

The Business Impact Of COVID19 On Pediatric Practices

Webinar #11

1



Panelists Include:

Susanne Madden, MBA, CCE

Tim Rushford

Paulie Vanchiere

Chip Hart

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What We Are Not Going To Talk About

1. COVID19 Testing Options
2. Amount of time providers/staff should self-isolate
3. Treatments for people affected
4. Predict how long this will last
5. Issues that are geographic-specific
6. Detailed Human Resource Issues
7. Nitty Gritty Details of PPP Loans

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Agenda

1. Top Items From Past Webinars
2. Data Report
3. News Roundup
4. Tim Rushford
5. Susanne Madden



MODIFY INNOVATE
ADAPT EVOLVE RE-DO
CHANGE
ALTER IMPROVE REVISE
RE-THINK



What Have You Done Since Last Week?

7

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3,200+ community members as of this morning...

COVID 19 Business Impact Webinar #2 - March 26th More Details Here

all categories | all | Latest | Top | Categories | + New Topic

Category	Topics	Latest
Upcoming Events Share/learn about upcoming events related to COVID19	7 / week	<ul style="list-style-type: none"> Coronavirus stable for hours on surfaces Medical Staff 1 1h
Finance No margin, no mission... In order to be a successful medical practice, it is imperative that it take the steps necessary to remain financially viable. Here we can share and receive valuable information to help practices measure and monitor their financial health. Budgeting SBA Loans Taxes	10 / week	<ul style="list-style-type: none"> Telemedicine Disclaimer Telemedicine 5 13h How To Handle COVID19 Infectious Waste 0 10h COVID19 Waste Management 0 10h
Site Feedback Discussion about this site, its organization, how it works, and how we can improve it.	1 / week	<ul style="list-style-type: none"> Carefirst - Covid19 0 19h
Humor Sometimes we have to lighten the mood a bit... feel free to share things to help bring a bit a joy or a laugh to others (keep it clean)	2 / week	<ul style="list-style-type: none"> Empire BCBS (NY) - Covid19 0 10h Policy Search 0 10h
Leadership Adversity doesn't build character, it reveals it... It also reveals our vulnerabilities! Leadership is an essential ingredient for any organization. Receive or share advice here on resources to empower everyone to be effective leaders within their practice	2 / week	<ul style="list-style-type: none"> PCC's 2020-03 Pediatric Coding Web Lab (TELEMEDICINE CODING) Billing & Coding 0 10h Wellmark - Covid19 0 10h Humana - Covid19 0 10h

COVID 19 Business Impact Webinar #2 - March 26th More Details Here

all categories | all | Latest | Top | Categories | + New Topic

Topic	Replies	Last Post
Coronavirus stable for hours on surfaces Medical Staff 1 1h	1	1h
Telemedicine Disclaimer Telemedicine 5 13h	5	13h
How To Handle COVID19 Infectious Waste 0 10h	0	10h
COVID19 Waste Management 0 10h	0	10h
Carefirst - Covid19 0 19h	0	19h
Empire BCBS (NY) - Covid19 0 10h	0	10h
PCC's 2020-03 Pediatric Coding Web Lab (TELEMEDICINE CODING) Billing & Coding 0 10h	0	10h
Wellmark - Covid19 0 10h	0	10h
Humana - Covid19 0 10h	0	10h

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8

Analytics All accounts > Forum.PediatricSupport.com All Web Site Data - Try searching "Worst pages by load speed"

Audience Overview 100.00% Users

Overview Users vs. Select a metric

Users 1,020

New Users 515

Sessions 1,732

Number of Sessions per User 1.70

Pageviews 6,877

Pages / Session 3.97

Avg. Session Duration 00:03:28

Returning Visitor 40.7% New Visitor 59.3%

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Takeaways From Last Ten Weeks

Webinar 1:

- Flexibility
- Communication
 - Prepare Staff
 - Prepare Providers
- Cash flow Planning
 - Budget
 - Call Landlords
- Telemedicine

Webinar 2:

- Cash Is King
- SBA Loans

Webinar 3:

- Review TM Claims
- Revenue needed in three weeks
- Be Proactive & Engage With Patients
- HR/Legal

Webinar 4:

- Find Opportunities To See Patients
- Leadership Is Essential
- State Medicaid Programs & Telemedicine

Webinar 5:

- Drowning means you're still alive!
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Webinar 6:

- Advocacy

Webinar 7:

- Communicate with your patients!

Webinar 8:

- Recall, Recall, Recall!

Webinar 9:

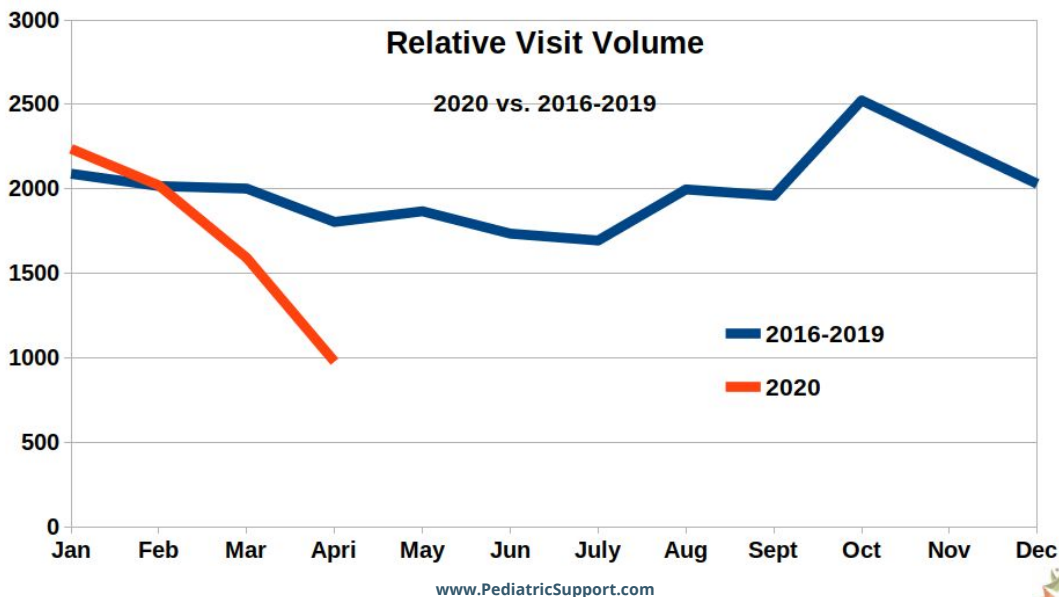
- Prepare for the future

Webinar 10:

