Pediatric Council Meeting 10/13/2015 –Minutes

MedChi Headquarters, Baltimore

In Attendance:

Michael Levitas, Council Chair, AAP
Jim Rice, Council Chair, AAP
Robert Kritzler, Johns Hopkins Helathcare
Bob Sadowski, Carefirst
Rick Fornadel, Aetna
Jeff Bernstein, Pediatric and Adolescent Care of Silver Spring
Colleen George, MedChi
Kate Connor, JHU
Paula Minsk, Ex-officio

The meeting was called to order at 4 pm by Chairs Michael Levitas and Jim Rice. A procedural note for the agenda and the minutes is an individual's name is now listed after the agenda item in cases where it is possible to identify an item specifically suggested for the agenda by an individual.

A. Old Business

1. **Howard County telemedicine model for school based health delivery**

No information was immediately available but an update will be solicited

2. **Lack of payment for well care if a visit occurs less than 365 days after the prior well care visit (Aetna and United Healthcare) – Scott Krugman**

Though Scott Krugman was not present the issue was discussed. Pediatricians noted that this policy creates significant difficulty particularly in instances where patients move practices and when patients need pre-participation physicals within a certain time frame. Payors acknowledged this difficulty though cited the need for clear definition of benefits for members. Many companies now have a grace period prior to 365 days, during which time annual well care is covered. Examples cited were Priority Partners which allows a visit 45 days prior to 365 and Aetna which allows 31 days prior. Members present were aware of no national guidelines regarding this issue.

3. **Inhaled nitric oxide for neonates with persistent pulmonary hypertension (PPHN) – Mary Mussman**

Mary Mussman was not present so discussion was deferred

B. New Business

1. ***Magellan and mental health services – Rachel Plotnick***

Dr. Plotnick was not present but concerns submitted via email were briefly summarized. She reported great difficulty in successfully securing access to appropriate mental health services for pediatric patients using Magellan, the administrator of mental health benefits for most patients with Carefirst insurance plans. Pediatricians present echoed these concerns, noting specifically that the Magellan website is problematic and that networks of mental health providers do not include appropriate options for children. Bob Sadowski, the Carefirst medical director, was not able to immediately address these specific concerns at the time of the meeting, but committed to find an appropriate representative of Magellan to address the Pediatric Council in regard to these issues.

2. *Inadequate health insurance coverage for infant well care. For example, only 4 well visits paid for in the first 12 months of life by Carefirst BCBS – Tia Medley and Scott Krugman*

This specific example was felt to be almost certainly an instance of a self-insured plan within Carefirst.. Though ACA guidelines for minimum coverage for well child care are based on the periodicity schedule spelled out in AAP Bright Futures publications, these ACA guidelines do not apply to self-funded plans. Individual employers creating a self funded plan make these plan- specific coverage decisions.. Previous pediatric council meeting minutes include discussions of jurisdiction for self-funded insurance plans. Discussions regarding adequacy of coverage in self funded plans need to be directed back to employers.

3. *Inadequate payment for vaccines – Michael Levitas*

Dr. Levitas summarized concerns brought to him by AAP members regarding reimbursement for vaccine product that is perceived to be poor as well as poor responsiveness in reimbursement rates to vaccine price issues.

Representatives of payors present recognized that their systems may not move as quickly as pediatricians would like in responding to price increases. Bob Kritzler suggested that in some situations a pediatrician may be asked to send a copy of an invoice documenting a vaccine product price increase to a payor. Dr. Fornadel noted that in the case of Aetna, vaccine reimbursement policy is set at the national level and that a liason from the AAP at the National level may be more effective in addressing thes concern of inadequate payment as well as slow response time.

4. ***Gardasisl 9 issues in particular***

a. Inadequate physician payment – Michael Levitas

Discussion included above.

b. Denial for boys over age 15 by Carefirst – Jim Rice

This problem should be solved based on work that occurred since the last council meeting. Dr. Sadowski was contacted regarding these denials. He was able to effectively update the policy within the Carefirst organization to reimburse the vaccine when given in accordance with ACIP and CDC recommendations. If denials are encountered, appeals should be submitted.

5. ***School-based health center billing – Kate Connor***

Kate Connor from Johns Hopkins was present at the meeting to discuss a new model for school based health centers being developed as a joint venture between Johns Hopkins Medicine and KIPP schools. Citing a high level of confusion in general about billing for school based health centers, she is presenting information to pediatric council as the model is being developed. Models currently in existence elsewhere in the country reports claims paid rates in the 30 % range.

Accreditation of the JHU/KIPP health centers is through the Maryland State Dept of Education as well as DHMH. Centers are full service but have the goal not to supplant the PCP as the Medical Home but rather to provide services during the school day so children can stay at school. Caring for children with chronic conditions like ADHD and asthma is a primary focus. Records are shared with PCPs. The KIPP clinics generally serve lower income working families. The clinics are currently open during school hours for 9 months/year but expansion sis being considered.

Billing for these clinics is done by Johns Hopkins University. The approach is to credential the clinics as in network providers. Place of service is listed as school. Having school based health centers credentialed may help MCOs achieve improved HEDIS measures.

Ongoing updates to pediatric council on the progress of this initiative were requested.

6. ***Care Plan oversight (CPT 99374 and 99375) payment for physician work involved with transition to adult practicioners – Debbie Badawi***

Dsicussion of this item was deferred to next meeting

7. ***University of Maryland Medical System and Johns Hopkins Hospital not accepting United Healthcare Medicaid MCO and how this affects children with special healthcare needs.***

These institutions and United Healthcare could not come an agreement. Pediatricians have raised concerns about a resulting unacceptable lack of access to pediatric specialty care provided at these major institutions. State Network Adequacy Standards will need to be met for United Healthcare patients. Pediatricians with concerns about inadequate access should inquire as to whether network adequacy standards are being met.

C.. Other

1. ***Pediatricians reported a complication with the new 96127 code used for depression screening in place of the 96110 developmental screening code. Charges for 96127 will often become patient resonsibility as it is not considered preventive care and goes to deductible. This change results in calls from concerned and dissatisfied patients.***

Related to code 96110, Bob Kritzler reminded pediatricians that past audits have, in certain cases, revealed problems with billing for developmental testing when the lower RVU developmental screening was really performed.

The next meeting date will be set and communicated to members via email.
The meeting was adjourned at 545 PM.