

The Business Impact Of COVID19 On Pediatric Practices

Webinar #16



Panelists Include:

- Tanya Altmann, MD, FAAP
- Jan Blanchard, CPC, CPEDC, CPMA
- Paulie Vanchiere, MBA
- 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. Thank You
2. Data Report
3. News Roundup
4. Guests
 - Tanya Altmann from Calabasas Pediatrics
 - Jan Blanchard from PCC
5. Homework Assignments

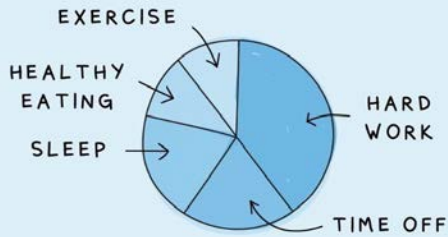
The true value of a leader is not measured by the work they do. A leader's true value is measured by the work they inspire others to do.

Simon Sinek

WHAT I THOUGHT WOULD MAKE ME PRODUCTIVE



WHAT ACTUALLY DOES



Comfort food?

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IN MEMORIAM
Mexican Pizzas



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Just wanted to tell you that we held our first ever drive in flu shot clinic. We decided to schedule very conservatively so as not to cause a ruckus. We scheduled 80 patients and collected ahead of time....

We could have run at least 200 with little or no waiting. We mostly sat around waiting for the next group of cars. To be conservative, we are scheduling 160 this Saturday. I think that 100 per MA would be very easy with 1-2 others to hand out paperwork and direct parents. This was a true revelation. We hope to do it every year this way.

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<https://www.eastportlandpeds.com/drive-thru-flu-clinic>

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What Have You Done Since Last Week?

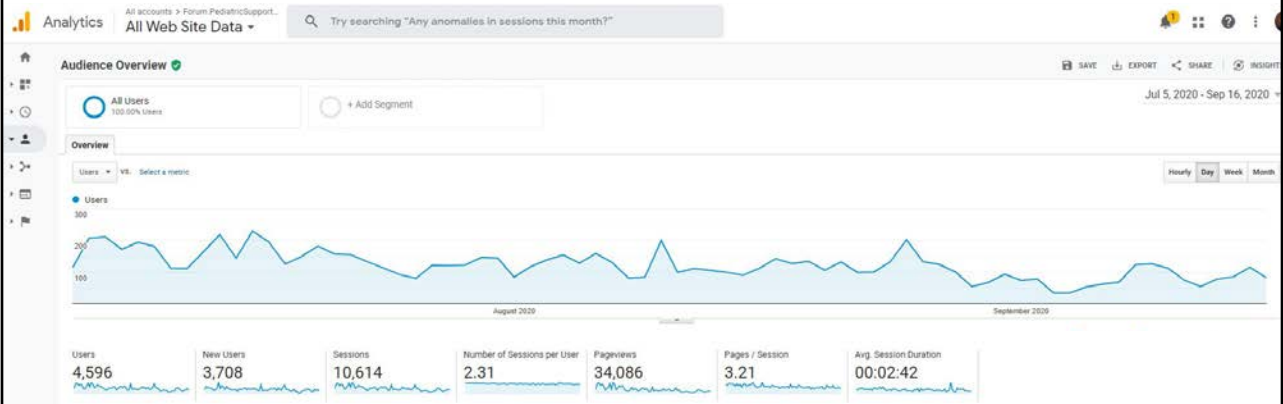
Forum.PediatricSupport.com
3,267 community members as of this morning...

