assessments” by restructuring their reimbursement formulas and contracts.



The Kansas Chapter of AAP was part of a KMS Task Force that met two years ago to look into the problem of poor Medicaid reimbursements. That task force recommended that the fee schedule be changed to match the Medicare program. The fee schedule in this system would provide substantial increases in fees paid to physicians. Just as important, the system uses an RBRVS system that allows frequent updates and the ability to keep fees current in the future. The cost of this was estimated by the Task force to be \$18 million. KMS has been active in working with SRS in changing the fee schedule and it appears that most of the recommendations from the Task Force will be put in effect. KMS reports that \$17.5 million will be allocated for physician fees.

These changes will have significant impact on pediatricians in the state. For example, reimbursement for a standard office visit, a 99213 code, may be almost doubled. In addition, the issue of access of care will be affected. Recent surveys by the AAP have indicated the major reason that pediatricians limit Medicaid patients numbers in their offices is poor reimbursement rates. With the increased rates, we may see more physicians willing to increase the number of Medicaid patients in their practice. What impact this will have on the Governor's Health Care initiative which is hoping to expand health care access to uninsured children, is yet to be seen.

2004 AAP Outstanding Medium Chapter Award Recipient

Issues and Commentary

Legislative Update

by Dennis Cooley MD, FAAP, Editor Kansan Pediatrician

The Kansas legislature seems destined to be centered on the school finance issue this year and so far few health issues have surfaced. It is still too early to say that something major affecting pediatricians won't come up, as much of the legislative session is still left. Sometimes bills that will be of major importance will slip under the radar screen and be voted on towards the end of the session. A prime example was the Medicaid assessment tax legislation that passed last year. This has resulted in scheduled Medicaid fee increases for the first time in thirty years (see page one of this issue). There are a few current issues that are of significance:

Governor / Insurance Commissioner Health Care Initiative

The Governor joined forces with the Insurance Commissioner in an effort of bipartisanship to meet the health care problem in Kansas. This was a very far reaching plan that hopes to expand access to health care for uninsured children and low wage working parents, help small businesses with low cost insurance programs, combine the state's Medicaid and state employee health insurance plans to reduce administrative costs, simplify the administrative paperwork involved in health care, set up a program to provide low cost medications and promote healthy life styles. The plan proposes an excise tax on cigarettes to pay for the costs. For this plan to take effect, the legislature would have to agree with and approve important portions. The most important of these would be the passage of the excise tax on tobacco products. In addition, the legislature would have veto power on any SRS reorganization including those involving taking Medicaid out of its control and joining it with the state's employee's health insurance program. Finally, only the legislature has the power to change Medicaid/Healthwave eligibility.

How likely is any of this to happen? The republicans presented their own health care plan. It was much less inclusive and didn't even mention health care access. Indeed the only provisions seemed to be providing money for a prescription medication plan and calling for healthier food options in school vending machines. In view of the large gap in the two proposals, it seems unlikely that the republicans will be receptive to much of the governor's plan, especially the financial aspects. Still some common ground, such as the healthy options in school vending machines, may mean that parts of the plan could eventually come about.

HB2137—Healthy Options in School

The House Health and Human Services Committee introduced HB 2137 which provides for healthy alternatives in school vending machines. These alternatives may include bottled water, 100% fruit juices, dairy products and fruits and vegetables. Hearing on the bill was held on February 2. A representative from the KAAP, Dr. Sarah Hampl, testified in support of the bill. The bill apparently met much opposition according to a report in the Topeka Capital Journal the next day. The article stated that "Heaping portions of criticism were served Wednesday on a bill that would limit access to public school vending machine foods and drinks of low nutritional value." Industry lobbyists made their presence known. The report noted that "while listening to the debate, committee members nibbled on a freebie snack. The centerpieces? Chips and a soft drink."

The chapter has no lobbyist but we receive frequent updates on the legislature's activities from other child advocacy groups. I would urge all members to stay abreast with the legislature's business by reading the periodic e-mailings that come from this office with these updates. If you have any questions on legislative issues, feel free to contact me at cooleydm@cox.net.

