

## **ARTICLE 1**

### **Medical Home Certification and the Medical Home Index**

#### **50 Colorado practices currently working on Medical Home Certification**

The American Academy of Pediatrics and the American Academy of Family Practice have promoted the concept of a medical home for many years now. A recent combined statement by the two academies reaffirmed their support of the concept. The Academies believe that all children should have a medical home where care is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. For a reminder of the American Academy of Pediatrics description of a medical home for children visit [www.cchap.org/nl32/#1](http://www.cchap.org/nl32/#1).

Around 50 of the 150 CCHAP-affiliated pediatric and family practices are in the process of obtaining “medical home certification.” The Colorado Department of Health Care Policy and Financing (HCPF), which administers Medicaid in Colorado, is directed by Senate Bills 07-130 and 07-211 to document that children on Medicaid receive care in a quality medical home. HCPF is asking practices that are receiving the enhanced reimbursement (as a CCHAP – affiliated practice) to obtain Medical Home Certification to document the quality of the medical home they provide to children on Medicaid. Practices that have affiliated with CCHAP in the past 8 months have already begun the certification process. The remaining CCHAP-affiliated practices will be asked to begin the certification process very soon.

As a reminder, practices receive higher reimbursement for preventive care as the reward for the practice’s commitment to providing a quality Medical Home for Medicaid children.

### **CERTIFICATION PROCESS**

#### **CCHAP Orientation**

- ◆ Each practice when they become affiliated with CCHAP receives an orientation to CCHAP services. This is the first step in the Medical Home Certification process. And, all CCHAP-affiliated practices have completed this step.

#### **Medical Home Index**

- ◆ After CCHAP orientation, the practice is contacted by the Medical Home Navigator from Family Voices of Colorado to schedule a time for a group meeting in your practice to conduct a practice self-assessment using a nationally respected survey, The Medical Home Index.
- ◆ The Medical Home Index is completed at the group meeting with as many of the practice staff and providers as possible. And the group can discuss the elements of Medical Home. For a look at the medical home index, [www.cchap.org/nl32/#1](http://www.cchap.org/nl32/#1)
- ◆ The Navigator will conduct informal interviews of some families coming to your practice that day asking them to assess the practice’s medical “homeness,” too.

### **Quality Improvement Projects**

- Within a few weeks after the practice takes the MHI, the practice manager will be contacted by a Quality Improvement Coach with CCHAP. At that time, you will receive your Medical Home Index results, as well as guidance as to how to interpret the results. HCPF requests that your practice select some element of medical home-“ness” that your practice would like to improve.
- The Quality Improvement Coach from CCHAP - **at no cost to your practice** - is available to help you decide what QI project your practice would like to work on, develop strategies for making the changes you want to make, and measure the effectiveness of the resultant changes.

### **AAP and AAFP Board Certification for pediatricians and family physicians**

Both the AAP and the AAFP require that all physicians, when they recertify, develop a quality improvement project in their practice as part of their recertification. So, CCHAP is helping you obtain both professional board certification and Colorado Medicaid medical home certification.

### **For more information**

Shortly, we will be expanding the Medical Home Certification process to all CCHAP practices. More information will follow. You may also contact Anita Rich ([Rich.Anita@tchden.org](mailto:Rich.Anita@tchden.org)) or Angie Goodger ([angela@cchap.org](mailto:angela@cchap.org)) for more information.

## CCHAP's Quality Improvement Coach

CCHAP works closely with HCPF, Family Voices of Colorado and the Colorado Clinical Guidelines Collaborative (CCGC) to offer practices with technical assistance to enable them to develop continuous quality improvement programming. Practices will be assisted in making any changes they feel they want to make to improve efficiency or to improve their “medical home-ness.” Your practice chooses what to work on and what kind of assistance, if any, you want.

