

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Tennessee Chapter

The Tennessee Pediatrician

A Publication of the Tennessee Chapter of the American Academy of Pediatrics (TNAAP)

2018 Marks a Year of Success!

TNAAP President's Letter

Deanna Bell, MD, FAAP, TNAAP President

The third and fourth quarters have been busy for TNAAP leaders and staff. We have worked to finalize TNAAP's strategic plan, to solidify funding for quality improvement programs, and to continue program development and advocacy on the behalf of pediatricians across the state. The Tennessee State Pediatric Conference held in September was the best attended and most favorably reviewed TNAAP has ever hosted. It is important for pediatricians to be aware of TNAAP's work on local and national levels, so I thought I would share information from two of our other activities this fall.

AAP National Conference and Exhibition (NCE)

The American Academy of Pediatrics National Conference and Exhibition (NCE) was held November 2-6 in Orlando. Several staff members and leadership had the opportunity to attend. This is one of my favorite conferences of the year. If you have never had the opportunity to be involved, I encourage you to do so. There



Dr. Deanna Bell presenting Dr. John Hill (Memphis) with the 2018 Senior Pediatrician of the Year Award during our Excellence in Pediatrics Awards on September 14, 2018.

are clinically relevant lectures from experts all over the world on topics important to pediatricians and pediatric sub-specialists. This year also included many presentations on practice management, billing/coding, HR, and advocacy. The various sub-specialty sections and AAP committees meet during the NCE, with review of the latest research, and discussion of evidence-based-practice. I enjoy attending these sessions as well. Much AAP business is conducted during the conference, and there are wonderful networking opportunities for members of the Tennessee Chapter

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EXECUTIVE DIRECTOR

Ruth E. Allen

and District IV. District IV encompasses Kentucky, North Carolina, South Carolina, Tennessee, and Virginia. Our chapter regularly benefits from the shared knowledge and experience of physicians in this district. The NCE also offers more in-depth sessions to provide learners with durable skills. Some of these included global health, PALS, point-of-care ultrasound, casting and splinting, and rheumatology workshops. The NCE has something for everyone and is a great way to earn some of your MOC part 2 points and CME hours every year. The next NCE will be held in New Orleans October 25-29, 2019.

Fall TennCare Meeting

In our meeting with the Bureau of TennCare this quarter, we had the opportunity to meet the Assistant Medical Director, Dr. Ben Heavrin, to discuss current issues. The Department of Health attended and reported that infant sleep related deaths have decreased over the past year in Tennessee. The two largest causes of infant mortality in Tennessee remain birth defects and prematurity. Child fatality rates have increased, with the leading causes being suicide and homicide. Reassuringly, neonatal abstinence rates decreased. Both the TennCare Bureau and each of the TennCare payers plan to place continued emphasis on primary prevention, early detection, and appropriate treatment of opiate addiction. We have been in continued discussion with them concerning how TNAAP can support these efforts. Payment reform, PCMH, and maintaining EPSDT rates were also cited as priorities by several payers. TNAAP will continue quality improvement programs to help maintain EPSDT services at high levels. In addition, leadership is building capacity for expertise in medical home and practice management consulting. Of note to primary care pediatricians is that all public schools in Tennessee will be required to test water levels for lead in 2019. This may lead to inquiries from parents if increased lead levels are found in school water sources.

As the year comes to a close, I remain in awe of the talent and dedication of the pediatricians from across our state. We have such a wealth and diversity of collective strengths that I rarely have to go far to receive an answer to a question or help for a need. The impact of TNAAP requires the continued support and involvement of every pediatrician in the state. Please contact us to find out how you can be engaged and consider TNAAP in your year-end giving. All donations support programs for children and pediatricians in Tennessee. We wish you the very best over the holidays and a prosperous New Year!



Tennessee pediatricians and TNAAP Staff at the TNAAP reception during the 2018 AAP NCE in Orlando Florida.

TNAAP Election Results

Ruth E. Allen, TNAAP Executive Director

Thank you to those who participated in our election this fall for the two open positions: Fellow At-Large for East TN and Middle TN! Suzanne Berman, MD and Elizabeth Copenhaver, MD, were elected for full 3-year terms beginning January 1, 2019. Please join me in congratulating Dr. Berman and Dr. Copenhaver!

