

Late Night With Chip & Paulie

Episode #27

Thursday April 10, 2025 @ 8:00PM ET

The Fraud Triangle:

A framework for spotting high-risk fraud situations



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Agenda

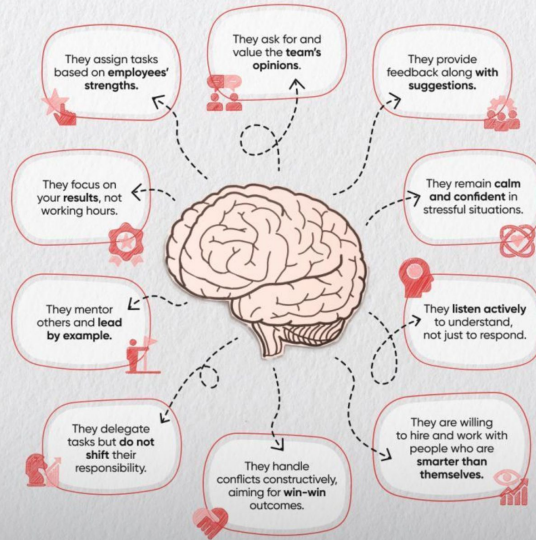
- This Week's Focus
- Data Nerd Report
- News Round Up
- Fraud & Abuse Issues



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Focus For The Week...

10 DAILY HABITS OF HIGH-EQ LEADERS



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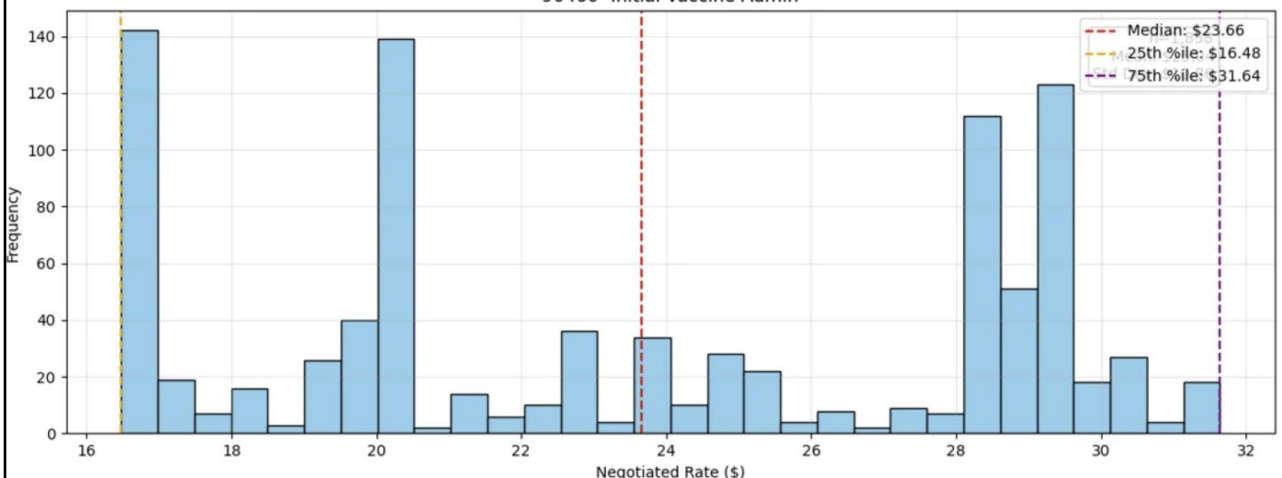
Data From The Data Nerd

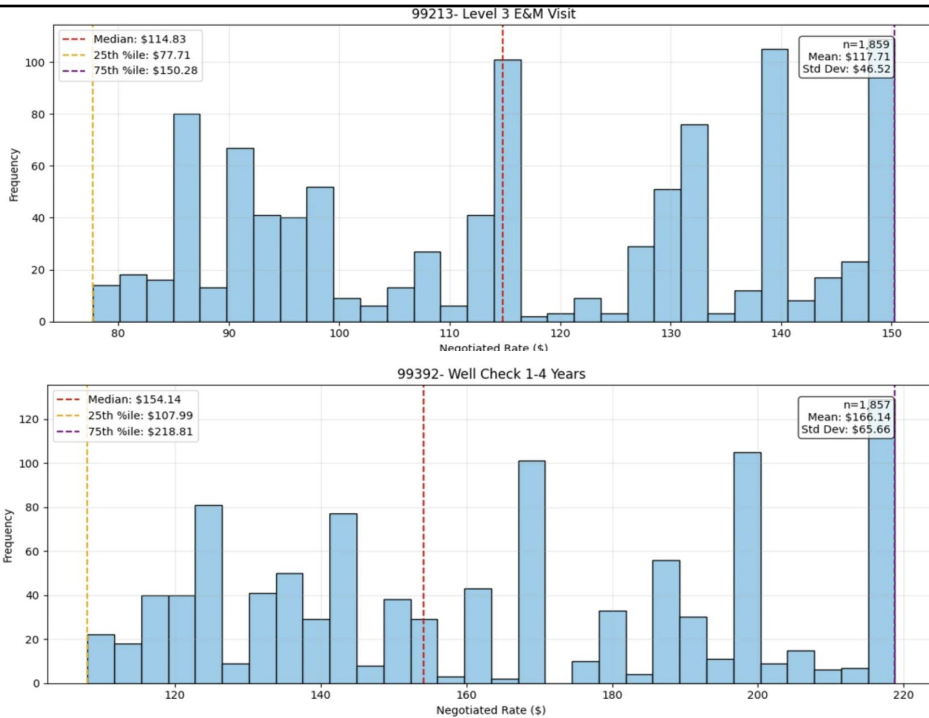


PayerIntel.com

Empowering Physicians
With Insight

Distribution of Negotiated Rates for Virginia Pediatrics
(Between 25th and 75th Percentiles)
By CPT Code, UnitedHealthcare
90460- Initial Vaccine Admin





Modifier 25 and G2211

Brian Kennedy, CPC-A
Physician's Computer Company

Scenario

Can G2211 be billed when a patient is seen for a WCC and an E/M, like an ear infection or asthma follow-up?

CMS 2025 G2211 Update

"CMS has finalized updates to refine our current policy for services furnished beginning in CY 2025 to allow payment of the O/O E/M visit complexity add-on code when the O/O E/M base code is reported by the same practitioner on the same day as an annual wellness visit (AWV), vaccine administration, or any Medicare Part B preventive service furnished in the office or outpatient setting."

<https://www.cms.gov/files/document/r13015otn.pdf>

CMS 2025 G2211 Update

"G2211 is payable even if you report the base code with modifier 25 only when the service or other procedure requiring the reporting of modifier 25 is an allowed Part B service. See Attachment 1 of CR 13705 for the list of allowed services."

<https://www.cms.gov/files/document/r13015otn.pdf>

G2211 Can Be Billed

Annual Well Visits (AWV)

G0438

Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit

G0439

Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

<https://www.cms.gov/files/document/r13015otn.pdf#page=5>

G2211 Can Not Be Billed

Initial Comprehensive Preventive Medicine

99381-99387

evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient

Periodic Comprehensive Preventive Medicine

99391-99397

reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient

CPT® Professional 2025 Codebook

<https://www.cms.gov/files/document/r13015otn.pdf#page=5>

Are Payers Required To Pay?

