

# The Business Impact Of COVID19 On Pediatric Practices

## Webinar #8



**Panelists Include:**

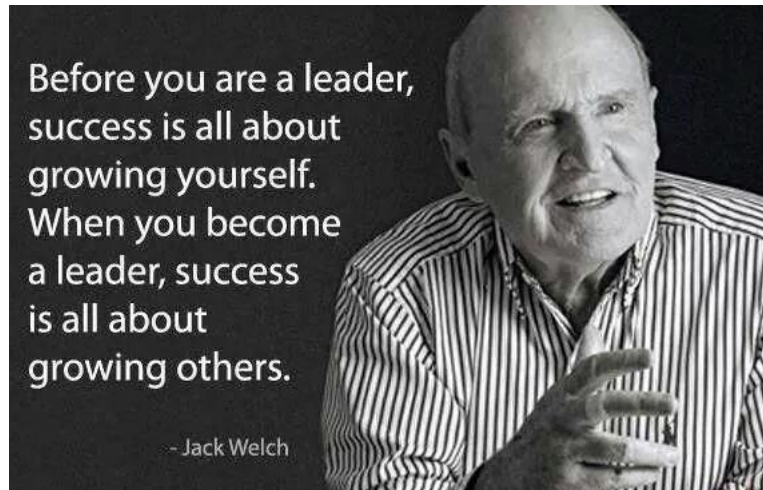
- Nola Jean Ernest, MD, PhD, FAAP
  - Jesse Hackell, MD, FAAP
  - Jan Blanchard, CPC, CPEDC, CPMA
  - Paulie Vanchiere
- [www.PediatricSupport.com](http://www.PediatricSupport.com)



## 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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## 10 roles of Inspirational Leadership

1. Provide an inspiring vision and strategic alignment, launch a crusade
2. Help people connect their personal goals to business goals.
3. Make relentless innovation a religion
4. Encourage entrepreneurial creativity and experimentation
5. Involve everyone, empower and trust employees
6. Coach and train your people to greatness
7. Build teams and promote teamwork, leverage diversity
8. Motivate, inspires and energize people, recognize achievements
9. Encourage risk taking
10. Make business fun

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# Takeaways From Last Six 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!

**Webinar 6:**

- Advocacy

**Webinar 7:**

- Communicate with your patients!

# Homework Report

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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 Hootsuite 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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# Agenda

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1. Top Items From Past Webinars
2. Data Report
3. News Segment
4. Selling Yourself...
5. RemedyConnect Data
6. Legal Issues
7. IMPORTANT Changes to 2020 RBRVS
8. Budgeting
9. Back To The Office Campaign (LA-AAP)
10. Recall!Recall!Recall!
11. Financing Options
12. Telemedicine
13. Billing & Practice Management Issues
14. Best Practices
15. Homework This Weekend
16. Q&A Session

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# Latest Data From The Data Nerd...

www.PCC.com

**COVID-19 Update**  
 PCC remains open and available to help your office through this difficult period. You can contact our support teams from 8:30am to 5:00pm in your time zone, and we are always available for emergency support 24/7 hours. PCC has created a page where you can find helpful links to the AAP, CDC, and WHO, links to webinars, as well as links to articles on PCC Learn and to coding help for telemedicine. This page will be updated with new information and resources as they become available.

[COVID-19 Resource Page »](#) [Business Impact of COVID-19 »](#)

**GET MORE PRACTICE INSIGHT.**  
 Our software solutions allow independent pediatricians like you to streamline day-to-day operations and increase financial stability. Get more out of your practice, more out of your life, and more ways to focus on what matters most.

[VIEW A SHORT DEMO VIDEO »](#)

## The Business Impact of COVID-19 on Pediatric Practices

PCC works with independent pediatricians across the country to help them run their practice, get paid for the vital work they do, and keep them informed about trends and changes in the industry. The COVID-19 pandemic has rapidly and radically changed how and where independent pediatricians are seeing their patients.

We have aggregated data from our clients across the continental U.S., so that we can better understand how the COVID-19 pandemic is changing how independent pediatric practices treat their patients and how they will fare financially.

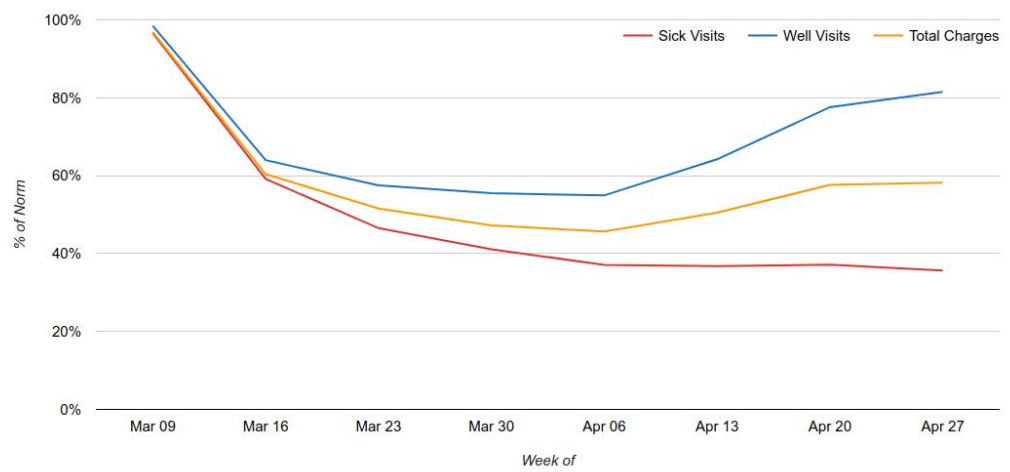
Below, we have a few charts that demonstrate these changes. As we gather more data, we will add our insight into the changes we expect to see, and will provide ongoing recommendations for the things your practice can do to adjust to practicing during this pandemic in the coming months.

