Welcome to the February 2014 issue of the American Academy of Pediatrics (AAP) Pediatric Practice Managers Alliance (PPMA) monthly newsletter! All PPMA members are encouraged to submit articles. Articles should focus on some aspect of pediatric practice or clinic management and be between 300-900 words in length. The newsletter is not possible without the excellent articles written by PPMA members so please consider submitting an article by sending it to Jose Lopez, Manager, Practice Management, at jlopez@aap.org.

PPMA MEMBERSHIP
PPMA membership continues to grow at a steady rate, with membership now at 150 members across the country. Please continue to refer PPMA to your colleagues. You can invite them to join PPMA by referring them to the PPMA Web page and the PPMA Membership Application.

PPMA LEADERSHIP TEAM
Cheryl Arnold, MHSA, FACMPE has been selected as the newest member of the PPMA Leadership Team and will represent AAP District VII (States of TX, OK, AR, LA, MS). Mrs Arnold has been employed by Central Arkansas Pediatric Clinic (CAPC) since October 2002. During her tenure, CAPC has doubled in size and transitioned to Electronic Medical Records which transformed the operations of the practice. An active member and past-president of the Arkansas chapter of the Medical Group Management Association (MGMA), Mrs Arnold was named Administrator of the Year in April 2011, an award jointly sponsored by Arkansas MGMA and State Volunteer Mutual Insurance Company. She currently serves as the community representative on the Provider Network and Payor Relations Committee for Children’s Healthcare Services/Arkansas Children’s Hospital. Please join me in welcoming Cheryl to the PPMA Leadership Team!

FEBRUARY 2014 SOAPM-PPMA PRACTICE MANAGEMENT WEBINAR
Please join us on Thursday, February 20, 2014 from 7:30 - 8:30 pm EST for the next free monthly Section on Administration and Practice Management (SOAPM)-PPMA practice management webinar, Medical Malpractice: A Practicing Pediatrician's Bird-Eye View. Herschel Lessin, MD, FAAP will share his experience and knowledge in the field of Medical Malpractice from a practicing pediatrician's point of view. To reserve your Webinar seat now, click here. After registering you will receive a confirmation e-mail containing
information about joining the Webinar. The webinars are recorded and made available to members who cannot attend live to view at their convenience.

Disclaimer: The presenter is not an attorney. The information provided during this session is general in scope and educational in content. It should not be construed as legal advice. Different facts and circumstances may dictate that a different rule or law may apply. Some of the information in this webinar is based on the opinion and experience of the presenter and does not reflect the knowledge and expertise of the AAP Committee on Medical Liability and Risk Management. As always, physicians should consult their personal attorneys about legal requirements in their jurisdictions to obtain legal advice on particular matters.

SAVE THE DATE: MARCH 2014 SOAPM-PPMA PRACTICE MANAGEMENT WEBINAR
Please save the date of March 19, 2014 from 2:00 – 3:00 pm EST for the March 2014 SOAPM-PPMA Practice Management Webinar. PPMA Leadership Team Member, Lynn Cramer, RN-BC, will present on Creating Exceptional Employees. Registration information will be forthcoming.

AAP RESOURCES
The AAP offers a number of practice management resources to assist you:
- AAP Practice Support Page, the online home to pediatric practice operations resources
- AAP Coding Hotline, which can assist you with Coding Questions
- Hassle Factor Form, to report insurance administrative and claims processing concerns
- Webinars, a listing of all AAP webinars by topic

THINK AND ACT LIKE A TEAM MEMBER
Debbie Cashion, FACMPE, PPMA Leadership Team Member
As pediatric offices strive to achieve patient centered medical homes (PCMH) and Meaningful Use, we all need to think and act like team members. We all need to engage our employees to make our practices the best they can be. We can start by being a team member.

1. I AM PART OF THE TEAM.
   - Set example in terms of work habits and morale
   - Make decisions which are best for all involved; see the big picture

2. I AM ACCOUNTABLE.
   - Finish the work in a timely and accurate manner

3. I WILL USE ALL AVAILABLE RESOURCES.
   - Avoid turfdom battles
   - Provide opportunity for others to learn and grow
   - Demonstrate ability to secure/share information

4. I WILL BE A PROBLEM SOLVER.
   - Demonstrate initiative
   - Present solutions and alternative ways
   - Avoid making last-minute panic decisions