Event Calendar

February 2005

National Children's Dental Health Month

www.ada.org/public/news/events.asp

February 13-19, 2005

National Child Passenger Safety Awareness Week

www.nhtsa.dot.gov

February 22, 2005

Children's Advocacy Day
Ramada Inn, Topeka, KS
Information:

www.kac.org/event.html

March 20-26, 2005

National Poison Prevention Week

www.chp.edu/mryuk

April, 2005

National Youth Sports Safety Month

www.nyssf.org

May 5-6, 2005

KAAP Annual Spring CME Meeting, Workshops and Lectures

University of Kansas Medical Center
Kansas City, KS

Information:

Chris Steege
913-894-5649

kansasaap@aol.com

June 23, 2005

AAP 75th Anniversary!

September 15-16, 2005

SAVE THE DATE!

KAAP Annual Fall CME Meeting, Workshops and Lectures-Wichita Marriott

President's Perspective

Jonathan Jantz, MD, FAAP, Kansas Chapter President



Once again it is cold and flu season here in Kansas, a little later than expected, but here nonetheless. That means that most of us will be working

in a few extra patients, staying a little later in the office and handling a few extra phone calls evenings and nights. On one hand it is extra work. On the other, it is part of who we are in general pediatrics to be there for our patients. The work load goes up, but so does our status in our communities when we do what it takes to take care of our patients and their parents' concerns.

In a parallel manner, we are in a similar mode in KAAP right now. The Kansas Pediatric Foundation is in the midst of raising money to meet the one million dollar challenge grant from Kansas Health Foundation. This means that various members of the Campaign Leadership Committee are trying to find time in their schedules to contact individuals and foundations to explain the importance of the endowment for our "Turn A Page. Touch A Mind." program to bring Reach Out and Read books into pediatric offices across the state. Historically, the biggest problem with delivering books and the message of the importance of reading to children has been funding the books. KPF is our attempt to create a sustainable source of book funding.

The Kansas Child Health Committee is getting off the ground and will be working with KDHE to set policy at a state level. KCHC will be mix of representatives from the KC and Wichita campus of KU med school, KAAP officers, community pediatricians and specialists as well as a handful of representatives suggested

by KDHE. Again, it is a few extra hours donated by pediatricians to take care of kids in Kansas.

A few pediatricians stand out for touching lives in other ways. Dr. Sarah Hampl was recently at the state capitol to testify on changing vending machines in schools around Kansas to provide better and healthier alternatives. She has also been involved as the trial project, Healthy Choices Make Healthy Kids, is coming to a finale. This is the project where five schools have been competing to develop a skit that students create and put on to deliver a message about "healthy choices".

Dr. Pam Shaw has been at the Pediatric Leadership conference sharing insights with other state chapter vice presidents. Dr. Jessica Foster brings back insights from the Legislative conference in Washington DC.

Overall, it is more work just like the cold and flu season, but is part of who we are as pediatricians to take care of the kids in Kansas.

Surfing the Web

Kansas Chapter of AAP

www.aapkansas.org

Please note navigational bar enhancements with Chapter Focus links to Obesity, Oral Health and Early Literacy (TAP-TAM).

American Academy of Pediatrics

www.aap.org

CDC Flu Vaccine Distribution Information

www.cdc.gov/flu/

2005 Immunization Schedule

<http://www.cispimmunize.org>

AAP: Oral Health

www.aap.org/commpeds/doch/oralhealth/links.cfm

KAC: Your Mouth Matters

www.yourmouthmatters.org

Mark Your Calendars

2005 KAAP Spring CME Meeting

New Age Pediatrics

May 5-6, 2005

University of Kansas Medical Center

Kansas City, Kansas

Thursday Afternoon Workshops—Friday Scientific Lectures

Topics Include: CPT Coding, Pediatric Sports Injury and Management, Electronic Medical Record, Oral Health, Red Cell Substitutes, Telemedicine Opportunities, Pediatric Environmental Medicine, The Abuse of HCG, and MRSA in the Community

*Keynote Speaker: Carden Johnston, MD, FAAP
AAP Immediate Past President*

For more information:

Chris Steege

913-894-5649

kansasaap@aol.com

CPT Coding—Year End: How Did Your Practice Fare?

by Stuart Shanker, MD, FAAP, KAAP Coding Representative

After completing 2004's financial analysis for your practice, how did you fare? The issues which face us from one year to the next don't seem to change that much, but the outcome may. An informal survey at the end of the year showed 71% of the pediatric practices in the country were either financially worse off in 2004 or the same as 2003. While the income from most practices may have increased during the year, unfortunately the bottom line stayed the same or decreased.

