

Late Night With Chip & Paulie

Episode #5

Thursday February 24, 2022 @ 8:00PM(ET)

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Agenda

- This Week's Focus
- Data Nerd Report
- PMI Conference Update
- News and Events
- Pediatric Calendar
- No Surprises Act

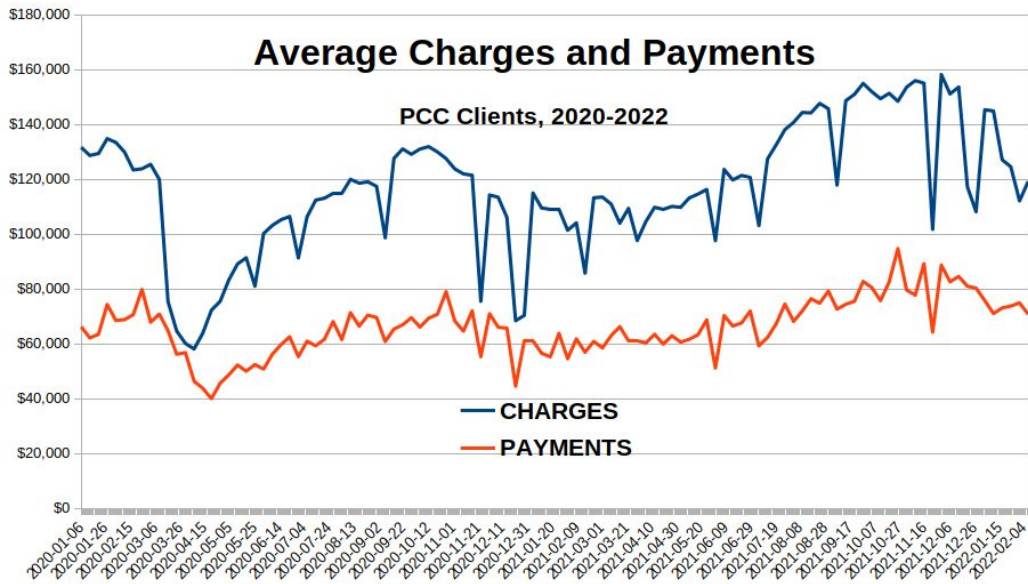
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Focus For The Week...

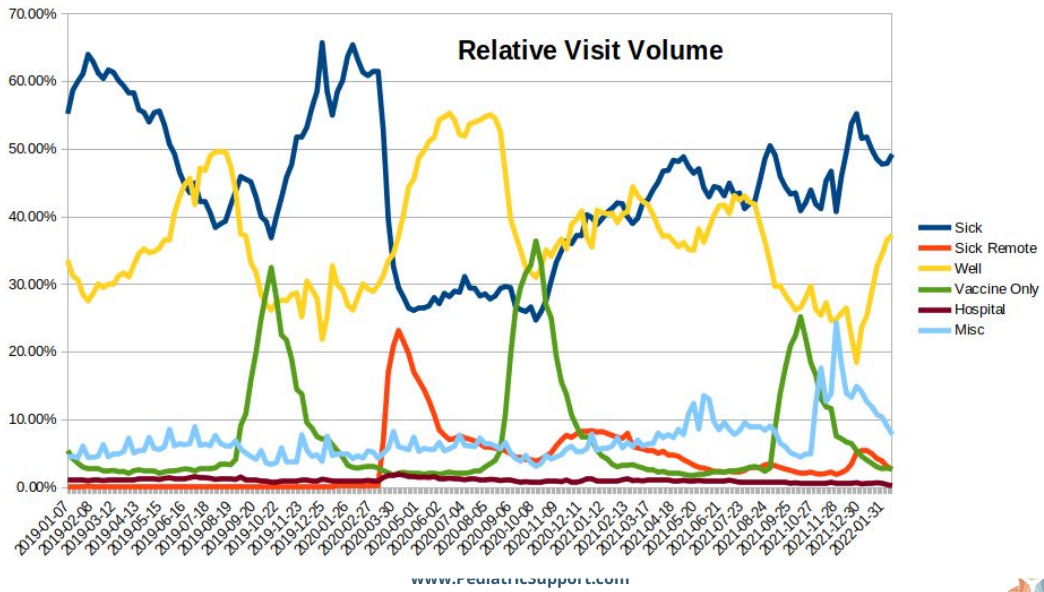


Latest Data From The Data NERDS



Latest Data From The Data NERDS

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Check out the pics from the conference...
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2022 PMI Pediatric Practice Management Conference Updates

PMI 2022 Conference Quick Links:

- Photo Gallery
- Purchase On-Demand Access
- Conference App Info

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PEDIATRIC MANAGEMENT INSTITUTE
PEDIATRIC PRACTICE MANAGEMENT CONFERENCE

Virtual Option Available!