5. I WILL ACCEPT PEOPLE THE WAY THEY ARE AND WORK WITH THEM.
   - Treat everyone fairly and objectively
   - Avoid personality clashes
   - Don’t pre-judge people
6. I AM HUMAN AND I WILL MAKE MISTAKES AND SO WILL OTHER TEAM MEMBERS.
   - Do what is best and try not to make the same mistakes several times

7. I WILL REALIZE THAT “FAIR” DOESN’T ALWAYS MEAN EQUAL.
   - Being fair means being sensitive to others’ needs; everybody isn’t always treated the same
   - Demonstrate that you are honest and ethical
   - Help team members to build on strengths and don’t expect to “clone” any one person

Keeping Children Covered: How Your Practice Can Help Families Navigate the Affordable Care Act

Kimberley Robbins, PPMA Leadership Team Member

We have all heard the nightmarish reports of the slow start ups, down time and navigation difficulties of the Federal and individual State Healthcare Exchanges. But so far, it looks like the Affordable Care Act (ACA) is here to stay so embracing the program (or at least learning to negotiate it), and finding out how it can help your practice and your patients is in the best interests of both.

Even working day to day in the world of medical care finance and dealing with insurance company Web sites, Explanations of Benefits (EOBs), and claims jargon on a continual basis, we often find it difficult to figure out exactly what the insurance plans are trying to convey. Let alone the differences between the plans! Imagine how much confusion and anxiety this causes in the families of our patients who have much less experience and knowledge of health insurance. Is it any wonder so many people give up trying to navigate the Exchange Web sites?

Despite the continuing Exchange difficulties, 2 million people nationwide have obtained Exchange coverage and another 1.5 million have acquired Medicaid or CHIP coverage. Bit by bit, Exchange operability is improving. By developing an in-house expert “Exchange Navigator”, your practice can help families obtain or maintain coverage and assure continued covered visits to your office.

Admittedly, in Washington State where I am located, we have had better luck with fewer snags in establishing our Marketplace. With that being said, the development years ago of an in-house advocate to help families who have lost insurance enroll in Washington’s Apple Health for Kids program has allowed us to keep children covered, and receiving medical care, when they otherwise would not.

Most State-run Exchanges have resources and training to help you develop official “Navigators” in your office. Some States have financial support available to help cover the cost of implementing the program. Initially, Washington State offered a competitive grant program that allowed us to obtain a PC and scanner for use at the front desk to upload needed proof of earnings documents, assist the family with the on-line enrollment, and track the process through to acceptance. The role of the Navigator is to become fluent in your State’s Exchange and to help families enroll. In our office this was an easy transition, as we already had an in-house advocate who helped families when they lost insurance.

Families are identified using the practice management system to report on lost coverage through insurance add/drop lists, and through patient billing statements. A letter of introduction about the program, the assistance we can offer, and the business card of the Navigator is sent to the family, inviting them to call or walk in for help with enrolling in coverage. Families are often identified as part of pre-visit insurance verification as well.

In these cases, the appointment confirmation call that is made 3 days ahead is made by the Navigator. During the call, an explanation of the program is provided and the family can bring the necessary information to the appointment and be enrolled during that same office visit.

Though this extra work can seem like a drain on practice resources, it is actually an investment to assure payment for your services and continued future visits. States with their own Exchanges often require Medicaid patients to recertify for continued coverage through the Exchanges. If families cannot navigate their way through
this process and lose coverage the result is unpaid visits for you practice, fewer visits to your office, sicker children, falling well child and immunization rates and higher emergency department use.

When families lose commercial coverage but are continuing to access care due to acute care needs or chronic health conditions their personal balances grow. By helping them enroll in Medicaid, we are often able to qualify them retroactive to the date of lost coverage. We can then bill the visits that would otherwise be on long payment plans or go unpaid on their accounts. In 2013, by using our in-house coverage advocate, our practice of 6 FTE pediatricians and 3 FTE PNPs was able to obtain retroactive coverage that allowed us to recover $31,000 in payment on otherwise lost revenue. That figure alone more than made up for the minor investment of developing our in-house navigator and the time spent working with families. The revenue generated from visits that may not have occurred if coverage had not been in place cannot be calculated.

The reality for our practice is that our pediatricians would not have turned these families away from care for lack of ability to pay, but for the most part the family would delay accessing care due to the financial burden. In the end, advocacy is a win-win for all: care in the medical home when it is needed, timely well child and immunization schedules, healthier children, and a healthier bottom line.

Resources:
Kaiser Family Foundation Web site has state by state maps that can tell you what navigator-assistance programs, including training, are available in your state. After clicking on your state, look under Consumer Assistance and Outreach.