



The Tennessee Pediatrician

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

The One Where We Juggled a Pandemic

TNAAP President's Letter

Anna Morad, MD, FAAP, TNAAP President

I remember watching an episode of the television show “Friends” where Ross is moving his new couch up the stairs of his New York City apartment building. He made a sketch of the move and reviewed the plan with his friends. Then the plan unraveled, and he is left screaming “Pivot, Pivot...” as the couch becomes stuck. This may describe the past year, as TNAAP worked hard on plans that weren't able to come to fruition but unlike Ross, we never became stuck! I am so proud of the positive pivots made by the TNAAP staff and board to continue educational programming, support pediatric practices, and engage members during this period of great uncertainty. We are fortunate to have such an experienced team as we work to continue our progress.

TNAAP's BEHIP, START and EPSDT programs are now virtual trainings but over 850 providers and staff have participated this year with many more trainings to come. Many took advantage of the CME and/or MOC Part IV opportunities. Our virtual practice management conference had robust attendance as participants learned the updates on the CPT coding changes and potential impact on their practices.

We established 4 new committees and are thrilled that TNAAP members have stepped forward to lead them. These committees will develop their own agenda with educational offerings and act as advisors to the board. I hope you will take time to read more about them in this newsletter and consider signing up for one (or more!).



Anna Morad, MD, FAAP
TNAAP President 2020-21

We secured an advocacy grant from AAP to partner with Tennessee Justice Center to train pediatricians in advocacy with plans to start those trainings in the coming months. We were also funded to assist with education around COVID vaccine handling and storage (and I know we will all be excited when that opportunity comes around).

While our in person annual meeting and awards event did not happen this year, from the early points in the pandemic, we hosted webinars for COVID preparedness. There was robust sharing of best practices and ways to obtain personal protective equipment along with

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EXECUTIVE DIRECTOR

Ruth E. Allen

information about Payroll Protection Program and more recently the CARES funding. We just completed a 3-part webinar series with COVID updates related to MISC, vaping, and vaccine development. If you missed this series, it's not too late to listen to the recordings.

As we go to print, we are planning our slimmed down virtual annual meeting on November 14th. (tnaap.org/events/calendar) One advantage of a virtual format is we have the opportunity to hear from national speakers and are excited that the incoming AAP President, Dr. Lee Beers, and the AAP Senior Director of Federal and State Advocacy, Tamar Haro, will join us to give updates on the activities of national AAP. We hope that you can join us for this exciting event. We appreciate your membership and look forward to working with you.

2021 Dates to Have on YOUR Calendar!

- February 6 TNAAP Board Meeting (virtual)
- January - Regional EPSDT & Coding Trainings (see website for February dates)
- March (TBD) TNAAP Virtual Day on the Hill (virtual)
- April 10 TNAAP Board Meeting (virtual)
- July 16 Practice Management Conference (Franklin)
- August 27 TNAAP Board Meeting (Franklin)
- August 27 Excellence in Pediatrics Awards Reception (Franklin)
- August 28 Tennessee State Pediatric Conference (Franklin)
- October 8-12 AAP National Conference (Philadelphia)

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TNAAP's Role During the Pandemic

Ruth E. Allen, TNAAP Executive Director

As Dr. Morad states in her president's address, our work continues amidst these unusual times. I am happy to share some key advocacy work, some of our COVID-related activities, a new advocacy educational series free to members, specific new chapter committees and the announcement of the TNAAP Endowment Fund!

Legislative Session/Advocacy Work

The second half of the 111th Session of the TN General Assembly began January 14, 2020. The 2020 legislative session was busy for TNAAP and, of course, complicated by the COVID-19 pandemic (which included cancellation of our day on the hill). In early March there was limited access to legislators due to the pandemic and they recessed on March 19. Special thanks to Dr. Cassie Brady for providing expert guidance on legislation related to transgender healthcare.

The general assembly then reconvened on June 1 (to the address the budget and a few other key matters) and adjourned on June 19.

Throughout this period, TNAAP monitored hundreds of pieces of legislation and was active in discussions with legislators on numerous matters important to child health and pediatricians. This included opposing the concept of full practice authority for nurse practitioners and lobbying against anti-vaccination legislation. Other key areas of focus included postpartum coverage for women on TennCare, supporting anti-tobacco/vaping efforts, weighing in on telehealth legislation, youth sports and much more.

Then on August 3, Governor Lee called lawmakers to a special session to take up legislation regarding liability protections for businesses surrounding COVID-19, expansion of telehealth services and reimbursement, and enhanced penalties for protestors engaging in vandalism at the Capitol, all of which passed.

The Telemedicine legislation, supported by TNAAP, expands upon existing telemedicine laws, by creating and defining provider-based telemedicine. The bill once enacted, will require coverage and reimbursement parity for new and existing provider-patient relationships for a

telemedicine encounter that is consistent with a face to face encounter. The legislation is also consistent with the Governor's executive orders on telehealth that permits all licensed healthcare providers to do telehealth when clinically appropriate. It also allows for remote patient monitoring to be a service that is negotiated between the provider and insurance company for coverage. The pieces on payment parity and expanded healthcare providers will expire on April, 1, 2022.



Ruth Allen and a group of Tennessee pediatricians outside the Senate hearing rooms who gathered on the hill in March (prior to it's closing for COVID-19) to speak out on various topics including anti-vaccination legislation.

The COVID-19 Recovery Act legislation grants civil liability immunity for loss, damages, injury or death arising from COVID-19 for healthcare facilities, providers, businesses, schools, non-profits and local governments unless the claimant can prove gross negligence or willful misconduct. It also requires a verified complaint and certificate of good faith from a physician. The bill applies to all claims filed and given notice on or after August 3, 2020.

