

Late Night With Chip & Paulie

Episode #25

Wednesday November 20, 2024 @ 8:00PM ET

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Rinad Beidas, PhD
Chair, Department of Medical Social Sciences
Northwestern University Feinberg School of Medicine

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Agenda

- This Week's Focus
- Data Nerd Report
- News Round Up
- Transparency In Healthcare
 - Negotiated rates between MCO's & healthcare providers
- Rinad Beidas, PhD- Gun Safety

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2025 PMI Pediatric Practice Management Conference

January 30 - February 1, 2025

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bit.ly/pmi2025

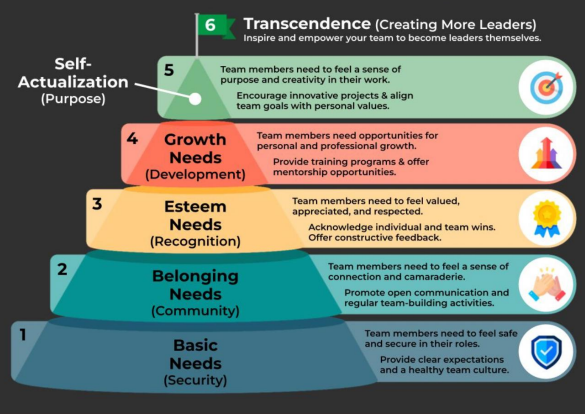
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Focus For The Week...

Maslow's Hierarchy for Team Building

Infographic by Justin Wright



6 Tips for Leaders to Build a High-Performing Team

1. **Have regular 1:1s** with each team member. Ask about goals, challenges, and ideas. Really listen and follow up.
2. **Give specific, timely feedback.** Both positive and constructive. Don't wait for formal reviews. Address things as they happen.
3. **Set clear expectations** for each role and project. Make sure everyone knows what success looks like and how it will be measured.
4. **Create opportunities for team bonding** outside of work. Maybe it's a monthly lunch, a volunteer day, or a fun activity. Help people connect as humans.
5. **Delegate meaningful work,** not just busy tasks. Trust your team with important projects and coach them through challenges.
6. **Model the behavior you want to see.** If you want open communication, share your own thoughts and admit when you're unsure about something.

Get PDFs of my 70 best cheat sheets at BrillianceBrief.com

Justin Wright



Data From The Data Nerd:

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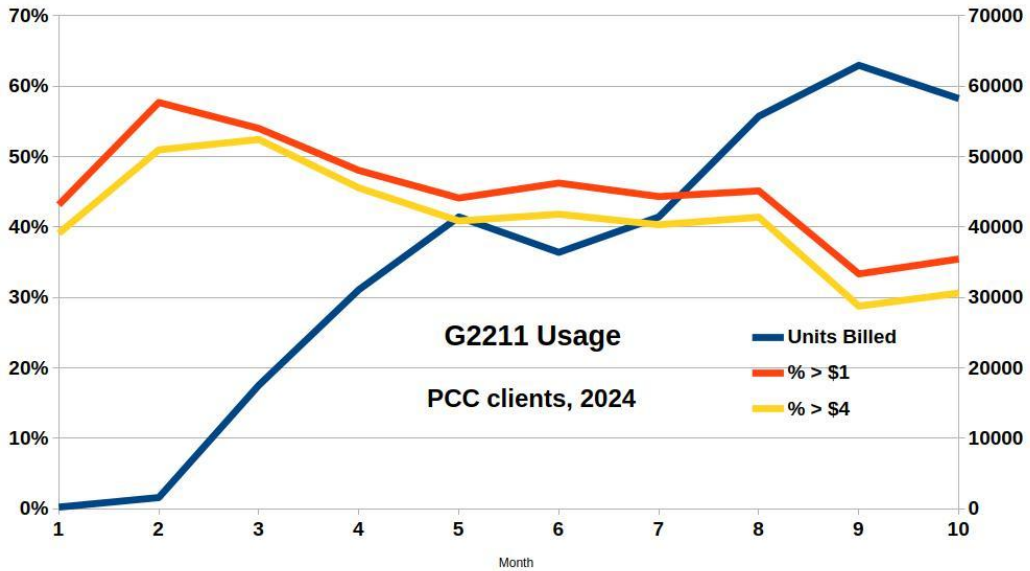
State	Payor	State	Payor	State	Payor	State	Payor	State	Payor
AL	Tricare	GA	BCBS	MD	Aetna	NM	BCBS	TN	BCBS
AL	UHC	GA	Medicaid	MD	BCBS	NM	Cigna	TN	Medicaid
AR	Aetna	GA	Tricare	MD	Cigna	NM	PHP	TN	Tricare
AR	Tricare	GA	UHC	MD	Medicaid	NM	UHC	TN	UHC
AR	UHC	ID	BC	MD	Tricare	NY	Aetna	TN	Wellpoint TN
AZ	Ambetter	ID	Medicaid	MD	UHC	NY	BCBS	TX	Ambetter
AZ	Cigna	ID	Regence BS	MI	HAP	NY	Cigna	TX	BCBS
AZ	Tricare	ID	Select Health	MI	UHC	NY	Medicaid	TX	Cigna
AZ	United	ID	Tricare	MO	Ambetter	NY	Oscar	TX	CHC
CA	Blue Cross	ID	UHC	MO	Cigna	NY	Oxford	TX	Gilsbar
CA	Blue Shield	IL	Advocate	MO	Healthlink	NY	UHC	TX	Humana
CA	CCFN	IL	BCBS	MO	Meridian	NY	UMR	TX	Tricare
CA	Cigna	IL	Cigna	MO	Tricare	OH	Humana	TX	PHCS
CA	REGAL	IL	NPA	MO	PHCS	OH	Medicaid	TX	Tricare
CA	Tricare	IL	UHC	MO	UMR	OH	Med Mutal	TX	UHC
CA	UHC	IN	Cigna	MO	UHC	OH	Tricare	VA	Carefirst
CO	Cigna	IN	PHP	NC	BCBS	OH	UHC	VA	Cigna
CO	UHC	IN	Tricare	NC	Medicaid	OH	UMR	VA	Highmark
CT	Cigna	IN	UHC	NC	Tricare	OK	BCBS	VA	Tricare
CT	Tricare	KS	Tricare	NC	UHC	OK	Medicaid	VA	Medicaid
CT	UHC	KS	UHC	NE	BCBS	OK	Tricare	VA	Tricare
DC	BCBS	KY	Caresource	NE	Tricare	OK	UHC	VA	UHC
DE	BCBS	KY	Cigna	NE	UHC	OR	Adventist	VT	BCBS
DE	Cigna	KY	Tricare	NV	UMR	OR	BCBS	VT	Cigna
DE	Medicaid	KY	UHC	NJ	Aetna	OR	Cigna	VT	MVP
DE	UHC	KY	UMR	NJ	Amerigroup	OR	Medicaid	VT	Tricare
FL	Allegiance	LA	UHC	NJ	BCBS	OR	Moda	VT	VHP
FL	BCBS	MA	Medicaid	NJ	Horizon	OR	Providence	WA	KP
FL	Cigna	MA	Tricare	NJ	Horizon	OR	UHC	WA	Premera
FL	Medicaid	MA	UHC	NJ	Horizon	OR	UMR	WA	Regence
FL	UHC			NJ	Magnacare	PA	CHIP	WA	Tricare
				NJ	Multipian	PA	Highmark		
				NJ	Oxford	PA	UHC		
				NJ	PHCS	SC	UHC		
				NJ	Tricare				
				NJ	UHC				

Who is paying for G2211?



Data From The Data Nerd:

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Wayne Gretsky:

“You miss 100% of the shots you don’t take...and you lose 100% of the revenue for charges you don’t bill.”

Data From The Data Nerd: RSV Season Will Be Back Before We Know It

Month	Units	Charges
2023-09	50	\$38,865
2023-10	4105	\$2,163,867
2023-11	5064	\$2,681,506
2023-12	3087	\$1,626,040
2024-01	2308	\$1,089,968
2024-02	2214	\$1,132,326
2024-03	1111	\$560,668
2024-04	141	\$54,535
2024-05	31	\$7,134
2024-06	8	\$904
2024-07	22	\$8,826
2024-08	72	\$26,060
2024-09	1340	\$607,531
2024-10	13061	\$7,575,643

Who is giving Beyfortus?

crackingthecodestraining.com

What's On The Pediatric Practice Management Calendar?

Nov 20, 2024

Paulie and Chip Late Show Webinar 8pm

Update wifi passwords (Y)

Check Material Versions (Q)

WWW Site Management (M)

Review Employment/Compensation Agreements (Y)

Review Evergreen Contracts (Y)

bit.ly/PediatricPracticeManagementCalendar

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**News Round Up
...Important News
Pediatricians Need To
Know!**

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Wolters Kluwer

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[Home](#) > [Expert Insights](#) > The 23 exemptions from the Corporate Transparency Act's bene...