"The purpose of this Change Request (CR) is to provide instructions to the A/B Medicare Administrative Contractors (MACs) to allow payment of add-on code G2211 when certain Part B preventive services are provided on the same day."

<https://www.cms.gov/files/document/r13015otn.pdf>

"Medicaid and commercial payers are not required to pay for services associated with G2211. To ensure proper reimbursement, you will need to regularly review your payer contracts and fee schedules to understand which payers allow reimbursement."

<https://www.aapc.com/blog/91931-bill-g2211-with-confidence-and-modifier-25/>



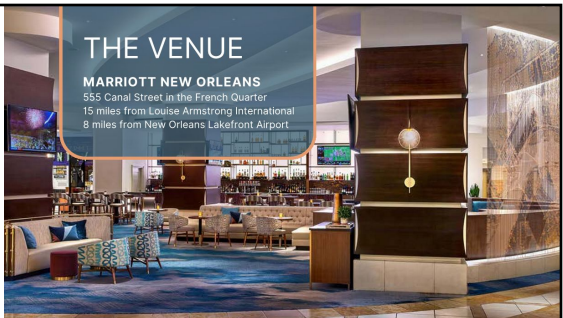

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2026
CONFERENCE

 PEDIATRIC
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AN INTERNATIONAL SOCIETY


Marriott New Orleans
Pre-Conference: Thu, Feb 5
Main Conference: Fri & Sat, Feb 6 and 7


**NEW
VENUE!**



THE VENUE
MARRIOTT NEW ORLEANS
555 Canal Street in the French Quarter
15 miles from Louis Armstrong International
8 miles from New Orleans Lakefront Airport

Pediatric Practice Management Conference




PMI
2026

What's On The Pediatric Practice Management Calendar?

April 10, 2025

Paulie and Chip Late Show Webinar 8pm

Check Voicemail Greetings (M)

Patient Cleanup (Q)

Check for Vendor Training, Materials (Q)

Desktop/Device System Upgrades (M)

Clean Payor Patient Lists (Q)

Buy Event Tickets (Q)

bit.ly/PediatricPracticeManagementCalendar

www.PediatricSupport.com



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

www.PediatricSupport.com

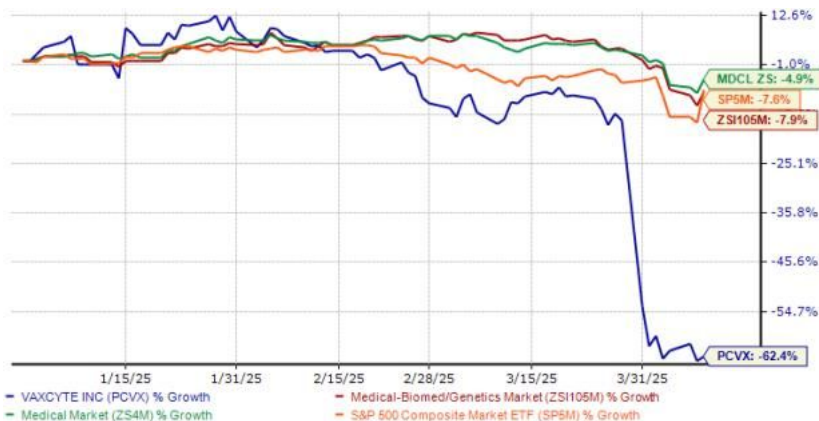


Merck Gardasil Discounts

Tied to Vaxneuvance
Vaxcyte

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VAXCYTE
protect humankind™



Data from this dose-finding study showed that the mid-dose of VAX-24 met the non-inferiority criteria for seroconversion and showed robust immune responses across all serotypes, particularly for the highest circulating ones. However, the vaccine did not meet the non-inferiority criteria for four of the 24 serotypes compared with Pfizer's Prevnar 20. This mixed result was a major reason behind the decline in PCVX's share price.

Blue Cross Blue Shield Provider Settlement Website

HomeFAQsContact UsClaim Submission WebinarsLog In

This website is for **Providers** (persons and entities that provide healthcare services) to submit claims for the Blue Cross Blue Shield Provider Settlement. This settlement is separate from the Blue Cross Blue Shield Subscribers Settlement. For information on the Subscribers Settlement, visit [www.BCSSettlement.com](#).

Welcome to the Blue Cross Blue Shield Provider Settlement Website.

The class action lawsuit, *In re: Blue Cross Blue Shield Antitrust Litigation*, addresses Provider Plaintiffs' claim that the Settling Defendants violated antitrust laws by illegally dividing the United States into "Service Areas" and agreeing not to compete in those areas. Provider Plaintiffs also claim that the Settling Defendants fixed prices for services provided. The class action is pending in the United States District Court for the Northern District of Alabama, Southern Division. U.S. District Judge R. David Proctor is overseeing it. Both sides want to avoid the risk and cost of further litigation and have agreed to the Settlement. The Provider Plaintiffs and their attorneys think the Settlement is best for the Settlement Class.

This Settlement Class includes all Providers in the U.S. (except Excluded Providers [FAQ 5](#), who are not part of the Settlement Class) who currently provide or provided healthcare services, equipment or supplies to any patient who was insured by, or was a Member of or a beneficiary of, any plan administered by any Settling Individual Blue Plan from July 24, 2008 to October 4, 2024 ("Settlement Class Period"). Class Members who submit a valid approved claim ("Authorized Claimants") will receive a payment from the Net Settlement Fund if the Settlement is approved.

This Portal is the official platform for Settlement Class Members to submit claims for a share of the Net Settlement Fund and to get up-to-date information about the Settlement Program.

Should I Submit? [FAQ 12](#)

Professional Claim

Select this option if you are a Medical Professional (any individual Provider – a person who provides or provided healthcare services in the U.S.), Medical Group (two or more Medical Professionals, and those claiming by or through them, who practice or practiced under a single taxpayer identification number), or a Medical Organization (any association, partnership, corporation or other form of organization – including without limitation independent practice associations and physician hospital organizations – that arranges or arranged for care to be provided to Blue Plan members by Medical Professionals organized under multiple taxpayer identification numbers).

[Submit a Professional Claim](#)
[Professional Claims Instructions](#)

Facilities Claim

Select this option if you are filing a claim on behalf of a Health Care Facility (any facility such as a hospital, ambulatory surgical center, dialysis center, imaging center or other facility in which health care services are or were delivered to Blue Plan Members and that charges or charged facility fees for the provision of such services), or a Health Care System (any association, partnership, corporation or other form of organization that arranges or arranged for care to be provided to Blue Plan Members by two or more Health Care Facilities).