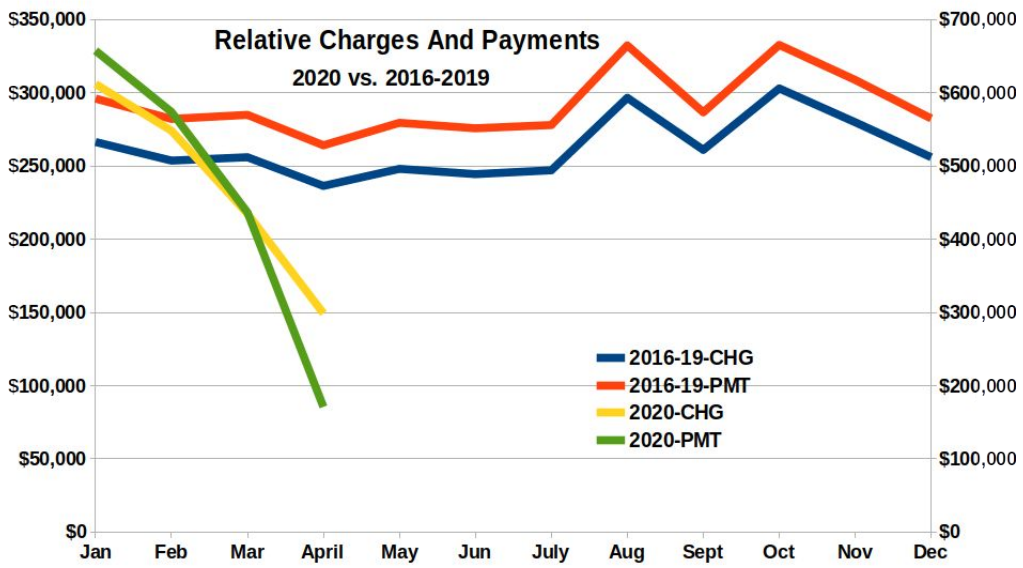
- This is a marathon, not a sprint.
- The AAP is advocating for you.



Latest Data From The Data Nerd...



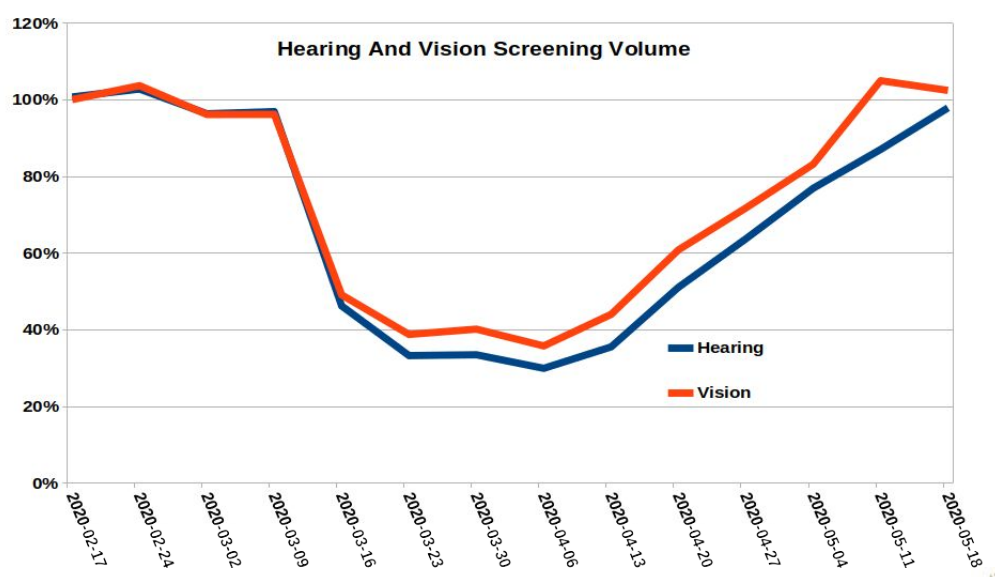
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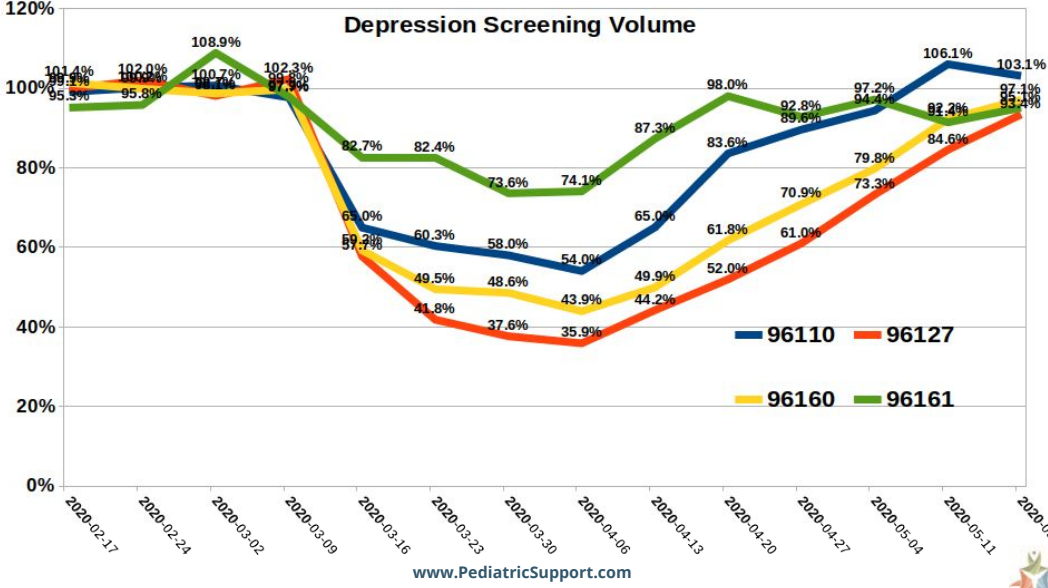
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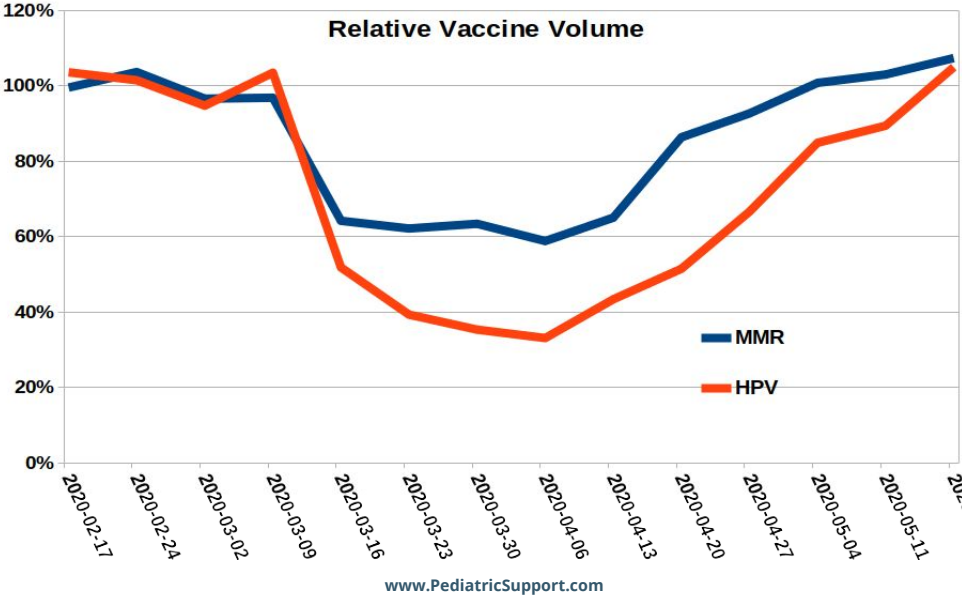
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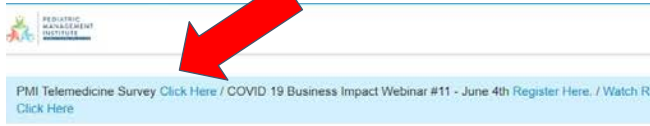
Latest Data From The Data Nerd...