COMPLIANCE, CORPORATE JANUARY 02, 2024

The 23 exemptions from the Corporate Transparency Act's beneficial ownership information reporting requirement

21. Large operating company

Any entity that: (A) employs **more than 20 full time employees** in the United States, with "full time employee in the United States" having the meaning provided in 26 CFR 54.4980H-1(a) and 54.4980H-3, except that the term "United States" as used in those sections of the CFR have the meaning provided in 31 CFR 1010.100(hhh), (B) has an **operating presence at a physical office within the United States**, and (C) filed a Federal income tax or information return in the United States for the previous year demonstrating **more than \$5,000,000 in gross receipts or sales**, as reported as gross receipts or sales (net of returns and allowances) on the entity's IRS Form 1120, consolidated IRS Form 1120-S, IRS Form 1065, or other applicable IRS form, excluding gross receipts or sales from sources outside the United States, as determined under

Civil Penalties: For late Beneficial Ownership Information (BOI) reports, the penalty is up to \$591 per day. For non-compliance with registration requirements, the penalty is up to \$5,000 per violation.

L. 7. If the size of a reporting company fluctuates above and below one of the thresholds for the large operating company exemption, does the reporting company need to file a BOI report?


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Yes. The company will need to file a BOI report if it otherwise meets the definition of a reporting company and does not meet the criteria for the large operating company exemption (or any other exemption). If the company files a BOI report and then becomes exempt as a large operating company, the company should file a "newly exempt entity" BOI report with FinCEN noting that the company is now exempt. If at a later date the company no longer meets the criteria for the large operating company exemption or any other exemption, the reporting company should file an updated BOI report with FinCEN. Updated reports should be submitted to FinCEN within 30 calendar days of the occurrence of the change.

To qualify for the large operating company exemption, an entity must have more than 20 full-time employees in the United States, must have filed a Federal income tax or information return in the United States in the previous year demonstrating more than \$5,000,000 in gross receipts or sales, and must have an operating presence at a physical office in the United States.

[Issued April 18, 2024]

Source: https://www.fincen.gov/boi-faqs#C_2[Back to top](#)

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To: Paul Vanchiere

Some content in this message has been blocked because the sender isn't in your Safe senders list.

You forwarded this message on Sun 11/17/2024 11:11 PM

Beneficial Ownership Information Report (BOIR) Submission Status

Subject	Beneficial Ownership Information Report (BOIR) Submission Status: FILING SUCCESSFUL
Message	This is an important message from the U.S. Department of the Treasury's Financial Crimes Enforcement Network (FinCEN) regarding the status of your Beneficial Ownership Information Report (BOIR) submission: Status: FILING SUCCESSFUL Submission Tracking ID: <input type="text"/> Received Timestamp (UTC): 2024-11-18T04:44:59Z
Additional Information	Please visit www.fincen.gov/boi for information or questions about the Beneficial Ownership Information program.
Privacy Policy	FinCEN's Privacy Policy can be accessed at www.fincen.gov/privacy-security .

The Financial Crimes Enforcement Network (FinCEN) considers an individual to be a beneficial owner of a company if they:

- Have substantial control over the company, such as being a senior officer or manager
- **Own or control at least 25% of the company's ownership interests**


"Substantial control" can include:

- Having authority to appoint or remove senior officers or a majority of the board of directors
- **Having significant influence over important company matters**

2.1 What is substantial control?

Reporting companies are required to identify **all** individuals who exercise **substantial control** over the company. There is no limit to the number of individuals who can be reported for exercising substantial control. An individual exercises **substantial control** over a reporting company if the individual meets **any** of four general criteria: (1) the individual is a senior officer; (2) the individual has authority to appoint or remove certain officers or a majority of directors of the reporting company; (3) the individual is an important decision-maker; or (4) the individual has any other form of substantial control over the reporting company. See the chart below for details about these criteria.

Chart 3 – Substantial control indicators



SENIOR OFFICER
any individual holding the position or exercising the authority of a:

1. President
2. Chief financial officer (CFO)
3. General counsel (GC)
4. Chief executive officer (CEO)
5. Chief operating officer (COO)

or any other officer, regardless of official title, who performs a similar function as these officers



APPOINTMENT OR REMOVAL AUTHORITY
any individual with the ability to appoint or remove any **SENIOR OFFICER** or a majority of the board of directors or similar body



IMPORTANT DECISION-MAKER

any individual who directs, determines, or has substantial influence over important decisions made by the reporting company, including decisions regarding the reporting company's:

1. **Business**, such as:
 - Nature, scope, and attributes of the business
 - The selection or termination of business lines or ventures, or geographic focus
 - The entry into or termination, or the fulfillment or non-fulfillment, of significant contracts
2. **Finances**, such as:
 - Sale, lease, mortgage, or other transfer of any principal assets
 - Major expenditures or investments, issuances of any equity, incurrence of any significant debt, or approval of the operating budget
 - Compensation schemes and incentive programs for senior officers
3. **Structure**, such as:
 - Reorganization, dissolution, or merger
 - Amendments of any substantial governance documents of the reporting company, including the articles of incorporation or similar formation documents, bylaws, and significant policies or procedures



CATCH-ALL

any other form of substantial control over the reporting company. Control exercised in new and unique ways can still be substantial. For example, flexible corporate structures may have different indicators of control than the indicators included here

Trump Plans to Nominate Dr. Mehmet Oz to Oversee Medicare, Medicaid and Obamacare

The celebrity physician would run the Centers for Medicare and Medicaid Services, a powerful agency in charge of programs that cover more than 150 million Americans.





News Release

AAP Statement on Robert F. Kennedy, Jr. Nomination to Lead U.S. Department of Health and Human Services

Home / News Room / AAP Statement on Robert F. Kennedy, Jr. Nomination to Lead U.S. Department of Health and Human Services



By: Benjamin Hoffman, MD, FAAP, president

"The nomination of Robert F. Kennedy, Jr. to be Secretary of the U.S. Department of Health and Human Services (HHS) offers an important opportunity to share the settled science on vaccines with government leaders, policymakers and the American public. This is a conversation pediatricians have every day with families, and we welcome the chance to do the same with national leaders.

"Vaccines have been an invaluable part of the fabric of our society for decades and are one of the most significant medical innovations of our time. When everyone can access the recommended immunizations, we can stop preventable diseases from spreading in our communities. Vaccines are the safest and most cost-effective way to protect children, families and communities from disease, disability and death. Continuing national investment in vaccine access is absolutely essential to support healthy communities.

"Vaccinations prepare children's immune systems to recognize and respond to serious diseases, helping them stay healthy so they can learn, grow and thrive. Immunization prepares children for long-term health, well-being and development into adulthood.



"HHS's motto is 'Improving the health, safety, and well-being of America.' This is a tall order, but a crucial and achievable one. As pediatricians, we firmly believe the most effective way for HHS to ensure the future health of our nation is to protect and support the health of our children: by ensuring that science continues to underpin all decision-making, policies and programs."

I love you so much that I miss you
when I close my eyes
to blink.



Home > Medical billing and collections

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CHRISTIAN DELBERT, STOCK ADORER

NEWS

Physician compensation totals 84% of medical group expenses

Medical groups might rethink operations in light of new Kaufman Hall data about physician compensation and overall employee investment/subsidy.

By Sara Heath, Executive Editor Published: 12 Nov 2024

Physician compensation continues to account for the bulk of medical group expenses, even while physicians and providers generate less revenue, according to the latest [data](#) from Kaufman Hall.

These findings should signal a reconsideration of medical group operations, the report authors suggested, as investment/subsidy per employed physician reaches unsustainable levels.

Provider Service
MHC HOSPITAL INC
5/20/13- 5/20/20

Date: 06/20/17
Policy:
Billed Charges
Not Co-Ad

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"Investment/subsidy per physician rose above \$300,000 for the first time -- a sign that current models of physician employment are not sustainable," Matthew Bates, managing director and physician enterprise service line leader with Kaufman Hall, said in a statement.

According to the Physician Flash Report, expenses from physicians and other providers accounted for 84% of total expenses for medical groups. The median investment/subsidy per employed physician was \$304,312.



KaufmanHall | PHYSICIAN FLASH REPORT Q3 2024 METRICS | © Kaufman, Hall & Associates, LLC 2024. All rights reserved. 5

Key Performance Metrics Summary

Investment/Subsidy per Physician FTE: Subsidies represent net patient service revenue minus total expense. Subsidies are divided by physician FTEs.

Key Performance Metrics (Median)	Q3 2024	Change from Q3 2023 to Q3 2024	Q3 2023	Change from Q3 2022 to Q3 2024	Q3 2022
Margin					
Investment/Subsidy per Provider	\$234,907	5%	\$223,530	2%	\$230,036
Investment/Subsidy per Physician	\$304,312	5%	\$288,672	3%	\$296,051
APP Percent of Total Provider FTE	38.5%	1.3%	37.2%	1.9%	36.6%
Revenue					
Net Patient Revenue per Provider FTE	\$394,184	4%	\$377,970	5%	\$376,273
Net Patient Revenue per Provider wRVU	\$76.36	-1%	\$77.18	-3%	\$78.45
Provider wRVU per FTE	4,907	5%	4,657	10%	4,450
Physician wRVU per FTE	6,195	6%	5,820	12%	5,540
Expense					
Total Direct Expense per Provider FTE	\$640,062	5%	\$611,194	5%	\$608,504
Labor Percent of Total Expense	84.0%	0.2%	83.8%	0.4%	83.6%
Provider Compensation per FTE	\$305,533	3%	\$297,431	6%	\$289,548
Physician Compensation per FTE	\$369,392	3%	\$358,753	6%	\$348,742
Provider Compensation per wRVU	\$62.26	-2%	\$63.77	-5%	\$65.32
Support Staff per 10k Provider wRVUs	3.06	-5%	3.21	-9%	3.34



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PMI's PayorIntel

Consulting services to help you compare your rates to pediatric practices in your market

Access exclusive data and expert guidance you need to negotiate fair payment rates.

