

The Business Impact Of COVID On Pediatric Practices

Webinar #20

Thursday Jan 21, 7:00PM(ET)



Panelists Include:

Kelly Whitener- Associate Professor of the Practice at the Georgetown University McCourt School of Public Policy's Center for Children and Families

Katrina Skinner, MD, FAAP- Fairhope Pediatrics

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. COVID-19 Vaccine Details (ok, maybe a bit)
7. Detailed Human Resource Issues



Agenda

1. Thank You
2. Data Report
3. News Roundup
4. Guests
 - Laura Davis
 - Katrina Skinner
 - Kelly Whitener
5. Homework Assignments

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Focus For The Week...

www.Pedia

One day you will
tell your story
of how you've
overcome what
you're going
through now,
and it will become
part of someone
else's survival
guide. ♡

What Have You Done Since Last Week?

5

Forum.PediatricSupport.com

3,270+ 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

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

Site Feedback
Discussion about this site, its organization, how it works, and how we can improve it. 1 / week

Humor
Sometimes we have to lighten the mood a bit... feel free to share things to help bring a bit of joy or a laugh to others (keep it clean). 2 / week

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

- Coronavirus stable for hours on surfaces (Medical Staff) 1
- Telemedicine Disclaimers (Telemedicine) 4
- How To Handle COVID19 Infectious Waste (Waste) 4
- COVID19 Waste Management (Waste) 4
- Carefirst - Covid19 (Policy Search) 0
- Empire BCBS (NY) - Covid19 (Policy Search) 0
- PCC's 2020-03 Pediatric Coding Web Lab (TELEMEDICINE CODING) (Billing & Coding) 0
- Wellmark - Covid19 (Policy Search) 0

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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 5h

Telemedicine Disclaimer (Telemedicine) 5 12h

How To Handle COVID19 Infectious Waste (Waste) 0 16h

COVID19 Waste Management (Waste) 0 15h

Carefirst - Covid19 (Policy Search) 0 15h

Empire BCBS (NY) - Covid19 (Policy Search) 0 15h

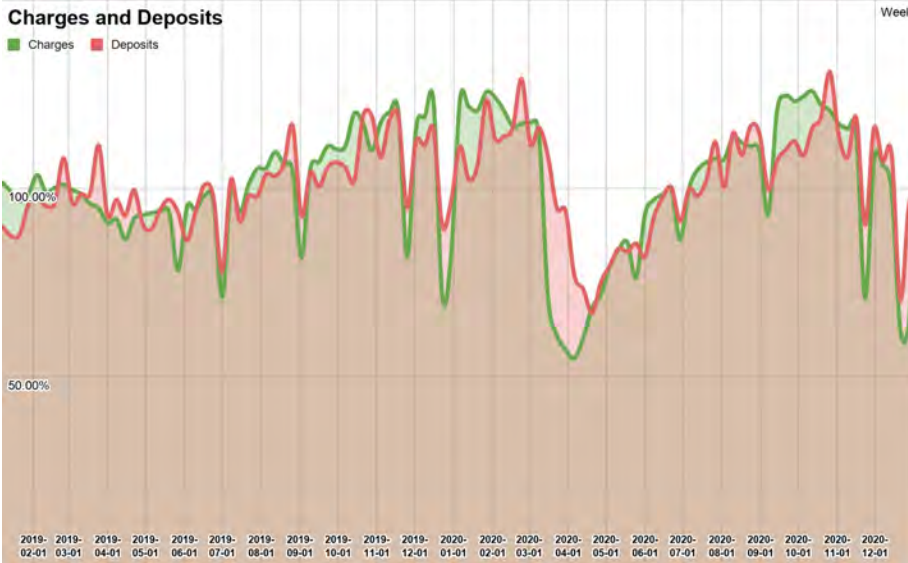
PCC's 2020-03 Pediatric Coding Web Lab (TELEMEDICINE CODING) (Billing & Coding) 0 15h

Wellmark - Covid19 (Policy Search) 0 15h

Humans - Covid19 (Policy Search) 0 15h

Latest Data From The Data Nerd...

6

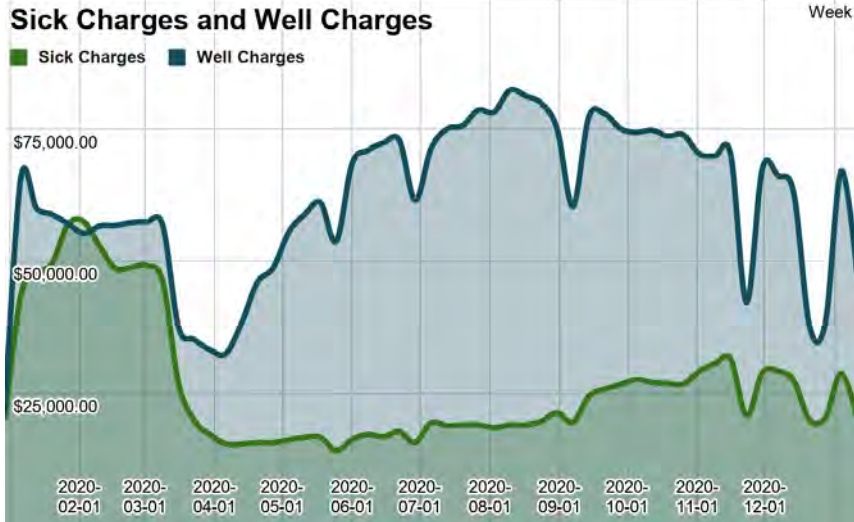


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Latest Data From The Data Nerd...

7



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Scheduling & Salesmanship

8

- *The advice you gave about providers picking up the phone to call families who are behind on care is so so valuable. I've been having a hard time getting other providers in my practice to do this with me as it's seen as "not a doctor's job." But I find it very rewarding. Although I end up leaving quite a lot of voice mails and don't get calls back, the people I do reach are universally thankful for the call and agree to schedule the visit- often right then and there.*
- We're not in touch with families for months and over a year, we are unaware of their needs. It reminded me that primary care is so important.

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- Reduced January sick volume
- Patient deductibles resetting
- Patients more money-conscious

Cash Flow Planning

Goto Forum and search "Cash Flow"

Forum.PediatricSupport.com

Check Your Vaccine Invoice Due Dates!