CME & MOC Available In 2022*

January 27-29, 2022

Disney Yacht Club Resort, FL

VIRTUAL ACCESS

- Gain all the knowledge from the comfort of your own home with virtual access.
- See attached schedule for sessions included in the package.
- Thursday's pre-conference sessions will not be available for virtual attendees.

NEW FOR 2022

- One price for the entire two day!
- Three breakout sessions to dive deeper into topics important to you.
- All-inclusive pricing includes all scheduled meals, breaks, drinks, and two cocktail parties.

REGISTRATION FEES

- Register before October 31, 2021: \$899
- Register after October 31, 2021: \$949
- Virtual Access: \$329
- Pre-Conference Sessions: \$239 per session

- On-Demand viewing available until March 31.
- Complimentary for all in-person attendees
- You can still sign up...check out PediatricSupport.com for more details (home page has link to register)

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PMI Conference 2023

- First weekend in February
- Houston @ Royal Sonesta Near Galleria
- Registration and details coming soon
- *Will be limited to 400 attendees...it's sure to sell out quickly.*



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Provider Relief Funds in 2022: Simplifying Reporting and Single/Grant Audit Requirements

https://goto.webcasts.com/starthere.jsp?ei=1530833&tp_key=fa07886548

Wed, Mar 9, 2022 11:00 AM CST (12:00 PM EST)

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Virtual CME on Behavioral Health

“...Dr. Demaso is nationally known and I learned that he has invited a few contacts he has internationally. He will be speaking about a Behavioral Health Integration Program they instituted at Boston Children’s...”

Building Bridges of Understanding

Tuesday, March 1st 7:30 A.M.

<https://flowcode.com/p/u3ZcIIC64>

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What's On The Pediatric Practice Management Calendar?

Feb 23rd, THU 8 – 9pm
Paulie and Chip Late Show Webinar

- Update Wall Signs (Y)
- Waiting Room Review (Q)
- Check Material Versions (Q)
- Update Employee Lists (Q)
- Check Your Online Quickbooks Users (Q)
- Perform all desktop/device upgrades (M)
- Review vendor update training and materials (M)
- User controlled vendor software updates (M)
- WWW site management (M)

bit.ly/PediatricPracticeManagementCalendar

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Cash Flow Planning

Goto Forum and search "Cash Flow"

Forum.PediatricSupport.com

Plan Year End Distributions

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Home Latest Top Items



COVID 19 Business Impact Webinar #7 - April 30th Register Here / Is This Forum Helpful? Want To Say Thanks? / PMI's Recent White Paper / Watch Recent Webinar Now

Cash Flow Projection Spreadsheet

Finance



Mar 26

Many of us know how to plan out cash flow... I thought I'd help everyone get started with this basic spreadsheet... more details during our webinar this evening.

[PMI_Cash_Flow_Planning.xlsx \(43.8 KB\)](#)

Week Of	Estimated Weekly Deposits	Estimated Payroll Expense	Vaccine Invoices Due	Rent Payments	All Other Office Expenses	Running Balance
3/29/2020	\$ 20,000	\$ 15,000	\$ 5,900	\$ 5,000	\$ 1,500	\$ 8,500
4/5/2020	\$ 20,000	\$ -	\$ 2,500	\$ -	\$ 1,500	\$ 24,500
4/12/2020	\$ 17,500	\$ 15,000	\$ 1,750	\$ -	\$ 1,500	\$ 23,750
4/19/2020	\$ 7,500	\$ -	\$ 1,750	\$ -	\$ 1,500	\$ 28,000
4/26/2020	\$ 7,500	\$ 15,000	\$ 1,500	\$ 5,000	\$ 1,500	\$ 12,500
5/2/2020	\$ 7,500	\$ -	\$ 2,000	\$ -	\$ 1,500	\$ 16,500
5/9/2020	\$ 5,000	\$ 15,000	\$ 2,000	\$ -	\$ 1,500	\$ 2,000
5/17/2020	\$ 5,000	\$ -	\$ 1,750	\$ -	\$ 1,500	\$ 4,250
5/24/2020	\$ 5,000	\$ 15,000	\$ 1,500	\$ -	\$ 1,500	\$ (8,750)
5/31/2020	\$ 5,000	\$ -	\$ 1,000	\$ 5,000	\$ 1,500	\$ (11,450)
6/7/2020	\$ 5,000	\$ 15,000	\$ 800	\$ -	\$ 1,500	\$ (23,850)