Thinking this through there are numerous reasons why we may have fallen behind. 2004 produced another change in the immunization schedule with the Prevnar vaccine being stopped and then restarted. How much did you have in stock before the change occurred? How much did you have to order when the price rose? Did insurers pay you any more for the difference in cost or did you ask about this? How did the flu vaccine fiasco affect your practice? Did your usage of Flumist increase and how were you reimbursed for this component? Did you have to order the non-returnable type and then get stuck with it? This one area has large dollar outlays while we wait to see what individual insurers surprise us with through reimbursement.

Many insurers have gone to the policy of bundling to avoid paying for separate items that may have been billable in the past. Well care or preventative care may include such items as urine analysis, hematocrit or hemoglobin levels, vision screens, hearing tests and developmental exams. The key to knowing this is in closely reading the contract for each plan. This allows you to make an

informed decision on taking the insurance or not and how to best handle the lab requirements.

Lab specifically may be a bigger problem this year, as some companies require that all tests are sent to the contracted facility. These include stat results and tests which your office may be better set up to do for better patient care and convenience. Don't be fooled into thinking that you can bill the patient either. Many plans don't allow this in their contract with you. One way that many pediatricians have attempted to get around this is by having the patient sign a release that says they will pay for the test no matter what their insurance coverage includes. While these will work for some instances and some patients, realize that you may be setting up two standards. Those who can pay for it will and those who can't will have to wait or be inconvenienced. While this probably won't create a major problem for any office, it may cause ill will for individuals who feel discriminated against because of their choice of insurance or benefits. Once again, this is the individual patient's choice as to how they wish to apply their personal economics to their medical care. All of us make those decisions daily.

Other factors which have played a part in decreasing the total income of pediatricians have more to do with overhead and what your group includes/excludes as a cost to the practice versus the individual's expenses. Health care coverage of the staff and how much you pay for it or how much you cover for the

employees was a huge increase in 2004. Whether to change plans or the percentage of coverage by your office will make a difference in the coming year as well. Supply costs for both medical and business needs have risen and will need further monitoring. The largest expense is personnel. How you handle the staff in both income and benefits will affect your profitability. Walking the fine line between having a happy, well functioning staff and a group who feels underpaid and under-appreciated is difficult. As in the Ricky Nelson lyric, "You can't please everyone, so you've got to please yourself." Your staff doesn't always see or know the big picture. Keeping them informed of how the practice is doing allows for a better team atmosphere and builds rapport.

CPT coding in 2005 has had its share of changes as usual. Buy the 2005 books and manuals to keep up to date and follow the AAP updates as well as this column. The "Members Only" section of the AAP website, www.aap.org has at least two sections to monitor. The Coding and RBRVS section and the Practice Management section will help when you need a reference area to explore as well as provide answers how these areas work best for you.

The codes that have had a lot of discussion are the new immunization codes, 90465, 90466, 90467, 90468. Using these codes require that the patient is less than 8 years old and that the physician has explained the immunizations to be given. This

(continued on page 12)

Intensive *Caring*



“Helping children is what Intensive Caring is all about.”

Van – Pediatric Physical Therapist

Intensive Caring happens when we are able to earn a child's total trust.

One of the great things about children is the way they connect with you and trust you completely when they know you are there for them. It is a privilege to help a child recover from severe injuries or provide therapy for kids with cerebral palsy or muscular dystrophy. We're here to help children and their families get all the support they need, inside the hospital and throughout their communities.

At Wesley we offer real hope to children and their families, and a feeling that together we can get through anything.

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www.wesleymc.com

Chapter News

Dr. Foster Attends 2004 AAP Legislative Conference

By Jessica Foster, MD, 2004 Resident Representative

As a resident representative to the Kansas AAP executive board, I was privileged to attend the 2004 American Academy of Pediatrics Legislative Conference in Washington D.C. There were over



Dr. Foster meets with U.S. House Representative Dennis Moore during her visit to Capitol Hill.