Home Latest Top Items

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

Cash Flow Projection Spreadsheet

Finance

Paulette 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 \(43.8 KB\)](#)

	Estimated Weekly Deposits	Estimated Payroll Expenses	Vaccine Invoices Due	Rent Payments	All Other Office Expenses	Running Balance
1 Today's Bank Account Balance						\$ 25,000
2 Outstanding Checks To Cover The Bank						\$ 12,000
3 Credit Card Balances						\$ 7,000
4 Est Available Cash						\$ 15,000
5						
6						
7						
8						
9 Week of	Estimated Weekly Deposits	Estimated Payroll Expenses	Vaccine Invoices Due	Rent Payments	All Other Office Expenses	Running Balance
10 3/29/2020	\$ 20,000	\$ 15,000	\$ 5,000	\$ 5,000	\$ 1,500	\$ 8,500
11 4/5/2020	\$ 20,000	\$ -	\$ 3,000	\$ -	\$ 1,500	\$ 24,500
12 4/12/2020	\$ 10,000	\$ 15,000	\$ 1,750	\$ -	\$ 1,500	\$ 24,750
13 4/19/2020	\$ 7,000	\$ -	\$ 1,750	\$ -	\$ 1,500	\$ 28,000
14 4/26/2020	\$ 7,000	\$ 13,000	\$ 1,500	\$ 5,000	\$ 1,500	\$ 12,000
15 5/3/2020	\$ 7,000	\$ -	\$ 2,000	\$ -	\$ 1,500	\$ 16,500
16 5/10/2020	\$ 5,000	\$ 15,000	\$ 2,000	\$ -	\$ 1,500	\$ 2,000
17 5/17/2020	\$ 5,000	\$ -	\$ 1,750	\$ -	\$ 1,500	\$ 4,250
18 5/24/2020	\$ 5,000	\$ 15,000	\$ 3,200	\$ -	\$ 1,500	\$ 18,250
19 5/31/2020	\$ 5,000	\$ -	\$ 1,200	\$ 5,000	\$ 1,500	\$ 111,450
20 6/7/2020	\$ 5,000	\$ 15,000	\$ 900	\$ -	\$ 1,500	\$ 213,850

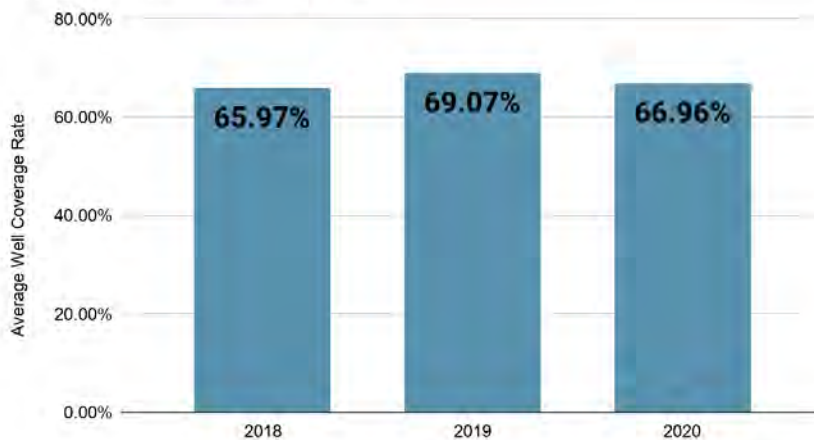
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	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Total
Budget Overview: XXXX_2021_Budget - FY21 P&L													
January - December 2021													
Income													
4100 INSURANCE OR PATIENT PAYMENT	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	12,000,000.00
4950 DEPOSITED ITEM RETURNED	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 4100 INSURANCE OR PATIENT PAYMENT	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	1,000,000.00	12,000,000.00
4900 Patient & Insurance Refunds	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	1,200,000.00
9500 OTHER INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Uncategorized Income	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	13,200,000.00
Gross Profit	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	1,100,000.00	13,200,000.00
Expenses													
5000 EMPLOYEE EXPENSES	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	1,200,000.00
5010 WAGES, PAYROLL TAX, CONTRACT STF	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	100,000.00	1,200,000.00
5050 SUPPORT STAFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5100 ADMINISTRATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5200 OFFICE MANAGERS & SUPERVISORS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5300 CLINICAL STAFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5325 FRONT OFFICE STAFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 5050 SUPPORT STAFF	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5500 SALARIED PROVIDERS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5525 MD ASSOCIATES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5550 PNP's	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 5500 SALARIED PROVIDERS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5800 PAYROLL TAXES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

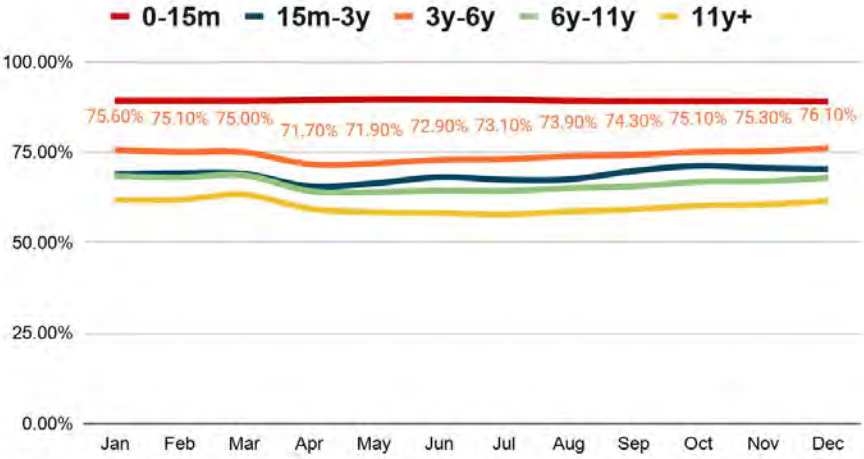
Latest Data From The Data Nerd...

Average Well Coverage Rate



Latest Data From The Data Nerd...

Well Visit Coverage By Age, 2020

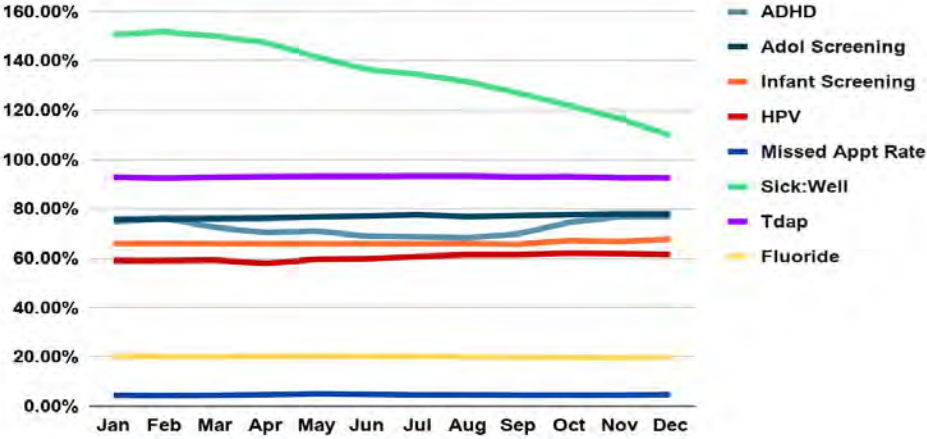


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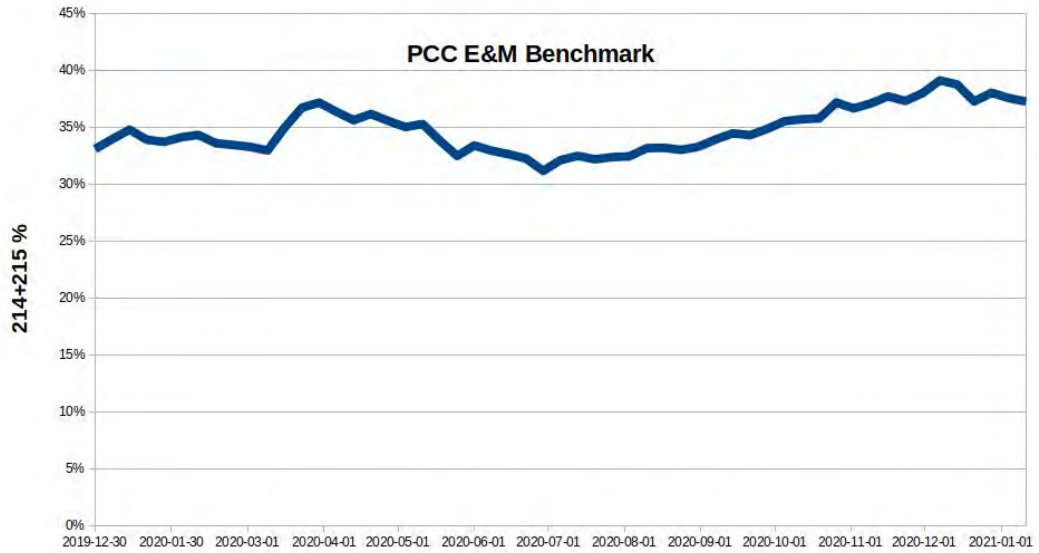
Other Clinical Measures, 2020



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Latest Data From The Data Nerd...



