The contents of this tip sheet have been pulled from the session presentations for CPF’s 2017 Pediatric Administration Meeting: Nashvegas.

1. **Coding (Janet Sutton, TNAAP)**
   
a. Link to Medicare NCCI Edits:
   i. [http://www.cms.gov/NationalCorrectCodInitEd](http://www.cms.gov/NationalCorrectCodInitEd)
   
b. How to Use the Medicare National Correct Coding Initiative (NCCI) Tools:

2. **Managed Care Negotiations (Jackie Boswell, SVMIC)**
   
a. Know your payer mix, KNOW YOUR PRACTICE!
   
b. Collect payer’s allowables for top codes (or full fee schedule if possible)
   
c. **CPT Fee Calculation**
   i. **Medicare PFS Payment Rates Formula**

   ![Medicare PFS Payment Rates Formula](image)

   ii. Current and prior year CMS fee schedules and RVU values can be searched using the following web address: [https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx](https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx)
   iii. Never accept that a contract (or a specific contract provision) is non-negotiable until you have exhausted every reasonable opportunity to negotiate.

3. **Business of Pediatrics (Berman, Plateau Pediatrics)**
   
a. Know your provider’s cash value:
   iii. *Revenue per visit is more important than number of visits*
   iv. Ancillary revenue (at sick and well visits) plays a significant role
   v. Higher overhead is OK if it generates more revenue
   vi. 50% overhead on $300K/year = $150,000
   vii. 75% overhead on $800K/year = $200,000
Tip Sheets are available electronically at cumberlandpediatric.org

viii. A fractional difference in collections can have a significant impact on revenue
ix. Alternate payment models (APMs) include:
   1. Capitation (PMPM)
   2. Pay for performance (thresholds, shared savings, gainsharing)
   3. Infrastructure grants

x. Learn about pediatric APMs & your practice

4. **Unconscious Bias (Nettles)**
   - L isten
   - E xplain
   - A cknowledge
   - R ecommend
   - N egotiate
   - E xplanation
   - T reatment
   - H ealers
   - N egotiate
   - I ntervention
   - C ollaboration

   a. **P**
      - Pay attention to what’s actually happening, beneath the judgments and assessments

   b. **A**
      - Acknowledge your own reactions, interpretations and judgments

   c. **U**
      - Understand the other possible reactions, interpretations and judgments that may be possible

   d. **S**
      - Search for the most empowering, productive way to deal with the situation

   e. **E**
      - Execute your action plan

   An awareness of unconscious bias allows us to rethink the way we behave, evaluate, assess, make decisions, and work with people.

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**6 Ways to Mitigate Your Biases**

- Recognize and accept that you have biases
- Develop the capacity to use a flashlight on yourself
- Practice “Constructive Uncertainty”
- Engage with people you consider “other” and expose yourself to positive role models in that group
- Explore awkwardness and discomfort
- Get feedback

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b.
5. **Asthma resources (Ellen O’Kelley, VUMC)**
   a. National Institutes of Health (NIH)
      i. [http://www.nhlbi.nih.gov/guidelines/asthma/index.htm](http://www.nhlbi.nih.gov/guidelines/asthma/index.htm)
   b. Asthma and Allergy Foundation of America
      i. [www.aafa.org](http://www.aafa.org)
   c. Allergy and Asthma Network
      i. Especially like their posters of all the inhalers [www.aanma.org](http://www.aanma.org)
   d. Mayo Clinic
      i. Quick videos of how to use meds, what happens in asthma attack [http://www.mayoclinic.com/health/asthma](http://www.mayoclinic.com/health/asthma)
   e. Centers for Disease Control
      i. [www.cdc.gov/asthma](http://www.cdc.gov/asthma)
   f. National Asthma Control Initiative (NACI)
      i. --National Asthma Education and Prevention Program (NAEPP) coordinated by NHLBI
   g. AsthmaMD
      i. Developed by a pediatrician who’s also a faculty member at UCSF Medical School
      ii. Developed peak flow meter but don’t have to use it to use the app
      iii. Very thorough
      iv. Links to youtube videos that creator has developed
   h. Association Of Asthma Educators
      i. [http://www.asthmaeducators.org](http://www.asthmaeducators.org)
   i. Asthma Control Test
   j. TRACK (Test for Respiratory and Asthma Control in Kids)
      i. for use in children 4 and under
   k. American Lung Association
      i. [http://www.lungusa.org/lung-disease/asthma/](http://www.lungusa.org/lung-disease/asthma/)
   l. TNAAP developed 5 videos on guideline-based asthma care
      i. [www.cme.mc.vanderbilt.edu](http://www.cme.mc.vanderbilt.edu) (put asthma in search box)
   m. National Jewish Health
      i. [www.nationaljewish.org](http://www.nationaljewish.org)
   n. Medscape
      i. [www.medscape.org](http://www.medscape.org)
6. **Mental Health-Action Steps (TN Health Department)**
   ✓ Assess for risk of suicide or harm
   ✓ Listen nonjudgmentally
   ✓ Give reassurance and information
   ✓ Encourage appropriate professional help
   ✓ Encourage self-help and other support strategies

7. **Employee Difficulty Tips (Kim Vance, Baker Donelson)**
   ✓ Avoid Avoidance of The Message
   ✓ Develop A Clear Message
   ✓ Execute The Message
   a. Execution Steps:
      ✓ Pick the Right Time/Location
      ✓ Decide who will be present and what role they will play
      ✓ Practice Delivery
      ✓ Prepare to Listen
      ✓ Expect The Unexpected
      ✓ Be Direct
      ✓ Be Sensitive
   b. Best Practices
      ✓ Reduce the need for difficult conversations through good company culture, training, and education.
      ✓ Be proactive and responsive to complaints – do not allow conflict issues to fester.
      ✓ Do not bury your head in the sand. Avoid avoidance.
      ✓ Be a force/positive influence on the team
      ✓ Are you the face of your organization? (MBWA)
      ✓ Are you exhibiting positive interactions throughout the workday?
      ✓ Are you managing issues promptly and thoroughly?
      ✓ Develop your three step plan if difficult conversations become necessary.