Latest Data From The Data Nerd...



PMI Telemedicine Survey



PMI Telemedicine Survey

Paullie 2d

Telemedicine In Pediatrics Survey

Over the past few months, Pediatric practices have been transformed in many ways- especially when it comes to using telemedicine. PMI would like to invite you to participate in a quick survey to assess the state of telemedicine in Pediatric practices. This 2-minute survey allows everyone to share their feedback on what works for them as well as what additional features they would like to see going forward.

Summarized data will be shared with everyone in the PMI forum once the survey is completed.

Click here to access the survey:
<https://www.surveymonkey.com/s/5801577/PMI-Telemedicine-Survey>



Thank you for participating in the PMI telemedicine solution survey.

The purpose of this survey is to gather information to help practices evaluate the effectiveness of their telemedicine solution.

PMI will post de-identified survey results in the PMI forum:
 Forum.PediatricSupport.com

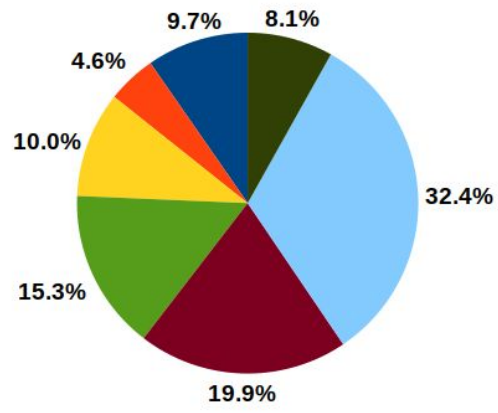
Under no circumstances with individual data be shared with any telemedicine vendors (no need to worry about pesky sales calls)

1. What is your practice size? *
2. What state are you located in? *
3. Which best describes your practice? *
4. Name of your current EMR system *

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Preliminary Telemedicine Survey Data

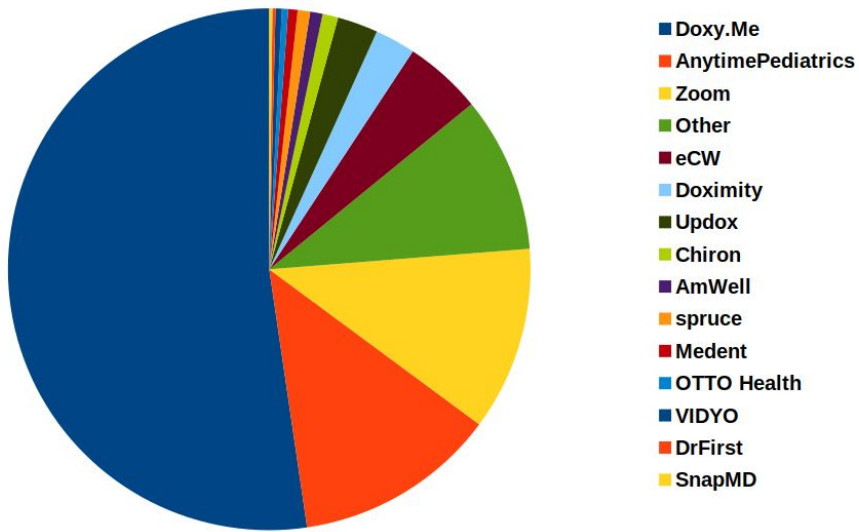


- >20 Providers
- 16-20 Providers
- 11-15 Providers
- 8-10 Providers
- 5-7 Providers
- 2- 4 Providers
- Solo provider