TNAAP also took the opportunity to advocate on behalf of children and pediatricians at the state and national level by co-signing letters:

- Supporting CARES Act Funds for pediatricians
- Supporting WIC extension of waiver authority for remote access (Also sent out a "call to action" to members to express their support of this)

Continued on page 4...

Executive Director's Letter Cont'd

- Supporting “The Pandemic Child Hunger Prevention Act” providing free school meals for all children during the 2020-2021 school year as a response to the COVID-19 pandemic
- Opposing HHS announcement of an action to allow state-licensed pharmacists to administer vaccines to children ages 3-18, superseding state laws that govern the scope of pharmacists’ ability to do so
- Supporting coverage of quit smoking aids under the “CoverRx” formulary (CoverRX is a prescription drug program designed to assist those who have no pharmacy coverage but have a need for medication)

Resources for Pediatricians During COVID-19

The Chapter has supported members with up to date COVID-19 information that pertains to policy, patient care and practice management. Some examples are included below.

- Surveyed membership about financial impact of COVID on their practices and used results

in a letter to Governor re: financial assistance to pediatricians

- Worked closely with TennCare and payers regarding coverage of telehealth visits for EPSDT services
- Distributed regular e-blasts with updated COVID-19 information
- Created a COVID-19 Listserv
- Conducted a series of “Coffee Chats” and other webinars free to members covering:
 - Implementing telehealth in your practice
 - TN RE-opening
 - TDH and AAP Updates
 - Updates on Testing
 - COVID rates in children and treating MIS-C
 - What we know about COVID and flu Vaccines
- Continued ongoing dialogue with TennCare and payers on key issues, including promoting pediatric financial support and prompt attention to the new PPE CPT code

New Advocacy Educational Initiative – Free For Members

TNAAP will be hosting four virtual advocacy sessions over the next nine months. We are excited to be partnering with our lobbying firm, Schmidt Government Solutions, and the family advocacy organization, The Tennessee Justice Center, to address important topics of interest.

The four Tennessee residency programs will be participating and other members are invited to join! Sessions last one hour and are scheduled at multiple times to accommodate both central and eastern time zones. More information and registration can be found online at www.tnaap.org/advocacy/legislative.

Session Title	Option 1	Option 2
Intro to Series, AAP early career resources and how to become an effective advocate	November 5, 2020 - 12:00 pm CT/1:00 pm ET	November 11, 2020 – 11:00 am CT/12:00 pm ET
Understanding health disparities (including mixed immigration status families), mental health during COVID and immunizations during COVID	January 27, 2021 – 12:00 pm CT/1:00 pm ET	January 26, 2021 – 11:00 am CT/12:00 pm ET
Current legislative issues/prep for “Virtual Day on the Hill”	March 11, 2021 – 11:00 am CT/12:00 pm ET	March 11, 2021 – 12:00 pm CT/1:00 pm ET
Mitigating barriers for families and information about children’s access to insurance coverage	May 6, 2021 - 12:00 pm CT/ 1:00 pm ET	May 28, 2021 – 11:00 am CT/ 12:00 pm ET

- Communicated information to members about applying for Cares Act Funding including a step by step guide for completing application
- Distributed a grid of telehealth policies by payer
- Participated in Weekly Chapter Chats with National AAP
- Developed “back to office” materials for practices along with press campaign
- Provided guidance to TEIS to implement virtual eligibility determinations for children and education on use of associated screening tools

TNAAP Launches Four New Committees

We are pleased to announce new opportunities for members to engage with experts and peers from across the state around specific areas of interest. We invite your participation!

Committee on Child Abuse and Neglect

Focus: Dedicated to improving the care of infants, children and adolescents who are abused and neglected

Chairs: Co-Chaired by Heather Williams, MD and Karry Lakin, MD

Committee on Immigrant Health

Focus: Dedicated to improving the care of immigrant children and their families by building competencies that promote health and well-being, identifying resources, creating community

networks and promoting advocacy efforts.

Chairs: Co-Chaired by Adriana Bialostozky, MD and Sarah Trimiew, MD

Committee on Diversity, Inclusion and Equity

Focus: Dedicated to addressing minority health, racial/ethnic health disparities and equity and the inclusion of minority members in pediatric practice and leadership.

Chairs: Co-Chaired by Maya Neeley, MD and Atia Harris, MD

Committee on Environmental Health

Focus: Dedicated to improving the health of Tennessee’s children by improving the health of their environment.

Chairs: Co-Chaired by Laurie Tucker, MD and Francis Pleban, PhD

Eligibility:

All current members of the chapter are eligible to serve on a committee. If you need to verify your membership, please email casey.lamarr@tnaap.org

How to Join?

1. Indicate your willingness to serve on the committee by completing the on-line sign up form. (www.tnaap.org/advocacy/committees)
2. TNAAP will verify your membership status.
3. You will receive a welcome email and additional information about the committee including the winter meeting dates.

Pictured Right:
Stuart Weinberg, MD, FAAP
Founding Donor of TNAAP's New
Endowment Fund

Creating a Legacy for Future Pediatricians: TNAAP's New Endowment Fund



This endowment will help fulfill TNAAP's mission by supporting it's long-term educational, advocacy and quality improvement programs. The fund was established in 2020 by Stuart T. Weinberg, MD.

Contributions to the endowment also support the chapter over the long-term by increasing future annual distributions for tomorrow's pediatricians.