For a complete listing of board members see the left-hand panel on page 2.



Suzanne Berman, MD, FAAP

Crossville, TN

Fellow At-Large East TN (3-year term)

Suzanne Berman received her medical degree with high honors from the University of Tennessee and completed her pediatric residency at Southern Illinois University. She is co-founder and managing partner of Plateau Pediatrics, the first NCQA-recognized level 3 patient centered medical home in Tennessee. She is currently an East Tennessee Fellow-at-Large on the TNAAP board and is the Chair of the Tennessee Pediatric Council.

She serves the American Academy of Pediatrics in a variety of roles, including the executive committee of the Section on Administration and Practice Management and the Committee for Child Health Financing. Dr. Berman frequently contributes to AAP projects and publications regarding medical home practice transformation, rural health, coding, data mining, and policymaking. She and her husband have three sons.



Elizabeth Copenhaver, MD, FAAP

Nashville, TN

Fellow At Large Middle TN (3-year term)

Elizabeth Copenhaver received her medical degree from West Virginia University and completed her pediatric residency at Vanderbilt University Medical Center. She is

on faculty at Vanderbilt Children's Hospital and is currently working in the Outreach Medicine Division. She is an active member of the TNAAP Legislative Committee and meets with Vanderbilt pediatric residents on a rotating schedule to engage them in TNAAP activities.

She serves as a member the American Academy of Pediatrics Nominating Committee for the Section on Early Career Physicians. She also volunteers locally with Special Olympics and the Safe Stars Program, and internationally on the small island of Barbuda in their clinic.

Interested in learning about serving on the TNAAP Board? Contact Ruth at Ruth.Allen@tnaap.org

Happy Holidays

from the Board and Staff of

The Tennessee Chapter of the American Academy of Pediatrics!

As you plan your holiday charitable giving, please consider TNAAP. All contributions are 100% tax deductible and help fund programs for children and pediatricians in Tennessee.

www.tnaap.org > Donate Now

What Can CHANT Do For You?

Carla Snodgrass, B.S.W., MPA,

Section Chief, Early Childhood Initiatives, Division of Family Health and Wellness

Care coordination for at-risk children and families can be challenging for pediatricians. A new Tennessee Department of Health (TDH) program is now available to assist pediatricians in connecting their patients to much-needed resources.

In July 2018, TDH launched a model of intervention to promote primary prevention to families with risks that will avoid duplication, maximize agency resources, and ultimately assure the health of children in Tennessee. Community Health Access and Navigation in Tennessee (CHANT) identifies and addresses risk factors at both the individual and the community-population levels.

Pediatricians often refer families to Children's Special Services (CSS) and Help Us Grow Successfully (HUGS)-- both TDH care coordination programs administered by the Division of Family Health and Wellness and implemented throughout all ninety-five counties by staff in local public health departments. The CSS Program provides coverage for comprehensive medical care and other non-medical resources for children ages 0-21 years who are living with physical disabilities. Diagnostic and