[Submit a Facilities Claim](#)
[Facilities Claims Instructions](#)

Important Dates and Deadlines

10/14/2024 - Settlement Agreement Filed

12/04/2024 - Preliminary Approval Granted

03/04/2025 - Opt Out / Objection Deadline

07/29/2025 - Claims Submission Deadline

07/29/2025 09:30AM - Final Approval Hearing





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User Account Information

First Name of Filer *

Middle Name of Filer

Last Name of Filer *

Suffix
-- Select --

Title *

Notice ID

Phone Number *

Email Address *

Confirm Email Address *


Password *


Very Weak

Confirm Password *

No Match

☐ I'm not a robot



[www.PediatricSupport.com](#)

Indicate whether the Claimant is a Medical Group/Organization or an Individual Medical Professional and complete the information below. *

☒ Medical Group/Organization ☐ Individual Medical Professional

Medical Group or Organization Name *		Number of Medical Professionals *	National Provider Identifier(NPI)
First Name of Filer *	Middle Name of Filer	Last Name of Filer *	Suffix -- Select --
Email Address of Person Filing *		Title *	Phone Number of Person Filing *

Business Address of Medical Group or Organization (the address at which the Medical Group or Organization practices)

Address 1 *	Address 2	City *
State* -- Select --	Zip Code *	

User Account Information

First Name of Filer* Paul	Middle Name of Filer	Last Name of Filer* Vanchiere	Suffix -- Select --
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www.PediatricSupport.com



Two-Factor Authentication (2FA) - Email

You selected to send the two-factor authorization code to your Email.

i The authentication code sent to **paux@greenwoodpediatrics.com** had a prefix of **BC65**. Type only the six-digit number following the prefix, then click **Verify** to continue. If you need a new code, click the **Resend Code** option. Note that this new code will have a different prefix and six-digit number. Check your spam filter if you did not receive it.

BC65 - Enter your Validation Code

[Resend Code](#)

Cancel

Verify

www.PediatricSupport.com



Welcome, **Paul Vanchiere**

Log Out

Last login was on 04/10/2025 09:33 AM ET [Log out](#)

TERMS OF USE

The Blue Cross Blue Shield Provider Settlement Portal ("Portal") is a secure online platform that allows claimants to complete, submit, and review claims and related materials to the Claims. The Portal Administrator, BrownGreer PLC, created and maintains the Portal to facilitate the exchange of information and the processing of claims and other documents, subject to the following conditions. If you visit or use the Portal, you explicitly accept these conditions and agree to abide by the terms of this Portal User Agreement. Please read them carefully.

1. Purposes of Use. You will use the Portal solely in connection for legitimate purposes relating to the Blue Cross Blue Shield Provider Settlement, including completing and submitting claim forms for Medical Professionals or Facilities, and any other required documents.

2. Nature of Communications. When you visit the Portal and submit information and any other required documents, you are communicating with the Settlement Notice Administrator electronically and therefore consent to receive all communications from the Settlement Notice Administrator electronically. The Settlement Notice Administrator may communicate with you by email or by posting notices to the Portal. You agree that all agreements, notices, disclosures, and other communications that the Settlement Notice Administrator provides to you electronically satisfy any legal requirement that such communications be in writing. It is your responsibility to notify the Settlement Notice Administrator if your contact information changes.

3. Notices to You. Through the Portal, the Settlement Notice Administrator may issue notices or other written communication to you regarding your claim(s), and any other required documents and the deadlines for action required of you. Notices posted to you on the Portal are deemed issued to you and received by you on the date they are posted and available for your viewing.

4. Email Communications. The Settlement Notice Administrator will communicate with you by sending emails to the address you provided when creating your user profile. You must ensure that your virus and spam filters allow email from the Settlement Notice Administrator. The best way to ensure receipt of email communication from the Settlement Notice Administrator is to set your spam filters to allow emails from any address with the URLs BCBSProviderSettlement.com, Alerts.BCBSProviderSettlement.com, or BrownGreer.com in the sender address. You also should check your spam folder frequently to ensure that you are receiving all email communications from the Settlement

www.PediatricSupport.comWelcome, **Paul Vanchiere**[Home](#)[Claim Forms](#)[My Account](#)Last login was on 04/10/2025 09:33 AM ET [Log out](#)

Professional Claim Form

[Professional Claim Form Instructions](#)[Preview Claim Form](#)Claim Form Status: **In Progress**

All sections of the Claim Form must show as Complete or your Claim Form will remain unsubmitted and In Progress. If a Rider is required, all entries must be complete. If you submitted a bulk Rider template, doublecheck that the template is processed and you have no unsuccessful records in the Status column on the [Bulk Submissions Documents](#) page.

A	Section A: Claimant Information	Complete	Edit
B	Section B: Allowed Amounts	In Progress	Start
C	Section C: Payment Information	In Progress	Start
D	Section D: Tax Form	In Progress	Start
Rider	Professional Claim Form Rider (Required for Medical Groups/Organizations, optional for Medical Professionals)	In Progress	Start
E	Section E: Signature and Certification	Locked	
Docs	View Your Claim Forms and Documents/Upload Supporting Documents		Start

[Accessibility](#) | [Privacy](#)



Welcome, Paul Vachiere

- Home
- Claim Forms
- My Account

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Professional Rider Form Details

For each Medical Professional for whom you are filing a claim, enter the required information below and click Save.

* Medical Professional Name:

 First Name * Middle Name Last Name *

Medical Professional Type (e.g., MD, DO, PT, chiropractor, etc.) *

 Business Address 1 (the address at which the Medical Professional practices) * Business Address 2 Business City * Business State* -- Select -- Business Zip Code *

* Was the Medical Professional first licensed to practice before March 12, 2008?

☐ Yes ☐ No National Provider Identifier (NPI), if Applicable

* SSN or TIN?

☐ SSN ☐ TIN

* Time Period for Which Claimant is Submitting Claim on behalf of Medical Professional (Format: MM/DD/YYYY to MM/DD/YYYY)?

 Start Date mm/dd/yyyy End Date mm/dd/yyyy

Select the number of points (1-5) for the Medical Professional corresponding to the range of Allowed Amounts determined by all Settling Individual Blue Plans in response to claims for reimbursement for the provision of Covered Services (not including services covered by standalone dental or vision insurance) submitted by the Medical Professional to Settling Individual Blue Plans during the time period from July 24, 2008 through October 4, 2024, as reflected in Evidences of Benefits, Remittance Advices, or similar responses to such claims for reimbursement ("Allowed Amounts").

Allowed Amounts	Points
Less than or equal to \$250,000	1
More than \$250,000 but less than or equal to \$500,000	2
More than \$500,000 but less than or equal to \$750,000	3
More than \$750,000 but less than or equal to \$1,000,000	4
More than \$1,000,000	5



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Allowed Amounts	Points
Less than or equal to \$250,000	1
More than \$250,000 but less than or equal to \$500,000	2
More than \$500,000 but less than or equal to \$750,000	3
More than \$750,000 but less than or equal to \$1,000,000	4
More than \$1,000,000	5



Select the number of points (1-5) for the Medical Professional corresponding to the range of Allowed Amounts determined by all Settling Individual Blue Plans in response to claims for reimbursement for the provision of Covered Services (not including services covered by standalone dental or vision insurance) submitted by the Medical Professional to Settling Individual Blue Plans during the time period from July 24, 2008 through October 4, 2024, as reflected in Evidences of Benefits, Remittance Advices, or similar responses to such claims for reimbursement ("Allowed Amounts")

Allowed Amounts	Points
Less than or equal to \$250,000	1
More than \$250,000 but less than or equal to \$500,000	2
More than \$500,000 but less than or equal to \$750,000	3
More than \$750,000 but less than or equal to \$1,000,000	4
More than \$1,000,000	5

The Settling Individual Blue Plans are listed in the Settlement Agreement.