Special thanks to our founding 2020 donors:

Ruth Allen	Anna Morad, MD
Deanna Bell, MD	Carlenda Smith, MD
Suzanne Berman, MD	Lindsey Wargo, MD
Becky Brumley	Stuart Weinberg, MD
Gayatri Jaishankar, MD	Jason Yaun, MD
Elisha McCoy, MD	

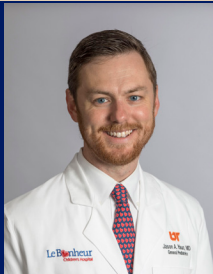
Please remember the TNAAP endowment fund in your planned giving activities. And, if circumstances permit for you to make a contribution at this time, the board would be honored to add you to our list of 2020 donors.

To make a donation go to www.tnaap.org and select donate in the upper right-hand corner.



Questions?
Contact Ruth.
Allen@tnaap.org

The fund is managed by the Community Foundation of Tennessee.



AAP Annual Leadership Forum

Jason Yaun, MD, FAAP
TNAAP Vice President

As with just about everything this year, the AAP's Annual Leadership Forum (ALF) looked much different than any previous events. The ALF is the yearly gathering of leaders from AAP Chapters, Councils, Committees, and Sections that guides and directs the course of the AAP for the coming year. Every year AAP members submit resolutions pertaining to advocacy, education, practice, finance, or AAP operations that are open to member comments before leaders then discuss and debate the resolutions in detail. This year the ALF Reference Committees met virtually in February to review each resolution after receiving member comments and allowed for live, interactive discussion regarding edits and changes. And while the ALF itself was scheduled to take place in Itasca, IL at the AAP Headquarters in March, that was delayed and rescheduled once the COVID-19 pandemic hit. The AAP and all involved did a fantastic job at converting this to a fully virtual event on August 16th and 17th. The first day included reports on the AAP from both Mark Del Monte, Executive Vice President, and Dr. Sally Goza, AAP President. There was rich discussion on Equity, Racism, and Social Justice; District Meetings; and updates on COVID-19. The second day of the conference consisted of the voting process for all eligible resolutions. Attendees then voted on their top ten priorities to produce the overall ranking outcomes.

As you can see there was a clear focus on efforts to combat racism and to promote mental health. The proceedings also included an historic vote whereby members approved the development of an anti-racism bylaws referendum. The referendum would codify that the AAP does not discriminate on the basis of race, ethnicity, religion, sex, sexual orientation, gender identity, disability or national origin and will be voted on by all members this fall, requiring two-thirds approval to pass. Here are the top ten resolutions from this year's ALF:

1. Addressing Structural Racism Within Healthcare
2. Supporting Child and Youth Mental Resilience in Schools
3. Creation of Task Force on Immunization Advocacy and Hesitancy
4. Ask All Children, Adolescents and Their Families About Racism, Discrimination and Bias
5. Developing a Pediatric Model for Value Based Payment
6. Prohibit the Use of Race-Based Medicine
7. Unmet Need of Inpatient and Outpatient Mental Health for Children
8. Advocate for Paid Parental Leave and Mother Baby-Friendly Workplaces
9. Physician Burnout Must be Prevented by Change in Healthcare Delivery Systems
10. Expanding Training on Psychiatric Conditions for General Pediatricians

While these resolutions are not binding to the AAP Board, they are referred to areas of the Academy with related expertise for review and potential action. An update on the progress of each resolution will be provided next year. Any AAP member may submit a resolution. The process will be announced this fall and TNAAP will be sure to share that information with our membership.



Annual Leadership Forum
American Academy of Pediatrics



EPSDT Screening Rates Increased in 2019!

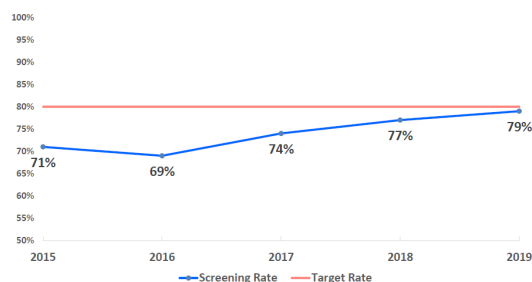
Janet Sutton, CPC, RHIT, TNAAP Program Manager

In recent years, EPSDT rates fell below the overall goal of 80 percent beneficiary participation in EPSDT, as established for each state mandated by the Secretary of Health and Human Services in 1989. TennCare has been working with TNAAP, the TennCare MCOs and the provider community over the last few years on strategies to increase rates, including targeted outreach to underperforming areas of the state, training collaborations, special events and other concerted efforts. These combined efforts helped improve the rates to 79 percent for 2019, the highest rate since 2013, but there is still work to do to reach the 80 percent goal!

States are required to report annually to CMS certain data about their delivery of services under the EPSDT benefit. The CMS-416 report calculates how many children were eligible for EPSDT services vs. how many screenings were provided. The data is collected through claims, so it is important that EPSDT services are coded correctly on claims to ensure all EPSDT services performed are captured and reported to CMS.

The graph below illustrates the average compliance rates for EPSDT screenings in Tennessee year over year from 2015-2019. The expected average is 80 percent. As you can see, Tennessee's 2019 screening average increased 2 percentage points over the previous year.

2015 – 2019 Total Screening Rate vs. Target Rate



The graph to the right illustrates the average compliance rates for EPSDT screenings by age group in Tennessee year over year from 2015-2019. We are doing a fantastic job with members through age 5. As you might expect, the rates begin to drop at age 6 and continue to plummet from adolescence through age 20. While rates have improved in these age groups over the last couple of years, again, there is much work to be done to reach this population.