Identify Opportunities To Improve Your Contracts

With PMI's PayorIntel service, you can now be empowered to effectively negotiate with MCO's.

Tired of being underpaid for your hard work? Pediatricians across the country face significant disparities in payment rates compared to other medical specialties.

It has been long suspected that Managed Care Organizations (MCOs) pay less to pediatricians than to other medical specialists for the same procedure codes billed. However, proving this disparity has been challenging until now- analysts from PMI have been able to confirm such instances on multiple occasions thanks to the information now available via PMI's PayorIntel services.

Due to federal legislation, MCOs are now required to publicly disclose their negotiated rates with all healthcare providers in the United States. While this data is technically available, accessing it can be costly and requires experience along with a delicate touch to sort through the information provided by the MCO's. For example, **UnitedHealthcare has chosen to make available over 70,000 files** that one would have to combine to leverage the information they have provided. PMI has invested in this valuable data to complement our consulting services and help pediatric practices level the playing field when





FEDERAL REGISTER

The Daily Journal of the United States Government



R Rule

Transparency in Coverage

A Rule by the Internal Revenue Service, the Employee Benefits Security Administration, and the Health and Human Services Department on 11/12/2020

PUBLISHED DOCUMENT: 2020-24591 (85 FR 72158)

- PDF
- Document Details
- Document Dates
- Table of Contents
- Public Comments
- Regulations.gov Data

DOCUMENT HEADINGS

- Department of the Treasury**
Internal Revenue Service
26 CFR Part 54
[TD 9929]
RIN 1545-BP47
- Department of Labor**
Employee Benefits Security Administration
29 CFR Part 2590
RIN 1210-AB93
- Department of Health and Human Services**
45 CFR Parts 147 and 158
[CMS-9915-F]
RIN 0938-AU04



Transparency in Coverage

Disclaimer: These files are being provided pursuant to the requirements of the Health Plan Transparency in Coverage Rule, and the data herein is intended solely for that purpose. UHC disclaims the fitness of the data herein for any other purpose, including use in any third-party database or product. Any such use and any liability attached thereto is at the risk of such third party.

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- 70044. 2024-11-01_onsite-diesel-inc_index.json
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- 70046. 2024-11-01_rock-gap-engineering_United-Healthcare-EPO_allowed-amounts.json.gz
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- 70048. 2024-11-01_totes-Isotoner_POS-CHOICE-PLUS_allowed-amounts.json.gz
- 70049. 2024-11-01_totes-Isotoner_index.json
- 70050. Oxford_eviCore_in-network-rates.json





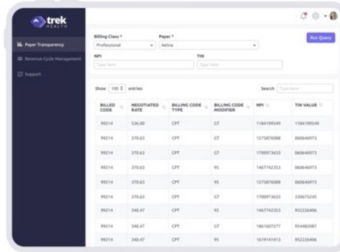
Leverage Unparalleled Insights

PMI's exclusive partnership with [Trek Health](#) equips pediatricians with the insights they need to effectively manage their negotiated payment rates.



Multi-Specialty Payer Transparency Platform

WWW.TREKHEALTH.IO



Don't settle for unfair payment practices!! Boost your practice's income by gaining transparent and accurate information leading to securing fair payment rates!



Sample PMI PayorIntel Report From PMI

Payor	CPT Code	CPT Description	YOUR Practice	Pediatric Practice 1	Pediatric Practice 2	Pediatric Practice 3	Pediatric Practice 4	Pediatric Practice 5	Non-Pediatric Practice 1	Non-Pediatric Practice 2	Non-Pediatric Practice 3
UHC	90460	Im admin 1st/only component	\$34	\$29	\$33	\$32	\$18	\$20	\$17	\$32	\$19
UHC	90461	Im admin each addl component	\$17	\$14	\$16	\$16	\$17	\$15	\$16	\$16	\$17
UHC	90471	Immunization admin	\$29	\$29	\$33	\$32	\$18	\$20	\$17	\$32	\$19
UHC	90472	Immunization admin each add	\$15	\$14	\$16	\$16	\$17	\$15	\$16	\$16	\$17
UHC	90633	Havrix / VAQTA	\$42	\$45	\$44	\$45	\$37	\$45	\$37	\$48	\$37
UHC	90648	ActHIB / Hiberix	\$15	\$19	\$18	\$19	\$16	\$19	\$16	\$20	\$16
UHC	90651	Gardasil-9	\$345	\$345	\$334	\$345	\$288	\$345	\$288	\$367	\$288
UHC	90677	Prevnar 20	\$317	\$309	\$304	\$309	\$257	\$309			
UHC	90680	RotaTeq	\$115	\$115	\$114	\$115	\$96	\$115			
UHC	90696	Quadracel / Kinrix	\$73	\$74	\$72	\$74	\$62	\$74			
UHC	90697	Vaxelis	\$180	\$181	\$171	\$181	\$151	\$171			
UHC	90700	Daptacel / Infanrix	\$38	\$39	\$38	\$39	\$33	\$39			
UHC	90707	Priorix / M-M-RII	\$110	\$110	\$108	\$110	\$92	\$110			
UHC	90710	ProQuad	\$324	\$324	\$320	\$324	\$270	\$324			
UHC	90715	Adacel / Boostrix	\$57	\$59	\$59	\$59	\$49	\$59			
UHC	90716	Varivax	\$209	\$209	\$201	\$209	\$174	\$209			
UHC	96110	Developmental screen w/score	\$17	\$11	\$12	\$12	\$13	\$11			
UHC	96127	Brief emotional/behav asst	\$7	\$6	\$7	\$7	\$6	\$6			
UHC	96161	Caregiver health risk asst	\$6	\$5	\$6	\$6	\$3	\$4			
UHC	99173	Visual acuity screen	\$3	\$4	\$4	\$4	\$4	\$3			
UHC	99202	Office o/p new sf 15 min	\$86	\$84	\$95	\$92	\$99	\$99			
UHC	99203	Office o/p new low 30 min	\$125	\$122	\$138	\$134	\$140	\$138			
UHC	99204	Office o/p new mod 45 min	\$193	\$185	\$209	\$203	\$214	\$193			
UHC	99205	Office o/p new hi 60 min	\$243	\$233	\$263	\$255	\$270	\$243			



CPT Code	Type	CPT Description	CPT Code	Type	CPT Description
90460	Vaccines	Im admin 1st/only component	99174	Non Vaccine	Ocular instrumnt screen bil
90461	Vaccines	Im admin each addl component	99177	Non Vaccine	Ocular instrumnt screen bil
90471	Vaccines	Immunization admin	99188	Non Vaccine	App topical fluoride varnish
90472	Vaccines	Immunization admin each add	99202	Non Vaccine	Office o/p new sf 15 min
90633	Vaccines	Havrix / VAQTA	99203	Non Vaccine	Office o/p new low 30 min
90648	Vaccines	ActHIB / Hiberix	99204	Non Vaccine	Office o/p new mod 45 min
90651	Vaccines	Gardasil-9	99205	Non Vaccine	Office o/p new hi 60 min
90677	Vaccines	Pevnar 20	99212	Non Vaccine	Office o/p est sf 10 min
90680	Vaccines	RotaTeq	99213	Non Vaccine	Office o/p est low 20 min
90696	Vaccines	Quadracel / Kinrix	99214	Non Vaccine	Office o/p est mod 30 min
90697	Vaccines	Vaxelis	99215	Non Vaccine	Office o/p est hi 40 min
90700	Vaccines	Daptacel / Infanrix	99238	Non Vaccine	Hosp ip/obs dschrg mgmt 30/<
90707	Vaccines	Priorix / M-M-RII	99381	Non Vaccine	Init pm e/m new pat infant
90710	Vaccines	ProQuad	99382	Non Vaccine	Init pm e/m new pat 1-4 yrs
90715	Vaccines	Adacel / Boostrix	99383	Non Vaccine	Prev visit new age 5-11
90716	Vaccines	Varivax	99384	Non Vaccine	Prev visit new age 12-17
92551	Non Vaccine	Pure tone hearing test air	99385	Non Vaccine	Prev visit new age 18-39
92552	Non Vaccine	Pure tone audiometry air	99391	Non Vaccine	Per pm reeval est pat infant
92587	Non Vaccine	Evoked auditory test limited	99392	Non Vaccine	Prev visit est age 1-4
94760	Non Vaccine	Measure blood oxygen level	99393	Non Vaccine	Prev visit est age 5-11
96110	Non Vaccine	Developmental screen w/score	99394	Non Vaccine	Prev visit est age 12-17
96127	Non Vaccine	Brief emotional/behav assmt	99395	Non Vaccine	Prev visit est age 18-39
96160	Non Vaccine	Pt-focused hlth risk assmt	99460	Non Vaccine	Init nb em per day hosp
96161	Non Vaccine	Caregiver health risk assmt	99462	Non Vaccine	Sbsq nb em per day hosp



Pricing

Standard PayorIntel Report (\$399 per Payor): Top 50 CPT codes for pediatrics compared to five (5) other pediatric practices in your market as well as three (3) non-pediatric practices in your market.

