

the Tennessee Pediatrician



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CHAPTER, AMERICAN ACADEMY OF PEDIATRICS
TENNESSEE PEDIATRIC SOCIETY

FALL 2005

CHILD HEALTH FINANCE REPORT: NOW WE HAVE A PEDIATRIC COUNCIL! (And what in the world is it?)



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Since the Chapter has tackled and successfully solved all the Pediatric problems of TennCare (please note the tone of irony!!), Joel Bradley and I decided to work together and set up a new group to solve all the problems of dealing with private insurers. Since we have been working on TennCare for the past 12 years, this will hopefully yield results in a more timely fashion.

There are Pediatric Councils (also referred to as Private Practice Councils) active in seventeen AAP Chapters plus one at the national level. The purpose of these Councils is to provide a forum for discussion of problems that arise between the health insurance companies and Pediatricians with the intent of working through them to a solution that is a positive for both. They are NEVER intended to be a negotiating committee for fees, which eliminates problems arising from antitrust issues. Joel and I began to discuss this about two years ago with other Pediatricians across the state to see if there was any interest. We wanted to have Pediatricians involved from all the urban areas who are in independent practice and responsible for negotiating their own contracts with private payers. We did not include anyone who is in a practice where a larger entity such as a hospital or teaching facility would make their contract decisions.

Presently, we have representatives from all the major areas of the state except Chattanooga and would like to have representation from there also. Most involved at this time are the managing partners of the respective groups, giving the council timely information about topics we need to address. The Medical Directors who are currently participating are with Blue Cross, Cigna, Aetna, United, Healthspring, and PHP.

On June 1, 2005, we had our first meeting of both Pediatricians and Medical Directors. This went well, and we held a second meeting this fall. The first meeting was partially organizational, but several other issues including payment for Menactra were discussed. The agenda for the Sept meeting again included vaccines, how and when the codes for them are loaded, and how payment for them is determined. Obesity was discussed with a focus on how or whether payers cover services when the diagnosis is obesity. Other issues were bundling codes such as nerve blocks for a circumcision, and a discussion of the report cards that we get from some insurance companies and what to include to make them meaningful. "Pay for performance" was also discussed, and how TNAAP can work with health plans to find the best measures. As we use these Council meetings to obtain answers or ways to work on specific issues, we will pass this onto the rest of our membership via the website or this newsletter.

Presently we are planning to meet quarterly unless there is a reason for a

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Catherine M. Fenner

Joseph F. Lentz, M.D.

The printing of these articles does not necessarily mean that TNAAP endorses the thoughts and comments expressed therein.

President's Report: A Time to Speak Up

David K. Kalwinsky, MD, FAAP

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Johnson City 37614, (w) 423-439-6222**

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Hurricanes Katrina and Rita have left significant devastation for a number of our citizens in the Southeast. These disasters revealed difficulties in implementing rescue and relief efforts with coordination among local,

state and federal agencies. The war in Iraq has steady casualties and now demonstrates the problems our country faces in establishing a stable, permanent Iraq.

With such daily doses of negative press regarding national disasters or foreign affairs, US domestic issues including health care reform and children's health issues in particular appear off the radar screen. The AAP has strongly supported efforts to provide health insurance coverage for all US children (including legislation for a Medicare-like MEDI KIDS program) and has been active in urging our federal legislators to protect EPSDT and other children's benefits with any Medicaid reforms. With congressional elections coming up next year and a Presidential election in 2008, now is the time for our politicians/legislators in both parties to hear from pediatricians and from the families they serve, that adequate healthcare coverage for all US children should be a national priority.

During the 50th anniversary of the TNAAP and the 75th anniversary of our national organization, it is an opportune time to write your federal and state legislators to remind them of the importance of their continued support for children's health initiatives and the need to develop long-term proposals to guarantee that all of our children have access to comprehensive healthcare.