Quality Improvement according to Merriam-Webster:

- Quality - a degree of excellence
- Improvement - something that enhances value or excellence

Implementing Quality Improvement (QI) projects can enhance the excellence of any practice! QI processes can be applied to anything you want to work on and can enable an organization to apply *best practices* and improve overall practice efficiency, effectiveness and/or performance. QI can involve both prospective and/or retrospective reviews of practice processes, and is most successful when adopted by leadership and the entire organization. In its simplest form QI studies processes, collects data and evaluates results. It also allows practices to develop more efficient care, modify processes to reduce errors, and improve morale.

Your CCHAP Quality Improvement Coach is **Angie Goodger**. Angie holds masters degrees in Public Health and Healthcare Administration. Angie comes to us from Minnesota where she previously worked as a home healthcare manager. Angie is very excited about diving into the world of Quality Improvement.

## **ARTICLE 2**

### **The Colorado Pediatric Postpartum Depression Screening and Referral Toolkit**

Developed by Brian Stafford, MD, MPH  
Medical Director, Perinatal Mental Health Program, The Children's Hospital

Visit the CCHAP website to download the complete toolkit to enable a primary care practice to recognize and refer women with post-partum depression.

[www.cchap.org/nl32/#2](http://www.cchap.org/nl32/#2)

Why should every pediatric and family practice implement this toolkit?

- ▶ Postpartum depression is a serious medical and psychiatric illness and a significant health concern.
- ▶ Approximately 12% of all new mothers develop symptoms consistent with a major depression in the post-partum period.
- ▶ If left untreated, half of these mothers, about half will continue to have symptoms that last greater than 1 year.
- ▶ These symptoms include sadness, lack of energy and pleasure, irritability, guilt, anxiety, as well as thoughts of wanting to harm the infant.
- ▶ Several lines of research have shown that post-partum depression has significant risk for the child's cognitive, social, and emotional development and may impact school readiness.
- ▶ In addition, the depressive symptoms lead to difficulties in the mother-infant and parental relationship.
- ▶ The depressive symptoms are also associated with excessive urgent care and emergency room visits as well as missed scheduled routine pediatric visits.
- ▶ Providing pediatric anticipatory guidance to a depressed caregiver does not change any parental behaviors in regard to safety, sleep, nutrition, reading, and interaction.
- ▶ Pediatric care providers of infants are in a strategic position to screen and refer depressed mothers for behavioral health evaluation and support.
- ▶ Pediatric provider inquiries about maternal health have been viewed as appropriate by mothers.
- ▶ Primary care providers, historically, have low rates of detecting maternal depression and few primary care providers have a systematic approach to screening for maternal depression.

## **ARTICLE 3**

### **CCHAP PRACTICE SURVEY**

Our 2009 CCHAP Practice Survey has been emailed to providers, practice managers and staff. Please take a few minutes to complete the survey. You will have the option to enter a drawing to win an Ages and Stages Developmental Screening kit valued at \$500.00, upon completion of the survey. Your feedback will help us to continue to improve our services to practices that care for Medicaid and CHP+ children throughout the state. Thanks you for your support!

If you have not received the survey link in an email, you may use this link to access the survey:

[http://www.surveymonkey.com/s.aspx?sm=gDLvefiyGOpJdo\\_2b7o464A\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=gDLvefiyGOpJdo_2b7o464A_3d_3d)

Or visit [www.cchap.org/nl32](http://www.cchap.org/nl32) to follow through this link there.

ATTENTION: Survey is for doctors and staff of CCHAP-affiliated practices only.

## **ARTICLE 4**

### **Practice Manager's Corner - November**

By Kevin Heckman

#### **MEDICAID BILLING PRESENTATION**

We are excited to announce in advance that Gina Robinson from HCPF will be doing a presentation for all CCHAP practices at our Practice Manager meeting on January 13, 2010. Gina is the Program Administrator for the Office of Client and Community Relations. She has requested that we provide her with specific topics issues related to Medicaid billing so she can get into as much detail as possible.

Please email Kevin Heckman [heckman.kevin@tchden.org](mailto:heckman.kevin@tchden.org) with issues you would like to have addressed during this presentation. Thanks!