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 - 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.	10 / week	<ul style="list-style-type: none"> Telemedicine Disclaimer - 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 / 10h Policy Search - 0 / 10h
Humor Sometimes we have to lighten the mood a bit... feel free to share things to help bring a bit of a joy or a laugh to others (keep it clean)	2 / week	<ul style="list-style-type: none"> Empire BCBS (NY) - Covid19 - 0 / 10h Empire BCBS - Covid19 - 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] - 0 / 10h Wellmark - Covid19 - 0 / 10h

Topic	Replies	Last Post
Coronavirus stable for hours on surfaces	1	1h / 1h
Telemedicine Disclaimer	5	13h / @nashchuck
How To Handle COVID19 Infectious Waste	0	10h / @dellifade
COVID19 Waste Management	0	10h / @dellifade
Carefirst - Covid19	0	10h / @verlongroup
Empire BCBS (NY) - Covid19	0	10h / @verlongroup
PCC's 2020-03 Pediatric Coding Web Lab [TELEMEDICINE CODING]	0	10h / @chip
Wellmark - Covid19	0	10h / @verlongroup
Humana - Covid19	0	10h / @verlongroup

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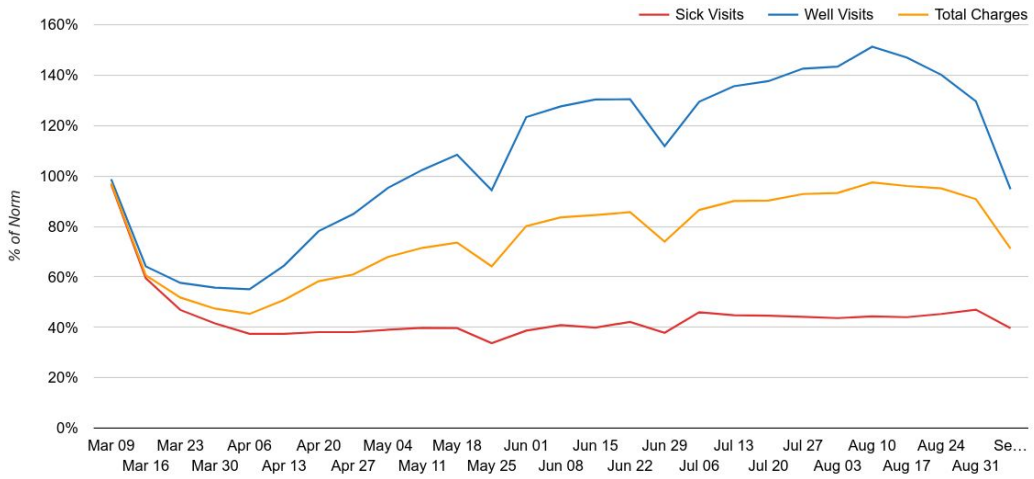




Latest Data From The Data Nerd...



Latest Data From The Data Nerd...



<https://www.pcc.com/business-impact-of-covid-19/>

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In The News...

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Certified Pediatric Office Executive

15



1. Budgeting For Pediatric Practices
2. Corporate Structures
3. Effective Interviews To Find The Right People
4. Effectively Marketing For Your Pediatric Practice
5. Equipment Lease Versus Purchase
6. Financial Key Performance Indicators (KPI's) In Pediatrics
7. How To Determine The Value Of A Medical Practice
8. How To Easily and Accurately Set Your Prices Using RBRVS
9. Physician Compensation Models
10. Physician Employment Options
11. Practice Financing: Lines Of Credit & Loans
12. Process Improvement In Your Practice
13. RBRVS- What It Is And How It Affects Practices
14. Reading Financial Statements
15. Reducing No-Show's In Pediatric Practices
16. SWOT Analysis For Pediatric Practices
17. The Business Of Immunization
18. True Cost Of Billing Department And Outsourcing
19. Using PCMH Components To Increase Efficiency & Productivity
20. Value-Based Contracts For Pediatric Practices

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Body of knowledge needed to run a successful Pediatric practice