STAFF DIRECTORY

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865-927-3030; Fax: 865-927-8039, rutheallen@yahoo.com

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615-383-6004; Fax: 615-383-7170

Executive Director's Report



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tnaap@aol.com

It's hard to believe 2005 is almost gone. It has been a good year for the Chapter, with both growth and change.

New Staff:

First and foremost, we are very excited to have Janet Smith on board as our new Coding Educator. I know many of you have come to count on the Chapter being your coding resource, and Ruth and I are confident that you will find Janet will more than meet your needs. She hit the ground running, attending the AAP NCE in DC in October with Ruth and Deborah within a week of her start date! She is currently traveling a good bit exhibiting our EPSDT information at various state meetings, but she will also be happy to answer any questions you may have, as well as look in to scheduling an office visit and/or training. Please note Janet's contact information in the staff box on page 2.

PDFA:

We have recently launched a year-long methamphetamine education campaign with the New York-based Partnership for a Drug Free America. With the help of a public relations firm in Nashville hired by PDFA, the goal of this campaign is to train pediatricians, not only in meth education, but also in media relations. Eight pediatricians have now participated in the one-day training in the Nashville and Memphis areas, and we are planning a training for interested pediatricians in the Knoxville and Chattanooga areas for the near future (probably January). The first two trainings were so informative, fun, and engaging, and we look forward to seeing those members on TV news clips and hearing their voices on radio spots. Thank you to the following members that to date have participated: Alison Asaro, Jim Hanley, Shelley Fiscus, John Hill, Ed Davis, Katharine Cox, Nick Desai, and Sarah Stender. Please contact me if you are interested in the Knoxville or Chattanooga trainings, or if you are in the Nashville or Memphis areas and interested in a future training if held. Check out the PDFA website at drugfree.org for more information on this important topic.

Foundation Projects:

The challenge between the three Grand Divisions to celebrate the 50th Anniversary of TNAAP continues through the end of the calendar year, and the race is close! Remember that the goal is to increase the percentage of TNAAP membership that are willing to support the Foundation and its programs for children. Large grantors want to know that the numbers are there. At the time of this writing, 7% of TNAAP's 1140 members have made donations since the campaign began in May, 2005 (THANK YOU!). Please make your donation now by sending in your pledge envelope or calling Kim at 615-778-1421 (she'll even take your credit card over the phone).

Meanwhile, Kim is busy with the Foundation's **HIP Program** (Health in Progress) thanks to the support by BlueCross BlueShield Foundation and the concept and hard work of TNAAP member Beth Andrew, MD (Memphis) to bring her idea to fruition. HIP is a pilot project working with 5 public middle schools in Nashville, whereby students participate in a walk/run exercise, complete with a weekly plan on nutrition and/or physical activity, for an hour each day before or after school. Beth has developed a different weekly plan for each week of the entire school year. Kim is doing a great job overseeing the program and keeping the schools on track (no pun intended!) and reports positive feedback from the children involved.

The TNAAP Foundation has secured its largest grant to date from a collaborative effort of pediatricians (Iris Snider, Eddie Hamilton, Joel Bradley), the Bureau of TennCare, and Childhelp USA. Also a pilot program, the **Montgomery County Child Abuse Intervention Program** will hire 3 care managers to cover the 2 large and 3 small pediatric practices in the Clarksville area. Dr. Bradley is serving as Medical Director of the project, the goal of which is to show that providing families with services that focus on intervention and treatment (by having care managers dedicated to pediatric practices) can break the cycle of child abuse and family violence.

Finally:

Your TNAAP staff—all 6 of us—have participated in a number of continuing education meetings and workshops throughout the year, some related to our own specific fields and others related to overall leadership and staff development. We are excited and energized to continue carrying the Chapter forward with the momentum it has shown the past few years. And we appreciate the volunteer hours that so many of you contribute and the support that you give us.

See you in 2006, and Happy New Year!

A handwritten signature in cursive script, appearing to read "Cathy". The ink is dark and the signature is fluid and personal.