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Preliminary Telemedicine Survey Data



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Preliminary Telemedicine Survey Data

Vendor	Happiness	Support	Pricing	Afterhours
AmWell	6.8	6.0	8.0	5.3
AnytimePediatrics	7.6	8.5	6.8	6.8
Chiron	5.6	3.0	6.0	8.0
Doximity	8.1	7.7	9.1	8.4
Doxy.Me	7.2	6.4	8.4	6.9
DrFirst	5.0	5.0	8.0	8.0
eCW	7.4	6.7	7.6	5.9
Medent	7.7	9.3	7.7	5.3
Other	7.5	7.0	7.5	6.3
OTTO Health	7.0	8.5	6.5	9.0
SnapMD	8.0	7.0	10.0	9.0
spruce	8.0	8.8	7.8	5.5
Updox	8.6	8.1	8.6	6.7
VIDYO	9.5	8.5	7.5	7.0
Zoom	7.7	7.2	7.7	6.4
Average	7.4	6.9	8.0	6.7

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In The News...

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\$175b approved
\$100b to be paid

- The delay has prompted complaints by both Democrats and Republicans on Capitol Hill, and left the nation's safety net hospitals and clinics with relatively little federal support during a pandemic that's simultaneously thrust them onto the front lines and decimated their finances.
- A Health and Human Services Department spokesperson said that the department understands there's "great urgency" to distribute the funds, but that it's also trying to balance "concerns that these distributions be allocated fairly, transparently, and with appropriate oversight into the process."
- HHS did not offer any timeline for when it plans to distribute its next round of provider aid.



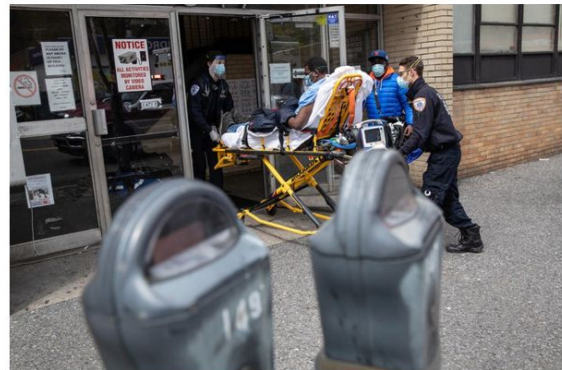
POLITICO



CORONAVIRUS

The Trump administration has yet to pay out billions in emergency health aid

Months after passage, HHS has yet to allot nearly \$100 billion in federal assistance to hard-hit hospitals, health clinics.



Health care workers take in a patient with coronavirus symptoms in New York. | John Moore/Getty Images

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Jobless claims, total unemployment level worse than expected

PUBLISHED THU, JUN 4 2020 8:30 AM EDT UPDATED 18 MIN AGO



Jeff Cox
@JEFF.COX.7528
@JEFFCOXCNBC.COM

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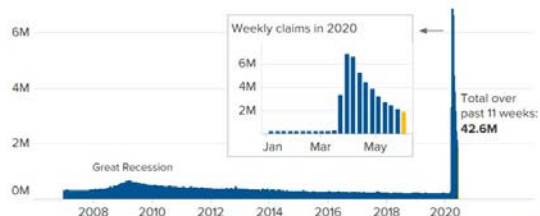
KEY POINTS

- Weekly jobless claims totaled 1.877 million last week vs. the Dow Jones estimate of 1.775 million.
- Continuing claims rose sharply, hitting nearly 21.5 million in a sign that workers are being called back to work slowly.

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Initial claims since early March top 42 million

Weekly initial unemployment insurance claims



SOURCE: Department of Labor. Data is seasonally adjusted. Data through May 30, 2020.



Key Findings

In this brief, researchers estimate how 20 percent unemployment—expected in the coming months—could affect health insurance coverage. Findings include:

- An **estimated 25-43 million people** could lose their employer-sponsored health insurance coverage.
- **More than half** of the newly jobless will obtain Medicaid coverage in states that expanded Medicaid under the Affordable Care Act (ACA), while **only about one-third** will receive Medicaid coverage in the 15 states that have not expanded the program.
- **Less than a quarter** of these workers and their dependents in expansion states will become uninsured, while about **40 percent in non-expansion states** will become uninsured.

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<https://www.rwjf.org/en/library/research/2020/05/how-the-covid-19-recession-could-affect-health-insurance-coverage.html>

How the COVID-19 Recession Could Affect Health Insurance Coverage

Timely Analysis of Immediate Health Policy Issues

MAY 2020

Introduction

They million workers that initial unemployment claims between March 10 and April 25.¹ Researchers forecasts suggest the unemployment rate will likely be between 10 to 20 percent by June.² Economic forecasters at S&P expect the unemployment rate to reach 18 percent in May, which they note would be closer to the Depression-era peak of 25 percent in 1933 than the 10 percent peak following the Great Recession.³ One estimate by the Federal Reserve Bank of St. Louis has suggested the unemployment rate could reach as high as 30 percent.⁴ As workers lose their jobs, many will lose their employer-sponsored health insurance (ESI). Many of these workers will likely qualify for Medicaid coverage, particularly in states that expanded Medicaid eligibility under the Affordable Care Act (ACA).⁵ Others will purchase individual coverage on the health insurance marketplace, possibly with a subsidy to offset the premium cost (depending on their income). And some will be unable to replace their ESI coverage and will become uninsured.