#### **Bilirubin Lights for Medicaid Patients**

The best way to help insure that you will be able to get bili lights for a Needy Newborn (children born to mothers who were on an open Medicaid case at the time of the delivery) is to fax an Add-A-Baby form immediately to 303-866-4517 and write in large letters "EMERGENT!" at the top of the form. You may also call the department at 303-866-4456 to ask for an emergent Medicaid number for the patient. Please do this even before any test results have come back so you will have the Medicaid number in case you need to order the lights later. Make sure you get a Medicaid number for the newborn before 5:00 PM.

## **ARTICLE 5**

### **The Pediatrician's Role in Infant Oral Health**

Pediatricians ask their patients to open their mouths and say “Ahhh” every day in their practices. But how comfortable are they looking at the teeth and gums and making an oral health assessment? We now know that dental decay is the #1 chronic childhood condition and is more prevalent than asthma. Colorado statistics generated by the CDC School Survey indicate that 23% of Colorado kindergarteners began school with untreated decay and 53% of 3<sup>rd</sup> graders had either treated or untreated decay.

Pediatricians are in a unique position to improve oral health among children since they see children earlier and more frequently than community dentists. They can perform counseling on the importance of oral health and hygiene at home and review diet and risk factors to improve oral health and overall wellbeing in their patients. Risk assessment and anticipatory guidance counseling may begin as early as 3-6 months depending on the child. In addition to counseling, the pediatrician may also apply fluoride varnish twice a year to help remineralized the teeth and prevent cavities. Pediatricians should be properly trained on how to apply fluoride before attempting this procedure in the office.

The American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) have recently joined forces to create the Oral Health Initiative of the AAP. The goal of this program is to educate pediatricians about the Age One dental visit as well as training physicians how to perform infant oral health assessments and risk assessments in their office. In addition to national initiatives, there are local programs offered by The Children's Hospital Dental Clinic and the University of Colorado School of Medicine Area Health Education Centers (AHEC). The program, called Cavity-Free at Three, offers dental care for children less than three years old and oral health training for community providers interested in learning more about current oral health practices and techniques.

#### **Cavity-Free at Three Dental Clinic:**

The Children's Hospital Dental Clinic in conjunction with the University of Colorado School of Dental Medicine has created the Cavity-Free at Three Program to help address the need for preventive dental care in young, underprivileged children.

The program serves children less than three years of age with the primary goal of preventing dental decay by educating caretakers about the best oral health care practices for their children. The program accepts Medicaid, CHP+, all insurance types and offers payment plans for self-pay patients. At each appointment a board certified pediatric dentist, together with the child's primary caretaker, reviews oral hygiene practices at home, fluoride exposure, diet considerations, and general anticipatory guidance principles. The child also receives a dental prophylaxis, dental examination and fluoride varnish application. Currently the Cavity-Free at Three Program sees children on Thursdays and Fridays at the Children Hospital's Dental Clinic. Appointments for Cavity-Free at Three can be made by calling (720) 777-6788.

### **Cavity-Free at Three Physician Training:**

The Cavity Free at Three Physician Training Program is a collaborative statewide effort directed towards prevention of oral disease in young children. This program is now administered through the Colorado Area Health Education Center (AHEC) within the University of Colorado at Denver School of Medicine. Cavity Free at Three provides training and technical assistance to dental and medical providers in the community interested in performing oral health assessments, counseling to primary caregivers as well as risk assessment skills. The comprehensive oral health training provided by the Cavity-Free at Three Program consists of a lecture component and a practical hands-on session. This program offers training opportunities for primary care providers to perform oral health assessments and apply fluoride varnish so they may be reimbursed according to the new Medicaid guidelines introduced July 1, 2009.

In addition to the training opportunities through the Cavity Free at Three Program, providers can access training online through the Smiles for Life curriculum at <http://www.smilesforlife2.org/powerpoints.html>. Completion of Module 2, "Child Oral Health," and Module 6, "Fluoride Varnish," are vital to the success of implementing oral health into everyday practice. It is also recommended that providers view the videos on the "Lap to Lap Child Oral Exam," and the "Application of Fluoride Varnish," at <http://www.smileforlife2.org/videos.html>.