100 pediatricians representing 36 states at the conference and I was proud to represent Kansas. Many of the attendees were seasoned advocates who provided excellent guidance and advice to the beginners in the group. The conference educated us on advocacy and the legislative process. We also received significant training on the Academy's three key messages:

- Every child must have quality health insurance
- Medicaid and SCHIP for children must be protected
- There must be adequate payment for pediatric services

The legislative conference was a three-day experience culminating in "Hill Visits". In other words, I was

to arrange meeting times with Kansas legislators. On the last day of the conference I was to meet with Senators Brownback and Roberts and Representative Moore to discuss the three key messages. As a novice advocate, I must admit that the "opportunity" to complete a Hill Visit did not, at first, seem like an "opportunity" to me. Instead it seemed an intimidating and daunting task. I pictured the legislators on Capitol Hill in their finely pressed designer suits with neatly polished shoes and trimmed, coiffed hair confidently speaking to crowds on topics ranging from health care to energy costs. I pondered my typical day, dressed in my khakis and cotton shirt, brushing off the cheese curl fingerprints from the morning clinic, and sitting on my knees enticing the shy 2 year-old to my side hoping to catch a glimpse in her ears. It's no wonder I felt out of place on Capitol Hill.

However, I came to learn that it is exactly this daily experience that makes my voice a valued voice. Pediatricians are experts on children and therefore have a unique and important role to serve in advocating for children. The legislators are experts on politics, not kids. It is our job to educate our legislators about what our children need. During my Hill Visits I had a legislative assistant comment to me that their office strived to help the elderly and the disabled, but that the children just don't come knocking on our door.

I challenge you to represent the children of Kansas, as you are qualified to do, and knock on the doors of your legislators this season. Let them know that Kansas kids are important! As the experts who study and care for children, you can provide Kansas kids with the loud voice that they need.

CATCH Grant Awarded

*by Georgina Peacock, MD,
KAAP CATCH Coordinator*

American Academy of Pediatrics has awarded Kansas Head Start Association a Community Access to Child Health (CATCH) planning grant: Oral Health For Special Needs Children.

Valerie Kerschen, MD, FAAP, University of Kansas Medical Center at Wichita Department of Pediatrics, submitted the planning grant proposal in partnership with KHSA. Dr. Kerschen is an active member of the early childhood education community in Wichita and specializes in the developmental needs of children with special needs.

The overarching goal of this grant is to ensure that young children with special needs and their families have physicians, nurses, therapists, dentists, hygienists and early childhood educators who identify and support their oral health needs. The grant calls for creating a plan that is relevant, accurate, and comprehensive to meet the needs of the children and their families.

Congratulations Dr. Kerschen!

Chapter News

Dr. Shaw Attends Pediatric Leadership Alliance Conference

By Pam Shaw, MD, FAAP, KAAP President-elect

For three days in November, AAP chapter vice presidents and District Presidents came together in Toronto, Canada to learn how to improve their leadership skills. Chapter vice presidents were selected for this course to improve the AAP leadership presence in the states and communities where they serve, and to provide a leadership curriculum and tool kit that can be passed along to other chapter leaders.

The PLA, or Pediatric Leadership Alliance, is a partnership between the AAP and Johnson and Johnson Pediatric Institute, LLC that aims to pilot

innovations in pediatric education. This curriculum has been presented twice before this meeting, once to 15 multidisciplinary teams and then in 2003 to young pediatricians in the AAP.

To succeed in pediatrics today the skill set is slightly different than in the past. Physicians need to be successful at working in team situations and learning and mastering systems like managed care in order to be productive, so the leadership of the AAP thought this would be a timely educational initiative for the leadership of the chapters.

The model for the curriculum is one of the most researched models of leadership published in 1995 by Harvard professors James Kouzes and Barry Posner in "The Leadership Challenge." Kouzes and Posner discovered during their research that the most effective leaders followed five primary behaviors. They are:

- 1) Challenge the process
- 2) Inspire a shared vision
- 3) Enable others to act
- 4) Model the way and
- 5) Encourage the heart

Each of the participants were asked to fill out a leadership survey and have their colleagues complete one as well to find out their strengths and weaknesses in each of these areas. The participants were then grouped into teams to work on problem-solving activities that focused on leadership. The activities each day were designed to give the participants tools and abilities to improve in each of these

behaviors of leadership. It was remarkable to see the camaraderie and teamwork that developed on each of the teams. It was also very educational for me to find out more about my leadership style and some ways to improve



Dr. Shaw listens to instructions for the next leadership exercise at the conference.

some of my activities in leadership that will help the academy and also my practice. The last activity of the conference was for each of the participants to complete a leadership contract of one thing that they will change or attempt to accomplish in the next six months. All of the participants will be expected to report our results back to the AAP after the six months time period to see what was produced from the leadership knowledge we obtained at this conference. An online Pedialink module covering the leadership curriculum is now available at www.pedialink.org so all AAP members can get the best of leadership training on line if they want to access it. I found the conference to be a wonderful way to network with vice-presidents from other chapters across the country and to learn how to improve our ability to inspire our chapters to accomplish even more great things for children.