From Our New Coding Educator, Janet Smith

I am excited to be joining the staff of the Tennessee Chapter of the American Academy of Pediatrics as the new Coding Educator. I have been certified as an RHIT since 1996. I have held various positions with Vanderbilt University Medical Center, Baptist Healthcare Group and TeamHealth

as a compliance auditor and coding specialist educating and training physicians and residents in coding and documentation practices.

I live in White House, TN (just north of Nashville) and have lived around this area for over 30 years. I am married and have two beautiful children, 13 and 5, who keep me extremely busy.

I am looking forward to this new challenge and hope that I will be a resource that will be beneficial for the pediatricians and their staff across the state of Tennessee.



Johnson City Medical Center September, 2005

TNAAP Presented at Grand Rounds on Legislative Advocacy to Pediatric Faculty and Residents



Welcome New Members

- | | |
|-------------------------------|--------------|
| Thomas James Abramo, MD | Nashville |
| Sharon E. Albers, MD | Nashville |
| Eric Douglas Austin, MD | Nashville |
| Elizabeth Ward Bailes, MD | Nashville |
| Mary Frances Bolfig, MD | Collierville |
| Yvonne Andrea Bremer, MD | Knoxville |
| Christopher Calendine, MD | Rogersville |
| Lionel Mu-Lo Chow, MD, PhD | Memphis |
| Stephen John Cico, MD | Nashville |
| Eduardo Enrique Delgado, MD | Memphis |
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| Karen L. Guillory, MD | Memphis |
| Tiffany Tijuana Hall, MD | Collierville |
| Steven Edward Herald, MD | Chattanooga |
| Paulette Marie Johnson, MD | Nashville |
| Jeanie Jung, MD | Chattanooga |
| Mira Juric, MD | Paris |
| Karen Kaufman-Codjie, MD | Jackson |
| Neil Kirshner, MD | Hermitage |
| Darwin Martin Koller, MD, MSc | Chattanooga |
| Paul G. Kyker, MD | Loudon |
| Jesse Anne Lobb, MD | Tullahoma |
| Ashish B. Madhok, MD | Johnson City |
| Richard Scott McGill, MD | Greeneville |
| Amy Lee McGregor, MD | Memphis |
| Carla McKeethran, MD | Knoxville |
| Timothy E. McNutt, Sr, DDS | Nashville |
| Jeffrey McVey, MD | Sparta |
| Saroj Mehta, MD | Oak Ridge |
| Edward H. Moody, Jr, DDS | Morristown |
| Samuel Judson Murray, II, MD | Nashville |
| Deepa Nagar, MD | Memphis |
| Sandor Nagy, MD | Knoxville |
| Monica Nania, MD | Spring Hill |
| Amit M. Patel, MD | Hixson |
| James Michael Pearson, MD | Johnson City |
| Lisa Michelle Piercey, MD | Jackson |
| Satish Prahbu, MD | Clarksville |
| Lindsay Mallard Rauth, MD | Nashville |
| Jessica Romano Roberson, MD | Memphis |
| Neil Edward Seethaler, MD | Nashville |
| Kristen Pettis Sheets, MD | Maryville |
| Josh Shook, MD | Kingsport |
| Catherine Ann Sipe, MD | Nashville |
| Heidi A. B. Smith, MD | Nashville |
| Lesli Ann Taylor, MD | Johnson City |
| Jessica Bonnett Tuberty, MD | Johnson City |
| Nneoma A. Ugorji, MD | Covington |
| Erik S. Vetne, MD | Ooltewah |
| Stuart T. Weinberg, MD | Nashville |
| Gina Whitney, MD | Nashville |
| Heather Wight, MD | Maryville |
| Michele Williams, MD | Nashville |
| David Shane Wolf, DO | Clarksville |
| Alicia Wright, MD | Kingsport |

2005 Pediatric Practice Manager Conference

Thanks to everyone who attended!