In January of 2018, TNAAP's Pediatric Health Improvement

Initiative in Tennessee (PHiT) began the Well Care Project. This project assists ambulatory pediatric practices in improving annual, well care visit completion rates. These rates will increase through the implementation and sustainment of several process changes.

The evidence-based process changes include:

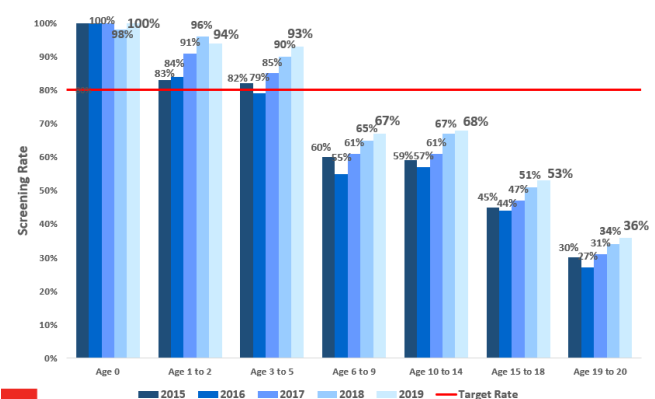
- Process mapping of patient work flow for acute and well visits
- Using practice billing data to identify active patients not completing annual well care
- Creating a monthly recall system
- Assessing the well child visit completion status at each acute visit
- Scheduling next well care at each visit
- Performing well care elements at acute visits
- Other processes developed by practice leadership

Practices also participate in an annual learning collaborative session.

For more information on the PHiT Well Care Project, please contact Becky Brumley at becky.brumley@tnaap.org.

TNAAP continues to provide comprehensive EPSDT training, including documentation and coding instruction. The Bright Futures/AAP Recommendations for Preventive Services Webinar and other various EPSDT resources are available on our website at www.tnaap.org. Please contact Janet Sutton for more information or to schedule a training at janet.sutton@tnaap.org.

2015 – 2019 Screening Rates by Age Group





Our Kids Are Not Immune to the Impacts of COVID-19

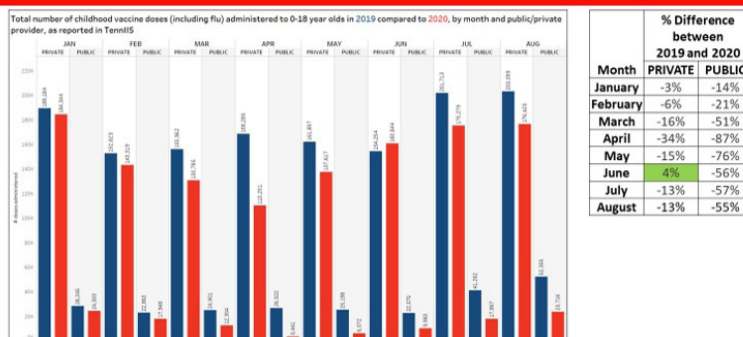
Michelle Fiscus, MD, FAAP

Tennessee has enjoyed a long history of high childhood immunization rates. Our most recent survey of the immunization status of Tennessee kindergarten students shows that our state continues to have 95% of our kindergarten students fully immunized according to the CDC's childhood immunization schedule, and our individual vaccination rates are often higher. Of our eight border states, only Mississippi ranks higher at >99.2%, and that's because Mississippi does not allow non-medical exemptions to school entry immunization requirements. Only Mississippi, California, West Virginia, New York and Maine have enacted laws that fully prohibit non-medical exemptions, and this can have a tremendous positive impact upon prevention of vaccine-preventable diseases.

Tennessee has not been immune to the impact of COVID-19 upon our ability to get children immunized. The number of doses of vaccines administered to children ages 0-18 years old in Tennessee began to decline significantly in March as families were asked to limit outings and were concerned about going to doctors' offices and health departments. By April, health department staff were fully pulled to COVID-19 response and unable to continue to immunize children. In June, with back-to-school, we recovered to 2019 numbers but again saw a decline over the remainder of the summer.

private providers vs public health, we see the tremendous impact the pandemic has had upon our most vulnerable children. In April, 87% fewer immunizations were delivered through our health departments and we are still seeing reductions in administered doses of more than 50% compared to 2019. This, again, is due to the tremendous burden placed upon county health departments where it has been all hands on deck to investigate cases, contact

COVID-19 Impact on Immunizations, Sept 24, 2020



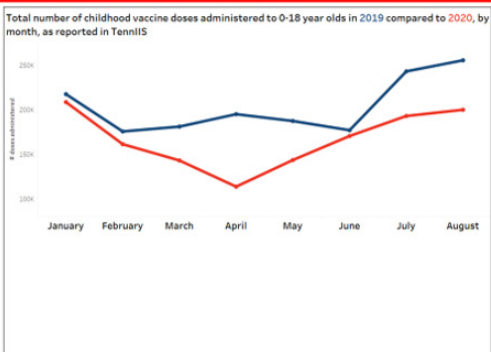
trace, work with schools, and provide COVID-19 testing.

Because it remained a priority of both the Tennessee Department of Health and the American Academy of Pediatrics to ensure the on-time immunization of children ages 2 and under, that population fared much better than did older children. We still have catch-up to do, but not to the extent we have for other ages.

For example, while the first doses of the measles, mumps and rubella vaccine in 1-3 year olds in 2019 were lower compared those administered in 2020, we see the greatest impact upon the administration of the second dose in 4-6 year old children. There was a little catch-up in June as MMR is required for kindergarten entry, but these numbers suggest there are thousands of children now attending kindergarten who are under-immunized as a direct result of this pandemic.