WANTED:

KAAP Members Interested in Serving on the KAAP Immunization Committee

Attention KAAP members interested in serving on the KAAP Immunization Committee: Dr. Jo Ann Harris is the new chair and is excited to increase the committee activities. Dr. Harris hopes to establish a committee of 8-10 members. This committee meets quarterly (usually by conference call) with the opportunity to meet face-to-face at the Spring and Fall CME meetings. Immunization is a "hot topic" in Kansas for children, for adolescents, for parents and for pediatricians.

Dr. Harris is the new Pediatric Infectious Diseases Specialist at the University of Kansas Medical Center in Kansas City and she hopes you will...*Make a Difference for Kansas Kids and Join this Committee!*

More information: Chris Steege 913-894-5649 or jharris7@kumc.edu.

Turn a Page. Touch a Mind. Literacy Program & Campaign

Sites Update

The first seven *Turn a Page. Touch a Mind.* Sites are operating across Kansas. It is estimated that collectively by the end of one year, these sites will have distributed over 22,000 books to children in these communities. Sites are being selected for the coming years. If you are interested in becoming a site for *Turn a Page. Touch a Mind.*, please contact Chris Steege at kansasaap@aol.com.

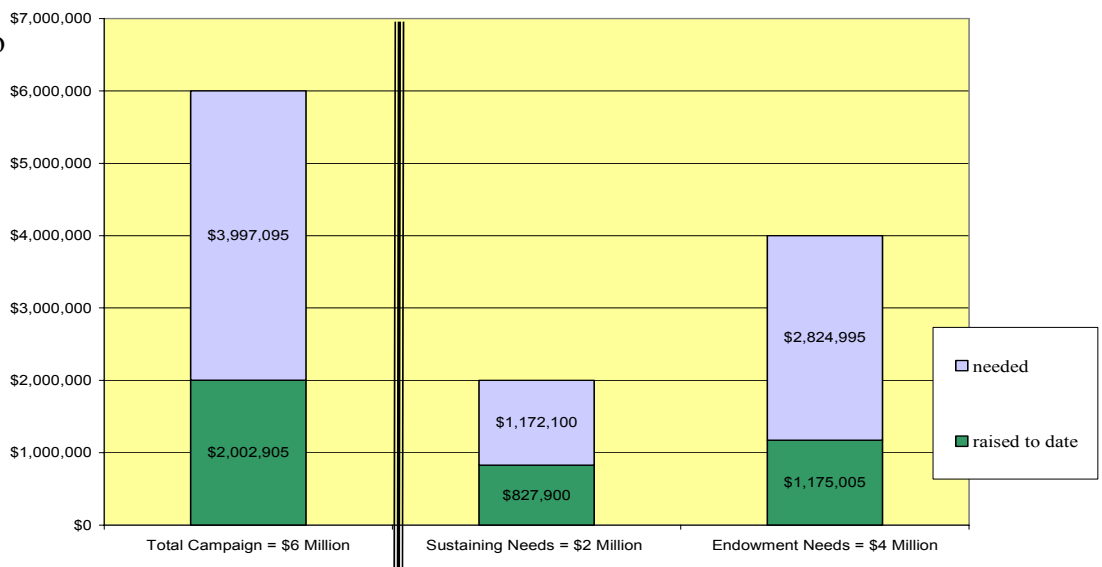


Devon Schultz, right, enjoys a book with one of the volunteer readers at the Chanute site.

Campaign Update

As of: 2/3/05

In order to fund the purchase of the books to be distributed, the Kansas Pediatric Foundation has launched the *Turn a Page. Touch a Mind.* Campaign with a \$6 million goal—\$4 million is needed for endowment, and \$2 million for operating the program until the endowed investment reaches maturity.



Key Campaign Points

Two challenge grants must be met by May 1, 2006.