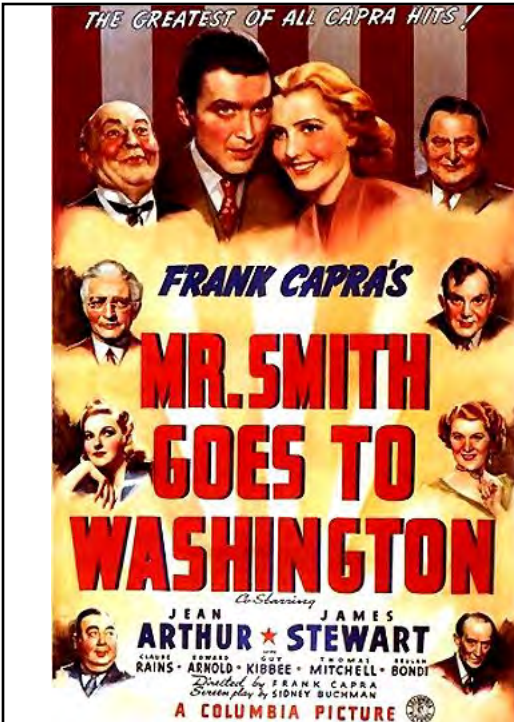
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In The News...

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FIERCE HEALTHCARE

Practices

FTC to probe physician practice consolidation and impact on market competition

by Heather Landi | Jan 21, 2021 12:06pm

The FTC plans to look at commercial claims data from insurers to assess the impact of physician consolidation, including physician practice mergers and hospital acquisitions of physician practices. (Getty/Kirichatad)

+ f t in e

The federal government plans to study the impact of physician group and healthcare facility consolidation during the past six years.

The Federal Trade Commission (FTC) has sent orders to six health insurance companies for six years' worth of patient claims data to inform the review.

- Over an 18-month period between July 2016 and January 2018, hospitals acquired 8,000 more medical practices, and 14,000 more physicians left independent practice to become hospital employees, according to an analysis.
- The federal government plans to study the impact of physician group and healthcare facility consolidation during the past six years.
- The agency plans to look at patient-level commercial claims data for inpatient, outpatient, and physician services in 15 U.S. states from Cigna, United Healthcare, Anthem, Florida Blue, Aetna, and Health Care Service Corporation.
- "The study results should aid the FTC's enforcement mission by providing much more detailed information than is currently available about how physician practice mergers and healthcare facility mergers affect competition," the FTC said.
- "Merger retrospectives are a powerful way of engaging in critical self-examination to see if our antitrust enforcement is working correctly," Simons said.
- The FTC also wants insurers to identify "capitation, risk-sharing, bundled payment, ACO payment, value-based payment, lump-sum payment, increased reimbursement or bonuses for meeting quality objectives, or any reimbursement contracts other than fee-for-service with providers now in effect."

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Supreme Court

ABI Journal

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All Journal Articles

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Bankruptcy Statistics

Statistics from Epiq

- ▶ December 2020 Bankruptcy Statistics- State and District
- ▶ December 2020 Bankruptcy Statistics- Commercial Filings
- ▶ November 2020 Bankruptcy Statistics- State and District
- ▶ November 2020 Bankruptcy Statistics- Commercial Filings
- ▶ October 2020 Bankruptcy Statistics- State and District
- ▶ October 2020 Bankruptcy Statistics- Commercial Filings
- ▶ September 2020 Bankruptcy Statistics- State and District

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State (Including D.C. and Territories)	2020			
	Cumulative 2020 Filings	% Increase (or decrease) Year to Date 2020 over Year to Date 2019	Increase (or decrease) in Per Capita Filings 2020 over 2019 (1000s)	Rank Based on Greatest Annual Per Capita Increase
Alabama	18,127	-32%	-1.78	50
Alaska	313	-22%	-0.12	4
Arizona	12,900	-21%	-0.51	20
Arkansas	7,287	-30%	-1.08	44
California	49,248	-27%	-0.48	17
Colorado	8,278	-25%	-0.55	24
Connecticut	4,014	-33%	-0.56	26
Delaware	3,208	15%	0.48	1
District of Columbia	505	-41%	-0.59	30
Florida	36,374	-20%	-0.49	19
Georgia	27,539	-36%	-1.58	49
Hawaii	1,524	-9%	-0.11	2
Idaho	2,707	-24%	-0.54	22
Illinois	30,113	-37%	-1.37	48
Indiana	16,782	-26%	-0.93	42
Iowa	3,712	-23%	-0.36	12
Kansas	4,386	-35%	-0.84	36
Kentucky	10,953	-26%	-0.91	40
Louisiana	7,356	-42%	-1.19	46
Maine	987	-26%	-0.26	6
Maryland	11,122	-35%	-1.07	43
Massachusetts	4,287	-42%	-0.48	16

Missouri	12,313	-27%	-0.76	35
Montana	873	-31%	-0.41	13
Nebraska	3,222	-20%	-0.45	14
Nevada	7,783	-20%	-0.73	34
New Hampshire	1,054	-41%	-0.54	23
New Jersey	14,125	-41%	-1.14	45
New Mexico	2,365	-21%	-0.31	10
New York	20,566	-41%	-0.72	33
North Carolina	8,723	-34%	-0.49	18
North Dakota	647	-10%	-0.11	3
Ohio	26,226	-29%	-0.92	41
Oklahoma	7,189	-23%	-0.57	27
Oregon	6,314	-27%	-0.60	31
Pennsylvania	13,597	-34%	-0.56	25
Rhode Island	1,355	-31%	-0.58	29
South Carolina	4,661	-31%	-0.47	15
South Dakota	793	-16%	-0.19	5
Tennessee	21,317	-36%	-1.90	51
Texas	26,141	-24%	-0.33	11
Utah	7,502	-21%	-0.71	32
Vermont	375	-32%	-0.29	7
Virginia	16,255	-30%	-0.86	37
Washington	8,285	-32%	-0.57	28
West Virginia	2,224	-20%	-0.30	9
Wisconsin	11,436	-30%	-0.87	38
Wyoming	661	-19%	-0.29	8
Total States and DC	523,882	-30%	-0.74	
Guam	67	-58%		
Puerto Rico	67	-33%		
Virgin Islands	67	-33%		
TOTAL	529,071	-30%		

Cases included in totals reference commercial business as part of bankruptcy petition filing