And perhaps most disturbing is the missed opportunities to vaccinate pre-teens and teens against the human papilloma virus, which causes head and neck, penile, vaginal, cervical and anal cancers. Administered HPV doses were down 64% in April 2020 compared to April 2019 and continue to be under 2019 numbers by more than 20%

COVID-19 Impact on Immunizations, Sept 24, 2020



The real take home here is that we are not getting these children caught up.

When we look at immunizations that were administered by

each month. There are limited opportunities to get children into the office to vaccinate them, and if we don't get these children vaccinated, we will see a rise in HPV-related cancers in 20 or 30 years that will be a direct result of this pandemic.

So, what can we do about this? First, we need more medical providers who participate in the vaccines for children program. In Tennessee, more than half of our children are eligible for this program, and with more than 10,000 Tennesseans filing for unemployment each month, we will have more children than ever who will rely on this program to provide immunizations to them. If we don't have providers who can provide those vaccines, we won't catch-up.

Most medical electronic health records and the Tennessee Immunization Information System have functionality that allows providers to remind and recall patients who are due or overdue for immunizations. These systems can be used to send letters, emails, post cards, text messages, and phone calls to patients and parents to remind them to come in and get caught up. If you're not currently using TennIIS for reminder/recall, please contact us at TennIIS.help@tn.gov.

And Tennessee has done some really innovative things to help close these gaps. This summer we began partnering with our local diaper bank, food pantry, and FQHCs to incentivize parents to bring their children to drive-through immunization events. In doing this, we have been able to bring families in to get their children caught up while also providing much-needed resources to vulnerable populations. This fall, we'll be offering flu vaccine to parents when they bring their children to these events.

In October we will be sending out "Fight the Flu" postcards to one million households in regions of the state that have had low influenza vaccine coverage rates among 2yo children to encourage them to not only get a flu vaccine, but also remind them to continue to take precautions that prevent flu and COVID-19.

Another way to get this message to the community is through media, and last year Tennessee developed an award-winning media campaign to raise awareness of the need for flu and other vaccines. These materials were developed through funding our program receives from CDC, and we consider them to be resources that belong to all of us. We are happy to share these files for digital animated PSAs, radio, billboards, bus wraps, social media and print, many of which are available in English and

Spanish, with any partner who would like to use them. They can be co-branded or re-branded, and thus far we have shared these materials with New Hampshire, Idaho, Washington, Kentucky, New Mexico, Wisconsin, and Maricopa County Arizona and we would love to share them with you, as well.

And each year, Tennessee's Emergency Preparedness Program and local health departments hold a #FightFluTN event which serves primarily as a practice exercise for mass immunization events, but also is used to administer free flu vaccine to anyone who wants one. On one day each year we stand up sites all over the state and invite the public to



come get vaccinated. While we typically focus on standing up as many sites as possible, this year we will focus on high volume drive through sites by converting our drive through COVID testing sites to drive through flu vaccination sites. Last year, we administered nearly 10,000 flu vaccines in one day, and this year we hope to surpass that. We are also partnering with our colleges and universities, federally qualified and community health centers, and private practices to promote flu vaccination all season, but especially on November 19th for #FightFluTN.

Please reach out if we can assist you in any way as we all navigate these challenging times. We are here to support you and your efforts to help keep everyone protected against vaccine-preventable diseases.

#ImmunizeTN

Big Changes Coming for Evaluation and Management Office Services in 2021!

Janet Sutton, CPC, RHIT, TNAAP Program Manager

As the Centers for Medicare and Medicaid Services (CMS) continue to take action to reduce the paperwork burden on physicians, we will see substantial changes to Evaluation and Management services and changes to RVUs for 2021. For the remainder of 2020, the Evaluation and Management payment structure and guidelines are in still in effect.

Current Procedural Terminology (CPT) will include the new Evaluation and Management Guidelines in the 2021 edition. The changes will become effective on January 1, 2021.

Highlights include:

- Changes **will only apply** to New and Established Office and Other Outpatient E/M Services **99202-99215**
- Changes to the E/M Introductory Guidelines for Office or Other Outpatient Codes **99202-99215**
- Revised Office or Other Outpatient E/M codes **99202-99215**
- History and exam elements will no longer be factors in determining the level of the E/M service reported
- The selection of level of service for CPT codes **99202-99205** and **99211-99215** will be solely based on **medical decision making or time**, whichever is the most appropriate to capture the work being performed to treat and manage that patient.
- **Code 99201** will be deleted
- CPT will include separate guidelines for E/M office and other outpatient and for other E/M services
- Creation of a new prolonged services CPT code
- RVUs will be increased for most office and other outpatient E/M services

For coding purposes, time for these services is the **total time on the date of the encounter**.

It includes both the face-to-face and non-face-to-face time personally spent by the physician and/or other qualified health care professional(s) on the day of the encounter:

- Includes time in activities required by the physician or other qualified health care professional
- Does not include time in activities performed by clinical staff

The new assigned times are based on total time spent on a patient encounter. The 50% counseling and coordination of care rule and midway time rule will no longer be applicable. These time values are the minimum number of minutes that must be spent for the total patient encounter on a given date. You cannot “round up” to the next level. We will see an increase in the associated times, but we are now able to include time spent in other activities related to the patient encounter that were not included in the past. Some of the provider activities that may be included in time spent on the patient encounter are: Preparing to see the patient (eg, review of tests), obtaining and/or reviewing separately obtained history, ordering medications, tests, or procedures, referring and communicating with other health care professionals (when not separately reported), and documenting clinical information in the electronic or other health record.