Three Payor Report Bundle (\$897.75- 25% Discount): Standard report for three payors

Available Payors Include:

- United Healthcare
- Aetna
- Cigna
- Anthem
- Blue Cross Blue Shield
- Plus many more



Custom Reports/Consulting: Available for your practice or organization to suit whatever needs you may have. Please contact us to let us know what you are looking for.

Evaluation Of Vaccine Payment Rates

Louisiana Providers- UnitedHealthcare (National Employer Plan Files)

Practice / Provider Name Reference Cost (CDC Private Sector Cost/Dose) Manufacturer CPT Code	Primary Taxonomy	ActHIB / Hibrix	Bexsero	Daptacel / Infanrix	Havrix / VAQTA	IPOL	MenQuadfi	PedvaxHIB	Pentacel
		\$ 12.92 SP / GSK 90648	\$ 223.75 GlaxoSmithKline 90620	\$ 29.31 SP / GSK 90700	\$ 38.01 GSK / Merck 90633	\$ 42.64 Sanofi Pasteur 90713	\$ 166.98 Sanofi Pasteur 90619	\$ 29.71 Merck 90647	\$ 114.52 Sanofi Pasteur 90698
A&G PEDIATRICS LLC	Pediatrics Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
ACADIA TOTAL HEALTH LLC	Internal Medicine Physician	\$ 14.94	\$ 197.94	\$ 31.49	\$ 32.80	\$ 38.90	\$ 149.74	\$ 27.59	\$ 106.22
ACADIANA AMBULATORY HEALTH CARE SERVICES, INC.	General Practice Physician	\$ 14.94	\$ 197.94	\$ 31.49	\$ 32.80	\$ 38.90	\$ 149.74	\$ 27.59	\$ 106.22
ACADIANA MEDICINE CLINIC, APMC	Internal Medicine Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
ACCESS HEALTH LOUISIANA	Family Medicine Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
ADVANCED BREASTFEEDING MEDICINE OF NEW ORLEAN	Pediatrics Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
ALEXANDRIA PEDIATRICS, LLC	Pediatric Adolescent Medicine Physician	\$ 18.84	\$ 253.58	\$ 38.27	\$ 44.10	\$ 48.78	\$ 187.33	\$ 34.64	\$ 133.56
ALGIERS URGENT CARE, LLC	Family Medicine Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
ALLEGIANCE MEDICAL CLINIC OF DEQUINCY LLC	Family Medicine Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
ALPHA MEDICAL CENTER, LLC	General Practice Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
ARK-LA-TEX CHILDRENS CLINIC LLC	Pediatrics Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
ARUNAVATHI T. SANGISETTY, M.D., APMC	Pediatrics Physician	\$ 14.94	\$ 197.94	\$ 31.49	\$ 32.80	\$ 38.90	\$ 149.74	\$ 27.59	\$ 106.22
ASSOCIATES IN PEDIATRIC AND ADOLESCENT MEDICINE	Pediatric Adolescent Medicine Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
AVOYELLES FAMILY CARE	Internal Medicine Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
AZAR & LAHOOD ENTERPRISES LLC	General Practice Physician	\$ 14.94	\$ 197.94	\$ 31.49	\$ 32.80	\$ 38.90	\$ 149.74	\$ 27.59	\$ 106.22
B&L MEDICAL SERVICES LLC	Internal Medicine Physician	\$ 13.35	\$ 179.62	\$ 27.11	\$ 31.24	\$ 34.55	\$ 132.69	\$ 24.54	\$ 94.61
BARNUM INTERNAL MEDICINE	Internal Medicine Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
BATON ROUGE GENERAL PHYSICIANS HOSPITAL SPECIAL	Internal Medicine Physician	\$ 12.45	\$ 217.66	\$ 28.02	\$ 34.85	\$ 40.64	\$ 160.79	\$ 28.87	\$ 114.64
BATON ROUGE GENERAL PHYSICIANS, INC.	Family Medicine Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
BATON ROUGE GENERAL PRIMARY CARE, LLC	Family Medicine Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
BATON ROUGE MULTI-SPECIALTY CARE CENTER, LLC	Internal Medicine Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
BAYOU PEDIATRIC ASSOCIATES, APMC	Pediatrics Physician	\$ 18.84	\$ 253.58	\$ 38.27	\$ 44.10	\$ 48.78	\$ 187.33	\$ 34.64	\$ 133.56
BAYOU PEDIATRICS	Pediatric Nurse Practitioner	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30
BEAUREGARD INTERNAL MEDICINE CENTER, LLC	Internal Medicine Physician	\$ 18.68	\$ 247.42	\$ 39.36	\$ 41.00	\$ 48.63	\$ 187.18	\$ 34.49	\$ 132.77
BEAUREGARD MEDICAL AND SURGICAL CENTER, LLC	Family Medicine Physician	\$ 14.94	\$ 197.94	\$ 31.49	\$ 32.80	\$ 38.90	\$ 149.74	\$ 27.59	\$ 106.22
BENJAMIN NEWSOM LLC	Internal Medicine Physician	\$ 15.70	\$ 211.32	\$ 31.89	\$ 36.75	\$ 40.65	\$ 156.11	\$ 28.87	\$ 111.30

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Step 1

Identify total CPT volume for a 4-FTE pediatric practice over a 12-month period (Pediatricians Only). The 28 CPT codes listed below account for ~80% of total billing activity (payments). The ten negotiated rates listed below are from independent pediatric practices in Colorado.

PAYER BILLING CODE	DESCRIPTION	CPT Volume	Ped Practice 1	Ped Practice 2	Ped Practice 3	Ped Practice 4	Ped Practice 5	Ped Practice 6	Ped Practice 7	Ped Practice 8	Ped Practice 9	Ped Practice 10
UHC 90460	Im admin 1st/only component	6,017	\$34	\$29	\$33	\$32	\$18	\$20	\$17	\$32	\$19	\$30
UHC 90461	Im admin each addl component	6,380	\$17	\$14	\$16	\$16	\$17	\$15	\$16	\$16	\$17	\$15
UHC 90471	Immunization admin	46	\$29	\$29	\$33	\$32	\$18	\$20	\$17	\$32	\$19	\$30
UHC 90472	Immunization admin each add	8	\$15	\$14	\$16	\$16	\$17	\$15	\$16	\$16	\$17	\$15
UHC 96110	Developmental screen w/score	2,546	\$17	\$11	\$12	\$12	\$13	\$12	\$12	\$11	\$13	\$11
UHC 96127	Brief emotional/behav assmt	865	\$7	\$6	\$7	\$7	\$6	\$6	\$6	\$6	\$7	\$6
UHC 96161	Caregiver health risk assmt	233	\$6	\$5	\$6	\$6	\$3	\$4	\$3	\$5	\$3	\$5
UHC 99173	Visual acuity screen	22	\$3	\$4	\$4	\$4	\$4	\$3	\$3	\$4	\$4	\$4
UHC 99202	Office o/p new sf 15 min	18	\$86	\$84	\$95	\$92	\$99	\$91	\$93	\$93	\$100	\$88
UHC 99203	Office o/p new low 30 min	37	\$125	\$122	\$138	\$134	\$140	\$130	\$131	\$136	\$141	\$128
UHC 99204	Office o/p new mod 45 min	24	\$193	\$185	\$209	\$203	\$214	\$197	\$201	\$208	\$216	\$194
UHC 99205	Office o/p new hi 60 min	6	\$243	\$233	\$263	\$255	\$270	\$248	\$253	\$258	\$272	\$244
UHC 99212	Office o/p est sf 10 min	86	\$51	\$49	\$56	\$54	\$59	\$54	\$55	\$55	\$60	\$51
UHC 99213	Office o/p est low 20 min	3,524	\$84	\$82	\$93	\$90	\$97	\$89	\$91	\$91	\$98	\$85
UHC 99214	Office o/p est mod 30 min	1,949	\$126	\$121	\$137	\$133	\$141	\$130	\$133	\$134	\$142	\$127
UHC 99215	Office o/p est hi 40 min	287	\$170	\$163	\$184	\$179	\$190	\$174	\$178	\$180	\$191	\$171
UHC 99238	Hosp ip/obs dschrg mgmt 30<	211	\$90	\$82	\$93	\$90	\$95	\$88	\$89	\$90	\$96	\$86
UHC 99381	Init pm e/m new pat infant	97	\$123	\$124	\$144	\$136	\$145	\$133	\$136	\$138	\$146	\$130
UHC 99382	Init pm e/m new pat 1-4 yrs	27	\$134	\$130	\$150	\$142	\$152	\$139	\$142	\$143	\$153	\$136
UHC 99383	Prev visit new age 5-11	36	\$133	\$136	\$157	\$148	\$158	\$145	\$148	\$149	\$159	\$142
UHC 99384	Prev visit new age 12-17	21	\$145	\$152	\$176	\$167	\$179	\$164	\$168	\$170	\$180	\$161
UHC 99385	Prev visit new age 18-39	-	\$145	\$148	\$171	\$162	\$173	\$158	\$162	\$164	\$175	\$156
UHC 99391	Per pm reeval est pat infant	1,338	\$103	\$112	\$129	\$122	\$131	\$120	\$123	\$124	\$132	\$117
UHC 99392	Prev visit est age 1-4	1,249	\$115	\$119	\$138	\$130	\$139	\$128	\$130	\$133	\$140	\$125
UHC 99393	Prev visit est age 5-11	1,303	\$114	\$119	\$138	\$130	\$139	\$128	\$130	\$132	\$140	\$125
UHC 99394	Prev visit est age 12-17	820	\$125	\$130	\$151	\$143	\$152	\$140	\$143	\$144	\$154	\$137
UHC 99395	Prev visit est age 18-39	151	\$126	\$133	\$154	\$146	\$156	\$143	\$146	\$147	\$157	\$140
UHC 99460	Init nb em per day hosp	214	\$77	\$113	\$128	\$124	\$125	\$115	\$117	\$113	\$126	\$117