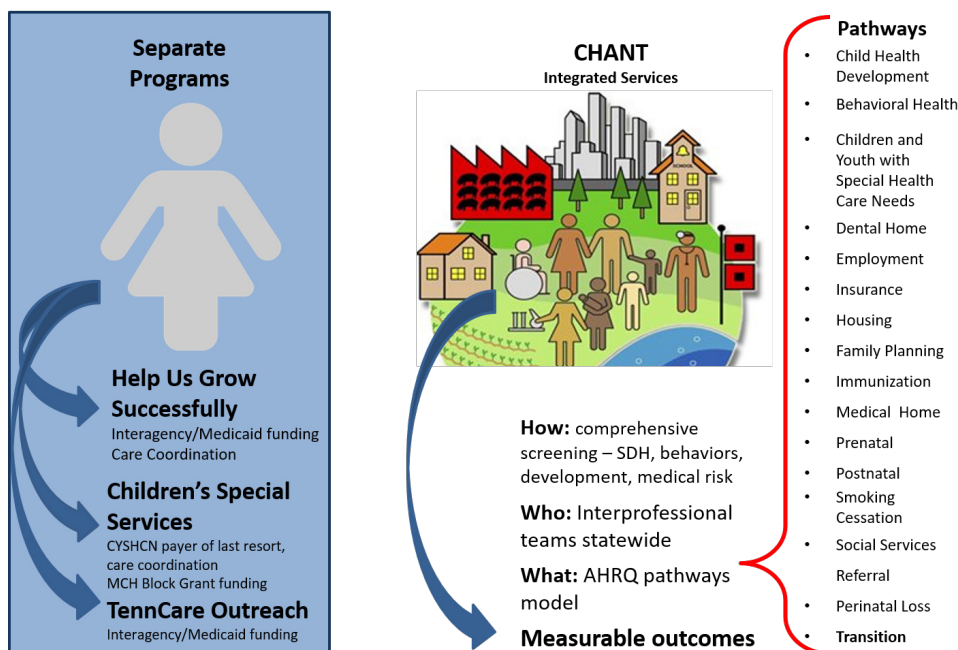
financial eligibility criteria must be met in order to participate in the program. The HUGS Program provides care coordination services for TennCare-eligible pregnant woman, infants and children up to age six. At their core, both embrace the concept of connections to key providers as the primary service delivery mechanism to improve the health and wellness of children. Another important component of care coordination is outreach and engagement of populations, especially those populations that could benefit the most from receipt of this approach.

CHANT merges the best practices of these components (CSS, HUGS and Outreach Services) to evolve a comprehensive care coordination model grounded in public health science. This innovative approach will enhance engagement with families with identified needs who are routinely targeted by all three programs and develop a streamlined

approach, with measurable outcomes, to address population health through one-on-one service. By enhancing engagement and navigation, this approach will positively impact health outcomes through improving access to care, arranging for or providing screening, assessment and prevention services, and heightening awareness of the importance of primary prevention.

CHANT's multi-disciplinary team,

Community Health Access and Navigation in TN (CHANT)

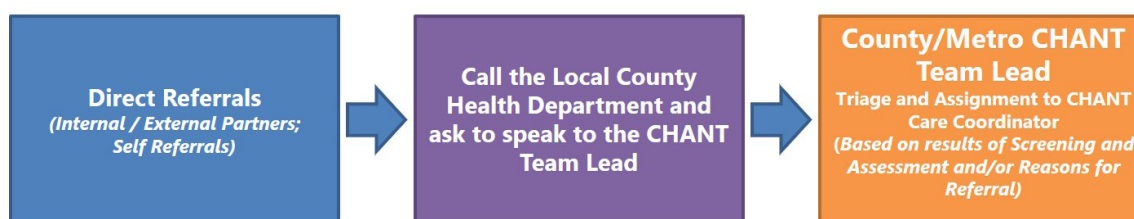


utilizing care coordinators at a county level, will find (ENGAGE) specific individuals within communities who are most likely to have poor health outcomes and address (NAVIGATE) their specific needs (medical and/or social) and measure the results of this care coordination (IMPACT).

through an innovative model of intervention encompassing best practices of outreach and care coordination.

To refer families to these services, contact your local Health Department <https://www.tn.gov/health/health-program-areas/localdepartments.html>.

Community Health Access and Navigation in TN (CHANT) Direct Referrals/Central Intake Process

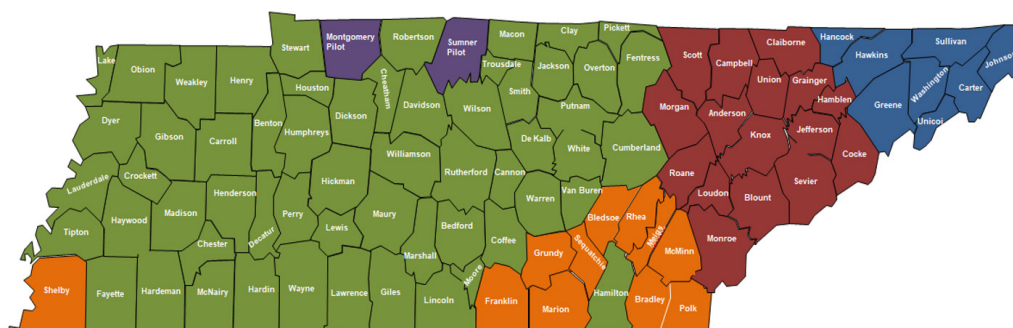


CHANT aims to promote health by:

- improving access to care by arranging for or providing screening, assessment, and navigation of preventive services,
- increasing awareness of the importance of primary prevention, including Early Periodic Screening, Diagnosis and Treatment (EPSDT),
- screening for social determinants of health and connecting to resources, and
- coordinating services for children and youth with special health care needs.