- Physicians
- Administrators
- Office Managers
- Supervisors

16



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ECONOMY

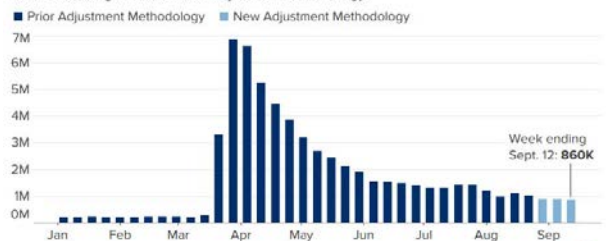
Jobless claims were lower than expected but employment growth is still sluggish

PUBLISHED THU, SEP 17 2020 8:30 AM EDT
 UPDATED THU, SEP 17 2020 9:39 AM EDT

- Initial jobless claims, week ended Sept. 12: 860,000 vs 850,000 expected, and 884,000 during the prior week
- Continuing claims, week ended Sept. 5: 12.628 million vs 13 million expected, and 13.385 million during the prior week

Initial claims for unemployment insurance

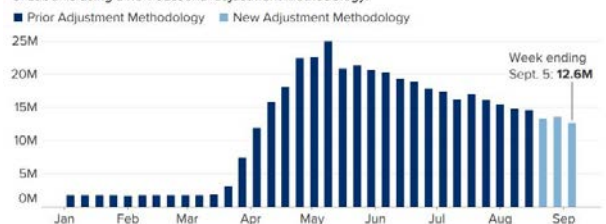
Weekly in 2020, seasonally adjusted. Light blue bars represent weeks in which the Department of Labor is using a new seasonal adjustment methodology.



SOURCE: Department of Labor. Data is seasonally adjusted. Data through September 12, 2020.

Continuing claims for unemployment insurance

Weekly in 2020, seasonally adjusted. Light blue bars represent weeks in which the Department of Labor is using a new seasonal adjustment methodology.



SOURCE: U.S. Employment and Training Administration, Continued Claims, retrieved from FRED, Federal Reserve Bank of St. Louis. Continued claims data are based on the week of unemployment, not the week when the initial claim was filed. Data is seasonally adjusted. Data through Sept. 5, 2020.

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Categories > Population, Employment, & Labor Markets > Weekly Initial Claims

☆ **Initial Claims (ICSA)**

DOWNLOAD

Observation:
2020-09-12: **860,000** (+ more)
Updated: 7:33 AM CDT

Units:
Number,
Seasonally Adjusted

Frequency:
Weekly,
Ending Saturday

1Y | 5Y | 10Y | Max

2001-02-10

to

2020-09-12

EDIT GRAPH



Categories > Population, Employment, & Labor Markets > Weekly Initial Claims

☆ **Continued Claims (Insured Unemployment) (CCSA)**

DOWNLOAD

Observation:
2020-09-05: **12,628,000** (+ more)
Updated: 7:33 AM CDT

Units:
Number,
Seasonally Adjusted

Frequency:
Weekly,
Ending Saturday

1Y | 5Y | 10Y | Max

2000-03-15

to

2020-09-05

EDIT GRAPH



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.



How the COVID-19 Recession Could Affect Health Insurance Coverage

Timely Analysis of Immediate Health Policy Issues MAY 2020

Introduction

Thirty million workers that lost unemployment claims between March 15 and April 25,^{1,2} near-term forecasts suggest the unemployment rate will likely be between 15 to 20 percent by June.^{3,4} Economic forecasts at S&P expect the unemployment rate to reach 18 percent by July when they rate would be closer to the Depression-era peak of 20 percent in 1932 than the 10 percent peak following the Great Recession.⁵ One estimate by the Federal Reserve Bank of St. Louis has suggested the unemployment rate could reach as high as 30 percent.⁶ As workers lose their jobs, many will lose their employer-sponsored health insurance (ESI). Many of these workers will newly qualify for Medicaid coverage, particularly in states that expanded Medicaid eligibility under the Affordable Care Act (ACA).⁷ 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, the present national and state-level estimates of coverage changes if unemployment rates rise from present levels (around 3.5 percent nationally) to 15 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 plan, 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 plan, and 12 million will become uninsured.
- Adults make up about 70 percent of people expected to lose ESI coverage in our base scenario but 81 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 2 million) are expected to become uninsured. In the high scenario with 20 percent unemployment, we estimate that more than 10 million will enroll in Medicaid and more than 8 million will become uninsured.
- In non-expansion 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 5 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 throughout the country. States that have not expanded Medicaid under the ACA will see larger shares of those losing ESI coverage becoming uninsured. Proposed policy recommendations such as temporary