Step 2

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Step 2

Estimate the revenue for the 4-pediatrician practice by applying the CPT volume from Step 1 to the negotiated rates mentioned above for each of the 10 independent pediatric practices.

PAYER BILLING CODE	DESCRIPTION	CPT Volume	Ped Practice 1	Ped Practice 2	Ped Practice 3	Ped Practice 4	Ped Practice 5	Ped Practice 6	Ped Practice 7	Ped Practice 8	Ped Practice 9	Ped Practice 10
UHC 90460	Im admin 1st/only component	6,017	\$204,578	\$174,493	\$198,561	\$192,544	\$108,306	\$120,340	\$102,289	\$192,544	\$114,323	\$180,510
UHC 90461	Im admin each addl component	6,380	\$108,460	\$89,320	\$102,080	\$102,080	\$108,460	\$95,700	\$102,080	\$102,080	\$108,460	\$95,700
UHC 90471	Immunization admin	46	\$1,334	\$1,334	\$1,518	\$1,472	\$828	\$920	\$782	\$1,472	\$874	\$1,380
UHC 90472	Immunization admin each add	8	\$120	\$112	\$128	\$128	\$136	\$120	\$128	\$128	\$136	\$120
UHC 96110	Developmental screen w/score	2,546	\$43,282	\$28,006	\$30,552	\$30,552	\$33,098	\$30,552	\$30,552	\$28,006	\$33,098	\$28,006
UHC 96127	Brief emotional/behav asmt	865	\$6,055	\$5,190	\$6,055	\$6,055	\$5,190	\$5,190	\$5,190	\$5,190	\$6,055	\$5,190
UHC 96161	Caregiver health risk asmt	233	\$1,398	\$1,165	\$1,398	\$1,398	\$699	\$932	\$699	\$1,165	\$699	\$1,165
UHC 99173	Visual acuity screen	22	\$66	\$88	\$88	\$88	\$88	\$66	\$66	\$88	\$88	\$88
UHC 99202	Office o/p new sf 15 min	18	\$1,548	\$1,512	\$1,710	\$1,656	\$1,782	\$1,638	\$1,674	\$1,674	\$1,800	\$1,584
UHC 99203	Office o/p new low 30 min	37	\$4,625	\$4,514	\$5,106	\$4,958	\$5,180	\$4,810	\$4,847	\$5,032	\$5,217	\$4,736
UHC 99204	Office o/p new mod 45 min	24	\$4,632	\$4,440	\$5,016	\$4,872	\$5,136	\$4,728	\$4,824	\$4,992	\$5,184	\$4,656
UHC 99205	Office o/p new hi 60 min	6	\$1,458	\$1,398	\$1,578	\$1,530	\$1,620	\$1,488	\$1,518	\$1,548	\$1,632	\$1,464
UHC 99212	Office o/p est sf 10 min	86	\$4,386	\$4,214	\$4,816	\$4,644	\$5,074	\$4,644	\$4,730	\$4,730	\$5,160	\$4,386
UHC 99213	Office o/p est low 20 min	3,524	\$296,016	\$288,968	\$327,732	\$317,160	\$341,828	\$313,636	\$320,684	\$320,684	\$345,352	\$299,540
UHC 99214	Office o/p est mod 30 min	1,949	\$245,574	\$235,829	\$267,013	\$259,217	\$274,809	\$253,370	\$259,217	\$261,168	\$276,758	\$247,523
UHC 99215	Office o/p est hi 40 min	287	\$48,790	\$46,781	\$52,808	\$51,373	\$54,530	\$49,938	\$51,086	\$51,660	\$54,817	\$49,077
UHC 99238	Hosp ip/obs dschrg mgmt 30/<	211	\$18,990	\$17,302	\$19,623	\$18,990	\$20,045	\$18,568	\$18,779	\$18,990	\$20,256	\$18,146
UHC 99381	Init pm e/m new pat infant	97	\$11,931	\$12,028	\$13,968	\$13,192	\$14,065	\$12,901	\$13,192	\$13,386	\$14,162	\$13,610
UHC 99382	Init pm e/m new pat 1-4 yrs	27	\$3,618	\$3,510	\$4,050	\$3,834	\$4,104	\$3,753	\$3,834	\$3,861	\$4,131	\$3,672
UHC 99383	Prev visit new age 5-11	36	\$4,788	\$4,896	\$5,652	\$5,328	\$5,688	\$5,220	\$5,328	\$5,364	\$5,724	\$5,112
UHC 99384	Prev visit new age 12-17	21	\$3,045	\$3,192	\$3,696	\$3,507	\$3,759	\$3,444	\$3,528	\$3,570	\$3,780	\$3,381
UHC 99385	Prev visit new age 18-39	-	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
UHC 99391	Per pm reeval est pat infant	1,338	\$137,814	\$149,856	\$172,602	\$163,236	\$175,278	\$160,560	\$164,574	\$165,912	\$176,616	\$156,546
UHC 99392	Prev visit est age 1-4	1,249	\$143,635	\$148,631	\$172,362	\$162,370	\$173,611	\$159,872	\$162,370	\$166,117	\$174,860	\$156,125
UHC 99393	Prev visit est age 5-11	1,303	\$148,542	\$155,057	\$179,814	\$169,390	\$181,117	\$166,784	\$169,390	\$171,996	\$182,420	\$162,875
UHC 99394	Prev visit est age 12-17	820	\$102,500	\$106,600	\$123,820	\$117,260	\$124,640	\$114,800	\$117,260	\$118,080	\$126,280	\$112,340
UHC 99395	Prev visit est age 18-39	151	\$19,026	\$20,083	\$23,254	\$22,046	\$23,556	\$21,593	\$22,046	\$22,197	\$23,707	\$21,140
UHC 99460	Init nb em per day hosp	214	\$16,478	\$24,182	\$27,392	\$26,536	\$26,750	\$24,610	\$25,038	\$24,182	\$26,964	\$25,038
Estimated Revenue Generated:			\$1,582,689	\$1,532,701	\$1,752,392	\$1,685,416	\$1,699,377	\$1,580,177	\$1,595,705	\$1,695,814	\$1,718,553	\$1,602,

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Step 3

Apply the CPT volumes listed above to the contracts rates between the payor and two large multi-specialty groups.

PAYER BILLING CODE	DESCRIPTION	CPT Volume	NPI: 1821102039		NPI: 1578997284	
			KAISER FOUNDATION HEALTH PLAN OF COLORADO	Est. Revenue	GUNNISON VALLEY HOSPITAL	Est. Revenue
UHC 90460	Im admin 1st/only component	6,017	\$44	\$264,748	\$46	\$276,782
UHC 90461	Im admin each addl component	6,380	\$22	\$140,360	\$23	\$146,740
UHC 90471	Immunization admin	46	\$44	\$2,024	\$46	\$2,116
UHC 90472	Immunization admin each add	8	\$22	\$176	\$23	\$184
UHC 96110	Developmental screen w/score	2,546	\$16	\$40,736	\$18	\$45,828
UHC 96127	Brief emotional/behav asmt	865	\$9	\$7,785	\$10	\$8,650
UHC 96161	Caregiver health risk asmt	233	\$8	\$1,864	\$8	\$1,864
UHC 99173	Visual acuity screen	22	\$6	\$132	\$6	\$132
UHC 99202	Office o/p new sf 15 min	18	\$130	\$2,340	\$137	\$2,466
UHC 99203	Office o/p new low 30 min	37	\$188	\$6,956	\$198	\$7,326
UHC 99204	Office o/p new mod 45 min	24	\$288	\$6,912	\$302	\$7,248
UHC 99205	Office o/p new hi 60 min	6	\$361	\$2,166	\$379	\$2,274
UHC 99212	Office o/p est sf 10 min	86	\$76	\$6,536	\$80	\$6,880
UHC 99213	Office o/p est low 20 min	3,524	\$127	\$447,548	\$133	\$468,692
UHC 99214	Office o/p est mod 30 min	1,949	\$187	\$364,463	\$197	\$383,953
UHC 99215	Office o/p est hi 40 min	287	\$252	\$72,324	\$266	\$76,342
UHC 99238	Hosp ip/obs dschrg mgmt 30/<	211	\$126	\$26,586	\$134	\$28,274
UHC 99381	Init pm e/m new pat infant	97	\$192	\$18,624	\$203	\$19,691
UHC 99382	Init pm e/m new pat 1-4 yrs	27	\$201	\$5,427	\$212	\$5,724
UHC 99383	Prev visit new age 5-11	36	\$210	\$7,560	\$220	\$7,920
UHC 99384	Prev visit new age 12-17	21	\$237	\$4,977	\$250	\$5,250
UHC 99385	Prev visit new age 18-39	-	\$229	\$0	\$242	\$0
UHC 99391	Per pm reeval est pat infant	1,338	\$173	\$231,474	\$182	\$243,516
UHC 99392	Prev visit est age 1-4	1,249	\$185	\$231,065	\$194	\$242,306
UHC 99393	Prev visit est age 5-11	1,303	\$184	\$239,752	\$194	\$252,782
UHC 99394	Prev visit est age 12-17	820	\$202	\$165,640	\$213	\$174,660
UHC 99395	Prev visit est age 18-39	151	\$206	\$31,106	\$218	\$32,918
UHC 99460	Init nb em per day hosp	214	\$169	\$36,166	\$182	\$38,948
				\$2,365,447		\$2,489,466