New Patient Codes	Time	Established Patient Codes	Time
99201	Deleted	99211	N/A
99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

The Medical Decision Making table looks very similar to the old table, but there are some very significant changes and details added that may be considered when determining the level of medical decision making.

Under the data reviewed and analyzed, we will now be able to count points for review of prior external note(s) from each unique source (another qualified health care provider), review of the result(s) of each unique test, and ordering of each unique test and assessment requiring an independent historian(s), which includes history from

the parent or caregiver. A unique test is one that does not include an interpretation and report in the code descriptor.

Under the moderate risk category, they have included “diagnosis or treatment significantly limited by social determinants of health”. If the provider indicates that social determinants of health are playing a role in the patient’s inability to carry through with the treatment and plan, the provider should include this documentation in the record and use the appropriate ICD-10 code related to the issues.

Current vs 2021 Proposed RVUs

Evaluation and Management: RVUs

	Current	2021 Proposed wRVU	% increase
99201	0.48	Deleted	
99202	0.93	0.93	0%
99203	1.42	1.6	13%
99204	2.43	2.6	7%
99205	3.17	3.5	10%
	Current	2021 Proposed wRVU	% increase
99211	0.18	0.18	0%
99212	0.48	0.7	46%
99213	0.97	1.3	34%
99214	1.5	1.92	28%
99215	2.11	2.8	33%



2021 E/M Coding Update Training - Webinar Recording Available

TNAAP’s Practice Management Conference focused on the E/M Changes for 2021. This conference webinar was recorded and is now available for purchase. The post event package includes the conference recording and related handouts. www.tnaap.org > programs > EPSDT & Coding

TNAAP will also be providing additional training on the 2021 E/M changes to be included in the EPSDT and Coding Update Regional Trainings in 2021

Please reach out to Janet Sutton at janet.sutton@tnaap.org for more information.



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*Term, credit, and autopayment restrictions may apply. To be eligible for 100% financing, loan must be first lien, non-escrowed and must not exceed the appraised value of the property. You also must be an M.D., D.O., D.D.S., or D.M.D. in Tennessee or its contiguous states.



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Transitioning EPSDT Visits to the Medical Home

Janet Sutton, CPC, RHIT, TNAAP Program Manager

TNAAP is excited to announce that the Tennessee Department of Health (TDH) has begun transitioning EPSDT exams to the medical home. For several years, TDH clinics conducted EPSDT exams when children presented for WIC or other services. Recognizing the heightened need for our children to be connected to a medical home for comprehensive services, TDH clinics are prioritizing connecting TennCare members to their assigned primary care provider. As always, TDH clinics will continue to offer and promote immunizations for all children and are available to assist with screening needs.

Beginning August 10th, local health departments started using an intentional referral process that helps families connect with their primary care providers and aids families in addressing barriers to their receiving care with them. These processes are now incorporated into the ongoing TDH Community Health Access and Navigation in Tennessee (CHANT) care coordination program. <https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/chant.html>.

For patients who have an existing relationship with a medical home, TDH Care Coordinators can assist families in receiving their EPSDT with their primary care providers in their medical home. For patients who do not yet have a relationship with a primary care provider, the local health departments are working with TennCare and its MCOs to establish a medical home.

These efforts may result in TDH care coordinators calling your office on behalf of a patient to schedule well child exams or to provide a warm handoff for patient care needs identified by the health department. Our mutual commitment remains to ensure children stay on track to receive age appropriate services as recommended by the Bright Futures Guidelines.

Please refer to the CHANT Map for regional and metro leads in your area.

Additional Resources such as the Well Child Fact Sheet and the CHANT Referral Form can be found on the TNAAP website at: www.tnaap.org/EPSDT/...

Community Health Access and Navigation in Tennessee (CHANT) Regional and Metro Leads

WEST BARBARA POTTS REGIONAL LEAD P:731-421-6706 Fax: 731-935-7093 295 Summar Avenue Jackson, TN 38301 barbara.potts@tn.gov	MID-CUMBERLAND DESHNEILL COBBIN REGIONAL LEAD P:615-650-7049 Fax:615-262-6139 710 Hart Lane Nashville, TN 37247-0801 Deshneill.Cobbin@tn.gov	DAVIDSON FONDA HARRIS PROGRAM ADMINISTRATOR P:615-340-5686 Fax:615-340-7789 2500 Charlotte Ave, Nashville, TN 37203 FONDA.HARRIS@NA.SHVILLE.GOV	UPPER CUMBERLAND TINA DAVIS FISHER FHW DIRECTOR P:931-520-4219 Fax:931-372-2756 1100 England Drive Cookeville, TN 38501-6076 Tina.Davis@tn.gov	KNOX SUSAN MOORE METRO LEAD P:865-215-5173 Fax:865-215-5199 140 Dameron Avenue Knoxville, TN 37917-6413 susan.moore@knoxcounty.org	SULLIVAN TRACY DAYTON METRO/ MEDICAL SERVICES LEAD P:423-279-2662 Fax:423-279-7594 154 Blountville Bypass Blountville, TN 37617 tdayton@sullivanhealth.org
SHELBY LEILANI SPENCE PROGRAM ADMINISTRATOR P:901-222-9112 Fax:901-222-9113 814 Jefferson Avenue Memphis, TN 38105 Leilani.Spence@shelbycountynyt.gov	MADISON LINDSEY NANNEY METRO LEAD/MEDICAL SERVICES LEAD P:731-423-3020 ext. 2118 Fax:731-927-8601 804 North Parkway Jackson, TN 38305 lnannay@madisoncountyt.gov	SOUTH CENTRAL GINA VAUGHN REGIONAL LEAD P:931-490-8347 Fax:931-380-3364 1216 Trotwood Avenue Columbia, TN 38401-4899 Gina.Vaughn@tn.gov	SOUTHEAST PATRICIA CALDWELL REGIONAL LEAD P:423-634-5810 Fax:423-634-6087 1301 Riverfront Parkway, Suite 209, Chatt TN, 37402 Patricia.A.Caldwell@tn.gov	HAMILTON MARANDA CLARK METRO LEAD P:423-209-8086 Fax:423-209-8156 921 East Third Street Chattanooga, TN 37403 marandac@hamiltontn.gov	EAST CHRISTINA AYERS REGIONAL LEAD P: 865-549-5261 Fax: 865-594-4898 2101 Medical Center Way Knoxville, TN 37920 Christina.Ayers@tn.gov
					NORTHEAST ELIZABETH DOVE MEDICAL SERVICES LEAD P:423-979-4679 Fax:423-979-3267 185 Treasure Lane Johnson City, TN 37604 elizabeth.dove@tn.gov