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



Morgan Stanley Says a Stimulus Bust Delays Recovery Six Months

by Christopher Anstey
September 14, 2020 5:05 PM



U.S. Faces Dwindling Chance of Stimulus Deal as House Returns

Morgan Stanley economists said failure by Republicans and Democrats to agree on a fresh round of U.S. fiscal stimulus would put off by six months the time it will take for the economy to recover its pre-Covid-19 output.

"It's increasingly difficult to ignore the lack of results in the negotiations," Ellen Zentner and



Fed's Lifeline to Main Street Flops With 99.8% of Cash Untapped

by Lisa Lee, Catarina Saraiva and Michelle F. Davis
September 15, 2020 4:00 AM



Photographer: Kim Raff/Bloomberg

- ▶ Just \$1.4 billion of loans have been issued amid onerous terms
- ▶ Small take-up could stall economic recovery, support for jobs

It was billed as a lifeline for America's middle-market companies seeking cash to get through the pandemic. Yet more than two months since



Only \$1.4 out of \$600 billion tapped

..blue-chip companies have sold more than \$1.2 trillion of corporate bonds...



Nothing Wrong With Being Over-Prepared

- Manage Your Cash -
- Manage Your Expenses -
- Defer Owner Bonuses Until End Of 2020 -

Worse case, the owner bonuses end up being much larger at end of the year...

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Budgeting

Goto Forum and search "Cash Flow"

Forum.PediatricSupport.com

Check Your Vaccine Invoice Due Dates!

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





Banks Ready To Process Forgiveness Paperwork?

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MANAGEMENT
INSTITUTE

PPP Implications?

PPP Loan Amount: \$150,000

		Scenario #1	Scenario #2	
A	Practice Income	\$ 2,000,000	\$ 2,000,000	<i>Actual</i>
B	Practice Expenses	\$ 1,850,000	\$ 1,850,000	<i>Actual</i>
C	Forgivable Loan Amount	\$ -	\$ 150,000	<i>Actual</i>
D	Deductible Expenses	\$ 1,850,000	\$ 1,700,000	<i>B - C</i>
E	Net Income	\$ 150,000	\$ 300,000	<i>A - D</i>
F	Corporate Taxes	\$ 48,000	\$ 96,000	<i>E X 32%</i>

Start planning with your tax accountant soon....

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Why banks are putting PPP forgiveness on the back burner

By John Reosti August 10, 2020, 3:58 p.m. EDT 4 Min Read



The Paycheck Protection Program's forgiveness portal has debuted, leaving bankers and their borrowers with a big decision.

Those who participated in the \$659 billion program must determine if they are ready right now to navigate the complex system for having loans forgiven, or if it makes sense to wait and see if Congress intervenes and simplifies the process. That decision was complicated over the weekend when talks about a new round of stimulus collapsed, casting doubt on when — or if — PPP will get an overhaul.

A number of banks, including JPMorgan Chase, the program's biggest participant with \$29.2 billion in PPP originations, plan to hold off on processing applications. The \$3.2 trillion-asset banking giant will start the forgiveness process next month, said Kimberly Hooks, a vice president at Chase Business Banking.

New Legislation Would Grant Automatic Forgiveness of PPP Loans Under \$150,000

The smallest of small businesses may be able to avoid hassling with additional documents, worksheets and payroll/tax forms.