If you have questions or need additional information please contact Lynette Hicks, CHANT Program Manager at 615-532-8758.

Community Health Access and Navigation in TN (CHANT) Rollout by Region



The elements of responsibility for a CHANT care coordinator are to:

- Educate
- Refer
- Follow-up

Our Vision is to set the standard in health care management while addressing social determinants of health by delivering high quality, cost-effective care as early as possible that results in improved health and quality of life for eligible Tennesseans

Region	Metro/Rural	Tentative Start Date
Montgomery and Sumner	N/A	July 2018
Southeast	Shelby	April 2019
West	Madison Hamilton	May/June 2019
Mid-Cumberland	Davidson	May/June 2019
Upper Cumberland		May/June 2019
South Central		May/June 2019
East	Knox	July 2019
Northeast	Sullivan	October 2019

TNAAP Payer Advocacy Helps Put Money Back in Your Practice!

Janet Sutton, CPC, RHIT, TNAAP Program Manager

The Tennessee Chapter of the AAP continues to advocate on your behalf to help solve systemic issues with payers that are brought to our attention by your practice! If you are having a problem or concern with any of the TennCare plans or Tennessee's BlueCross or United HealthCare commercial plans, please let us know. TNAAP meets quarterly with the payers to bring these issues to the table for you! Some of the recent "wins" are highlighted below.

Amerigroup

Amerigroup planned to implement a policy to reduce sick visit reimbursement to 50% when a sick and well visit were performed on the same day beginning in September of 2018. In July, Amerigroup decided not to move forward with this policy. Sick and well visits will continue to be paid at 100% if performed on the same day.

BlueCare/BlueCross Commercial

Proof of Timely Filing Clarification - when a member has secondary insurance, and you submit documentation where you have billed the member and tried to collect, and then a year later secondary insurance is discovered, BlueCare will pay the claim even after timely filing has expired.

BlueCross will now allow Flulaval, CPT 90686, 6 months and forward according to the ACIP recommendations.

The configuration to allow payment for Pedvax Hib vaccine, CPT 90647, beginning at 6 weeks of age has been completed in their claims system and practices should have seen any denials corrected on late October/early November remits.

An incorrect edit was put in place causing 90461 denials. BlueCross corrected and reprocessed all affected claims.

UHCCP/United HealthCare Commercial

An edit was inadvertently put in place in the UHC system that was causing claim rejections for incorrect NDC numbers. The edit was removed and UHC reprocessed all affected claims.

UHC implemented a new edit on or around August 19, 2018 for physician claims when billing any type of lab services. TNAAP was made aware that some providers may not have received this communication. The new process for claims submission was sent out in blast communication and

posted on the TNAAP website.



Other concerns that have been brought to these meetings include removing members from your panel, questions regarding Episode of Care reports, PCMH metrics, transportation issues and opportunities for collaboration between TNAAP, the MCOs, TennCare and other stakeholders. Again, please let us know about concerns you have and TNAAP will be sure your voice is heard! **Contact Dr. Suzanne Berman at sberman@plateaupediatrics.com or Janet Sutton at janet.sutton@tnaap.org.**

Having Payment Issues?

Let TNAAP help you! Join us at one of our 2019 Pediatric Council Meetings. Contact Janet Sutton for dates and information!

2019 Regional EPSDT and Coding Workshops

The 2019 CPT Codes will become effective on January 1, 2019. Highlights include new codes and changes to descriptors for interprofessional consultations via telephone, internet or electronic health record, a new code for chronic care management services by a physician or other qualified healthcare professional, and more. A list of pediatric CPT changes we believe are of most interest to general pediatricians as well as the 2019 ICD-10 pediatric updates that were effective October 1, 2018 can be downloaded from our website at www.tnaap.org > EPSDT program > coding resources. We will also be reviewing these updates in our regional training program! Plan to join us.