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Month	2020			2019			2018		
	Total Filings	Filing Days	Business Filings Per Day	Total Filings	Filing Days	Business Filings Per Day	Total Filings	Filing Days	Business Filings Per Day
Commercial Totals									
January	3,560	21	170	2,962	21	141	2,900	21	138
February	3,112	19	164	3,205	19	169	2,867	19	151
March	3,198	22	145	3,318	21	158	3,717	22	169
April	2,303	22	105	3,501	22	159	3,272	21	156
May	2,599	20	130	3,558	22	162	3,386	22	154
June	2,713	22	123	3,097	20	155	3,082	21	147
July	2,780	22	126	3,314	22	151	3,135	21	149
August	2,488	21	118	3,398	22	154	3,235	23	141
September	2,683	21	128	3,190	20	160	2,823	19	149
October	2,539	21	121	3,579	22	163	3,414	22	155
November	2,345	19	123	3,022	19	159	3,249	20	162
December	2,186	22	99	2,906	21	138	2,964	20	148
Total	32,506	252	129	39,050	251	156	38,044	251	152

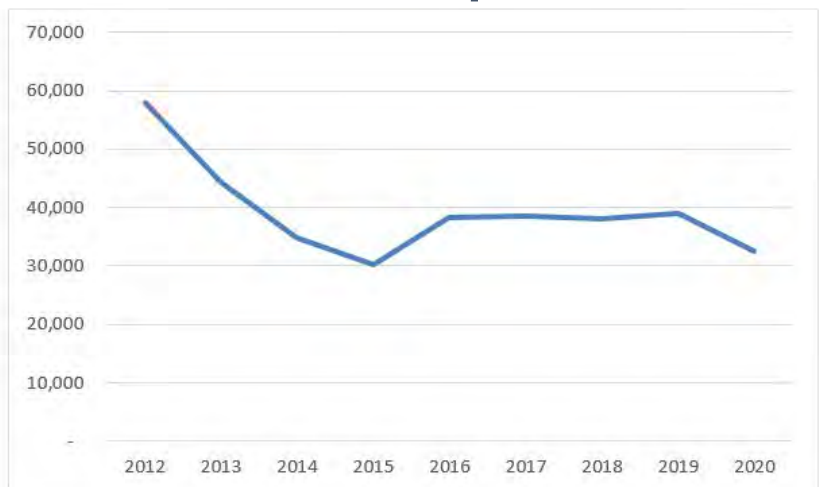
Cases included in totals represent only commercial business bankruptcy filings

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aacer Reported Commercial Bankruptcies

2012	58,058
2013	44,356
2014	34,818
2015	30,190
2016	38,283
2017	38,536
2018	38,044
2019	39,050
2020	32,506



Not the same as businesses shut down...
Taking PPP & running before getting too bad?!?

MAXIMIZING The PMI CONFERENCE EXPERIENCE

Step: 1

Register for the conference www.PediatricSupport.com

Step: 2

On Friday January 22, log in and begin viewing courses via PMI's online learning portal over thirty days

Step: 3

Plan to join us for five interactive faculty Q&A sessions on the following dates:

Thursday, January 28, 2021
 Tuesday, February 2, 2021
 Thursday, February 4, 2021
 Tuesday, February 9, 2021
 Thursday, February 11, 2021

For more information, visit: <http://www.PediatricSupport.com>



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PMI Faculty Q&A Sessions

	Thurs. Jan 28	Tues. Feb 2	Thurs. Feb 4	Tues. Feb 9	Thurs. Feb 11
Sponsor	PracticeWell	PaymentPros	PracticeWell	Salud Consulting	CPP Buying Group
Faculty 1	Richard Lander, MD	Toni Richards-Rowley, MD	Hiral Lavania, MD	Susan Sirota, MD	Suzanne Berman, MD
Faculty 2	Franklin Cannon	Jesse Hackell, MD	Sue Kressly, MD	Herschel Lessin, MD	Natasha Burgert, MD
Faculty 3	Katrina Skinner, MD	Colleen Kraft, MD	Susanne Madden	Jan Blanchard	Jason Dyken, MD, MBA
Faculty 4	Brandon Betancourt, MBA	Barbara Howard, MD	Alex Meyer, MBA		Emily Floyd, MBA

- Pace yourself...watch the presentations over time
- Submit questions
- 15-minutes of Q&A for each faculty person
- Those registered for the conference will be automatically enrolled.

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MARKETS BUSINESS INVESTING TECH POLITICS CNBC TV WATCHLIST PRO

ECONOMY

Jobless claims show modest decline as Congress works on more stimulus

PUBLISHED THU, JAN 21 2021 8:30 AM EST | UPDATED THU, JAN 21 2021 9:24 AM EST

Jeff Cox
@JEFFCOX7528
#JEFFCOXCNBCOM

SHARE f t in

KEY POINTS

- Jobless claims for the week ended Jan. 16 totaled 900,000, the Labor Department reported, slightly better than the Wall Street estimate of 925,000.
- The total was below the previous week's count of 926,000, which was revised lower by 39,000.

Continuing claims for unemployment insurance

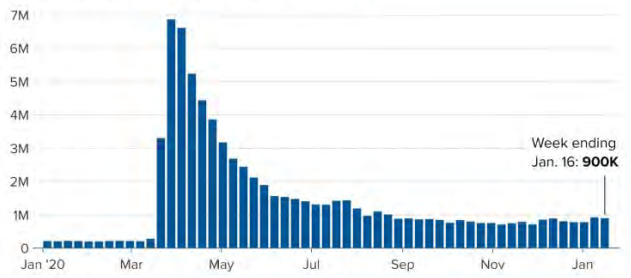
Weekly since the start of 2020, seasonally adjusted

Week ending Jan. 9: 5.1M

SOURCE: Dept. of Labor. Data seasonally adjusted and as of Jan. 9, 2021. Data based on week of unemployment, not week claim was filed. DOL began using new seasonal adjustment methodology week of 8/22/2020.

Initial claims for unemployment insurance

Weekly since the start of 2020, seasonally adjusted



SOURCE: Dept. of Labor. Data is seasonally adjusted and through Jan. 16, 2021. The DOL began using a new seasonal adjustment methodology the week of August 29.



THE NATIONAL LAW REVIEW

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January 21, 2021
Volume XI, Number 21

Evolving Physician Arrangements in a Post-COVID-19 Environment

Wednesday, August 5, 2020

Like virtually every other sector of the economy, COVID-19 has presented novel challenges to health care providers. As the pandemic has forced physicians to adapt to changing patient care demands and a drop in non-COVID-related procedures and office visits, commensurate adjustments must be made to physician arrangements. We take a close look at how COVID-19 may change physician compensation both in the near- and long-term.

How We Arrived at a System That Is So Financially Vulnerable to an Event Like COVID-19

With fee-for-service reimbursement, health care provider revenue rises and falls in direct proportion to the volume of care provided. The primary components of a typical physician compensation arrangement include a guaranteed base payment as clinical compensation and productivity incentives. If elective procedure and office visit volume drops severely, as it has during the COVID-19 pandemic, so does fee-for-service revenue for health care provider entities. This, in turn, puts downward pressure on physicians' compensation when such compensation is strongly tied to productivity.