- ☐ By checking this box, I certify that my total Allowed Amounts during the time period from July 24, 2008 through October 4, 2024 were less than or equal to \$250,000.
- ☐ By checking this box, I certify that my Allowed Amounts during the time period from July 24, 2008 through October 4, 2024 were more than \$250,000 but less than or equal to \$500,000.
- ☐ By checking this box, I certify that my Allowed Amounts during the time period from July 24, 2008 through October 4, 2024 were more than \$500,000 but less than or equal to \$750,000.
- ☐ By checking this box, I certify that my Allowed Amounts during the time period from July 24, 2008 through October 4, 2024 were more than \$750,000 but less than or equal to \$1,000,000.
- ☒ By checking this box, I certify that my Allowed Amounts during the time period from July 24, 2008 through October 4, 2024 were more than \$1,000,000.

Select one and complete the required information.

- ☐ **Check** (For any payment amount; for payments less than \$100,000, there may be a fee of up to \$25 for this payment method; for payments of \$100,000 or more, there may be a fee of up to \$100 for this payment method.)
- ☒ **ACH** (For any payment amount; there are no fees associated with this payment method.)
- ☐ **Wire Transfer** (For payment amounts of \$250,000 or more; there may be a fee of up to \$100 for this payment method.)
- ☐ **PayPal** (For payment amounts \$10,000 or less; there are no fees associated with this payment method.)
- ☐ **Venmo** (For payment amounts \$10,000 or less; there are no fees associated with this payment method.)
- ☐ **Virtual Mastercard** (For payment amounts \$10,000 or less; there are no fees associated with this payment method.)

An Automated Clearing House (ACH) payment is a type of electronic bank-to-bank payment and is a way to transfer money between bank accounts, rather than using card networks, wire transfers, or paper checks. ACH Electronic Transfers are quicker than standard checks and typically arrive within 3-5 business days after the initiation of the payment.

Provide the information below to receive an ACH payment.

Account Name *	Account Type* -- Select --
Bank ACH Routing number *	Confirm Bank ACH Routing number *
Account Number *	Confirm Account Number *

9 character(s) remaining of 9

9 character(s) remaining of 9

17 character(s) remaining of 17

17 character(s) remaining of 17



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Select one and complete the required information.

- ☒ **Check** (For any payment amount; for payments less than \$100,000, there may be a fee of up to \$25 for this payment method; for payments of \$100,000 or more, there may be a fee of up to \$100 for this payment method.)
- ☐ **ACH** (For any payment amount; there are no fees associated with this payment method.)
- ☐ **Wire Transfer** (For payment amounts of \$250,000 or more; there may be a fee of up to \$100 for this payment method.)
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- ☐ **Venmo** (For payment amounts \$10,000 or less; there are no fees associated with this payment method.)
- ☐ **Virtual Mastercard** (For payment amounts \$10,000 or less; there are no fees associated with this payment method.)

The check will be made payable to the Medical Group/Organization or Medical Professional listed in Section A.



Section D – Tax Form

Enter the Social Security Number or Employer Identification Number of the Claimant whose name will appear on any check and related Form-1099. For individuals, this is your Social Security Number (SSN). For Medical Groups/ Organizations, this is your Employer Identification Number (EIN).

EIN *

Chose the appropriate option below to identify the federal tax classification of the entity/individual who is the claimant.

Tax Classification*

-- Select --

By signing this Claim Form, I certify that:

1. The number shown on this form above is the correct Tax Identification Number for this Claimant; and

2. The Claimant is not subject to backup withholding because the Claimant: (a) is exempt from backup withholding, or (b) has not been notified by the Internal Revenue Service (IRS) that the Claimant is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Claimant that the Claimant is no longer subject to backup withholding.

NOTE: Backup withholding is extra tax withholding that the IRS requires you to withhold if you are subject to backup withholding because you have failed to report all interest and dividends on your tax return, you may be subject to backup withholding question below.

* Are you subject to backup withholdings ?

☐ Yes ☒ No

Cancel

Save

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Professional Rider Form

Medical Groups/Organizations must complete the Rider for all Medical Professionals for which you are filing a claim.

If you are a Medical Group/Organization that would prefer to provide the information for each Medical Professional one at a time, please use the Add New Rider button and complete and save the information for each Medical Professional. Alternatively, if you wish to provide the required information for multiple Medical Professionals in bulk, instead of entering the information on the screen one Medical Professional at a time, click the Bulk Submission button below and follow the instructions on the next page.

If you are not using the Bulk Submission option, select the Add New Rider button below for each Medical Professional for whom you are submitting a claim, complete the required information, then click Save.

After you save your Rider entry, you may edit or delete the information you enter using the icons in the Action section below.

ID	Name	Action
No Data available in the table.		

+ Add New Rider

Bulk Submission

AutoSave BCBS Provider Settlement - Professional Rider Template - Protected... Saved to this PC

File Home Insert Page Layout Formulas Data Review View Automate Help Nitro PDF Pro Acrobat

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. [Enable Editing](#)

A19 Points Based on Range of Allowed Amounts

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Instructions		
Complete the Key Information for EACH Medical Professional for Whom You Are Submitting Claims		
Question	Required/Optional	Instruction
Medical Professional First Name	Required	Enter the first name of the Medical Professional(s) for whom you are submitting a claim.
Medical Professional Middle Name	Optional	Enter the middle name of the Medical Professional(s) for whom you are submitting a claim.
Medical Professional Last Name	Required	Enter the last name of the Medical Professional(s) for whom you are submitting a claim.
Medical Professional Type	Required	Enter the type of Medical Professional for whom you are submitting a claim, e.g. MD, DO, PT, Chiropractor, etc.
Business Address - Street1	Required	Enter the Street Address of the business location at which the Medical Professional(s) for whom you are submitting a claim practices.
Business Address - Street2	Optional	Enter the Street Address of the business location at which the Medical Professional(s) for whom you are submitting a claim practices.
Business Address - City	Required	Enter the City of the business location at which the Medical Professional(s) for whom you are submitting a claim practices.
Business Address - State	Required	Select the State of the business location at which the Medical Professional(s) for whom you are submitting a claim practices.
Business Address - Zip Code	Required	Enter the five-digit Zip Code of the business location at which the Medical Professional(s) for whom you are submitting a claim practices.
Was Medical Professional Licensed Prior to March 12, 2008?	Required	Select Yes or No from the dropdown to indicate whether the Medical Professional was licensed prior to March 12, 2008.
National Provider Identifier (NPI)	If Applicable	Enter the NPI number, if applicable, for the Medical Professional for whom you are filing the claim.
Taxpayer Type	Required	Select TIN or SSN from the dropdown to indicate whether you are entering the full TIN or the last four digits of the SSN for the Medical Professional.
Tax Identification Number (TIN) or Last Four digits of Social Security Number (SSN)	Required	If you selected TIN in the Taxpayer Type field, enter the full Tax Identification Number of the Medical Professional (numerals only, example: 111222333). If you selected SSN in the Taxpayer Type field, enter the last four digits of the Social Security Number of the Medical Professional in this format: XXXX.

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Row	Medical Professional First Name (Required)	Medical Professional Middle Name	Medical Professional Last Name (Required)	Medical Professional Type (Required)	Business Address - Street1 (Required)	Business Address - Street2	Business Address - City (Required)	Business Address - State (Required)	Business Address - Zip Code (Required)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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35									

- Consider only employed / contracted employees during the claim period (July 28, 2004 - October 4, 2024)
- Locum may be tricky/messy.