In this brief, we estimate how health insurance coverage could change as millions of workers lose their jobs because of the slowdown in economic activity resulting from public health efforts to reduce the spread of the coronavirus. We present national and state-level estimates of coverage changes if unemployment rates rise from previous levels (around 3.5 percent nationally) to 10 percent, 20 percent, or 25 percent. We provide this range of unemployment

scenarios given the uncertainty around how high unemployment will climb, and because states have different pre-COVID-19 unemployment rates and will likely experience varying levels of economic disruption through the crisis. For each level of unemployment, we provide a base case scenario of coverage changes, as well as a high (but also plausible) scenario, derived from two different estimation methods. We present an overview of our methods and main findings in the main body of the paper. We provide further details on our modeling assumptions and discuss uncertainties surrounding the estimates in the appendix.

We find the following:

- An estimated 100 million people under age 65 had ESI coverage before March 2020. If the unemployment rate rises to 20 percent, we estimate that 25 million people will lose their ESI coverage in our base scenario, and 43 million would lose ESI in our scenario based on a higher estimate of responsiveness to unemployment rate changes.
- Among those people losing ESI in our base scenario, we estimate that 12 million (47 percent) will gain Medicaid coverage, 6 million (25 percent) will gain coverage through the marketplace or other private plans, and 7 million (29 percent) will become uninsured.
- Among those losing ESI in our high scenario, with 20 percent unemployment, we estimate that 21 million will gain Medicaid coverage,

10 million will gain coverage through the marketplace or other private plans, and 12 million will become uninsured.

• Adults made up about 75 percent of people expected to lose ESI coverage in our base scenario, but 61 percent of people expected to become uninsured.

• In expansion states, in our base scenario, among people losing ESI, more than half (about 6 million) under a 20 percent unemployment rate are expected to enroll in Medicaid and less than a quarter (nearly 4 million) are expected to become uninsured. In the high scenario with 20 percent unemployment, we estimate that more than 15 million will enroll in Medicaid and more than 6 million will become uninsured.

• In nonexpansion states, in our base scenario, among those losing ESI coverage, about one-third (3 million) under a 20 percent unemployment rate are expected to gain Medicaid coverage while about 40 percent (3.8 million) are expected to become uninsured. In the high scenario with 20 percent unemployment, we estimate that more than 6 million will enroll in Medicaid and nearly 9 million will become uninsured.

All unemployment scenarios indicate that millions of people under age 65 will lose ESI coverage through the country. States that have not expanded Medicaid under the ACA are more likely to have higher shares of those losing ESI coverage becoming uninsured. Temporary recommendations such as temporary

Robert Wood Johnson Foundation



'The recession is over': Economist Mark Zandi says new data shows start of recovery

by Lance Lambert / Jun 3, 2020 / 1:04 PM



On Friday the unemployment rate for May will be released, and it's expected to be around 20%, up from 3.5% in February. But even as we await that Great Depression-level jobless rate, at least one prominent economist thinks we have already hit the bottom of the COVID-19 recession.

Seriously!?!?

- Unemployment Rates
- Service-based economy takes longer to get rolling
- PPP/EIDL Impacts coming to an end
- Second Wave?

It is within reason to be overly conservative and overshoot self-imposed austerity measures
...what's the worse thing that happens?

-Paulie Vanchiere, MBA

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REUTERS



BUSINESS NEWS

JUNE 03, 2020 / 08:53 PM

Insurer Anthem lays out \$2.5 billion spending plan, offers premium discounts

By Reuters Staff

(Reuters) - Health insurer Anthem Inc (ANTM.N) said on Thursday it will spend \$2.5 billion in financial assistance, including issuing one-month premium credit to members enrolled in certain insurance plans.

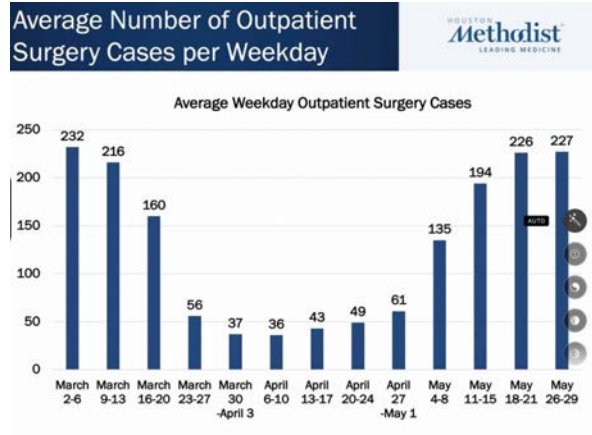
The company said delays to routine care and elective procedures, combined with shelter-in-place orders across the country, resulted in lower volumes of healthcare claims for its health plans.

1. Delays to routine care and elective procedures, combined with shelter-in-place orders across the country, resulted in lower volumes of healthcare claims for its health plans
2. One-month premium credit to members enrolled in certain insurance plans.
3. UnitedHealth Group Inc said it plans to spend \$1.5 billion on its customers, in part by issuing credits against some commercial health insurance premiums.

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Expect to see regional
variances in economic
activity...



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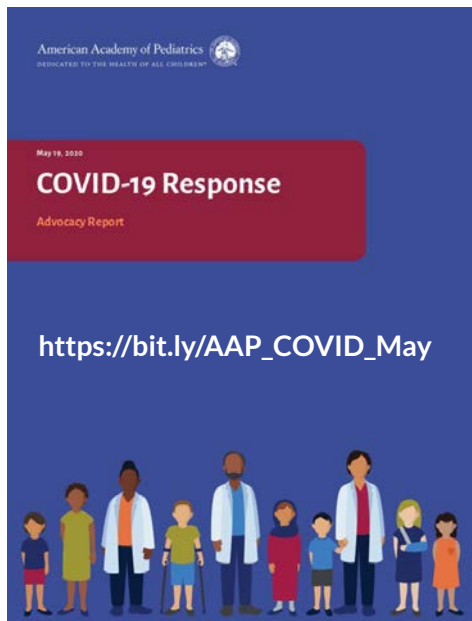


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What Is the AAP Up To? Round 3

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

Strengthening Immunization Delivery for Children PREPARING FOR A COVID-19 VACCINE

Once a COVID-19 vaccine is available, ensuring that children and adolescents are quickly immunized against the disease will be a crucial component of a national strategy to keep Americans healthy and social distancing, and strengthen America's economy. However, several obstacles threaten to impede our nation's ability to carry out this essential effort.