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With fee-for-service reimbursement:

- Health care provider revenue rises and falls in direct proportion to the volume of care provided.
- The primary components of a typical physician compensation arrangement include a guaranteed base payment as clinical compensation and productivity incentives.
- If elective procedure and office visit volume drops severely, as it has during the COVID-19 pandemic, so does fee-for-service revenue for health care provider entities.
- This, in turn, puts downward pressure on physicians' compensation when such compensation is strongly tied to productivity.

Paulie's Suggestion: Re-evaluate RVU bonuses for your providers.





- Round 2
- 25% Reduction In Revenue



**Paycheck Protection Program
Second Draw Borrower Application Form**

OMB Control No.: 3245-0417
Expiration Date: 7/31/2021

Check One: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Self-Employed Individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(6) organization <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Housing cooperative <input type="checkbox"/> Tribal Business <input type="checkbox"/> Other		DBA or Tradename (if applicable)		Year of Establishment (if applicable)	
Business Legal Name			NAICS Code		
Business Address (Street, City, State, Zip Code - No P.O. Box addresses allowed)			Business TIN (EIN, SSN)		Business Phone
			Primary Contact		Email Address
Average Monthly Payroll:	\$	x 2.5 (or x 3.5 for NAICS 72 applicants) equals Loan Request Amount (may not exceed \$2,000,000):	\$	Number of Employees (including affiliates, if applicable; may not exceed 300):	

Reduction in Gross Receipts of at Least 25% (Applicants for loans of \$150,000 or less may leave blank but must provide upon or before seeking loan forgiveness or upon SBA request):	2020 Quarter (e.g., 2Q 2020):		Reference Quarter (e.g., 2Q 2019):	
	Gross Receipts:	\$	Gross Receipts	\$

In determining whether the Applicant experienced at least a 25% reduction in gross receipts, for loans above \$150,000, the Applicant must identify the 2020 quarter meeting this requirement, identify the reference quarter, and state the gross receipts amounts for both quarters, as well as provide supporting documentation. For loans of \$150,000 and below, these fields are not required and the Applicant only must certify that the Applicant has met the 25% gross receipts reduction at the time of application; however, upon or before seeking loan forgiveness (or upon SBA request) the Applicant must provide documentation that identifies the 2020 quarter meeting this requirement, identifies the reference quarter, states the gross receipts amounts for both quarters, and supports the amounts provided. For all loans, the appropriate reference quarter depends on how long the Applicant has been in operation:

- For all entities other than those satisfying the conditions set forth below, Applicants must demonstrate that gross receipts in any quarter of 2020 were at least 25% lower than the same quarter of 2019. Alternatively, Applicants may compare annual gross receipts in 2020 with annual gross receipts in 2019; Applicants choosing to use annual gross receipts must enter "Annual" in the 2020 Quarter and Reference Quarter fields and, as required documentation, must submit copies of annual tax forms substantiating the annual gross receipts reduction.
- For entities not in business during the first and second quarters of 2019 but in operation during the third and fourth quarters of 2019, Applicants must demonstrate that gross receipts in any quarter of 2020 were at least 25% lower than either the third or fourth quarters of 2019.
- For entities not in business during the first, second, and third quarters of 2019 but in operation during the fourth quarter of 2019, Applicants must demonstrate that gross receipts in any quarter of 2020 were at least 25% lower than the fourth quarter of 2019.
- For entities not in business during 2019 but in operation on February 15, 2020, Applicants must demonstrate that gross receipts in the second, third, or fourth quarter of 2020 were at least 25% lower than the first quarter of 2020.

Call me crazy,
but I love to see
other people happy
and succeeding.

PRESS RELEASE

UnitedHealth Group Reports Fourth Quarter and Full Year 2020 Financial Results

January 20, 2021 | 3 min Read

SHARE: [Twitter](#) [LinkedIn](#) [Facebook](#)

Full Year Revenues of \$257.1 Billion Grew \$15.0 Billion or 6%, led by 21% at Optum

Full Year and Fourth Quarter Net Earnings Per Share of \$16.03 and \$2.30

Full Year and Fourth Quarter Adjusted Net Earnings Per Share of \$16.88 and \$2.52



Results Reflect COVID-19 Impacts and Related Assistance Initiatives

www.PediatricSupport.com



UnitedHealthcare provides health care benefits globally, serving individuals and employers, and Medicare and Medicaid beneficiaries. UnitedHealthcare is dedicated to improving the value consumers receive by reducing the total cost of care, enhancing the quality of care received, improving health and wellness and simplifying the health care experience.

	Three Months Ended			Year Ended	
	December 31, 2020	December 31, 2019	September 30, 2020	December 31, 2020	December 31, 2019
Revenues	\$50.3 billion	\$48.2 billion	\$50.4 billion	\$200.9 billion	\$193.8 billion
Earnings from Operations	\$396 million	\$2.1 billion	\$2.1 billion	\$12.4 billion	\$10.3 billion
Operating Margin	0.8%	4.3%	4.1%	6.2%	5.3%



Optum is a health services business serving the global health care marketplace, including payers, care providers, employers, governments, life sciences companies and consumers. Using market-leading information, data analytics, technology and clinical insights, Optum helps improve overall health system performance: optimizing care quality, reducing health care costs and improving the consumer experience.

	Three Months Ended			Year Ended	
	December 31, 2020	December 31, 2019	September 30, 2020	December 31, 2020	December 31, 2019
Revenues	\$35.9 billion	\$29.8 billion	\$34.9 billion	\$136.3 billion	\$113.0 billion
Earnings from Operations	\$3.1 billion	\$3.0 billion	\$2.6 billion	\$10.0 billion	\$9.4 billion
Operating Margin	8.7%	10.1%	7.4%	7.4%	8.3%

www.PediatricSupport.com



UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(in millions, except per share data)
(unaudited)

33

	Three Months Ended December 31,		Year Ended December 31,	
	2020	2019	2020	2019
Revenues				
Premiums.....	\$50,581	\$47,625	\$201,478	\$189,699
Products.....	8,690	7,626	34,145	31,597
Services.....	5,751	5,217	20,016	18,973
Investment and other income.....	445	433	1,502	1,886
Total revenues.....	<u>65,467</u>	<u>60,901</u>	<u>257,141</u>	<u>242,155</u>
Operating costs				
Medical costs.....	42,082	39,276	159,396	156,440
Operating costs.....	11,514	9,301	41,704	35,193
Cost of products sold.....	7,622	6,511	30,745	28,117
Depreciation and amortization.....	732	718	2,891	2,720
Total operating costs.....	<u>61,950</u>	<u>55,806</u>	<u>234,736</u>	<u>222,470</u>
Earnings from operations	3,517	5,095	<u>22,405</u>	19,685
Interest expense.....	(401)	(437)	(1,663)	(1,704)
Earnings before income taxes	3,116	4,658	20,742	17,981
Provision for income taxes.....	(764)	(990)	(4,973)	(3,742)
Net earnings	2,352	3,668	15,769	14,239
Earnings attributable to noncontrolling interests.....	(140)	(127)	(366)	(400)
Net earnings attributable to UnitedHealth Group common shareholders	<u>\$2,212</u>	<u>\$3,541</u>	<u>\$15,403</u>	<u>\$13,839</u>
Diluted earnings per share attributable to UnitedHealth Group common shareholders	<u>\$2.30</u>	<u>\$3.68</u>	<u>\$16.03</u>	<u>\$14.33</u>
Adjusted earnings per share attributable to UnitedHealth Group common shareholders (a)	<u>\$2.52</u>	<u>\$3.90</u>	<u>\$16.88</u>	<u>\$15.11</u>
Diluted weighted-average common shares outstanding.....	<u>961</u>	<u>962</u>	<u>961</u>	<u>966</u>