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Second Notice - Submit Your PRF Report in Reporting Period 2

Dear Valued Provider:

Providers who received Provider Relief Fund (PRF) payments exceeding \$10,000, in the aggregate, between July 1, 2020 to December 31, 2020 are required to report in Reporting Period 2 (RP2). **If your report is in progress complete it by the deadline, March 31, 2022; if you have not started please do so right away.**

Providers that are required to report and do not submit a completed report by the deadline will be deemed out of compliance with the program [Terms and Conditions](#) and will be subject to recovery of all funds not reported on during RP2.

Action Needed

Reports must be submitted by **11:59 PM ET on March 31, 2022.**

- Review the [Notice of Reporting Requirements \(June 11\)](#)
- Enter the [PRF Reporting Portal](#)
- Register an account as the first required step (if not already completed)
- Complete report, verify its accuracy, and submit to [HRSA](#) by the deadline

More Information

Providers who received payments from the Nursing Home Infection Control (NHIC) Distribution, and are required to report in RP2, are invited to attend an upcoming webinar session dedicated to reporting on NHIC payments. **The session is on February 17, 2022 at 3:00 PM ET - [Register Now](#).**

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Reporting for payments received
July 1, 2020 - December 31, 2020
due by March 31, 2022.

See recording of last webinar
detailing Paulie's take on how to
best submit the paperwork, etc.
(In the forum)

- *Unreimbursed expenses attributable to coronavirus*
- *"Revenue Loss" due to COVID*

What is HRSA Looking for?

- Unreimbursed expenses attributable to coronavirus
- "Revenue Loss" due to COVID

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CAM Charge/Expenses

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1. Landlords provide annual report of changes in Common Area Maintenance (CAM) charges associated with rent payment
2. Most leases have option to review how they determined the amount with strict timelines to accept/reject their analysis
3. Be sure to request documentation to substantiate the amounts
4. Landlords may hate to capitalize expenses but sometimes do so while expecting the tenant to pay such expenses in the year incurred. www.PediatricSupport.com



Why the No Surprises Act?



No Surprises Act for General Pediatricians

You must provide a **written, personalized** Good Faith Estimate (GFE) to **self-pay** or **effectively self-pay** patients **prior to their appointment with you**. **Your GFE must contain a number of elements specific to the patient's anticipated visit as well as specific disclaimer language.**

<https://www.federalregister.gov/documents/2021/10/07/2021-21441/requirements-related-to-surprise-billing-part-ii#h-52>

Additional rules apply if:

- You work in a hospital, including a hospital outpatient setting
- You see inpatients (including newborns in the nursery)

Personalized/Specific to the Patient's Visit

- The patient's name and date of birth;
- A description of the primary item or service in clear and understandable language and the appointment date such item or service is to be provided;
- An itemized list of items or services, grouped by each provider, reasonably expected to be furnished, and items or services reasonably expected to be furnished in conjunction with the primary item or service, for that period of care;
- The applicable diagnosis codes, expected service codes [CPTs], and expected charges associated with each listed item or service;
- The name, National Provider Identifier, and Tax Identification Number of each provider represented in the good faith estimate, and the state(s) and office or facility location(s) where the items or services are expected to be furnished by such provider or facility

A "Self pay fee schedule" does not meet the regulatory requirement

Written

- It has to be written (either on paper or electronically)
 - It can be e-mailed, USPS'd, sent to the portal, etc.
- It has to be sent (pushed) to the patient – not just “available on request”
- It has to be provided **ahead of the appointment** (e.g. not just at check in)

Prior to their appointment to you

- If the appointment is scheduled 10+ days in advance:
 - You must send it within 3 business days of scheduling the appointment
- If the appointment is scheduled 3-9 days in advance:
 - You must send it within 1 business day of scheduling the appointment
- If the appointment is scheduled 0-2 days in advance:
 - There is no requirement