For more information about the Cavity-Free at Three program and how to implement oral health assessments and counseling in your office, please contact Dr. Elizabeth Shick at The Children's Hospital Dental Clinic at (720) 777-7038 or Karen Savoie at the AHEC office at (720) 724-4750. To schedule oral health training through the Cavity-Free at Three Program, contact Susan Evans at (303) 724-5191.



### **Prevention of cavities by primary care providers for children on Medicaid**

Children, whose care is covered by Medicaid, have 2-3 times as many cavities as other children. Reduction in the number of cavities can be accomplished by preventive counseling (especially regarding the child's specific high risk factors) and by application of fluoride varnish. Colorado Medicaid would like primary care providers to assess cavity risk, do a good oral exam, provide anticipatory guidance on cavity prevention and apply fluoride varnish. And Colorado Medicaid is reimbursing generously for this.

Effective July 1, 2009, trained medical personnel may administer fluoride varnish for moderate to high caries risk Medicaid children, ages 0 through 4 (until the day before their fifth birthday), in conjunction with an oral evaluation and counseling with a primary caregiver after performing a risk assessment. Risk assessment forms may be found at: <http://www.cavityfreeatthree.org/GetMaterials/ProviderMaterials> and documentation should be part of the client's medical record. The fluoride varnish can be applied by a medical assistant. The oral exam, risk assessment and counseling should be done by the primary care provider. Medical personnel that can bill directly for these services include MDs, DOs, and nurse practitioners. Trained medical personnel employed through qualified physician offices or clinics can provide these services and bill through the physician's or nurse practitioner's Medicaid provider number.

You need to do the following at a well child visit:

1. complete oral exam and assessment of risk factors (like nighttime bottle) by provider
2. anticipatory guidance about preventing cavities
3. apply fluoride varnish

And then you can bill for (1) the well child visit (and you will get the enhanced reimbursement for being a CCHAP-affiliated medical home), (2) the comprehensive oral exam and anticipatory guidance and (3) applying the fluoride varnish. The reimbursement for numbers 2 and 3, when combined, will average between \$35 and \$45 depending on the age of the child. Here is what Colorado Medicaid says to do on the billing for the dental care

**For children ages 0-2 (until the day before their third birthday):**

In private practice, children ages 0 through 2, **D1206** (topical fluoride varnish) and **D0145** (oral evaluation for a patient under three years of age and counseling with primary caregiver) should be billed on a Colorado 1500 paper claim form or electronically as an 837P (Professional) transaction.

**For children ages 3 and 4 (from their first birthday until the day before their fifth birthday):**

In private practice, children ages 3 and 4, D1206 and **D1330** (oral hygiene instructions [in place of D0145]) should be billed on a Colorado 1500 paper claim form or electronically as an 837P transaction.

**Reimbursement** - The fluoride varnish D1206=\$15.37. **Medical providers** must do D0145 for under age 3 and D1330 for over three. Therefore, the reimbursement for under age three is  $\$15.37 + \$29.20 = \$44.57$  and for ages three and four is  $\$15.37 + \$20.45 = \$35.82$ .

**Additional information from Medicaid** – They want medical providers to do this only a maximum of 2 times a year per child and only at well child visits. In order to provide this benefit and receive reimbursement, the medical provider must have participated in on-site training from the Cavity Free at Three team or have completed Module 2 (child oral health) and Module 6 (fluoride varnish) at the Smiles for Life curriculum at <http://www.smilesforlife2.org/powerpoints.html>.) It is also recommended that providers view the videos on the Lap to Lap Child Oral Exam and the Application of Fluoride Varnish at <http://www.smilesforlife2.org/videos.html>. Documentation for this training should be saved in the event of an audit.

**Comment by Steve Poole:** I got trained and it is a challenge to dry the teeth prior to applying the varnish, but even I could learn it. It takes a couple of minutes. The oral exam takes seconds by the provider. The oral anticipatory guidance adds a few minutes, since we tend to do most of it anyway.