(a) See page 6 for a reconciliation of the non-GAAP measure

ATRIC
AGEMENT
ITUTE

UNITEDHEALTH GROUP
CONDENSED CONSOLIDATED BALANCE SHEETS
(in millions)
(unaudited)

	December 31, 2020	December 31, 2019
Assets		
Cash and short-term investments.....	\$19,781	\$14,245
Accounts receivable, net.....	12,870	11,822
Other current assets.....	21,067	16,567
Total current assets.....	<u>53,718</u>	<u>42,634</u>
Long-term investments.....	41,242	37,209
Other long-term assets.....	102,329	94,046
Total assets.....	<u>\$197,289</u>	<u>\$173,889</u>
Liabilities, redeemable noncontrolling interests and equity		
Medical costs payable.....	\$21,872	\$21,690
Short-term borrowings and current maturities of long-term debt.....	4,819	3,870
Other current liabilities.....	45,729	36,222
Total current liabilities.....	<u>72,420</u>	<u>61,782</u>
Long-term debt, less current maturities.....	38,648	36,808
Other long-term liabilities.....	15,682	13,137
Redeemable noncontrolling interests.....	2,211	1,726
Equity.....	<u>68,328</u>	<u>60,436</u>
Total liabilities, redeemable noncontrolling interests and equity.....	<u>\$197,289</u>	<u>\$173,889</u>

UNITEDHEALTH GROUP
SUPPLEMENTAL FINANCIAL INFORMATION - BUSINESSES
(in millions, except percentages)
(unaudited)

	Three Months Ended December 31,		Year Ended December 31,	
	2020	2019	2020	2019
Revenues				
UnitedHealthcare.....	\$50,327	\$48,247	\$200,875	\$193,842
Optum.....	35,851	29,798	136,308	112,950
Eliminations.....	(20,711)	(17,144)	(80,042)	(64,637)
Total consolidated revenues.....	<u>\$65,467</u>	<u>\$60,901</u>	<u>\$257,141</u>	<u>\$242,155</u>
Earnings from Operations				
UnitedHealthcare.....	\$396	\$2,075	\$12,359	\$10,326
Optum (a).....	3,121	3,020	10,046	9,359
Total consolidated earnings from operations.....	<u>\$3,517</u>	<u>\$5,095</u>	<u>\$22,405</u>	<u>\$19,685</u>
Operating Margin				
UnitedHealthcare.....	0.8%	4.3%	6.2%	5.3%
Optum.....	8.7%	10.1%	7.4%	8.3%
Consolidated operating margin.....	5.4%	8.4%	8.7%	8.1%
Revenues				
UnitedHealthcare Employer & Individual.....	\$14,548	\$14,538	\$55,872	\$56,945
UnitedHealthcare Medicare & Retirement.....	22,151	20,603	90,764	83,252
UnitedHealthcare Community & State.....	11,691	10,752	46,487	43,790
UnitedHealthcare Global.....	1,937	2,354	7,752	9,855
OptumHealth.....	\$10,978	\$8,323	\$39,808	\$30,317
OptumInsight.....	2,909	2,861	10,802	10,006
OptumRx.....	22,489	19,094	87,498	74,288
Optum eliminations.....	(525)	(480)	(1,800)	(1,661)

(a) Earnings from operations for Optum for the three months and year ended December 31, 2020 included \$1,046 and \$3,434 for OptumHealth; \$843 and \$2,725 for OptumInsight; and \$1,232 and \$3,887 for OptumRx, respectively. Earnings from operations for Optum for the three months and year ended December 31, 2019 included \$901 and \$2,963 for OptumHealth; \$905 and \$2,494 for OptumInsight; and \$1,214 and \$3,902 for OptumRx, respectively.



VAX WARS

Turning the Tide on Vaccine Hesitancy

Text **VAX** to **412-775-2579** to make a tax-deductible donation

www.PediatricSupport.com



COVID VACCINE

In Your Practice

Katrina Skinner, MD, FAAP

Founder and CEO, Fairhope Pediatrics, Inc.

President, Alabama Chapter American Academy of Pediatrics

Objectives

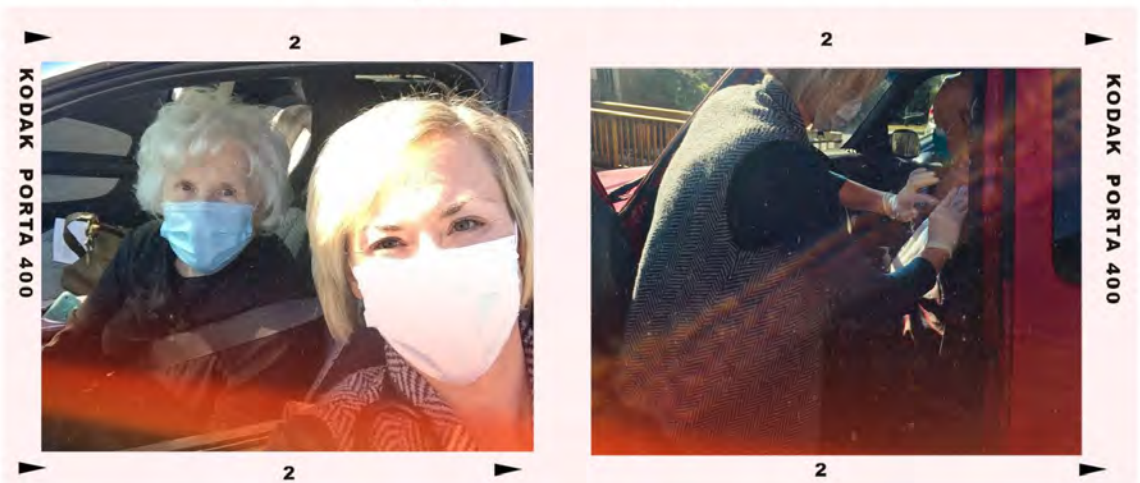
- Why pediatricians?
- Challenges to access
- Logistics



For starters, a story



The Happiest Day of 2021



Stats

1 in 1000 Americans has
died from COVID-19

1 in 14 has been infected

The ROI

Calculable

vs.

Incalculable Revenue



Your Turn to Save
the World

Why Pediatricians?

- Elderly people are fun for a change
- We know how to give a strong provider message
- No one knows the vaccine distribution process better
- We are already set up to interface with IIS
- Our pediatric EHRs are proactive at adapting to changes in vaccine protocols
- We advocate in our sleep



*But why aren't
pediatricians?*

**COVID-19 Vaccine is
not like the other kids.**

Payment Considerations

Vaccine Product

- No cost to acquire
- Bill \$0.01 to insurance for tracking purposes
- One CPT code per product

Vaccine Administration

- Can bill to insurance or Feds but not to pt
- Different codes for 1st and 2nd doses for each vaccine
- Set prices higher than CMS rate

Payment Considerations

- Have a way to add these (adult) patients to your system for billing and reporting
- Make sure you understand how these unique IA codes are added by your system
- Get temporary Medicare billing privileges

Vaccine Management

- No 2D barcode so double check hand-entered data
- Use a placeholder expiration date if none listed
- Moderna vaccine -- store in freezer longer term, or store in fridge for 30 days.
- Moderna vaccine -- must give all 10 doses in the vial within 6 hrs of first puncture
- Permission required to squeeze out an extra dose
- You CANNOT blend a dose from multiple vials

Vaccine Administration

- Have pt complete pre-vaccine questionnaire
- Review any positive answers with pt
- Provide EUA fact sheet (VIS of sorts)
- Give proof of vaccination
- Monitor pt -- make sure your crash cart is UTD
- Can't give any other vaccines at the same time (or within the last 2 weeks)
- How will you observe patients?