July 15, 2020 3 min read

Opinions expressed by Entrepreneur contributors are their own. [Email](#)

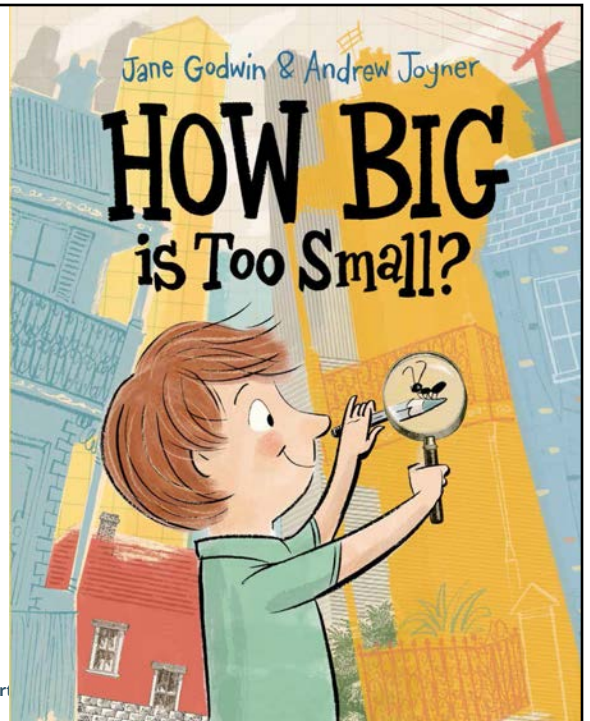
A bipartisan bill called The Paycheck Protection Program (PPP) Forgiveness Simplification Act, introduced into the Senate that would allow small businesses who received a Paycheck Protection Program (PPP) loan of \$150,000 or less to receive automatic forgiveness after submitting a one-page attestation form. The one-page, and the small business would simply attest that the loan is eligible for forgiveness and that the business complies with the requirements of the Paycheck Protection Program found in the CARES Act.

The legislation would be beneficial to the smallest of small businesses that received PPP loans of \$150,000 or less, as well as banks who lent to smaller PPP borrowers, by reducing the paperwork and documentation requirement currently required on all PPP forgiveness requests. These 'smaller' small businesses, sometimes called 'micro small businesses,' generally do not have in-house accountants and payroll departments to rely on for PPP program assistance, and engaging an outside accountant or attorney for professional assistance isn't something they do on a regular basis. These smaller PPP borrowers include a significant number of sole proprietors, independent contractors and one-person operators, as well as persons who have a "day job" and a side hustle.



Paulie's Executive Summary:

- HEALS Act Not Finalized- Final bill to be passed
- Potential Second Round For Everyone (Second Draw) if have significant loss in revenue (>40-50% compared to last year)
- Simplified Forgiveness Process
- Most banks holding off on processing forgiveness of existing loans





Wellness Awaits!
Classes and Workshops

Events Calendar Coronavirus Updates

Sleep

Wellness Center Hours

Monday – Friday 9.00am – 5.00pm

818-914-4429

Parking will be validated for our building and there is also a free Calabasas City lot directly across the street. Enter up the stairs in front of building or via elevator in parking garage.

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What to Feed
**YOUR
BABY**

A PEDIATRICIAN'S GUIDE
TO THE
11 ESSENTIAL FOODS
to Guarantee Veggie-Loving,
No-Fuss, Healthy-Eating Kids

TANYA ALTMANN, M.D., FAAP
Author of Mommy Calls, Dr. Tanya Answers Parents'
Top 101 Questions About Babies and Toddlers
WITH BETH SALTZ, MPH, R.D.