Largely driven by online misinformation, an increasing number of parents in recent years have become more hesitant to vaccinate their children according to expert recommendations. Restoring confidence in the safety and effectiveness of childhood vaccines will be crucial to ensuring uptake of a COVID-19 vaccine.

In addition, childhood vaccination rates have experienced sharp declines resulting from COVID-19-related stay-at-home orders. In the coming months, pediatricians will be called upon to respond to an influx of children returning to catch up on their routine vaccines. This fall, they will need to vaccinate children against influenza in what will be an especially critical flu season

and will need to prepare for the widespread delivery of a COVID-19 vaccine.

However, primary care pediatrician practices—the centerpiece of the child vaccine delivery system in the United States—have experienced severe

economic stress as a result of the COVID-19 pandemic. These practices must remain financially solvent to carry out the important social responsibility of child vaccination in tandem with performing the essential function of providing primary health care to children.

A national policy strategy is needed to keep childhood vaccination strong and end the COVID-19 epidemic.



Increase Vaccine Rates and Confidence

Encourage the safe return of children to their medical homes. Pediatricians have responded to COVID-19 by redesigning their practices to make them especially safe places for children and families. Communications efforts are urgently needed to ensure that parents know that vaccination and well-child care is safe and essential.

Pass the VACCINES Act. The VACCINES Act is a bipartisan bill that would help provide resources to the Centers for Disease Control and Prevention (CDC) to appropriately monitor vaccine hesitancy and promote vaccine confidence through public messaging campaigns.

Bolster the Vaccine Delivery System

Pediatricians are the backbone of the immunization delivery system for children. Yet, in emergency pediatric practices must shoulder the expensive and often financial burden of purchasing, storing, and delivering vaccines. Payment to pediatricians for administering vaccines—often through the Medicaid program—is often inadequate.

Reduce the financial burden of vaccine administration on pediatric practices. For the duration of the public health emergency, Medicaid vaccine administration payments should be significantly increased. Congress should fully fund rates to significantly enhance Medicaid vaccine payment rates for less than 1 year. Longstanding underpayment of certain vaccine payment codes must also be addressed.

Strengthen the vaccine for Children with Special Needs (VFC) program. The VFC is an important program that facilitates the purchase of vaccines for certain eligible children. Yet, administrative and payment hurdles too often force providers to end participation in the program. Incentive payments to VFC are needed to maintain practice participation and administrative burdens must be reduced.

Strategy One-Pager:

<https://downloads.aap.org/DOFA/AAPVaccineOnePager.pdf>

Vaccine Policy White Paper:

<https://downloads.aap.org/DOFA/AAPVaccinePolicyPaper.pdf>

Congressional Template Letter:

<https://downloads.aap.org/DOFA/ChapterProviderReliefTemplateLetter.docx>

#CallYourPediatrician

<https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/call-your-pediatrician/Pages/default.aspx>

<https://chipsblog.pcc.com/aap-fighting-for-appropriate-vaccine-support>

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EIDL Loans

30

Forbes

SBA Approving Economic Injury Disaster Loans (EIDLs): What You Need To Know



Brian Thompson Contributor @

Personal Finance

JD/CFP® helping LGSTQ entrepreneurs thrive in business and in life.



US President Donald Trump (C) is flanked by Small Business Administration Administrator Jovita ... [] AFP VIA GETTY IMAGES

Small businesses applied for Economic Injury Disaster Loans (EIDL) in droves when they became available on March 30th. Normally, these loans only provide

1. No more applications being accepted
2. Maximum loan amount reduced from \$2mm to \$150k
3. Approval amount based on 2019 Net Income
4. Interest rates of 3.75% for small businesses (2.75% for non-profits)
5. First payment is 12 months from the date of the promissory note
6. EIDLs smaller than \$200,000 can be approved without a personal guarantee
7. For loans under \$25,000, the SBA does not take a security interest in any collateral
8. For loans above \$25,00 the SBA takes a general security interest in any and all "Collateral" as defined in the promissory note
9. There are no prepayment fees

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PAYCHECK PROTECTION PROGRAM



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HELPING PEDIATRICIANS SUCCEED

PEDIATRIC PRACTICE MANAGEMENT CONFERENCE

January 21-23, 2021

Disney Yacht Club Resort, FL

DISNEY SPECIALS

- Nightly rate for attendees: \$285 (plus applicable taxes)
- Complimentary transportation service from/to Orlando airport via the Disney Magical Express
- Complimentary Health Club Access
- Discounted Theme Park Tickets

NEW FOR 2020

- One price for the entire two days!
- 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 FEE

- Register before March 30, 2020: \$849
- Register before October 31, 2020: \$899
- Register after October 31, 2020: \$949

Pre Conference Pricing

- \$239 per session

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Early Bird Discount
Extended

Already have over 200
people registered

30-Day Refund Policy

PPP forgiveness changes coming as Senate passes House bill

By Jeff Drew
Today

1. Current PPP borrowers can choose to **extend the eight-week period to 24 weeks**, or they can keep the original eight-week period. New PPP borrowers will have a 24-week covered period, but the covered period can't extend beyond Dec. 31, 2020. This flexibility is designed to make it easier for more borrowers to reach full, or almost full, forgiveness.
2. Under the language in the House bill, the **payroll expenditure requirement drops to 60% from 75% but is now a cliff**, meaning that borrowers must spend at least 60% on payroll or none of the loan will be forgiven. Currently, a borrower is required to reduce the amount eligible for forgiveness if less than 75% of eligible funds are used for payroll costs, but forgiveness isn't eliminated if the 75% threshold isn't met. Rep. Chip Roy (Texas), who co-sponsored the bill in the House, said in a House speech that the bill intended the sliding scale to remain in effect at 60%. Senators Marco Rubio and Susan Collins indicated that technical tweaks could be made to the bill to restore the sliding scale.
3. Borrowers can use the **24-week period to restore their workforce levels and wages** to the pre-pandemic levels required for full forgiveness. This must be done by Dec. 31, a change from the previous deadline of June 30.