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This website is for **Providers** (persons and entities that provide healthcare services) to submit claims for the Blue Cross Blue Shield Provider Settlement. This settlement is separate from the Blue Cross Blue Shield Subscribers Settlement. For information on the Subscribers Settlement, visit www.BCBSSettlement.com.

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Should I Submit? [FAQ 12](#)

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[Submit a Professional Claim](#)

[Professional Claims Instructions](#)

Facilities Claim

Select this option if you are filing a claim on behalf of a Health Care Facility (any facility such as a hospital, ambulatory surgical center, dialysis center, imaging center or other facility in which health care services are or were delivered to Blue Plan Members and that charges or charged facility fees for the provision of such services), or a Health Care System (any association, partnership, corporation or other form of organization that arranges or arranged for care to be provided to Blue Plan Members by two or more Health Care Facilities).

[Submit a Facilities Claim](#)

[Facilities Claims Instructions](#)



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OPINION

Here's what Trump is really up to with high-stakes tariff gambit

The plan is more ambitious than many realize, but the question is, will it work?

By Tanvi Ratna | Fox News

Published 2 days ago



White House defends Trump tariffs despite markets plunging

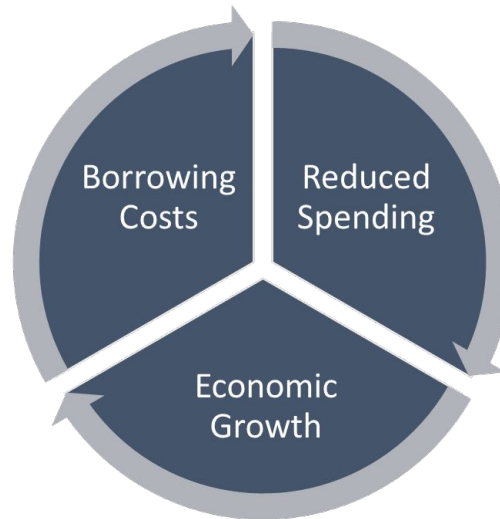


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What's Trump Up To?

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Borrowing Costs

National Debt Interest

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- In 2025, the U.S. government must refinance \$9.2 trillion in maturing debt. Some \$6.5 trillion of that comes due by June.
- Each basis-point (one one-hundredth of a percent) drop in interest rates saves the government roughly \$1 billion per year.
 - Since the announcement of tariffs on April 2, 10-year Treasury yields have fallen from 4.2 percent to 3.9 percent—a 30 basis point drop. If that holds, it translates to \$30 billion in savings.
- Investors fleeing the stock market drives them to safer investments (US Securities).
 - Increase in demand for government-back bonds drives **DOWN** the interest rates (costs to the US taxpayers)

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Reduce Spending

- DOGE- Targeting \$4billion in **DAILY** spending cuts
 - Could reduce over \$1Trillion in annual spending
- Ignoring the approved spending from Congress?

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Economic Growth

- Tariffs makes imports more expensive
 - Goal: Increase good produced in the United States
 - Incentivize rebuilding of production capacity
 - Lag between identifying opportunities and producing goods
- Estimated increase government revenues of \$700 billion
- “Incentivize” companies to produce goods in the United States
 - Could take a while...
 - Until then, expect higher prices on goods

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Reciprocal Tariffs		
Country	Tariffs Charged to the U.S.A. <small>Including Currency Manipulation and Trade Barriers</small>	U.S.A. Discounted Reciprocal Tariffs
China	67%	34%
European Union	39%	20%
Vietnam	90%	46%
Taiwan	64%	32%
Japan	46%	24%
India	52%	26%
South Korea	50%	25%
Thailand	72%	36%
Switzerland	61%	31%
Indonesia	64%	32%
Malaysia	47%	24%
Cambodia	97%	49%
United Kingdom	10%	10%
South Africa	60%	30%
Brazil	10%	10%
Bangladesh	74%	37%
Singapore	10%	10%
Israel	33%	17%
Philippines	34%	17%
Chile	10%	10%
Australia	10%	10%
Pakistan	58%	29%
Turkey	10%	10%
Sri Lanka	88%	44%
Colombia	10%	10%



The Risk:

Stagflation:

- **Stag** = short for “stagnation,” which means the economy isn’t growing — businesses aren’t hiring much, and people are struggling to find jobs.
- **Flation** = short for “inflation,” which means prices of things like food, gas, and clothes are going **up**.

So **stagflation** is this unusual combo of:

1. **High inflation** (things are getting more expensive)
 - a. Can’t get consistent reduction in interest rates/borrowing costs
2. **Slow economic growth** (the economy is kind of stuck)
 - a. Reduced consumer spending due to higher cost of goods
3. **High unemployment** (lots of people can’t find work)
 - a. DOGE personnel reductions and lower economic activity

The Conundrum

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Reduce Interest Rates

- To spark growth and reduce unemployment

Increase Interest Rates:

- To tame inflation (thanks to tariffs), increase interest rates

Reduce government spending:

- Reduces economic activity
- End-run around Congressional spending approvals

SHORT-TERM INTEREST RATE AND ECONOMIC IMPACT

Slow economy:
Concern about unemployment

The Fed
LOWERS
interest rates



Banks lower interest rates, borrowing becomes **LESS** expensive



Consumer spending, business hiring and business expansion **GROWS**



Strong economy:
Concern about inflation

The Fed
RAISES
interest rates



Banks raise interest rates, borrowing becomes **MORE** expensive



Consumer spending, business hiring and business expansion **SLOWS**



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PEDIATRIC PRACTICE MANAGEMENT

2026 CONFERENCE

PEDIATRIC MANAGEMENT INSTITUTE
PEDIATRIC PRACTICE MANAGEMENT SOCIETY


Marriott New Orleans
Pre-Conference: Thu, Feb 5
Main Conference: Fri & Sat, Feb 6 and 7

NEW VENUE!