The first is a \$1 million challenge grant offered by the Kansas Health Foundation to endow the program. If we can raise \$1 million in cash by May 1, 2006 for the Literacy Endowment Fund, the KHF will donate an additional \$1 million. So far, approximately \$175,000 has been pledged toward this challenge.

The second challenge is for those in the Wichita Medical Community. Drs. Mark and Katherine Melhorn have offered a \$100,000 challenge grant to their peers, asking each to make their own stretch gift to the campaign. The Melhorn's will match all gifts to the campaign, up to \$100,000 if \$100,000 is received by the same date—May 1, 2006. Approximately, \$30,000 has been pledged toward this challenge.

Questions: Chris Steege, 913-894-5649, kansasaap@aol.com or Beth Shearer, 785-493-4688, bethshearer@cox.net.

State News

A CLOSER LOOK – Child Well-Being in Kansas Good, Not Great

When it comes to Kansas children, good is not good enough. That message was relayed in a press release dated December 7, 2004 by Kansas Action for Children as it released results of the *2004 Kansas Children's Report Card*. "For the third consecutive year the overall grade in the report card is a B. Some may say that a B is a 'good' grade, but we need to ask if good is good enough for our children," said Gary Brunk, Executive Director of Kansas Action for Children.

The report card, which grades the state in five different categories, looks at several benchmarks to provide a regular and consistent measure of how the state supports child well-being. For the past three years, the state's grades in those categories have remained relatively steady. This year, Kansas received an overall grade of B, with the following marks in specific categories: Safety & Security, B; Health, B; Education, A; Teen Years, C+; and Child Care, C. "Good should not be good enough. Kansas can make the leap from being a good place to raise a child to being a great place to raise a child by committing to commonsense policies that support children and families," said Brunk. "Implementing some of those policies requires public investments, but they are wise investments that will pay for themselves many times over."

KAC staff pointed to several policy initiatives they believe could improve the grades in the report card. According to KAC:

- ◆ The **Safety and Security** grade can be improved by expanding and enhancing afterschool programs throughout the state.
- ◆ The **Health** grade can be improved by increasing the access to affordable health insurance.
- ◆ The **Education and Child Care** grades can be improved by providing voluntary pre-kindergarten.
- ◆ The **Teen Years** grade can be improved by strengthening child passenger safety laws.

In addition to the state report card, 13 other counties in Kansas partnered with Kansas Action for Children to develop their own county report card, including Douglas, Ellis, Ford, Grant, Harvey, Lyon, Marion, Rice, Riley, Sedgwick, Shawnee, Thomas, and Wilson Counties. Funding for the *2004 Kansas Children's Report Card* was provided through a grant from the Kansas Health Foundation.

KU Pediatric Feeding Clinic

The KU Pediatric Feeding Clinic is an interdisciplinary team designed to address feeding and eating issues in young children. The program fosters healthy feeding and eating within the family context for normally developing children, medically complicated children, and children with developmental delays. They serve children birth to 18 years of age, although most of their patients are birth to five years of age. A unique feature of the team is a close relationship with Drs. Paul Hyman and Jose Cocjin, two nationally renowned pediatric gastroenterologist with expertise in feeding issues.

Prior to the child's initial visit, the family will be asked to complete an intake and other questionnaires to help the team learn about the child, his/her feeding difficulties, and their family. For the initial visit, the family will see the standing members of the KU feeding team which includes a dietitian, pediatric psychologist, occupational therapist and speech language pathologist, along with a pediatric gastroenterologist. The team gathers information from the family and watches the child eat and drink. The family leaves with specific recommendations and a plan to improve the child's feeding and eating, as well as a formal report that is sent to the referring physician. Follow-up care is determined on an individual basis by the team. These visits could be scheduled as frequently as once per week, or as infrequently as once every six months.

If you would like to refer a patient to the KU Pediatric Feeding Team, please contact Catherine Mangiaracina at 913-588-5744.