VFC Program - Critical to Preventing Disease Outbreaks

Liz Harris, RN, BSN, Vaccines for Children (VFC) Program Director

Did you know that, according to the Institute for Health Metrics and Evaluation, 25 years' worth of global vaccination progress was undone in just 25 weeks of the COVID-19 pandemic? Maintaining patient vaccination rates during the pandemic is critical for keeping children healthy and preventing disease outbreaks, and the Vaccines for Children (VFC) program is an integral part of that work. We need providers like you to help.

VFC is a federally-funded program that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay (e.g. those who are Medicaid-eligible, uninsured, underinsured, or American Indian/Alaska Native). The VFC program provides all routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to the participating healthcare provider. As of July 2020, the unemployment rate in Tennessee was 9.5%; this job loss means children who have previously been privately insured will need VFC coverage. COVID-19 has had a tremendous impact upon immunizations in Tennessee. In April, the number of routine childhood vaccine doses in the Tennessee Immunization Information System (TennNIS) administered to children aged 0-18 was 42% lower than in April 2019, and as of August 2020, the number of administered vaccines was still down 22% compared to August 2019. It is critically important that we catch these children up as soon as possible, and expanding the VFC network is one way to accomplish that goal.

We need providers like you to enroll in the VFC program! This will not only help you keep these newly uninsured patients in your practice, but it will also ensure you are able to protect more children from vaccine-preventable disease outbreaks by helping to stop those outbreaks before they begin. VFC providers also receive updated quarterly progress on their facility-level coverage rates, an assigned Regional Immunization Representative to provide guidance on maintaining vaccine integrity, high vaccination levels, and utilizing TennNIS, and opportunities to engage in

continuous quality improvement strategies. If you are not currently participating in the VFC program, please consider doing so. Now, more than ever, Tennessee's children need you to provide for them. If you are interested in becoming a VFC Provider, please email VFC.Enrollment@tn.gov to get started.

Vaccines for Children Protecting America's children every day



The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2018 will:

prevent **419 million** illnesses
(26.8 million hospitalizations)




more than the current
population of the entire U.S.A.

help avoid **936,000** deaths




greater than the
population of Seattle, WA

save nearly **\$1.9 trillion** in total
societal costs
(that includes \$406 billion in direct costs)




more than \$5,000 for each American

Updated 2018 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2013"



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

www.cdc.gov/features/vfcprogram

NCHDg702 | 03/26/19



Building the Foster Care Medical Home Network

Tim Fuller, DO, FAAP

The Tennessee Chapter of the American Academy of Pediatrics has partnered with BlueCare since 2012 to develop the Behavioral Healthcare in Pediatrics (BeHiP) training program. *BeHiP training provides pediatric healthcare providers with tools and strategies to screen for, assess, and manage patients with emotional, behavioral, and substance abuse concerns.* Dr. Michelle Fiscus has served at the BeHiP Medical Director since 2016. We are excited to announce that BlueCare has renewed the program's funding through 2022! As BeHiP enters into the 2020-2022 grant cycle, the program will focus on building the capacity of the Foster Care Medical Home network in the northeastern and eastern regions of Tennessee, continuing the BeHiP Virtual Learning Collaborative, and providing office-based trainings to pediatricians across the state.

What is the Foster Care Medical Home? BeHiP, in coordination with Department of Children's Services (DCS), Tennessee Department of Health, and the Northeast Region DCS office, established a pilot project in Greene County, Tennessee in March 2018. This pilot referred children entering DCS custody directly to a BeHiP-trained pediatrician at Green Mountain Pediatrics, rather than the Greene County Health Department, for their initial EPSDT visits. Green Mountain Pediatrics worked closely with the Northeast Region DCS office's nurse to ensure all DCS requirements were met, and the practice was able to develop a close working relationship with that DCS office's staff. What began as an initial 90-day pilot quickly grew to include not only children residing in Greene County, but also children entering custody from surrounding counties who were placed in foster care in Greene County. This project has been truly transformative for the children, families, pediatricians, and DCS staff who have been involved, as children are seen, typically within 24 hours of intake, by a

pediatrician who is in their community and trained to screen for, identify, and manage the medical and behavioral health concerns of these children as soon as they enter custody. As a result, Green Mountain Pediatrics has become a medical home for children in foster care, providing timely and comprehensive services to this population, including care coordination and medical management of their behavioral health conditions that is no longer wholly dependent upon the availability of child and adolescent psychiatrists. Additional opportunities exist to improve the way in which care is delivered to children in DCS custody, and BeHiP is one vehicle through which to achieve the evolution of those improvements. TennCare, DCS, and the Tennessee Department of Health all appreciate the success of the Greene Mountain model and agree that these efforts should be expanded to other counties. BeHiP seeks to continue the work of the past several years by expanding the Green Mountain model to select counties in the northeastern and eastern areas of Tennessee and building a more robust system of support for the Foster Care Medical Home network of pediatricians by providing access to child and adolescent psychiatric consultants and a pathway to refer children in need to timely behavioral health services furnished by local providers. In this way, Tennessee will continue to move towards a behavioral health system of care that relies less on sub-specialists and more on the growing number of pediatricians who are trained to provide a higher level of behavioral health management to their patients. Pediatricians who participate in the Foster Care Medical Home Network may receive Maintenance of Certification parts 2 and 4 for their participation in the program and other incentives for their work.