Summary

Compare the average of the ten pediatric practice fee schedules with the two identified multi-specialty groups.

	Ped Practice 1	\$1,582,689			
	Ped Practice 2	\$1,532,701			
	Ped Practice 3	\$1,752,392			
	Ped Practice 4	\$1,685,416			
	Ped Practice 5	\$1,699,377			
	Ped Practice 6	\$1,580,177			
	Ped Practice 7	\$1,595,705			
	Ped Practice 8	\$1,695,814			
	Ped Practice 9	\$1,718,553			
	Ped Practice 10	\$1,602,110			
	10-Practice Average	\$1,644,493			
		Total Est. Revenue	10-Practice Average	Variance (\$)	Variance (%)
		A	B	C	D
		From Above	From Above	A - B	C / B
	KAISER FOUNDATION HEALTH PLAN OF COLORADO	\$2,365,447	\$1,644,493	720,954	43.84%
	GUNNISON VALLEY HOSPITAL	\$2,489,466	\$1,644,493	844,973	51.38%

Key Finding:

To account for differences in negotiated rates by CPT code, it is crucial to assess the overall impact of a specific fee schedule. By using a typical CPT code distribution from a 4-physician pediatric practice, one can more accurately evaluate the financial effects of different fee schedules.

It becomes evident that the average of the ten independent pediatric practices are negotiating contracts that offer over 40-50% lower payments compared to the two sample multi-specialty practices.


Practice Taxonomy	99173	99174	99177	99188	99202	99203	99204	99211	99212	99213
Addiction Medicine (Preventive Medicine) Physician	\$ 3.11			\$11.15	\$ 68.93	\$107.91	\$159.31	\$21.77	\$ 53.80	\$ 85.82
Addiction Medicine (Psychiatry & Neurology) Physician	\$ 3.71	\$ 7.08	\$ 5.58	\$13.29	\$ 80.62	\$126.22	\$186.34	\$25.47	\$ 62.94	\$100.38
Adolescent Medicine (Family Medicine) Physician	\$ 3.70	\$ 7.10	\$ 5.59	\$14.21	\$ 79.80	\$124.92	\$184.60	\$25.18	\$ 62.29	\$ 99.44
Adolescent Medicine (Internal Medicine) Physician	\$ 3.70	\$ 7.15	\$ 5.61	\$15.18	\$ 78.56	\$122.95	\$181.93	\$24.75	\$ 61.31	\$ 98.00
Adult Health Nurse Practitioner	\$ 3.31	\$ 6.54	\$ 5.02	\$12.09	\$ 72.96	\$114.22	\$168.67	\$23.04	\$ 56.95	\$ 90.86
Adult Medicine Physician	\$ 3.68	\$ 7.02	\$ 5.54	\$13.17	\$ 80.96	\$126.74	\$187.11	\$25.57	\$ 63.20	\$100.79
Allergy & Immunology Physician	\$ 3.92	\$ 7.54	\$ 5.93	\$15.56	\$ 81.71	\$127.89	\$189.09	\$25.76	\$ 63.77	\$101.85
Allergy Physician					\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
Anatomic Pathology & Clinical Pathology Physician	\$ 4.27	\$ 8.36		\$21.85	\$ 73.20	\$114.47	\$170.22	\$22.92	\$ 57.08	\$ 91.68
Anesthesiology Physician	\$ 3.90	\$ 7.51	\$ 5.90	\$15.00	\$ 79.14	\$123.87	\$183.12	\$24.96	\$ 61.77	\$ 98.64
Behavioral Analyst							\$131.19			
Cardiovascular Disease Physician	\$ 3.69	\$ 7.05	\$ 5.56	\$13.23	\$ 80.81	\$126.51	\$186.77	\$25.53	\$ 63.08	\$100.61
Child & Adolescent Psychiatry Physician	\$ 3.66	\$ 7.00	\$ 5.52	\$13.12	\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
Chiropractor	\$ 3.66	\$ 7.02	\$ 5.53	\$13.60	\$ 79.67	\$124.70	\$184.31	\$25.13	\$ 62.18	\$ 99.28
Clinic/Center	\$ 3.64	\$ 6.96	\$ 5.55	\$13.05	\$ 82.15	\$128.61	\$189.87	\$25.95	\$ 64.13	\$102.28
Clinical Psychologist	\$ 3.69	\$ 7.04	\$ 5.55	\$13.21	\$ 80.86	\$126.59	\$186.70	\$25.52	\$ 63.06	\$100.57
Clinical Social Worker	\$ 3.69	\$ 7.05	\$ 5.55	\$13.22	\$ 80.86	\$126.59	\$186.88	\$25.54	\$ 63.12	\$100.67
Community Based Hospice Care Agency	\$ 3.71	\$ 7.08	\$ 5.58	\$13.29	\$ 80.62	\$126.22	\$186.34	\$25.47	\$ 62.94	\$100.38
Community Health Clinic/Center	\$ 3.11	\$ 5.95	\$ 4.69	\$11.15	\$ 68.93	\$107.91	\$159.31	\$21.77	\$ 53.80	\$ 85.82
Counseling Psychologist	\$ 3.69	\$ 7.05	\$ 5.56	\$13.23	\$ 80.86	\$126.59	\$186.88	\$25.54	\$ 63.12	\$100.67
Counselor	\$ 4.12	\$ 8.02	\$ 6.29	\$19.67	\$ 75.17	\$117.59	\$174.52	\$23.59	\$ 58.64	\$ 94.00
Critical Care Medicine (Internal Medicine) Physician	\$ 4.27	\$ 8.36	\$ 6.54	\$21.85	\$ 73.20	\$114.47	\$170.22	\$22.92	\$ 57.08	\$ 91.68
Dentist	\$ 3.69	\$ 7.05	\$ 5.56	\$13.23	\$ 80.90	\$126.66	\$186.99	\$25.55	\$ 63.16	\$100.73
Dermatology Physician	\$ 4.07	\$12.25	\$10.94	\$14.96	\$ 84.68	\$131.28	\$195.10	\$26.45	\$ 64.04	\$101.87
Emergency Medicine Physician	\$ 3.93	\$ 7.56	\$ 5.93	\$17.74	\$ 77.42	\$120.73	\$179.09	\$24.31	\$ 60.28	\$ 96.54
Emergency Registered Nurse	\$ 3.69	\$ 7.04	\$ 5.55	\$13.21	\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
Endocrinology, Diabetes & Metabolism Physician	\$ 3.71	\$ 7.08	\$ 5.58	\$13.29	\$ 80.62	\$126.22	\$186.34	\$25.47	\$ 62.94	\$100.38
Family Medicine Physician	\$ 3.82	\$ 7.31	\$ 5.79	\$15.49	\$ 78.41	\$122.72	\$181.61	\$24.70	\$ 61.20	\$ 97.83
Family Nurse Practitioner	\$ 3.11			\$11.15	\$ 68.93	\$107.91	\$159.31	\$21.77	\$ 53.80	\$ 85.82
Gastroenterology Physician	\$ 3.66				\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
General Practice Dentistry	\$ 3.69	\$ 7.04	\$ 5.55	\$13.21	\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
General Practice Physician	\$ 3.74	\$ 7.17	\$ 5.69	\$14.48	\$ 79.50	\$124.23	\$183.69	\$25.05	\$ 62.24	\$ 99.44
Geriatric Medicine (Family Medicine) Physician	\$ 3.11	\$ 5.95	\$ 4.69	\$11.15	\$ 68.93	\$107.91	\$159.31	\$21.77	\$ 53.80	\$ 85.82
Geriatric Medicine (Internal Medicine) Physician	\$ 3.66	\$ 7.00	\$ 5.52	\$13.12	\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
Gynecologic Oncology Physician	\$ 3.69			\$13.21	\$ 80.86	\$126.59	\$186.88	\$25.54	\$ 63.12	\$100.67
Gynecology Physician	\$ 3.66	\$ 7.00	\$ 5.52	\$13.12	\$ 81.09	\$126.95	\$187.42	\$25.61	\$ 63.30	\$100.96
Home Health Registered Nurse	\$ 3.71	\$ 7.08	\$ 5.58	\$13.29	\$ 80.62	\$126.22	\$186.34	\$25.47	\$ 62.94	\$100.38
Hospice and Palliative Medicine (Family Medicine) Physician	\$ 3.71	\$ 7.08	\$ 5.58	\$13.29	\$ 80.62	\$126.22	\$186.34	\$25.47	\$ 62.94	\$100.38
Hospitalist Physician	\$ 3.14	\$ 6.14	\$ 4.81	\$12.46	\$ 73.97	\$115.68	\$172.02	\$23.16	\$ 57.68	\$ 92.65