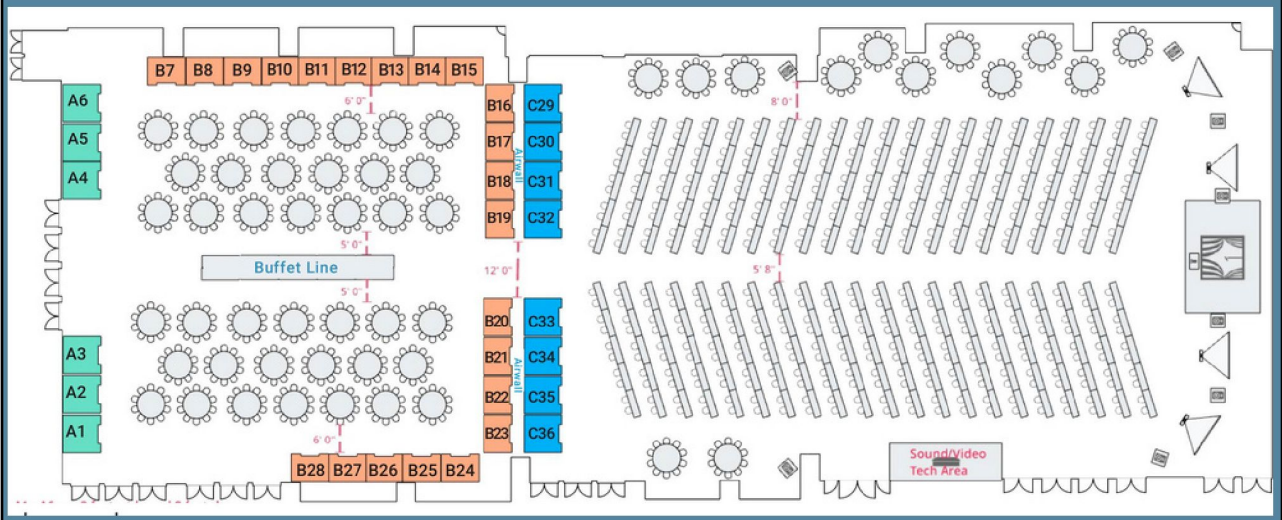
THE VENUE

MARRIOTT NEW ORLEANS
555 Canal Street in the French Quarter
15 miles from Louis Armstrong International
8 miles from New Orleans Lakefront Airport

Pediatric Practice Management Conference



PMI 2026



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BOOST YOUR PRACTICE'S INCOME BY SECURING A FAIR PAYMENT RATE

Online Portal With:

- Payer Reported Data
- Transparent + Accurate Data
- Access to Real Payment Data
- 30 Most Common CPT Codes

Don't Settle For Unfair Payment Rates!



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HELPING PEDIATRIC PRACTICES SUCCEED

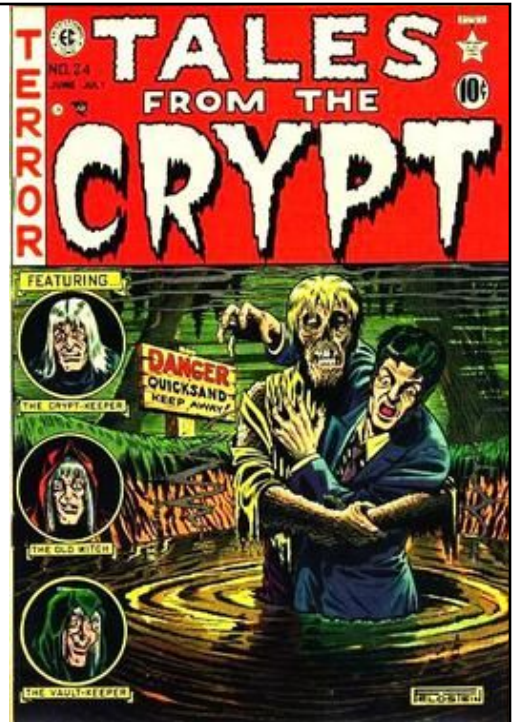


trek health

**Partners in providing insights pediatricians need to
effectively manage their negotiated payment rates!**

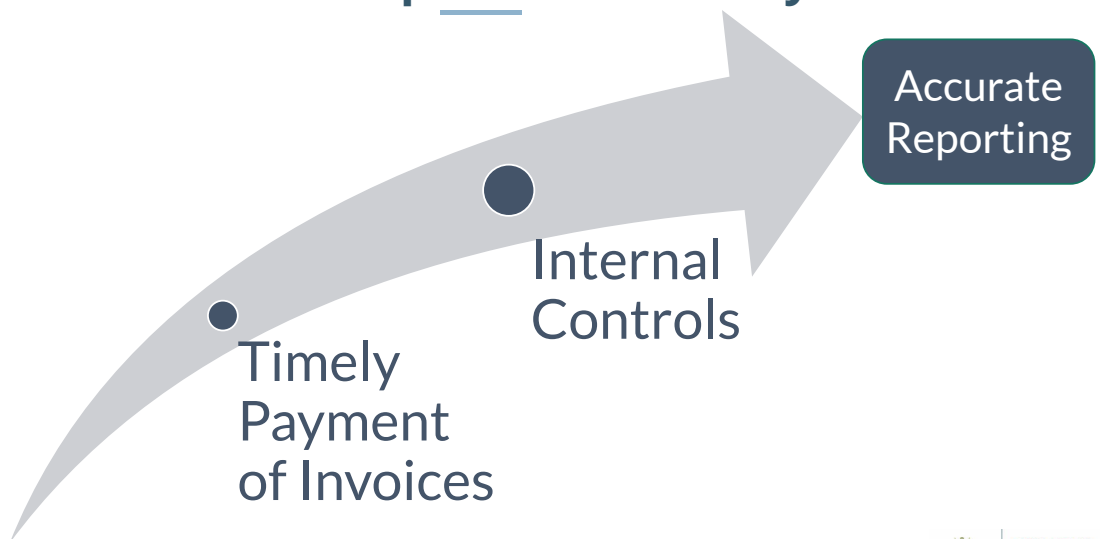
Fraud In Pediatric Practices...

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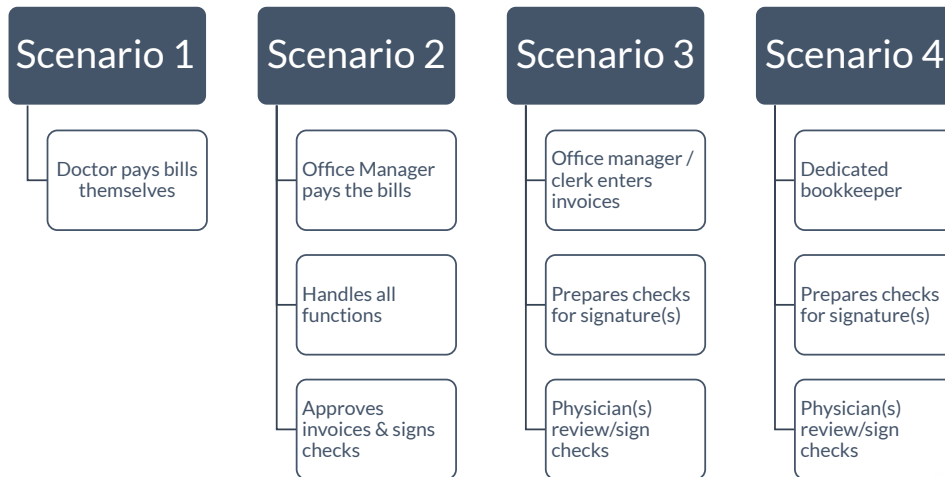
Starts With Proper Accounts Payable

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Who Are You?