The 2005 Pediatric Practice Managers Conference was held on June 24th in Franklin and was a huge success! Participants enjoyed an informative day of networking and learning new ways to help their practices run more efficiently. Dr. Steve Byrum, the keynote speaker, received significant praise for his interesting and motivational presentation about how to help practices work together as teams. During lunch, participants had the opportunity to network with other Practice Managers and discuss topics of interest including TennCare, Coding, Vaccines and Personnel Issues. Afternoon Breakout sessions included Coding with Jacque Clouse and Dr. Joel Bradley, Legislative Issues with Cathy Fenner, TNAAP Executive Director, and Randy Cook with SVMIC discussing Payer Contracting Strategies and Techniques. Special thanks to our sponsors—especially those who took a chance and participated in the Lunch Table Centerpiece Contest!



Dr. Joel Bradley instructs Practice Managers on how to set up a coding education program in their offices.

Managers on how to set up a coding education program in their offices.



Jessica Carter, Middle TN Child Care (Lebanon) won \$100 in the Heritage Financial Group drawing and took home the Q2HR cookie basket centerpiece.



Randy Cook, SVMIC, discussing Payer Contracting Strategies and Techniques presents to a packed room!

Winner of the Lunch Table Centerpiece Contest! →

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All of the sponsors did a great job on the Lunch Table Centerpiece Contest!

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WHICH WAY

??????

THIS WAY

CHOICES

Coding Clues

Confused about Implementation Guides?

Physicians can now get assistance with their questions about how to implement standard transactions and codes. A group of "expert volunteers" are available through the website: www.x12n.org/portal.

The web portal will try to bring reason to implementation guides, whose details frustrate physicians trying to comply with the HIPAA code sets and transactions rules. The site can help physicians negotiate or resolve disputes with business associates, partners, clearinghouses and other entities.

Vaccine Code Information

One new vaccine code and revisions to three existing codes became billable as of July 1, 2005. The new code 90714 is for preservative-free Td vaccine. This code 90714 is to be used for the newer preservative-free Td vaccine. Remember that 90718, the existing code for Td vaccine is still in place and should be used for Td vaccine that contains a preservative (such as thimerosal).

The three codes that have been revised are 90680, 90715 and 90713. CPT code 90680 (Rotavirus vaccine) is

considered a "revised" code because it has not been used since a previous product was removed from the market in 1988. It has in essence been reactivated to describe the new rotavirus vaccine product. This new product is still pending approval by the FDA.

Significant changes have been made to revise code 90715 (TdaP). The revision is to the definition, which now includes a new version of the tetanus, diphtheria and pertussis combination (TdaP). This modification is in support of the greater emphasis on adding the pertussis booster, which is now recommended by AAP and CDC for 11-12 year olds. The new booster is designed to "recharge" immunity provided by routine childhood shots.

The new boosters are available from GlaxoSmithKline as Boostrix and are intended for patients 10-18 years of age; Adacel is from Sanofi Pasteur and is for patients 11-64 years of age. If children up to age 18 have never received the Td or received it more than five years ago, they should also be given the TdaP booster.

The final revision is to code 90713 (Poliovirus vaccine). The definition now represents the inclusion of intramuscular administration for the injectable polio vaccine. This expands the definition, but does not refer to a new product.



During TNAAP's Screening Tools And Referral Training (START) in Chattanooga this fall, practices broke into work groups to talk about a protocol for implementing the use of formal screening tools in their offices.

Understanding How to Manage Children in Behavioral Health Crisis Under TennCare

TNAAP recently met with Youth Villages regarding crisis services and discussed some perceived challenges from the pediatric perspective. (Youth Villages has the contract to provide Crisis Services for children on TennCare.) Youth Villages was very responsive and provided the following information to help physicians better understand how to manage children in behavioral health crisis under TennCare. Youth Villages encouraged TNAAP to have physicians contact supervisors in cases in which TNAAP members experience problems in accessing services.