Vaccine Reporting

- Reporting timing may be different than your normal vaccine data transfer rhythm
- May also have to report additional info
- Need to report vaccine inventory daily to Vaccine Finder

Ready to get started?

- <https://www.cdc.gov/vaccines/covid-19/index.html>
- <https://www.cms.gov/medicare/covid-19/enrollment-administering-covid-19-vaccine-shots>
- <https://www.cms.gov/medicare/covid-19/medicare-covid-19-vaccine-shot-payment>
- <https://www.cms.gov/files/document/covid-19-mac-webpages-and-hotlines.pdf>
- <https://www.hrsa.gov/CovidUninsuredClaim>
- <https://vaccinefinder.org>
- <https://www.ama-assn.org/find-covid-19-vaccine-codes>

Second COVID vaccine on Fridays?

www.PediatricSupport.com



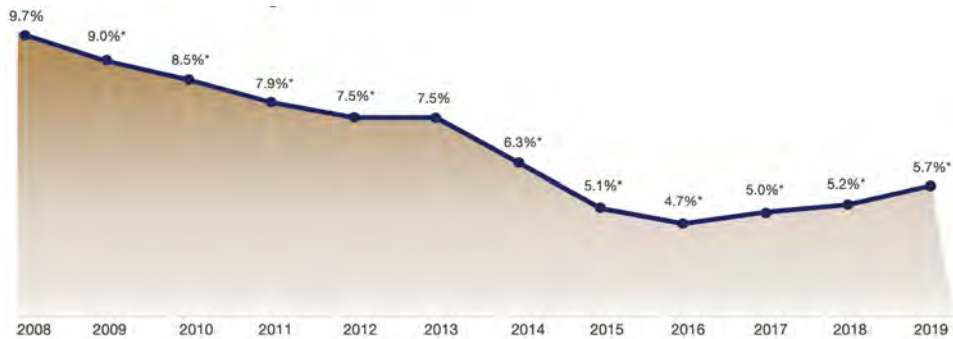
Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Children's Health Coverage and Access to Care

Kelly Whitener, JD/MPH
Associate Research Professor
January 21, 2021



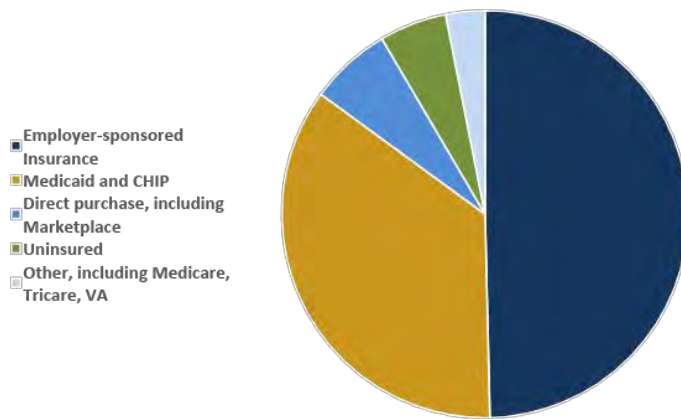
Children's Coverage Rates, 2008-2019



An increase in the child uninsured rate of one percentage point, from 4.7% to 5.7%, translates to

726,000
more uninsured children
in just 3 years

Medicaid's Role in Children's Coverage

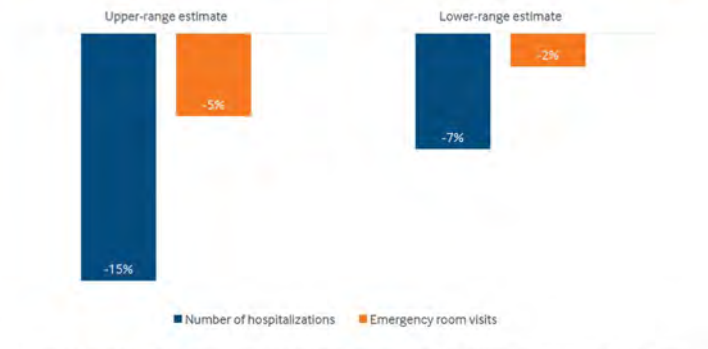


Medicaid is a Smart Investment



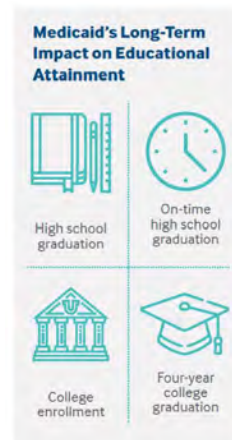
More Years of Medicaid = Fewer Hospitalizations

Exhibit 1. Effect of Medicaid Child Expansions on Health Care Utilization by Black Young Adults at Age 25



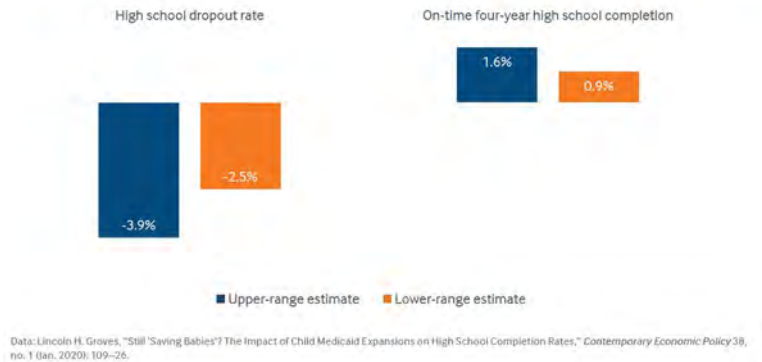
Data: Laura R. Wherry et al., "Childhood Medicaid Coverage and Later-Life Health Care Utilization," *Review of Economics and Statistics* 100, no. 2 (May 2018): 287-302.