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Internal Controls

The Fraud Triangle:

A framework for spotting high-risk fraud situations



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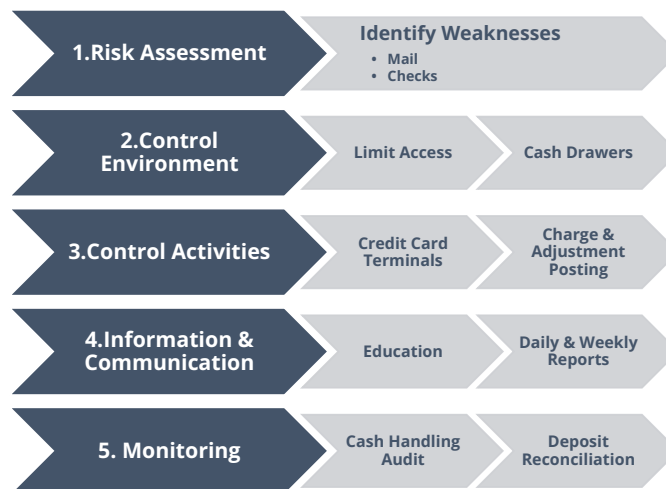
Internal Controls

The Fraud Triangle:

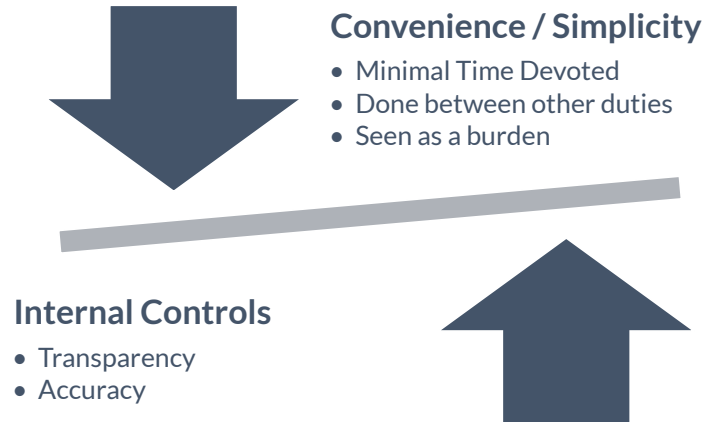
A framework for spotting high-risk fraud situations



Internal Controls Are Necessary...



Usual Workflow

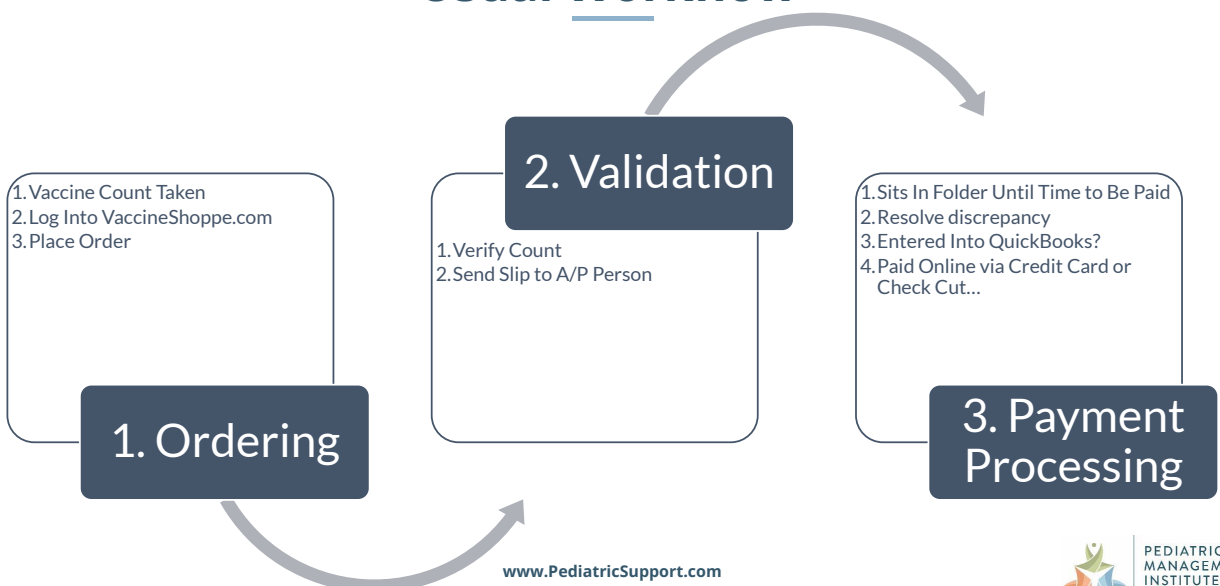


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Usual Workflow



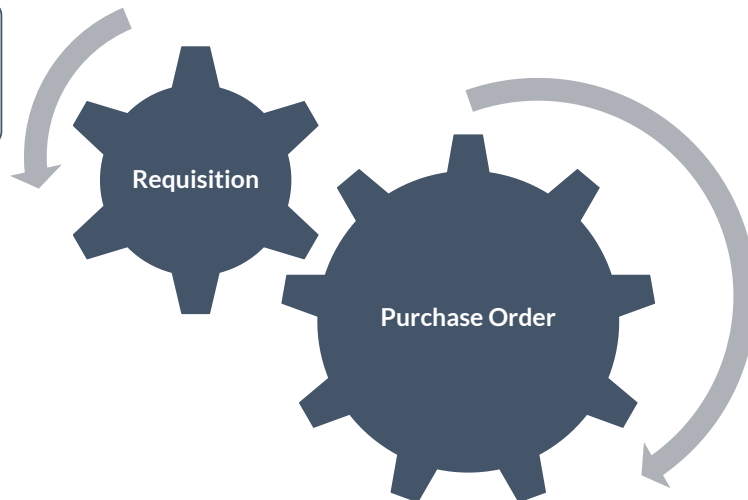
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What's Missing In Your Office?!?

- Appropriate Internal Controls Require
 - Requisitions
 - Purchase Orders
 - Levels of Authority
- Expense Authorization
 - Appetite for Risk
 - Weigh past issues with likelihood of problems in the future

Requisition vs. Purchase Order (PO)

- Request for someone to purchase something



- Formal agreement with vendor
- Avoids duplicate orders
- Avoids surprises
 - Quantity
 - Price
- Track Incoming Orders
- Reduces reactive work

Comprehensive Workflow

1. Need Determined

1. Vaccine Count Taken



2. Requisition

1. Created
2. Approved



3. P.O. Generated

1. Contact Vendor
2. Track PO Number & Details



6. Payment Processing

1. Enter Invoice Into A/P System With Due Date
2. Resolve discrepancy
3. Check Drafted
4. Forward to Physician for Signature
5. Checks Mailed Out



5. Validation

1. Verify Count
2. Send Slip to A/P Person



4. Order Placed

1. Log Into VaccineShope.com
2. Place Order

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Comprehensive Workflow

1. Need Determined

1. Vaccine Count Taken



2. Requisition

1. Created
2. Approved



3. P.O. Generated

1. Contact Vendor
2. Track PO Number & Details



6. Payment Processing

1. Sits In Folder Until Time to Be Paid
2. Resolve discrepancy
3. Entered Into QuickBooks
4. Check Drafted
5. Forward to Physician for Signature
6. Checks Mailed Out



5. Validation

1. Verify Count
2. Send Slip to A/P Person



4. Order Placed

1. Log Into VaccineShope.com
2. Place Order

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Purchase Authorization
Driven by Experience / Trust
Appetite for Risk
Varies by Practice

Balance Effort With Results...



Progressively smaller increase in results as one increases the time/energy addressing an issue.

Automation Is Key...



- Emailed Bills
- Paper Invoices`
- Auto Payments

Automation Is Key...



Receive Bills

- Emailed Bills
- Paper Invoices
- Auto Payments

Electronic
copy to
designated
person

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Automation Is Key...