Also, TNAAP is interested in hearing from you concerning specific problems related to crisis services. Please communicate these issues to Pat Davis, MD at pjcdavis@cpws.net and/or Ruth Allen, EPSDT Director, at rutheallen@yahoo.com

YOUTH VILLAGES SPECIALIZED CRISIS SERVICES:

Youth Villages Specialized Crisis Services provides crisis response for children and adolescents age 17 and under throughout the state of Tennessee.

Consists of Specially trained crisis triage counselors and assessment responders available 24 hours a day.

Available to assess Children and Adolescents experiencing Psychiatric Emergencies such as:

- Expressing serious suicidal or homicidal thoughts or behaviors
- Experiencing severe depression
- Exhibiting bizarre behavior, disorientation, confusion or hallucinations
- Acting in destructive manner or otherwise is out of control
- Psychiatric hospitalization is being considered

How to reach Youth Villages Specialized Crisis: See next page for triage phone numbers, as well as supervisor contact numbers for each region.

FREQUENTLY ASKED QUESTIONS:

If you call Specialized Crisis Services to assess a child in your care, what should you do to assure you are involved in the assessment process and/or involved in the treatment and disposition recommendations?

When you call the triage line, specifically state that you would like to be contacted regarding the treatment and disposition recommendation and give a phone number where you can be reached. Make sure that it is known that you wish to be involved.

If you have not heard back from a responder within 2 hours of the assessment, call the triage line again and ask for a follow-up call from the responder. If you still do not receive the information you wish for, please contact the triage line and ask to speak to a supervisor.

If you would like to receive a copy of the assessment, please let the responder know. We will have a release of information signed by the legal guardian and we can fax it to you within 5 days following the assessment. The responder should leave behind an abbreviated form explaining the general findings and recommendations with you on-site if the assessment takes place at your office or facility. If you do not get this, please ask for it or contact a supervisor.

What process should you take if you have concerns or questions regarding the process or disposition of recommendations being made?

Youth Villages Supervisors are on-call and available to you 24 hours a day. Please call the supervisor on-call for your region should you have any concerns or questions that can not be satisfactorily addressed by the responder or triage specialist. If you do not have access to the direct phone number for the supervisor, please call the Triage line for your region and request that a supervisor return your call to address your concerns.

Youth Villages encourages every responder to leave behind a comment form at each assessment. Please fill out this form and return it to us so that we can be aware of any compliments or concerns that you have regarding our staff. If you are not given a form at the time of the assessment, we will be happy to provide you with one by fax or email.

Specialized Crisis Services Leadership Phone List

| | Work | Pager |
|--|--------------|--------------|
| Director: Caroline Hannah | 615-250-7257 | 888-280-2444 |
| Ass't. Director: Carla Babb | 615-250-7273 | 866-240-7205 |
| Memphis Region | | |
| Regional Supervisor: Stephanie Cole | 901-252-7912 | 877-953-4542 |
| Program Supervisor: Selena Listenbee | 901-252-7914 | 877-783-6553 |
| Rural West and Rural Middle Regions | | |
| Regional Supervisor: Heather Brinkley | 615-250-7268 | 615-394-1797 |
| Program Supervisor (Rural West Region): Katherine Wooten | 731-660-6727 | 901-484-0617 |
| Program Supervisor (Rural Middle Region): Lisa Smith | 615-250-7306 | 877-540-0405 |
| Nashville Region | | |
| Regional Supervisor: Dawn McEntyre | 615-250-7322 | 888-379-0169 |
| Program Supervisor (Nashville): Reneese Hunt | 615-250-7229 | 888-826-4822 |
| Upper Cumberland and Southeast Regions | | |
| Regional Supervisor: Lisa Stewart | 931-525-6925 | 931-252-4318 |
| Program Supervisor (Upper Cumberland Region): Nell West | 931-525-6922 | 931-261-2992 |
| Program Supervisor (Southeast Region): Sabrina Walker Hale | 423-954-8844 | 888-339-7198 |
| Northeast Region | | |
| Regional Supervisor: Judy Bomar | 865-560-2542 | 865-363-1380 |
| Program Supervisor (Johnson City): Monica Lewis-Patrick | 423-283-6521 | 877-313-0860 |
| Program Supervisor (Knoxville): Holly Morrell | 865-560-2575 | 877-575-8781 |