Basic Strategy

1. Identify where MCO's are paying higher rates for select codes to other practices
2. Select 5-10 codes high-volume codes (99213, 90460, etc.) to request increase to approximately the same amount they have already negotiated with large networks / other providers.
 - Generally, vaccine rates will cover costs. But need to verify with data search or review of EOB's.
3. Contact MCO rep to request increases.
 - Depending on response, practice may consider "tougher" negotiation strategies

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Sample PMI PayorIntel Report From PMI

Payor	CPT Code	CPT Description	YOUR Practice	Pediatric Practice 1	Pediatric Practice 2	Pediatric Practice 3	Pediatric Practice 4	Pediatric Practice 5	Non-Pediatric Practice 1	Non-Pediatric Practice 2	Non-Pediatric Practice 3
UHC	90460	Im admin 1st/only component	\$34	\$29	\$33	\$32	\$18	\$20	\$17	\$32	\$19
UHC	90461	Im admin each addl component	\$17	\$14	\$16	\$16	\$17	\$15	\$16	\$16	\$17
UHC	90471	Immunization admin	\$29	\$29	\$33	\$32	\$18	\$20	\$17	\$32	\$19
UHC	90472	Immunization admin each add	\$15	\$14	\$16	\$16	\$17	\$15	\$16	\$16	\$17
UHC	90633	Havrix / VAQTA	\$42	\$45	\$44	\$45	\$37	\$45	\$37	\$48	\$37
UHC	90648	ActHIB / Hiberix	\$15	\$19	\$18	\$19	\$16	\$19	\$16	\$20	\$16
UHC	90651	Gardasil-9	\$345	\$345	\$334	\$345	\$288	\$345	\$288	\$367	\$288
UHC	90677	Prevnar 20	\$317	\$309	\$304	\$309	\$257	\$309			
UHC	90680	RotaTeq	\$115	\$115	\$114	\$115	\$96	\$115			
UHC	90696	Quadracel / Kinrix	\$73	\$74	\$72	\$74	\$62	\$74			
UHC	90697	Vaxelis	\$180	\$181	\$171	\$181	\$151	\$180			
UHC	90700	Daptacel / Infanrix	\$38	\$39	\$38	\$39	\$33	\$38			
UHC	90707	Priorix / M-M-RII	\$110	\$110	\$108	\$110	\$92	\$110			
UHC	90710	ProQuad	\$324	\$324	\$320	\$324	\$270	\$324			
UHC	90715	Adacel / Boostrix	\$57	\$59	\$59	\$59	\$49	\$59			
UHC	90716	Varivax	\$209	\$209	\$201	\$209	\$174	\$209			
UHC	96110	Developmental screen w/score	\$17	\$11	\$12	\$12	\$13	\$11			
UHC	96127	Brief emotional/behav asst	\$7	\$6	\$7	\$7	\$6	\$6			
UHC	96161	Caregiver health risk asst	\$6	\$5	\$6	\$6	\$3	\$4			
UHC	99173	Visual acuity screen	\$3	\$4	\$4	\$4	\$4	\$3			
UHC	99202	Office o/p new sf 15 min	\$86	\$84	\$95	\$92	\$99	\$99			
UHC	99203	Office o/p new low 30 min	\$125	\$122	\$138	\$134	\$140	\$138			
UHC	99204	Office o/p new mod 45 min	\$193	\$185	\$209	\$203	\$214	\$193			
UHC	99205	Office o/p new hi 60 min	\$243	\$233	\$263	\$255	\$270	\$243			



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PEDIATRIC MANAGEMENT INSTITUTE

The role pediatricians and pediatric practices can play in firearm injury prevention: Project ASPIRE and the *S.A.F.E. Firearm* program



Teams that made this work possible



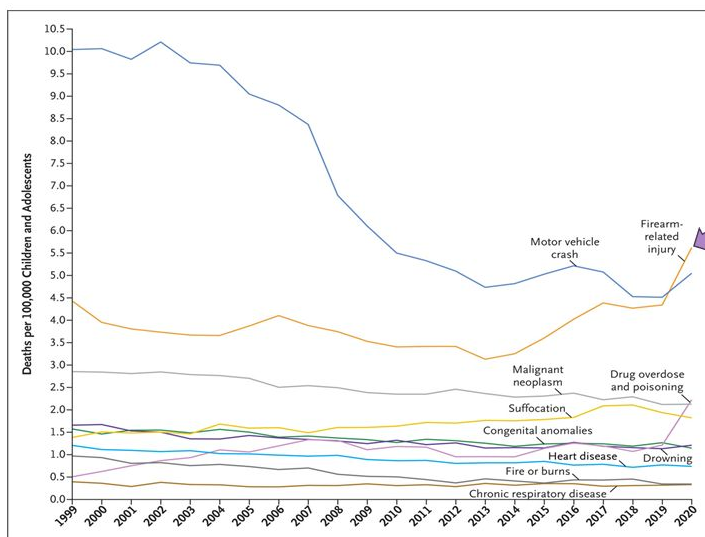
Jennifer Boggs, PhD, MSW
 Arne Beck, PhD
 Debra Ritzwoller, PhD
 LeeAnn Quintana, MSW
 Leslie Wright, MA
 Matthew Daley, MD
 Ruth Bedoy, BS
 Jason Lyons, MA
 Blythe Dollar, MPH
 Valerie Paolino, BA
 Megan Baldwin, BS
 Hector De Leon, MD
 Nicole Erwin, MD

Lisa Whitesides, MD
 Joseph Craig, MD
 Daniel Jones, MD
 Jordan M. Wright, MD
 Robyn Nolan, MD
 David R. Thomas, MD
 Alan J. Kroll, PT
 Emily McGarvey, RN
 Brian Ahmedani, PhD, MSW
 Melissa Maye, PhD
 Celeste Zabel, MPH
 Marisa Elias, MD
 Bridget McArdle, DO

Shiling Zhang, MS
 Joslyn Westphal, MPH
 Christina Johnson, MPH
 Mallika Pandey, BA
 Katy Bedjeti, MSW
 Adina Lieberman, MPH
 Katelin Hoskins, PhD
 Courtney Wolk, PhD
 Shari Jager-Hyman, PhD
 Kristin Linn, PhD
 Steven Marcus, PhD
 Alison Buttenheim, PhD, MBA
 Melissa Martin, MS

Dylan Small, PhD
 Amelia Van Pelt, PhD, MPH
 Courtney Gregor, MEd
 John Zeber, PhD
 FACTS Consortium
 Molly Davis, PhD
 Nathaniel Williams, PhD
 Shari Barkin, MD
 Geoffrey Curran, PhD
 Amy Pettit, PhD
 Joel Fein, MD
 ...and many more!

Background



Source: Goldstick et al. (2022), *NEJM*

Firearm injury is now the **leading** cause of death in the United States for young people.

About **half** of these deaths are suicides.

1 in 3 homes in the United States has a firearm



Source: Azrael et al., 2018. *J Urban Health*

Only **3 in 10** families store their guns unloaded and locked, with ammunition stored separately



Source: Azrael et al., 2018. *J Urban Health*

Firearm access is a *modifiable risk factor* for injury and death



Even a modest increase in safe firearm storage could prevent up to 32% of firearm deaths in youth, including suicide

Source: Monuteaux et al 2019. *JAMA Pediatrics*.

Injury Prevention Works



Parents who received counseling about **bike helmets** during pediatric visits were **2x** more likely to report bicycle helmet use than those who didn't receive counseling

Why not apply these norms firearm injury prevention?

What might it look like to treat secure storage as a preventive health issue?