KAAP Congratulates New Chapter Fellows

John Gatti, MD, FAAP
Overland Park, Kansas

Georgina Peacock, MD, FAAP
Kansas City, Kansas

Immune System,
Cognitive and Bone
Development

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ADVANCE[®]
Infant Formula with **IRON**

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www.rosspediatrics.com

National News

PSAAC—Your Reimbursement Advocate

by Kathy Cain, MD, FAAP, KAAP Member, Private Sector Advocacy Advisory Committee Member

The Private Sector Advocacy Advisory Committee (PSAAC) was developed to improve the private payer coverage environment for pediatricians. One of the first objectives is to encourage pediatricians to utilize the on-line Hassle Factor form found in the Member Center to gather data on the payer issues and monitor trends in the private payer market and then engage those carriers in implementing expanded coverage. One of the latest concerns is reimbursement for pediatric obesity as well as for ADD/ADHD. PSAAC also plans to enhance reimbursement for pediatric immunizations by advocating for appropriate reimbursement for the vaccine product as well as administration of the vaccine. With the advent of the up and coming health savings accounts, PSAAC's objective will be to preserve coverage and reimbursement for preventive care services. In the March and April editions of AAP News, a two part article on Consumer Driven Health Plans and their impact on pediatric practice will be published. These articles will inform members on private health financing programs and strategies to handle them. Through articles in AAP News and email list discussions in particular, PSAAC will communicate with members on reimbursement issues, business strategies, and negotiating tactics with private payers. All the stuff they didn't teach us in medical school.

One of the main objectives is to foster national and chapter communication regarding reimbursement issues through a designated chapter private sector advocate. In order to strengthen national and chapter communication on these activities, chapters are encouraged to assign a key contact within the chapter to coordinate information exchange among the AAP, chapters, and members. This chapter private sector advocate (CPSA) would coordinate communication between chapter practice management, pediatric council, and child health financing activities. The CPSA would be the conduit for private sector issues through a national email list designed to share information on national and chapter private sector issues. The CPSA could be a pediatric council member, a member of the Section of Administration and Practice Management, or another member with an interest in reimbursement issues. PSAAC is now inviting all chapters to consider this opportunity to share information on issues and strategies related to enhancing the health plan coverage of pediatric services.

Medicaid Update and Action Request

*By Kathryn Piziali Nichol, MD, FAAP,
AAP District VI Chairperson*

A topic of major concern at the recently concluded Advisory Committee and Board of Directors' meetings, and probably for the next four years, is the issue of Medicaid and SCHIP. It is expected that the President's proposed FY 2006 budget will include a sizable cut to Medicaid. The proposed cuts may be coupled with changes to the existing Medicaid financing structure, including capping federal financing of Medicaid in the states. There have been discussions with several states about waiver proposals that could lead to caps in Medicaid financing. Medicaid has become the program in most states that is the largest expense item, so states also are looking for ways to cut the cost of Medicaid, which is why the waiver is attractive to some states. The AAP's message on Medicaid is:

- Maintain the individual entitlement to Medicaid
- Ensure appropriate/adequate physician payment under Medicaid
- Protect the Medicaid benefits, critical for children (e.g. EPSDT)
- Protect the SCHIP program and its funding
- Do not substitute tax credits for the Medicaid program

The National Governors Association (NGA) does not want Medicaid reform to include shifts from the federal government to the states, nor do they feel such reform should be part of a federal budget reduction and reconciliation process. The Governors will be meeting February 26—March 1, 2005 at which time they will discuss the proposed cuts to Medicaid in the President's budget proposal. The AAP has sent a sample letter to Presidents of the Chapters encouraging them to write their governor to advocate for the Academy's position on Medicaid including that there be no diminution in eligibility, benefits or reimbursement for services rendered for the population we serve, reminding them of the cost effectiveness of caring for children who are enrolled in Medicaid and reminding them of the five key issues noted above. We need to continually point out that children, while making up over 50% of the Medicaid population, account for less than 25% of the cost of the program.

On another Medicaid related topic, the AAP continues to advocate for the establishment of a Medicaid Payment Advisory Commission that would advise CMS and Congress on physician coding and payment policies related to state Medicaid programs, in a similar fashion to the Medicare Payment Advisory Commission with respect to Medicare payment policies.