**CRISIS RESPONSE
NUMBERS**

Memphis Region
1-866-791-9226

Rural West Tennessee
1-866-791-9227

Nashville Region
1-866-791-9221

Rural Middle Tennessee
1-866-791-9222

Upper Cumberland
1-866-791-9223

Southeast Tennessee
1-866-791-9225

Knoxville Region
1-866-791-9224

Northeast Tennessee
1-866-791-9228

If no answer, call
1-866-791-9230

**4th Annual Pediatric Emergency
Medicine Conference: Successful Again!
Chattanooga, September, 2005**

Nearly 200 hundred attended this fantastic conference this year. Next year's will begin its 2nd statewide rotation in Knoxville next fall.



Right: COPEC Chair Mick Connors, MD (l) and COPEC Director Rhonda Phillippi, RN (r) accompany emergency medicine award recipients (l-r) Joe Childs, MD, Mike Carr, MD, and Jay Deshpande, MD, during the lunch ceremony in Chattanooga.

ALERT!

Notice of Change in Child Abuse Reporting

Pertains to: Hospitals, Clinics, Schools, and Organizations Responsible for the Care of Children

Public Chapter 185 of 2005 deletes the language in T.C.A. 37-1-403 that makes provisions for the reporting of suspected child abuse through a designated official of a hospital, clinic, school or agency/organization. The responsibility for reporting suspected abuse/neglect now lies with the individual who suspects that child abuse or neglect has occurred. Therefore, individual organization policies allowing a staff person to report suspected abuse or neglect to the person in charge of the organization, or that person's designee, will no longer be in compliance with state law. Please immediately update your policies regarding the reporting of child abuse to reflect these changes and ensure your staff is notified of the change in policy.

The bottom line for all hospitals, clinics, schools and any other organization responsible for the care of children: If you are an individual who suspects child abuse, you have a legal obligation to report it to DCS or others mandated to receive these reports. You may no longer fulfill your legal obligation by reporting it to a designated person within your organization. Pursuant to T.C.A. 37-1-412, failing to report is a Class A misdemeanor and is punishable by a fine not to exceed two thousand five hundred dollars (\$2,500).

In addition to the Department of Children's Services, individuals may report suspected child abuse/neglect to the Juvenile Court Judge having jurisdiction over the child, the Sheriff of the county where the child resides, or the Chief law enforcement officer of the municipality where the child resides. Persons reporting to the Department should call the Department of Children's Services statewide hotline. There are two toll-free numbers, and they are operational 24 hours a day, 7 days a week.

1-877-54ABUSE (1-877-542-2873) and 1-877-237-0004

For more information about this change or child abuse reporting, you may contact your local office of the Department of Children's Services or your established DCS contact.

Issued by the Tennessee Joint Task Force on Children's Justice/Child Sexual Abuse – 10/17/05

...Child Health Finance continued from page 1

called meeting. Most of the states that have well-functioning councils have found this time frame works best for them. Regional meetings across the state between the Pediatricians and the insurance companies most active in that areas are also planned to allow airing of local issues.

The AAP has a Section on Practice and Ambulatory Medicine (SOAPM) that costs \$20/year to join. It has a very active listserv where AAP members in the Section discuss the issues that come up in all our practices, and I have found it to be very useful.

Those interested in participating on the Council should contact TNAAP. And don't despair, work still continues on TennCare!