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2021 E&M Update

Jan Blanchard, CPC, CPEDC, CPMA

**Business Impact of
COVID
Sept 17, 2020**



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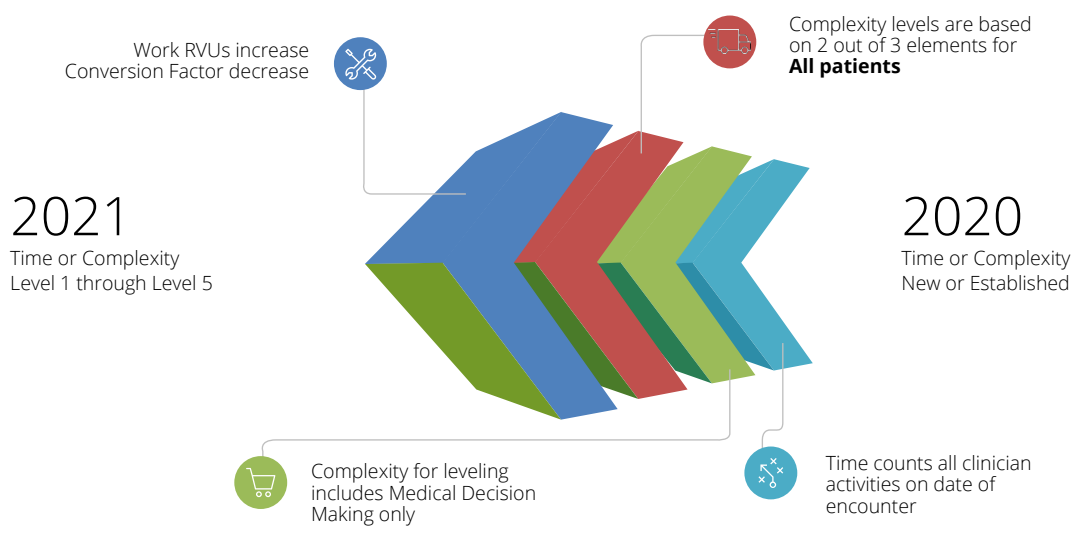
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The information presented is shared for the sole purpose of examining medical coding approaches and issues.

Though every effort has been made to develop accurate materials, this guidance is informal and is not intended to be legal advice.

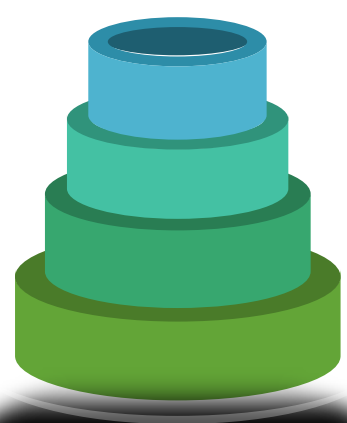


Decisions relating to the management of your practice, coding your work, setting your fees, etc., should be made independently.



Visit Levels - Time

New Patient vs. Established Patient



99202 15-29 minutes	99212 10-19 minutes
99203 30-44 minutes	99213 20-29 minutes
99204 45-59 minutes	99214 30-39 minutes
99205 60-74 minutes	99215 40-54 minutes

Prolonged Care Codes

TBD (2021 Updates)

Time Leveling Activities


3
5

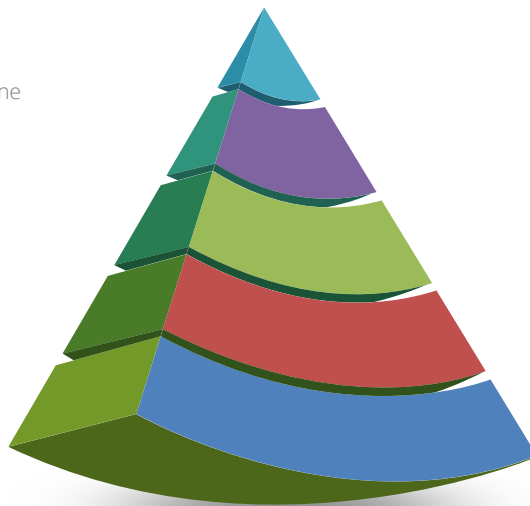
Before the Visit	Reviewing records, results, correspondence, etc
During the Visit	History from patient <i>and others</i> , exam, conversation, counseling, education, planning, ordering, referrals, documenting
After the Visit	Reviewing and communicating results, independent interpretation, care coordination
TOTAL	Combined time of all of these activities not separately reported and performed by the clinician <i>on the date of service</i>