TNAAP's BeHiP Virtual Learning Collaborative, now entering its fourth year, continues to provide ongoing, monthly educational and collaborative opportunities to its participants, while also bringing light to the need for continuous quality improvement within the system of care for these children. The Collaborative meets on the first Thursday of each month and brings together BeHiP pediatricians, psychiatrists, psychologists, DCS staff, and local behavioral health experts to discuss challenging cases and share information about how to best assist children in DCS custody. Through this Collaborative, pediatricians learn how to navigate complex systems of care, and members of



A program of the Tennessee Chapter of the American Academy of Pediatrics

the system of care hear of the challenges pediatricians have in navigating these systems. Together, we have been able to institute small but meaningful changes that benefits children in foster care, as well as the pediatricians who care for them.

With the new 2020 BeHiP grant we are looking to expand this project to practices in the northeastern region of the state.

WE NEED YOU! If you are interested in your practice becoming a Foster Care Medical Home or joining the Virtual Learning Collaborative please contact elaine.riley@tnaap.org.

We are also pleased to announce that Dr. Tim Fuller will

be joining Dr. Fiscus as co-medical director of BeHiP. Dr. Fuller has been involved with BeHiP since the launch of the foster care learning collaborative pilot project in North East Tennessee and has also taken on the role as an office-based trainer. Dr Fuller began his career in the U.S. Army, serving in Hawaii, Germany, Italy, Saudi Arabia, and Ft. Knox prior to relocating to TN. He has been in private practice in Greeneville, TN for the past 19 years and continues to serve in the National Guard. Dr Fuller currently serves on the Pediatric Advisory Council for Ballad Health Systems.



Updates to Tennessee Early Intervention System's Processes During COVID -19

Toni Whitaker, MD, FAAP
START Medical Director

As part of TNAAP's long-standing relationship with the Tennessee Early Intervention System (TEIS), our Screening Tools and Referral Training (START) program medical directors Toni Whitaker, MD and Jason Yaun, MD recently provided technical assistance and training to TEIS administrators and staff in the wake of agency changes due to the COVID-19 pandemic. Though TEIS direct service providers discontinued home visits early in the pandemic to maintain safety for children, families, and direct service providers, TEIS continued remote visits for developmental and other therapy services. They also pivoted quickly to institute new procedures to ensure that children who were newly-referred for developmental delay or disability (or with related medical condition) could be promptly evaluated to establish eligibility for services. Drs. Whitaker and Yaun trained TEIS staff in live and recorded virtual sessions to administer new developmental screening measures and worked with TEIS administrators to develop procedures to complete the necessary multidisciplinary evaluations required for entry into the program. It remains critical for Pediatricians and other clinicians to continue to refer children to appropriate evaluations and intervention, such as through TEIS which serves children up to age 3 years, when there are concerns about developmental progress. Per AAP guidelines, most recently updated in January 2020, universal screening for general development should occur at health supervision visits at least at the 9-, 18-, and 30-month visits, and screening for autism should occur at the 18-, and 24-month visits.

TEIS currently serves 10,000 children across the state and has seen more than 17,000 children cycle through the program in the past year. Throughout the start of 2020 and the early months of the COVID-19 pandemic, referrals dropped significantly but have since rebounded to pre-pandemic levels. In the past year, nearly 19,000 referrals have been submitted with more than half of those coming directly from the medical community.

To learn more about Tennessee Early Intervention System or to make a referral visit <https://www.tn.gov/didd/consumers/tennessee-early-intervention-system-teis.html>

Learn more about recommendations for routine developmental surveillance and screening visit <https://www.tnaap.org/programs/start/start-overview>. Schedule a START training contact Susan Rollyson, START Program Manager Susan.rollyson@tnaap.org



Tennessee Early
Intervention System
1-800-852-7157
www.tn.gov/didd/teis



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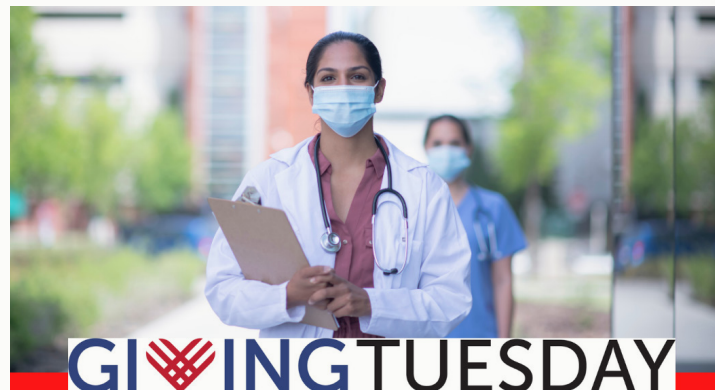
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Happy Holidays from the Board and Staff of The Tennessee Chapter of the American Academy of Pediatrics!



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.

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Now more than ever
we are called to
make a difference.

#givingtuesday | December 1, 2020