Self-pay

- No insurance at all
- “Uninsured” uses a very similar definition as the federal VFC program
 - Patients who have faith-based cost-sharing plans (Liberty Healthshare, Medishare, etc) do not have health insurance and are considered “self pay” for the purposes of this program

Effectively self-pay

- Patients who have insurance but opt to pay you cash, **so you are not sending a claim to their insurance company**
 - “An individual who has benefits for such item or service under a group health plan, or individual or group health insurance coverage offered by a health insurance issuer, or a health benefits plan under chapter 89 of title 5, United States Code **but who does not seek to have a claim for such item or service submitted to such plan or coverage**”
 - If you are out of network, but the family asks you to file insurance “to see what insco does,” they are **not** “effectively self pay” (because you’ve sent a claim)
- Patients who are exercising their HITECH option to not report the visit (or component piece(s)) to their insurance company

Specific disclaimer language

- A disclaimer that informs the uninsured (or self-pay) individual that there may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately and are not reflected in the good faith estimate;
- A disclaimer that informs the uninsured (or self-pay) individual that the information provided in the good faith estimate is only an estimate of items or services reasonably expected to be furnished at the time the good faith estimate is issued to the uninsured (or self-pay) individual and that actual items, services, or charges may differ from the good faith estimate;
- A disclaimer that informs the uninsured (or self-pay) individual of their right to initiate the patient-provider dispute resolution process if the actual billed charges are substantially in excess of the expected charges included in the good faith estimate, as specified in 45 CFR 149.620; this disclaimer must include instructions for where an uninsured (or self-pay) individual can find information about how to initiate the patient-provider dispute resolution Start Printed Page 56019 process and state that the initiation of the patient-provider dispute resolution process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility; and
- A disclaimer that the good faith estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the good faith estimate.

...not all of which is in the sample form that CMS provides

Co-providers/co-facilities (for 2023)

- If you are the convening provider, you must provide estimates for services of “co-providers” whose services occur at your office, even if you don’t control their charges/billing
 - Kid comes in for “bump on neck” -> thyroid mass
 - I draw labs at my office and send them out to Quest -> **co-provider!**
 - I send kid to hospital for neck imaging -> hospital does GFE
 - Kid sent to endocrinologist/ENT -> specialists do their own GFE
- “Co-providers” not enforced in 2022

The “meat” of the GFE

Details of Services and Items for [Provider/Facility 1]

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
	[Street, City, State, ZIP]	[ICD code]	[Service Code Type: Service Code Number]		