TNAAP Pediatric Council Members as of October 2005:

Co- Chairs:

Joel Bradley, MD, Premier Medical Group, Clarksville
Iris Snider, MD, Athens Pediatrics

TNAAP Members:

Bill Terrell, MD, Memphis and Shelby County Pediatric Group
Bob Riikola, MD, Memphis Children's Clinic
Tommy Collins, MD, Knoxville Pediatric Associates, PC
Ralph Greenbaum, MD, Terrace Pediatrics, Nashville
Wade Denney, MD, Columbia Pediatrics
Ted Taylor, MD, First Choice Health Care, Johnson City
Eddie Hamilton, MD, Centennial Pediatrics, Middle TN

MCO Medical Director Representatives:

Mark Whitaker, MD, BCBST
Tunde Sotunde, MD, United Health Care
Robert McLaughlin, MD, Cigna HealthCare
Greg Cannella, DO, Aetna
George A. Andrews, MD, PHP/Cariten Healthcare
Elizabeth Cato, MD, HealthSpring

TNAAP Staff:

Ruth E. Allen, EPSDT Director

Immunizations, the AAP, and Pediatricians

Dave Tayloe, Jr., MD, FAAP, District IV Chair
919-580-7207, -7209, dtayloe@aap.org

One of the most pressing issues for pediatricians today is childhood immunization. We primary care physicians are at the mercy of an immunization system that squeezes us from three areas: business, medico-legal, and ethical. Immunizations are the lifeblood of our practices; if we cannot give state-mandated childhood vaccines, how can we convince families to keep appointments for the health supervision visits recommended by the American Academy of Pediatrics (AAP)? What is the AAP doing to help us continue our participation in the immunization system?

The Committee on Infectious Diseases (COID) of the AAP works with the Advisory Committee on Immunization Practice (ACIP) of the Centers for Disease Control (CDC) to make immunization recommendations for the US. The Food and Drug Administration (FDA) must approve any new vaccine before there can be a formal recommendation from the ACIP and AAP that children in the US should receive the new vaccine. By the time these national entities publicize the fact that there is substantial scientific evidence that certain children should receive a new vaccine, we pediatricians are up to our ears in confusion and frustration: Why is there not enough of the new vaccine to satisfy the demand of the families in our communities? Why don't the insurance companies, Medicaid, and SCHIP (State Child Health Insurance Plan) pay us enough to cover our business expenses to implement the new vaccine recommendation? Why doesn't the state have the infrastructure and funding in place to assure that indigent children have access to the new vaccine? Who decided that federal/state government agencies and private sector third party payers should spend millions of dollars on this new vaccine instead of trying to fund the myriad of other child health services that are unavailable to a large segment of the population we serve? How cost-effective is the new vaccine? Why should we implement the new vaccine recommendation when we are liable for problems caused by the new vaccine since it is not yet included in the list of vaccines that are covered by the vaccine-related injury compensation program of the federal government (National Vaccine Program)?

Within the last five years, the AAP has begun to do more and more to focus upon the critical immunization issues outlined above. The current Immunization Action Team at the Academy will soon be converted to a Task Force on Immunizations and ultimately to a Subcommittee of the COID, in an attempt to carefully keep all the players in the immunization system on the same page. There are already AAP leaders involved as members of the ACIP, so we hope to avoid any duplication of effort at the Academy

on issues that are addressed by the ACIP. The Academy will try its best to focus upon the real life problems that practicing pediatricians are having because of the complexities of the immunization system.

As a member of the Board of Directors of the AAP, I will focus on a short, but complex list of prominent immunization issues:

Why can't the ACIP, when it recommends that children receive a new vaccine, carefully state, within the recommendation, that the recommendation is a first step toward assuring that all eligible children receive the new vaccine, but that it will take time for primary care physicians to implement the new recommendation because the vaccine manufacturer(s) cannot immediately make enough vaccine, federal and state government leaders (legislative and administrative) have not identified funding streams to assure implementation of the recommendation, private sector insurance companies have not built the new vaccine into their business plans, and medical liability concerns involving the new vaccine have not yet been defined or addressed. The Academy does have people in the right places to improve the ACIP process and make their recommendations more comprehensive and physician-friendly.