Source: Chen, J., Kresnow, M., Simon, T. R., & Dellinger, A. (2007). Injury-prevention counseling and behavior among US children: Results from the Second Injury Control and Risk Survey. *Pediatrics*, 119(4). <https://doi.org/10.1542/peds.2006-1605>

Pediatric primary care is a prime point for intervention

>75% of youth visit primary care in the year prior to suicide attempt



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

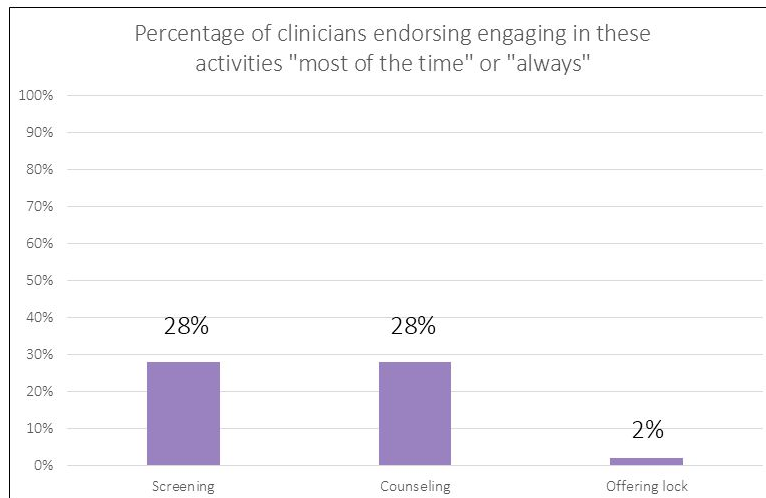
Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

POLICY STATEMENT

Firearm-Related Injuries Affecting the Pediatric Population

AAP Urges Pediatricians to Counsel Around Secure Firearm Storage

Source: Lee et al. (2022), *Pediatrics*



Source: Beidas et al. (2019), *Academic Pediatrics*

Care gap: Secure firearm storage interventions are not routinely delivered in pediatrics

A potential solution: *S.A.F.E.* Firearm

Evidence-based firearm storage program to target this care gap



S.A.F.E. Firearm

- Adapted from an existing evidence-based practice to enhance acceptability
- Delivered during well-child visits
 - Counseling about secure firearm storage
 - Free cable locks
- Takes 1 minute

ASPIRE Trial:

Which strategies are most effective for increasing delivery?

Can we do this in a low-cost, scalable way?

→ EHR nudge

Note

Safe firearm storage discussed

Storage Discussed

Cable lock offered

Cable Lock

Sleep

Firearm safety questions (check all that apply) -

Interval history for chronic health issues

did discuss safe firearm storage

did not discuss safe firearm storage

offered cable lock

did not offer cable lock

OR

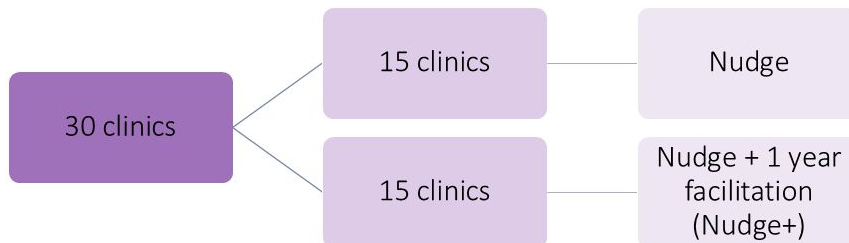
Is more tailored support needed?

→ EHR nudge + facilitation



ASPIRE Trial was conducted in Michigan and Colorado

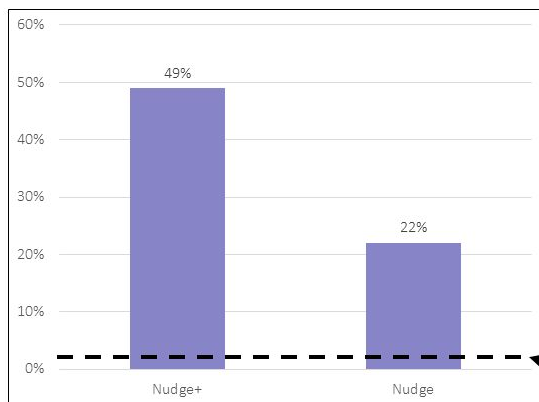
30 clinics, 368 clinicians, 46,597 youth



Study Findings

Key Finding: General improvement in frequency of *S.A.F.E. Firearm* delivery, facilitation provided boost

n=47,307 well-visits



Percentage of clinicians documenting *S.A.F.E. Firearm* delivery in the EHR

- Clinicians had more conversations about secure firearm storage and offered more cable locks **across conditions**
- Clinics who received an EHR nudge and facilitation were **more than double** as likely to deliver *S.A.F.E. Firearm* (49% vs. 22%)

For comparison, our prior work (Beidas et al., 2019, *Acad Peds*) found clinicians regularly offer both components of *S.A.F.E. Firearm* at **2% of visits**

Transition to Sustainment

Emphasis of our Training: Importance of Annual Delivery

- Firearm ownership can change over time
- Environments children and teens occupy is dynamic
- Parents sometimes skip well-child visits



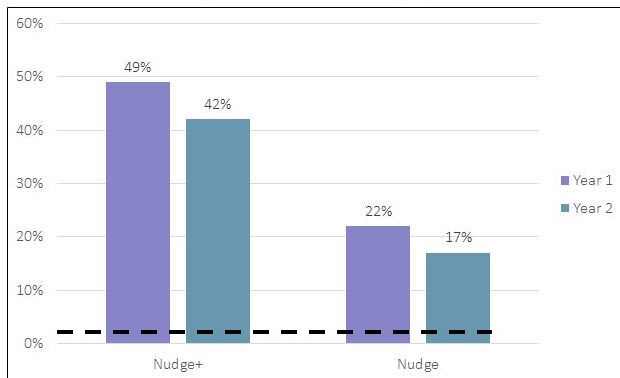
What happens when, in year 2, we remove facilitation from Nudge+?

Will clinicians still deliver the program at the same rate?

Key Finding: Sustained delivery with a slight drop, but reaching many new patients

Preliminary analyses

n=41,654 well-visits during year 2



Percentage of clinicians documenting S.A.F.E.
Firearm delivery in the EHR

Remember: Parents sometimes skip certain well-child visits

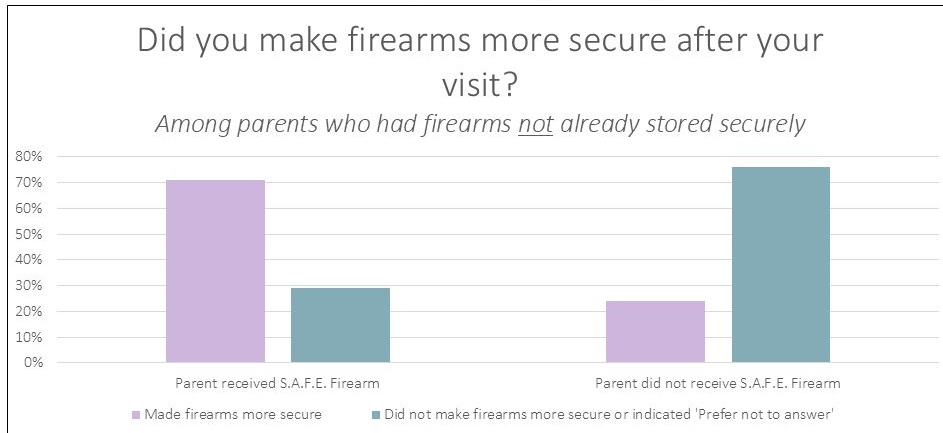
29% of the patients in year 2 did not have a well-child visit in the year 1

We can reach more families!

Key Finding: Parents who received *S.A.F.E. Firearm* were more likely to make firearms more secure

Preliminary analyses

Parent-reported firearm storage behavior (n=401)



What did clinicians think?

Preliminary analyses

"S.A.F.E. Firearm is acceptable."



Qualitatively, what did clinicians across both health systems think?

Overall

Preliminary analyses
n=36 qualitative interview responses
(19 clinicians, 10 clinic change agents, 7 clinic leaders)

0

Constituents viewed the acceptability as **low**

9

Constituents viewed the acceptability as **medium**

27

Constituents viewed the acceptability as **high**

Qualitatively, what did clinicians across both health systems think?

Overall

Preliminary analyses
n=36 qualitative interview responses
(19 clinicians, 10 clinic change agents, 7 clinic leaders)

9

Constituents viewed the acceptability as **medium**

?



Initially viewed S.A.F.E. as unacceptable, but became comfortable over time

Worries about infringing on patient firearm privacy reduced when they realized S.A.F.E. takes a harm reduction approach

Qualitatively, what did clinicians across both health systems think?

Overall

Preliminary analyses

n=36 qualitative interview responses
(19 clinicians, 10 clinic change agents, 7 clinic leaders)

27

Constituents viewed
the acceptability as
high

?

- Valued harm reduction approach
- Emphasized importance of clinicians taking action against firearm violence
- Promotion of patient safety aligns with values

What did patients think?

Preliminary analyses

96%

of parents viewed
S.A.F.E. Firearm as
acceptable

Next Steps

Takeaways



Our implementation approaches – which sought to increase *S.A.F.E. Firearm* delivery in pediatric primary care – were effective



S.A.F.E. Firearm delivery was effective at increasing parent secure firearm storage behavior



Suggests promise for broad nationwide scale-out of *S.A.F.E. Firearm* and our implementation approach: Your practice can implement this program!

Our Next Steps: COMMUNITY AND SCALE ASPIRE



- Will implement *S.A.F.E. Firearm* in health centers in Illinois in partnership with the IPHCA and AllianceChicago
- Hope to implement *S.A.F.E. Firearm* into adult primary care and OBGYN clinics in HFH and KPCO

Q&A



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