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PPP forgiveness changes coming as Senate passes House bill

By Jeff Drew
Today

4. The legislation includes **two new exceptions allowing borrowers to achieve full PPP loan forgiveness** even if they don't fully restore their workforce. Previous guidance already allowed borrowers to exclude from those calculations employees who turned down good faith offers to be rehired at the same hours and wages as before the pandemic. The new bill **allows borrowers to adjust because they could not find qualified employees** or were unable to restore business operations to Feb. 15, 2020, levels due to COVID-19 related operating restrictions.
5. New borrowers **now have five years to repay** the loan instead of two. Existing PPP loans can be extended up to 5 years if the lender and borrower agree. The interest rate remains at 1%.
6. The bill allows businesses that took a PPP loan to also **delay payment of their payroll taxes**, which was prohibited under the CARES Act.

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PPP forgiveness changes coming as Senate passes House bill

By Jeff Drew
Today

Executive Summary

1. Extended period from 8 to 24 weeks
2. Payroll amount reduced to 60 from 75% (Cliff)
3. 24 weeks to restore workforce
4. Adjustment(s) for tight labor market
5. 5 years to repay at 1%
6. Delay payroll tax payments

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PPP Deductible Expenses

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Notice 2020-32

PURPOSE

This notice provides guidance regarding the deductibility for Federal income tax purposes of certain otherwise deductible expenses incurred in a taxpayer's trade or business when the taxpayer receives a loan (covered loan) pursuant to the Paycheck Protection Program under section 7(a)(36) of the Small Business Act (15 U.S.C. 636(a)(36)). Specifically, this notice clarifies that no deduction is allowed under the Internal Revenue Code (Code) for an expense that is otherwise deductible if the payment of the expense results in forgiveness of a covered loan pursuant to section 1106(b) of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, 134 Stat. 281, 286-03 (March 27, 2020) and the income associated with the forgiveness is excluded from gross income for purposes of the Code pursuant to section 1106(i) of the CARES Act.

BACKGROUND

I. Paycheck Protection Program

The Paycheck Protection Program was established by section 1102 of the CARES Act. Under the Paycheck Protection Program, a recipient of a covered loan may use the proceeds to pay (1) payroll costs, (2) certain employee benefits relating to

The Notice explains that if an employer received a PPP loan and some or all of it was forgiven, the forgiven amount is not allowable as a deduction. An employer cannot get the forgiveness benefit of covered expenses and then turn around and treat those covered expenses as tax deductible.

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Budgeting

Goto Forum and search “Cash Flow”

Forums.PediatricSupport.com

Check Your Vaccine Due Dates!

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

Paulie

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 \(43.8 KB\)](#)

"Back Of The Napkin" Cash Flow Calculator			
1	Today's Bank Account Balance	\$	35,000
2	Outstanding Checks To Clear The Bank	\$	32,000
3	Credit Card Balances	\$	7,500
4	Est Available Cash	\$	15,500

Week Of	Estimated Weekly Deposits	Estimated Payroll Expense	Vaccine Invoices Due	All Other Office Rent Payments	Expenses	Running Balance
10/ 3/20/2020	\$ 20,000	\$ 15,000	\$ 5,500	\$ 5,000	\$ 1,500	\$ 8,500
11/ 4/5/2020	\$ 20,000	\$ -	\$ 2,500	\$ -	\$ 1,500	\$ 24,500
12/ 4/12/2020	\$ 17,500	\$ 15,000	\$ 1,750	\$ -	\$ 1,500	\$ 23,750
13/ 4/19/2020	\$ 7,500	\$ -	\$ 1,750	\$ -	\$ 1,500	\$ 28,000
14/ 4/26/2020	\$ 7,500	\$ 15,000	\$ 1,500	\$ 5,000	\$ 1,500	\$ 12,500
15/ 5/2/2020	\$ 7,500	\$ -	\$ 2,000	\$ -	\$ 1,500	\$ 16,500
16/ 5/9/2020	\$ 5,000	\$ 15,000	\$ 2,000	\$ -	\$ 1,500	\$ 2,500
17/ 5/17/2020	\$ 5,000	\$ -	\$ 1,750	\$ -	\$ 1,500	\$ 4,250
18/ 5/24/2020	\$ 5,000	\$ 15,000	\$ 1,500	\$ -	\$ 1,500	\$ (8,750)
19/ 5/31/2020	\$ 5,000	\$ -	\$ 1,200	\$ 5,000	\$ 1,500	\$ (8,450)
20/ 6/7/2020	\$ 5,000	\$ 15,000	\$ 900	\$ -	\$ 1,500	\$ (23,850)

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Revenue cycle performance reports

Weekly

\$0 Payment, Payments against charges

Claims error

Telemedicine Tracking

Charges, Visits, RVUs

Monthly

Aging: 60+ AR (12%)

AVG days from visit to claim submission (3-5)

Charges, Payments, Adjustments vs. last 12 months AVG

Patients overdue for well visit by age group

Revenue cycle performance reports

Telemedicine Tracking Report

Incorrect Rate Correct Rate

CPT CODE	Aetna	BCBS	Cigna	Healthnet	Tricare	UHC/UMR
99212						
99213	\$88.32	\$105.13	\$96.94	\$121.45	\$112.04	\$99.48
99214	\$130.54	\$143.50	\$145.12		\$158.32	\$145.75
99215	\$174.67	\$193.43			\$182.75	\$144.17
99421				\$13.61		
99422	\$11.39	\$12.95	\$20.23			
99423	\$11.16		\$26.00	Denying 96 Carc		
G2012	\$23.46					\$28.20
99421	\$33.42					
99441	\$10.14	\$14.20		96- non covered		
99442						
99443						
Per Payer for telephone or video	POS 11 and E&M code with -95 mod on audio and visual	POS 02 and 95 on video and telephone calls- both coded as 99212-99215	POS 11 Phone calls need code G2012 (for phone calls 5-10 minutes only- if it goes over 10 minutes change to a OV)	POS 02 No modifiers	POS 02 and GT modifier	POS 11 - OV code for both telephone and video calls with - 95 mod