Visit Levels - Medical Decision Making (MDM)

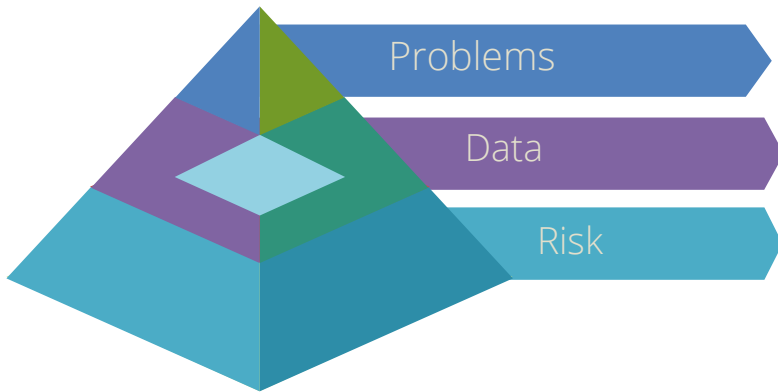
3
6


-  Level 1
No MD/QHCP work done
-  Level 2
Straightforward
-  Level 3
Low
-  Level 4
Moderate
-  Level 5
High



Medical Decision Making

3
7



 2 of 3 rule

- For ALL patients; No distinction for new vs. established
- No involvement at all of History or Physical Exam
- Any two must meet or exceed the level reported

Medical Decision Making Elements Language of MDM

3
8

Number and Complexity of **Problems** Addressed:

Self-limited, minor, stable, chronic, acute, uncomplicated with exacerbation, progression, or side effects, undiagnosed new, uncertain prognosis, illness with systemic symptoms, complicated, severe exacerbation, progression, poses a threat to life or bodily function

Amount and/or Complexity of **Data** be Reviewed and Analyzed:

External note(s) each unique source, result(s)/ordering each unique test, Assessment requiring independent historian(s), Independent interp of tests/ test performed by another physician/QHCP, discussion of management or test interpretation with external physician/other QHCP/appropriate source

Risk of Complications and/or Morbidity or Mortality of Patient Management:

Drug therapy requiring intensive monitoring for toxicity, decision regarding elective major surgery with identified patient or procedure risk factors, emergency major surgery, hospitalization, decision not to resuscitate or to de-escalate care because of poor prognosis

AMA - Revised MDM Grid

bit.ly/3hFuP9c

3
9

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Number and Complexity of Problems Addressed	Elements of Medical Decision Making Amount and/or Complexity of Data to be Reviewed and Analyzed <small>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</small>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 well-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function.	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

What questions do you have?

Jan Blanchard,
CPC, CPEDC, CPMA
jan@pcc.com

"What do you recommend for.....?"

"Can I use?"

"How do other practices manage ...?"



4
0

AAP News

New CPT code covers prep time, supplies, PPE needed during pandemic

September 16, 2020

Coding Corner



Effective Sept. 8, new Current Procedural Terminology code **99072** may be reported for:

Additional supplies, materials, and preparation time required and provided by the physician or other qualified health care professional and/or clinical staff over and above those usually included in an office visit or other services), when performed during a nationally declared public health emergency due to respiratory transmitted infectious disease.

Code 99072 is to be reported only once per in-person patient encounter per provider identification number, regardless of the number of services rendered at that encounter.



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Takeaways From Last Twelve 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.

Homework

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Next Webinar: Thursday October 22 @ 7:00ET

- Stay Healthy!
- Weekly Budgeting
- Responsibility Matrix
- Patient Recall List
- Contact the media
- Stay Connected: Forum.PediatricSupport.com

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