**KANSAS CHAPTER OF AAP
OFFICERS**

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Vice President

Pam Shaw, MD..... Kansas City

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Charlotte Seago, MD Liberal

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Robert Wittler, MD Wichita

Committees

AdolescentLore Nelson, MD

Breastfeeding..... Nancy Powers, MD

Medicaid Reimbursement

..... Jonathan Jantz, MD

.....Dennis Cooley, MD

Immunization..... Jo Ann Harris, MD

Nutrition.....J. Lynn Casey, MD

Legislative.....Dennis Cooley, MD

SAFE KIDSDennis Cooley, MD

School Health..... Michael Blum, DO

Special Health Care Needs

..... Valarie Kerschen, MD

..... Kathryn Ellerbeck, MD

Appointments

Grant/CATCH.... Georgina Peacock, MD

Child Care..... Greta McFarland, MD

EMSC Vacant

PROS Greta McFarland, MD

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Lending Library Material

Below is a list of items available for checkout. Please contact the Chapter office at (913) 894-5649 or kansasaap@aol.com for more information or availability.

SLIDE PRESENTATION

Strategies for Managed Care-Slide Presentation
Visual Diagnosis of Child Physical Abuse-Slide Presentation
Preventing Firearm Injury: Protecting Our Children
Child Restraint Systems: Getting It Right

BOOKS

Pediatrician's Role in Promoting Health and Safety in Child Care
A Pediatrician's Guide to Managed Care
AAP Pediatric Clinical Practice Guidelines & Policies
Caring For Your Baby and Young Child: Birth to Age 5
Caring for Your Adolescent: Age 12-21
Sports Medicine: Health Care for Young Athletes
Emergency Medical Services for Children:
 The Role of the Primary Care Provider
Pediatric Nutrition Handbook
Handbook of Common Poisonings in Children
Kansas Kids Count DataBook
National Kids Count Data Book
Managed Care - and Children With Special Health Care Needs
Pediatric Education in Community Settings: A Manual
Guide to Substance Abuse Services for Primary Care Clinicians:(Manual)

SPEAKERS KITS

Children Our Future: The Case for Preventive Care
Silence the Violence
Children, Channels, Choices: TV and Your Family
Emergency Medical Services for Children: A Child's Life Depends on It
Childhood Injury: It's No Accident
Environmental Tobacco Smoke: and Other Indoor Air Pollution
 Problems Affecting Children
TIPP: A Guide to Safety Counseling in Office Practice
ALL Kids Safe: Fact Kit on Child Passenger Safety

VIDEO

"Raising Healthy Children: A Guide for African American Families"
Before It's Too Late, Vaccinate
"Don't Shake the Baby" by Kathy Melhorn, MD, KUMC Wichita Staff
 & Kansas SRS Staff
Begin with Love-The First Three Months: Connecting with Your Child

CASSETTE

Judge Charles Gill, 1996 AAP Forum Speech
STOP: Steps TO Prevent Firearm Injury(Cassette & Packet Information)

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In This Issue

Medicaid Fee Increase

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Legislative News—HB2137

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KAC Report Card Results

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Medicaid: Call to Action

CPT Coding (Continued from page 4)

explanation should include the use of the “VIS” sheets and answering the parent’s questions. These do not totally replace the 90471-74 series. They can be used together but one cannot use the first of each set during the same visit. An eight page handout is available through the AAP for those who have further questions. The other issue with the codes is that the RBRVS for both sets of codes is now the same. They are twice the 2004 RBRVS. Part of the concern is whether insurers cover the new ones and when. By HIPAA requirements, this should have happened January 1, 2005 but I’m sure you know that this did not occur across the board. Some insurers have told us that they won’t have it in their system until April 2005. Find out from each of your plans if they cover the new codes and what it pays versus the old set. As you may be using both sets, look at the details to prevent errors.

A code that has been around for a while but is underutilized is 99420, administration and interpretation of health risk assessment instrument (e.g. health hazard appraisal). Certainly each office has a method of evaluating the health status of its patients. The advantages of using a documentable instrument are the same as using a template or emr to improve patient care. Not only do you identify the patient’s health risk and help improve their situation but these items help you to complete an audit if so required as well. Once again, good documentation improves medical care. Payment for what you actually do to help in that process is available for those who utilize the CPT system.

In 2004 I asked that the pediatricians of Kansas share their CPT successes/problems with each other by e-mailing the state AAP website, kansasaap@aol.com. This is one way we can help each other to improve our coding without being in conflict with federal antitrust law. By helping each other we also help our patients with their potential out of pocket charges and insurance hassles. Pediatricians in other states use a “Hassle factor form” available through the AAP website, www.aap.org. This is also usable to share with others in Kansas. In 2005 let’s get more information and learn from each other.