Team Member Assigned	Group	Current	30-59 Days	60-89 Days	90-119 Days	120+ Days	Total	% Total	% > 60 Days	06.03.20	04.10.20	Variance
Karin	Personal	\$14,472.00	\$6,809	\$7,148	\$12,971	\$19,147	\$60,547	16%	65%	\$39,266	\$34,391	14%
Lynn	Other	\$4,964	\$5,354	\$683	\$3,098	\$8,371	\$22,470	6%	54%	\$12,152	\$22,556	-46%
Lisa	BlueChoice	\$30,637	\$1,726	\$2,958	\$1,037	\$2,450	\$38,808	10%	17%	\$6,445	\$2,878	124%
Lisa	Federal Sele	\$10,104	\$318	\$1,062	\$182	\$535	\$12,201	3%	15%	\$1,779	\$208	755%
Lisa	HMO/Blue	\$1,964	\$0	\$147	\$50	\$69	\$2,230	1%	12%	\$266	\$174	53%
Lynn	WPS Tricare	\$16,660	\$65	\$242	\$22	\$1,819	\$18,808	5%	11%	\$2,083	\$2,944	-29%
Jenn/Lisa	Superior He	\$3,806	\$785	\$618	\$594	\$0	\$5,803	2%	21%	\$1,212	\$1,843	-34%
Jenn/Lisa	Western Sk	\$255.00	\$0.00	\$532.00	\$203.00	\$534.00	\$1,524			\$1,269	\$2,109	-40%
Lynn	E P First Me	\$49,437	\$5,132	\$447	\$25	\$821	\$55,862	15%	2%	\$1,293	\$2,674	-52%
Lynn	Medicaid,S	\$5,706	\$1,228	\$617	\$1,072	\$1,354	\$9,977	3%	31%	\$3,043	\$3,056	0%
Deb	Cigna	\$12,564	\$2,490	\$2,189	\$984	\$1,542	\$19,769	5%	24%	\$4,715	\$5,968	-21%
Deb	UHC	\$17,794	\$4,875	\$2,549	\$22	\$3,719	\$28,959	8%	22%	\$6,290	\$6,662	-6%
Deb	Aetna	\$66,194	\$6,501	\$3,153	\$2,033	\$1,861	\$79,742	21%	9%	\$7,047	\$6,588	7%
Deb	Humana	\$1,195	\$0	\$0	\$0	\$108	\$1,303	0%	8%	\$108	\$133	-19%
Aging Total		\$246,487	\$36,341	\$24,289	\$22,603	\$43,206	\$372,926		24%	\$90,098	\$95,128	-5%

Goals And Summary

Benchmark	> 77%	< 11%	< 6%	< 4%	< 2%	< 12%
Personal	71%	12%	6%	2%	8%	24%
Insurance	74%	8%	5%	3%	9%	17%
Insurance Only	\$128,562	\$14,438	\$8,633	\$5,521	\$15,475	\$29,629

Revenue cycle performance reports

Quarterly

Charge and Revenue per encounter vs. AVG of last 12 months

Percent of payments collected at TOS (>98%)

Net collection ratio. (>98%)

Claims submitted 3+ times over X days

Payment against allowable

Visits and Claims vs. last 12 months AVG

E&M Coding distribution by provider

Annually

Ratio of Sick to Well visits

New patients by visit type

% of missed or canceled appointments (<3%)



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Private Office 1



Underwater



Private Office 2



Dragon



Dinosaur



Confident 1

<https://womeninped.com>

Discussion Points



What Changes to Expect

- ✔ from Payers on
Telemedicine Policies

How Access to Capital Is

- ✔ Changing for Start Up and
Mature Practices



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CONTACT US



THE VERDEN GROUP, INC.
104 BURD STREET, SUITE 104
NYACK, NY 10960



877-884-7770



MADDEN@THEVERDENGROUP.COM



WWW.THEVERDENGROUP.COM



/THEVERDENGROUP



@THEVERDENGROUP

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- Connect using email
- Download the app (discourse)
- Popular and important highlights:
 - Post-webinar Q&A
 - Practice Photos
 - AAP COVID-19 Wellness Fund
 - Budgeting Information

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Things To Do...

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I was working on a list of our ongoing tasks to remind myself that we are making progress, and thought I'd share:

- Got PPP loan
- Got EIDL loan advance
- Voluntary schedule changes for staff
- Downtime tasks assigned- calling kids behind on vaccines, well visits, behavioral health, asthma, cleaning up inactive patient and Medicaid lists, tidying office
- One doc doing telehealth exclusively and working on becoming EHR superuser
- Rearranged tasks for older and higher risk staff
- Glass doors installed for front desk
- Obtained PPE, much of it washable
- New logo
- Working on new website design
- Working on training and implementation for PCC go-live in July
- Using Hootesuite to update social media
- Messages via 2 robocalls to all patients on what we are doing about COVID, now offering telehealth
- Website, signs with info
- Telehealth visits
- Billing for phone and portal MD visits
- Weekly meeting for entire staff
- Daily huddles
- Email updates for staff
- LCW participating in AAP COVID echo group
- Webinars with DHHS, AHEC, UNC, PMI, ASHA, NC Peds, etc
- Checking PMI COVID forum
- Policy updates- clinical and operational
- Focusing on working down A/R
- Wrote US congressman and senators
- Using cash flow estimator and loan forgiveness calculator
- Joined SHRM

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Next Webinar

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- In two weeks (Thursday June 18)
- Focus on what we should be doing as we transition to the “new normal”

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