This program is FREE to pediatricians, family physicians and their staff. Providers are strongly encouraged to attend! Lunch is provided for all workshops.

Topics covered will include:

- EPSDT Update and Coding for Related Services
- 2019 CPT Coding Updates
- 2019 ICD-10 Updates
- TNAAP Services and Resources

Dates and Locations

- **Memphis - January 11, 11:30 - 1:30**, Le bonheur Children's Hospital
- **Nashville - January 18, 12:00 - 3:00**, Baker Donelson Event Center (Co-Sponsored with Cumberland Pediatric Foundation; Presentations by Joel Bradley, MD, FAAP and Janet Sutton, RHIT, CPC)
- **Chattanooga - February 7, 11:30 - 1:30**, T.C. Thompson Children's Hospital
- **Johnson City - February 21, 2019 - 11:30 - 1:30**, Niswonger Children's Hospital
- **Knoxville - February 22, 2019 - 11:30 - 1:30**, East Tennessee Children's Hospital

Advance Registration is required for all workshops. Please visit www.tnaap.org for additional information and registration links. All times listed are in local time.

PEDIATRIC PRACTICE MANAGERS' NETWORK CONFERENCE 2018

Your place to learn, network and have fun!!

June 7, 2019 • Belmont University

Our conference is built for practice managers by practice managers. If you have a passion for a particular topic or maybe ideas on how we should design the day, we want to hear from you! Email Laurel.Dorman@tnaap.org.

Pictured right: A sell out crowd at the 2018 Pediatric Practice Managers' Network Conference



A Weekend of Pediatric Excellence

Our 2018 Excellence in Pediatrics Awards and the Tennessee State Pediatric Conference were held September 14 & 15 in Franklin, TN. Physicians and child advocates from across the state were recognized during the annual awards event. Guests heard amazing and heartwarming stories from patients, peers and friends in celebration of the 2018 honorees.

The Tennessee AAP awards event has become a time honored tradition we would love to see grow! **Look for the nomination process to open this April and engage your staff and patients to participate.**

The Tennessee State Pediatric Conference (TSPSC) saw record numbers this year with more than 100 in



Pediatrician of the Year, Shari Barkin, MD (center), with Anna Morad, MD (left) and Denise Pullella (right).

attendance! Participants enjoyed morning sessions with updates on the latest in dermatology, endocrinology, neurology, pulmonology and state health. The afternoon sessions offered a choice of three breakout workshops.



The annual quiz bowl got great reviews for being held during lunch as a trivia style game allowing all participants to play!

We are so grateful for our title sponsors: Vanderbilt Children's Hospital, Lebonheur Children's Hospital, Tennessee Early Intervention Services and The Tennessee Department of Health! This event continues to grow each year and we are already so excited for next year. Put these dates on your calendars now and join us for another fun weekend in Franklin, TN!

September 13, 2019 - Excellence in Pediatrics Awards
September 14, 2019 - Tennessee State Pediatric Conference



Eric Pina-Garza, MD presenting updates on pediatric neurology to participants



Conference participants talking with Michael Smith, MD after his session on pediatric dermatology.



2018 TNAAP Honorees

(Left to right) Pictured below: Anna Morad, MD (TNAAP Vice President), Rebecca Ward, Blake Bergeron, MD, Shari Barkin, MD, Susan Smith, RN, Margreete Johnson, MD, Rep. Joanne Favors, Anthony Mills, John Hill, MD, Deanna Bell, MD (TNAAP President), and Ruth Allen (TNAAP Executive Director)

Provider Update on Referrals to Tennessee Early Intervention System (TEIS)

Larry M. Faust, MD FAAP

Tennessee's Early Intervention System (TEIS) is a voluntary program for families with children from birth through age two with disabilities or developmental delays. They provide family centered supports to facilitate optimum development for eligible children. Evidence shows that early intervention services are critical to helping children with identified concerns reach their full potential.