Receive Bills

- Emailed Bills
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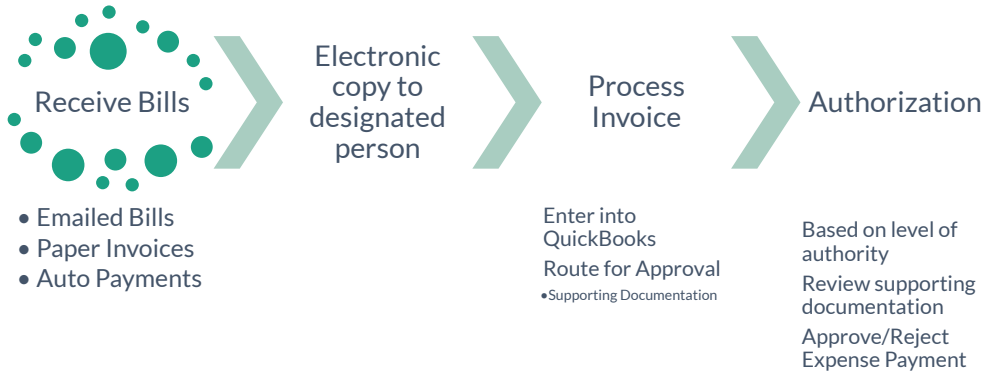


Process
Invoice

Enter into
QuickBooks
Route for Approval
• Supporting Documentation

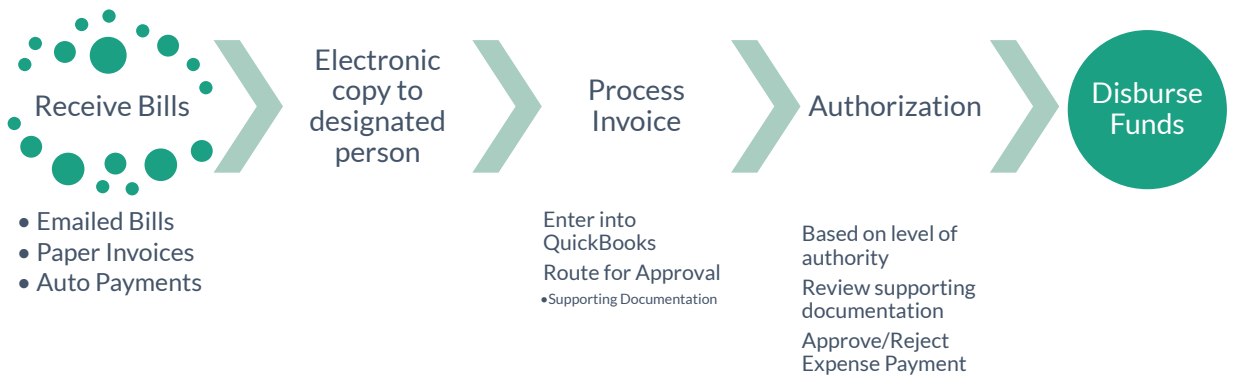
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Automation Is Key...



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Automation Is Key...



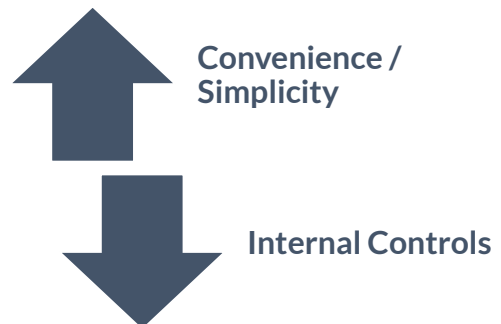
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Best Practices

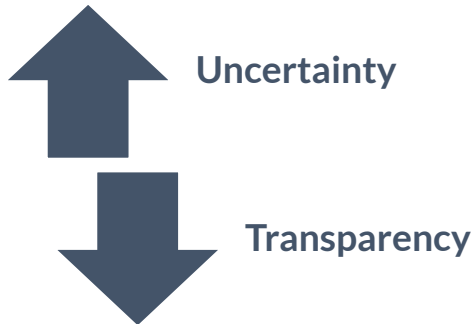


Concern #1...Autopayments

- Credit Cards
- Very convenient but an Internal Control nightmare
- Button it Up....

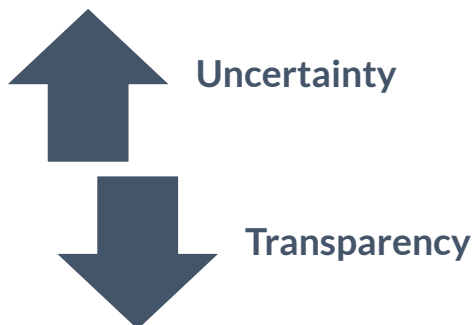


Concern #2...Stacking Invoices



- Pile up invoices in folder
- Enter invoices and pay at the same time

Concern #2...Stacking Invoices



- Pile up invoices in folder
- Enter invoices and pay at the same time
- Need to enter invoices as they arrive and set due dates
- Provides better understanding of cashflow needs over time

Concern #3...The Approval Process

SAMPLE CREDIT CARD STATEMENT Account Number

Make check payable to:

My Credit Card
P.O. Box 4567
Anywhere, CA 91111

Return top portion with payment

Reference Number	Posting Date	Description of Transaction	Deb
0077623	0508	ABC Stores Unlimited	108.20
0317556	0608	Autopay Cable Network	58.00
7075061	0610	Let's Go Car Rental	159.72
4871311	0610	Sleep Nice Motel	128.00
5887541	0622	AAA Airlines	109.32
9233742	0630	payment - thank you	

Previous Balance 639.52 Payments 40.00 New Charges 563.24 Finance Charge 17.04

Average Daily Balance 1011.00

JOHN SMITH
123 YOUR STREET
ANYTOWN, USA 12345

March 13, 2018

Pay to the Order of Jane Doe \$ 100.00

One hundred and 00/100 Dollars

LBS Financial

For John Smith

⑆322276855⑆1076 00000000 0⑆

- Person signing the check needs to see all supporting documentation
- Have time to review

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Concern #4...Rates & Timeliness

- You need a good accountant and a better bookkeeper!
- Don't pay accountant rates for bookkeeping services.
- You should have expense report by 15th day of the month...otherwise you are flying blind...for every day that goes by, you may have 300 encounters....
- What is the best use of a dollar?!?

Accountants are qualified to handle the entire accounting process, while bookkeepers are qualified to handle recording financial transactions. To ensure accuracy, accountants often serve as advisers for bookkeepers and review their work.

Bookkeepers record and classify financial transactions, laying the groundwork for others to analyze the financial data.

PMI Tip: Find a "stay at home" parent who wants to work a few hours per week...

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Stories From The Field

71

- Setting My Own Rates...
- Nah, don't worry about the bill
- Don't Fear The Deductible
- Fudging The Payroll Taxes

The Fraud Triangle:

A framework for spotting high-risk fraud situations



Stories From The Field

72

The Fraud Triangle:

A framework for spotting high-risk fraud situations

- Old School Example
- Flew The Coop
- 6 Figure Credit Cards
- Family Affairs
- Cable Company



Stories From The Field

73

- Whose Card?
- I thought we were partners?
- Husband and wife!
- I'll take Fraud for \$850K, Alex

The Fraud Triangle:

A framework for spotting high-risk fraud situations