Medicaid Coverage Linked to Improved Educational Outcomes



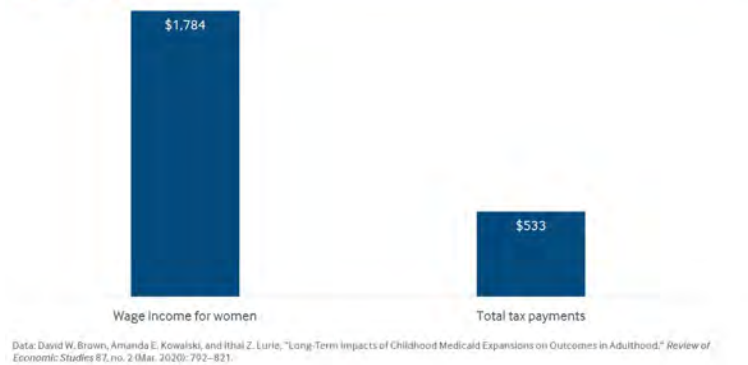
Higher Medicaid Eligibility = Lower Dropout Rate

Exhibit 2. Effect of 10-Percentage-Point Increase in Childhood Medicaid Eligibility on High School Graduation

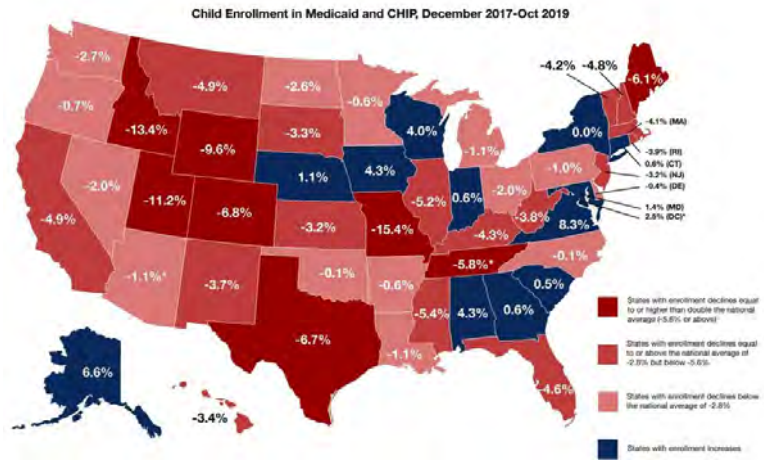


More Years of Medicaid = Higher Wages

Exhibit 3. Increased Income and Total Tax Payments for Each Additional Year of Childhood Medicaid Eligibility by Age 28

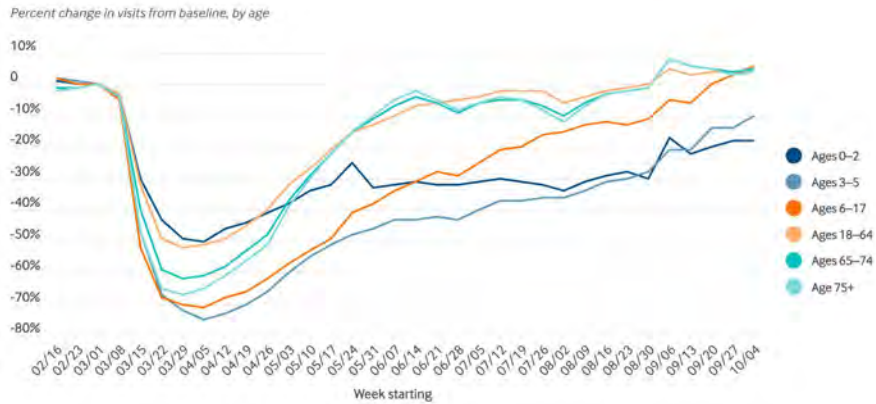


Medicaid Enrollment Declining 2017-2019



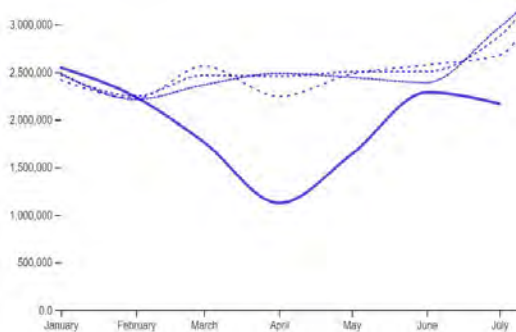
2020

Big Decline in Pediatric Visits, Slow to Rebound



Even as visits increase, struggle to fill gap

29% fewer (3.7 million) child screening services
for children in Medicaid/CHIP
between March-July 2020
compared to 2019.



Big Decline in Pediatric Immunizations

1.5 million* fewer vaccinations
for children in Medicaid/CHIP
up to age 2
between March-July 2020
compared to 2019.

As of June 2020** vaccinations in
Pennsylvania have declined by:

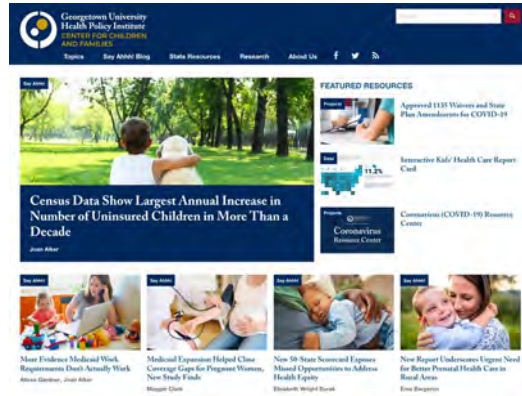
- **0-11 months: 14.4%**
- **1-3 years: 47.3%**
- **4-6 years: 76.3%**
- **7-10 years: 68.5%**
- **11-18 years: 72.3%**

Keeping Kids Connected to Care During COVID-19 and Beyond

- Joint project led by the American Academy of Pediatrics and the Center for Children and Families
- In partnership with state-based AAP chapters and child health advocates in 22 states
- Main objectives are:
 - Strengthen the capacity for collaborative initiatives between advocates and chapters
 - Address key issues related to COVID-19 and children's health by advocating for Medicaid/CHIP improvements and children's access to care

Want to Learn More?

- Visit ccf.georgetown.edu and sign up for our newsletter
- Get regular policy updates on CCF's Say Ahhh! blog
- Follow us on Twitter @GeorgetownCCF



What Is the AAP Doing For You?

American Academy of Pediatrics Urges Immediate Changes in Distribution of COVID-19 Vaccine

Guidance on Providing Pediatric Well-Care During COVID-19

Children and COVID-19: State-Level Data Report

Transition Plan: Advancing Child Health in the Biden-Harris Administration

Topic	Summary	Analysis
Economic Supports		
Unemployment Insurance	<ul style="list-style-type: none"> Provides \$300 per week in additional unemployment insurance enhancement through March 14, 2021 Also provides an extra benefit of up to \$100 per week for certain workers who have both wage and self-employment income but whose base UI benefit calculation does not take their self-employment into account 	The \$300 in additional unemployment insurance will help American families better afford, rent, mortgages, food, utilities and other expenses as many are out of work due to the pandemic. This is especially important for families with children who are experiencing a dramatic rise in hunger and homelessness.
Small Business Support	<ul style="list-style-type: none"> Clarifies tax treatment of forgiven PPP loans and business expenses paid with PPP or EIDL funds Creates "a second round of PPP loans Expands PPP access to 501(c)(6) organizations with 300 or fewer employees, 15% or less in lobbying activities and receipts, and less than \$1 million in spending for lobbying activities 	These changes make more financial relief available to small businesses, including pediatric practices, based on continued financial strain. The tax changes ensure that forgiven loans will not be clawed back through 2020 tax payments. The "second draw" loans are subject to different rules: loan limit is \$2 million, it is meant to fund 2.5 months of payroll expenses, and businesses must have 300 or fewer employees. In order to qualify, small businesses must certify a loss of revenue of 25% or greater.

AAP Summary of the December 2020 Emergency Coronavirus Relief Package

http://bit.ly/AAP_2020_Relief

www.PediatricSupport.com



What Can You Do For the AAP? (And that means helping yourself!)

bit.ly/Share_Your_COVID_Invoices

www.PediatricSupport.com