ELIGIBILITY: Two Pathways for Services

A: Eligibility testing with a standard assessment shows a 25% delay in two or a 40% delay in one of the following domains of development:

1. motor (crawling, walking, using their hands to play)
2. communication (babbling, indicating wants and needs, talking)
3. cognitive (thinking skills including making choices and solving problems)
4. social (playing near or with other children or adults)
5. adaptive (taking care of ones needs)



Department of
Education

Tennessee Early
Intervention System

Learn more and contact TEIS
tn.gov/education/section/early-learning
1-800-852-7157

B: A medical provider identifies a diagnosis in which a developmental delay may or may not be apparent but is associated with a significant risk of a developmental impairment. The attached ICD-10 list provides the diagnoses that meet these criteria and thus these children are automatically eligible.

Caveat: In some cases ICD-10 coding terminology is not fully consistent with the most current clinical concepts but TEIS must follow the current ICD-10 codes and guidelines. As a result, TEIS sometimes receives referrals from providers who use clinical descriptions or diagnoses that do not match the ICD-10 coding language and, therefore, do not match the TEIS diagnostic qualifying list. These children may be deemed not eligible and may miss out on needed services.

MAKING A REFERRAL: Medical Information is Essential

Any child with concerns identified by the provider or by a parent should prompt a referral for eligibility assessment.

Referral to TEIS can be made by

- Completing the *NEW* online referral form available on the TEIS website. Note: Documents and records may be uploaded directly into this referral form.
- Calling (800) 852-7157
- Calling the local district office listed on the main page of the TEIS website

You should provide up to date demographic information that includes the child's name, date of birth, county the child lives in, parent name and current contact information. In addition, TEIS is required to obtain recent medical records (within 6 months of the referral) and any sensory or developmental screenings that have been completed. You should provide the clinical concerns that prompted the referral and the most recent well exam or EPSDT. Please refer to the ICD-10 diagnostic list to determine if the child has a diagnosis that is automatically eligible. Remember to include terminology and ICD-10 codes consistent with the latest TEIS list. After receipt of the information a TEIS evaluator will contact the parent within five working days of the referral by phone and/or by mail. Medical providers who make direct referrals to TEIS will receive, with parent permission, return information on the results of the eligibility evaluation and the early intervention plan.

For more information please contact Dr. Larry Faust - larry.faust@gmail.com or Shannon Pargin - Shannon.Pargin@tn.gov.

MOC Now More Efficient and Effective

A letter from the American Board of Pediatrics on new changes to the MOC process.

The American Board of Pediatrics (ABP) has made significant changes to its Maintenance of Certification Program (MOC) over the past several years. Many changes were prompted by diplomates who believe in the benefits of certification and ongoing assessment, and want to help improve the process.

The ABP is striving to make the MOC process more efficient and effective for pediatricians who want to provide excellent care for children. MOC provides tools for life-long learning, knowledge assessment, and quality improvement, and documents for the public that pediatricians are staying current and improving their practice.

The ABP realizes that pediatricians engage in a wide variety of learning and improvement activities that meet ABP standards, and the board has implemented more ways for pediatricians to claim credit for activities they already are doing.

For example, Life-Long Learning and Self-Assessment (Part 2) credit may be claimed for many CME activities that meet ABP standards through a collaboration between the ABP and the Accreditation Council for Continuing Medical Education (ACCME). To date, more than 2300 CME activities registered with ACCME now offer ABP MOC Part 2 credit.

Until this year, the only option pediatricians had for demonstrating the currency of their knowledge was the MOC exam (Part 3) taken at a secure testing center once every 10 years, sitting for hours answering 200 questions. In 2017, the ABP pilot-tested a new method for assessing the knowledge of general pediatricians who wish to maintain certification. MOCA-Peds (Maintenance of Certification Assessment for Pediatrics) delivers 20 questions electronically each quarter directly to participating ABP-certified pediatricians via their computer or mobile device, to be answered at any time during the quarter. MOCA-Peds combines assessment with learning as pediatricians find out immediately whether their answer was right. They also get an explanation of the correct answer. MOCA-Peds will become an alternative way to meet the exam requirement for general pediatricians and for some specialties starting in 2019. The remaining sub-specialties will “go live” over the following 3

years. MOC exam requirements have been deferred for all ABP sub-specialties during this process.