Why can't the AAP become seriously involved in assuring that any new vaccine be proven to be cost-effective prior to any final ACIP recommendation that all children receive the new vaccine? We are all affected when a child in our practice dies of a potentially preventable disease, and we wish we could prevent the tragedy. But, should we spend precious health care dollars to provide a vaccine that is not proven to be cost-effective, to all children so that we prevent rare bad outcomes, while we are failing to provide much more cost-effective health services to millions of children? We live in an era of huge federal budget deficits and health services are funded along with all other line items in federal and state budgets. The AAP must prioritize the government programs on its child health "wish list," while continuing to lobby government leaders to convince them that preventive child health programs should be at the top of everyone's human service agenda.

The Private Sector Advocacy Advisory Committee (PSAAC) of the AAP is working, with input from the Section on Administration and Practice Management (SOAPM), to make sure that private insurance companies pay physicians adequately for administering vaccines to all eligible children. The Academy needs to continue to invest significant resources in assisting practicing pediatricians in getting paid fairly for providing the health services recommended by the AAP.

I welcome your input on the immunization system, or any other area of child health that you think the AAP needs to address with some urgency.

Trouble Obtaining a Covered Service for TennCare Patients?

... Try Using the TennCare Appeals Process

Physicians can often successfully assist their patients enrolled in TennCare in filing an appeal when medically necessary services have been:

- ✓ Denied
- ✓ Terminated
- ✓ Reduced
- ✓ Delayed
- ✓ Suspended

The purpose of this article is to give TNAAP members some insight into the process and offer suggestions to save valuable time.

There is an official appeal form, which can be obtained at <http://tennessee.gov/tenncare/members/medappeal1.htm>. Appeals can be mailed, faxed or submitted by phone to TennCare at P. O. Box 000593, Nashville, TN 37202-0593. Fax: 1-888-345-5575, Phone: 1-800-878-3192.

Please note: appeals **do not necessarily have to be made on the official appeal form**. Crucial elements, which must be part of the appeal, include:

- ✓ Full name
- ✓ Social security number
- ✓ Address
- ✓ Telephone number where the patient can be reached
- ✓ A brief description of why the patient is filing an appeal. What service is being denied, delayed, terminated, suspended, or reduced? Include the name of doctors and/or providers that you want to provide this service.
- ✓ If the patient is asking for reimbursement on services that they have paid for, we will need a copy of the bill showing the payment they made.

TNAAP has learned that physician appeals can be a very effective mechanism for obtaining covered services for patients, but only a very small percentage of appeals come from providers. If we were to consistently appeal when we have problems obtaining services, we would improve service and have specific data (rather than "anecdotal" frustrations) to take

to the state regarding our concerns.

If you have questions, need more information, or would like to share your experiences in filing TennCare appeals, contact our EPSDT Director, Ruth Allen, at 865-927-3030 or at rutheallen@yahoo.com.



Difficulty Locating a Specialty Provider? ... Try Contacting These Numbers at Each Individual MCO

TENNCARE MCO REFERRAL CONTACTS FOR SPECIALISTS

| MCO | Phone Number |
|-----------------|--------------------|
| Better Health | 901-737-7095 |
| John Deere | 800-224-6602 |
| UAHC (Omni) | 901-348-2205 |
| TLC | 901-725-7100 x3450 |
| PHP | 865-470-7607 |
| PHP | 865-470-7563 |
| TennCare Select | 800-276-1978 |
| BlueCare | 800-468-9736 |
| VHP | 615-782-7878 |

And . . . if you still can't find a specialist to refer to, contact the TennCare Provider Services Department at 615-507-6771. When an in-plan specialist is not available, the state can require the MCO to provide covered services through a non-participating specialist.

Tennessee Chapter of the
American Academy of Pediatrics
Tennessee Pediatric Society



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