Total Expected Charges from [Provider/Facility 1] \$

Additional Health Care Provider/Facility Notes

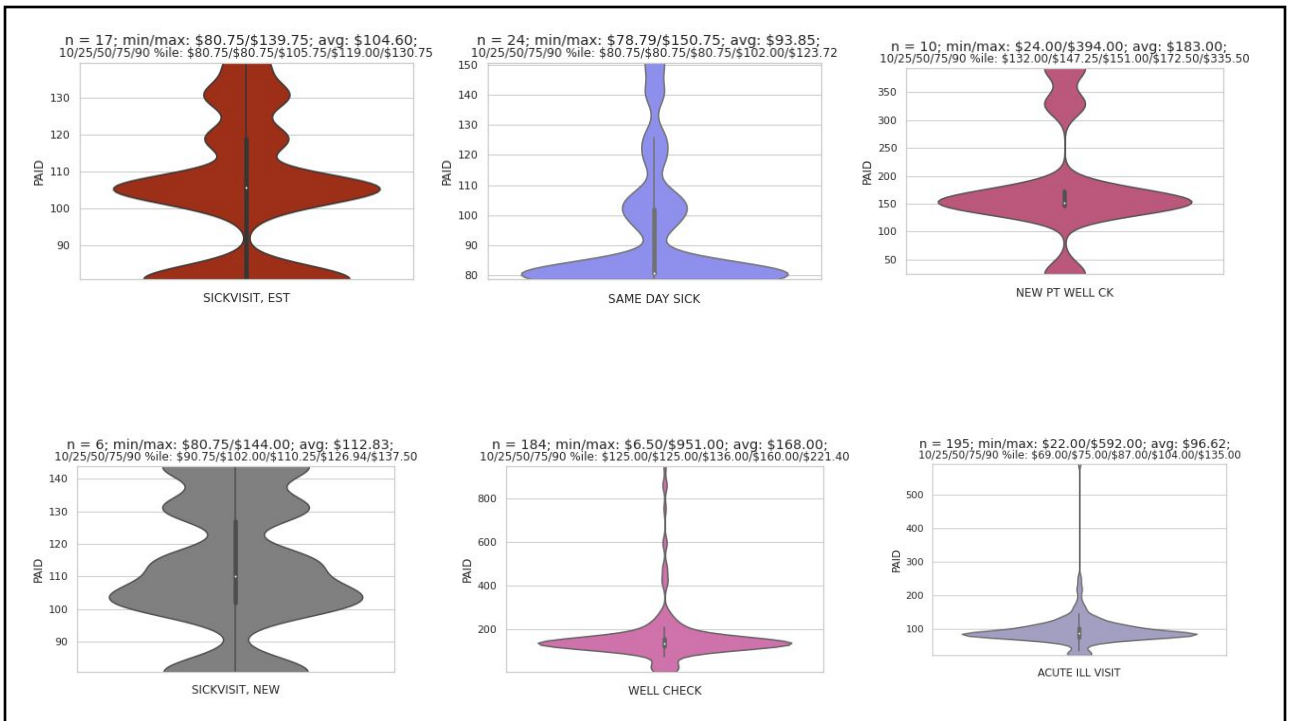
Some points to remember

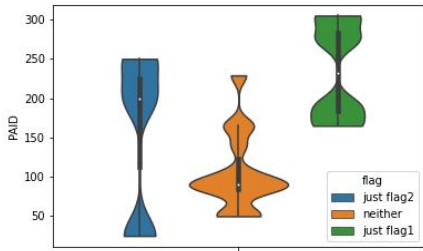
- This only applies to self pay or effectively self pay patients (<2% of most practices)
- This only applies to visits scheduled ≥ 3 days in advance
- **Your GFE has a \$400 grace amount in your favor**
 - For example, you can quote \$100 then send a bill for any amount up to \$499 and the patient is still legally obligated to pay it (consider optics)

How can I predict “what charges are likely” ?

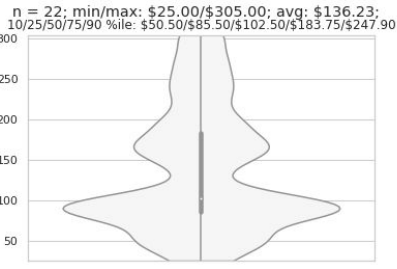
How can I possibly know whether a kid is going to get a 99213, 99214, 99215, neb treatment, labs, vaccines, COVID testing, procedures, etc. at the time the appointment is scheduled?

The best future predictor is your past data!

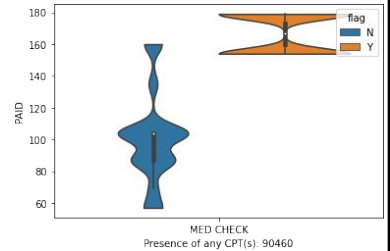




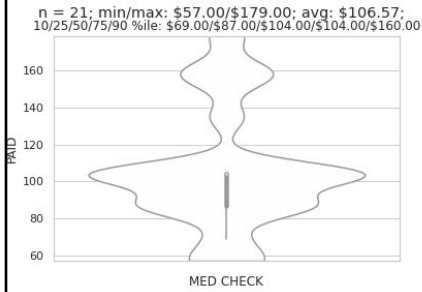
SICK #1
Flag1: 87426; Flag2: 90460, 90471, 90472, 90474, 90461



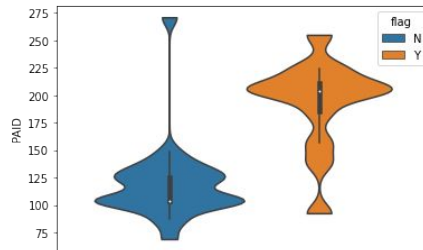
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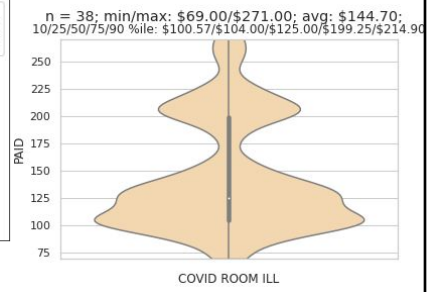
MED CHECK
Presence of any CPT(s): 90460



MED CHECK



COVID ROOM ILL
Presence of any CPT(s): 87426



COVID ROOM ILL