Other significant changes have been made to the practice improvement requirement (Part 4), which supports pediatricians’ efforts to measure the quality of their care, adopt improvements in practice that have been proven successful by their peers, and then measure their success in their own practice. The ABP encourages pediatricians to work locally and create QI projects applicable to their own practices. They can then use a short (recently improved) form to apply to the ABP to claim MOC credit. Working to improve any process that is intended to support the health of children (including improvements in medical education and in research), can earn Part 4 credit. For example:



- Being meaningfully involved in QI projects as part of earning NCQA PCMH/PCSP certification.
- Engaging in QI to address areas that were identified during a training program’s annual Accreditation Council for Graduate Medical Education (ACGME) evaluation or self-study.
- Contributing to improved health care quality through institutional leadership in quality improvement.
- Participating in an institution’s approved QI projects and in many improvement networks and collaboratives.
- Meeting the MOC requirements of other certifying boards.

In addition, more than 130 institutions and organizations, such as the AAP, are designated as Portfolio Sponsors by the ABP or the American Board of Medical Specialties (ABMS). Portfolio Sponsors award Part 4 credit to diplomates who participate in the portfolio’s approved QI projects.

The ABP is also working to improve enrollment and payment processes. It has long frustrated and confused diplomates that the 5 year MOC cycle and the 10 year exam cycles were not synchronized, and diplomates could only pay

for their MOC cycles with a large payment at the time of the 5-year enrollment, and then might have an additional payment if they took a second exam. The ABP is in the process of aligning MOC with exam cycles and, beginning in January 2018, will provide pediatricians who are re-enrolling in MOC the choice of paying the all inclusive MOC fee on an annual basis (\$275 for a single certification area) rather than in a lump sum every five years (\$1304). The annual MOC re-enrollment fee compares favorably with other professional fees (e.g., society dues or CME activities). The ABP has not raised fees in several years.

The work of the ABP is done by more than 350 pediatricians, all of whom are meeting MOC requirements, and invites pediatricians who want to support the certification process to nominate themselves for an appointment to one of the ABP's General Pediatrics Examination Committees or Subspecialty Subboards.

Did you know TNAAP offers many opportunities to earn MOC credit?

TNAAP members can participate in the following training opportunities for free or reduced fees.

Tennessee State Pediatric Conference - CME and MOC Part II

QI Projects offering FREE CME and MOC Part IV

- Best Practice Provider Resource
- Asthma
- Behavioral Health
- Behavioral Health in Fostercare
- Breastfeeding Sustainment
- Newborn Tobacco Exposure
- Well Care
- Developmental Screening (coming soon!!)

SAVE THE DATE!

Tennessee State Pediatric Conference September 14, 2019 Franklin, TN



TNAAP Financial Wellness Series

Don't WebMD Diagnose Your Retirement: Why Professional Financial Planning is the Best Prescription

TNAAP is partnering with First Tennessee Bank to host a series of speakers to help you and your practice plan and prepare for financial wellness. These sessions are offered at no cost to TNAAP members. Dinner is provided!

Our second session is focused on retirement planning. Ellen Hoffman, CFP® from FTB Advisors will discuss:

- Strategies for maximizing your retirement savings
- Types of retirement plans for individuals and business owners
- Roth IRA conversions
- Social Security
- Managing healthcare costs during retirement

**Thursday, January 24, 2019
6:00 pm**

**Jimmy Kelly's Steakhouse
217 Louise Ave, Nashville, TN**

Space is Limited! Register now at www.tnaap.org



Medical Private Banking



2019 Dates to Have on YOUR Calendar!

January 12, 2019 TNAAP Board Meeting (virtual)

January 24, 2019 Financial Wellness Speaker Dinner

January - February, 2019 Regional EPSDT & Coding
Trainings (see website for dates)

March 27, 2019 TNAAP Day on the Hill

April 7-9, 2019 AAP Legislative Conference
(Washington, DC)

April 13, 2019 TNAAP Board Meeting

June 7, 2019 Practice Managers' Network
Conference

September 14, 2019 TNAAP Board Meeting

September 14, 2019 Excellence in Pediatrics Awards
Reception

September 15, 2019 Tennessee State Pediatric
Conference

October 25-29, 2019 AAP National Conference (New
Orleans)

Join us on the Hill!

Tuesday, March 27, 2019

Let your voice be heard!!



Register Now at www.tnaap.org!