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# Latest Data From The Data Nerd...

www.PCC.com



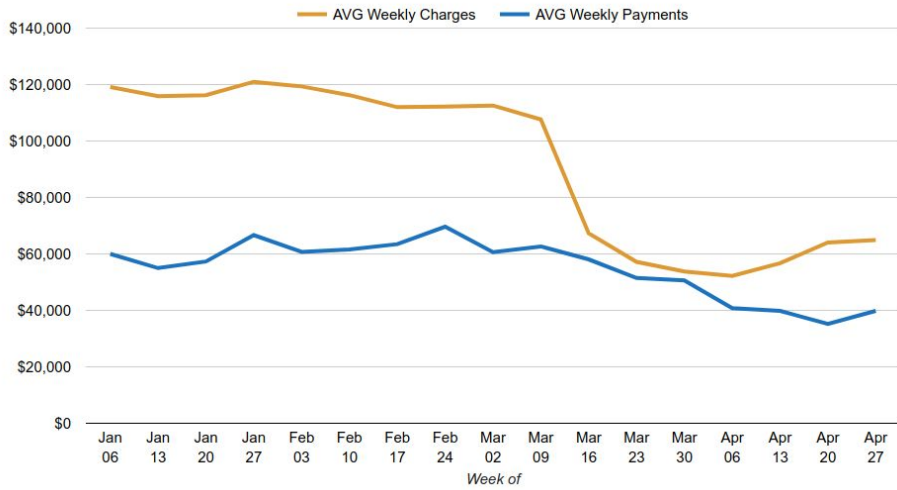
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# Latest Data From The Data Nerd...

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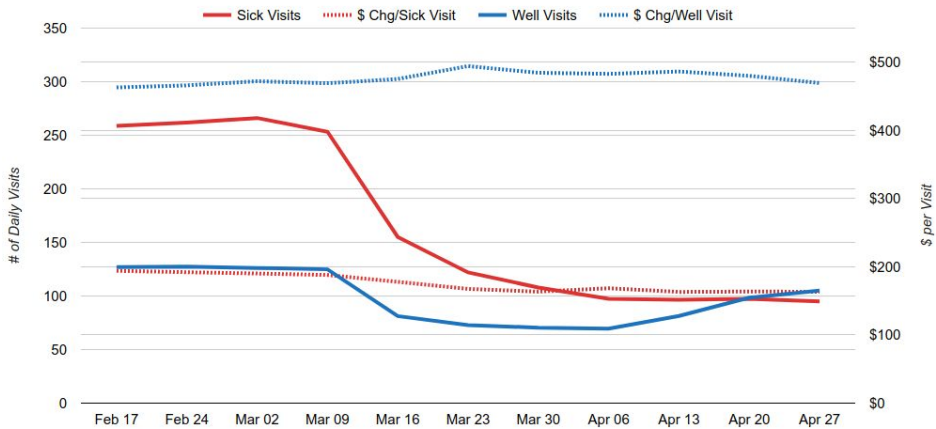
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# Latest Data From The Data Nerd...

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# News Segment

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## 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

Steven Gort and Amy Langlois

Timely Analysis of Immediate Health Policy Issues MAY 2020

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**Introduction**

Thirty million workers had initial unemployment claims between March 15 and April 25.<sup>1</sup> Researchers forecasts suggest the unemployment rate will likely be between 15 to 20 percent by June.<sup>2</sup> 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.<sup>3</sup> One estimate by the Federal Reserve Bank of St. Louis has suggested the unemployment rate could reach as high as 30 percent.<sup>4</sup> 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).<sup>5</sup> 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.

• A study made of 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 8 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 nationwide. Twenty states that have not expanded Medicaid under the ACA will see large shares of those losing ESI coverage become uninsured. Temporary recommendations such as temporary

How the COVID-19 Recession Could Affect Health Insurance Coverage | Page 1



Home > Finance

April 30, 2020 04:17 PM

### COVID-19 pandemic likely put some bankruptcies on hold

TARA BANNOW

TWEET SHARE MORE



Will PPP delay the inevitable or give more time for patient volume to rebound?

BECKER'S  
**Hospital CFO Report**

BECKER'S HEALTHCARE HEALTH IT + CLINICAL LEADERSHIP + PHARMACY VIRTUAL EVENT RSVP NOW

Financial Management

**Walmart Health expands as physician practices face cash crunch**

Ayla Ellison (Twitter) - 8 hours ago Print | Email

*Walmart Health is opening more clinics, which offer a variety of services, ranging from primary care to labs to dental, in one facility, while primary care practices are facing financial damage caused by the COVID-19 pandemic. In mid-April, 20 percent of primary care practices predicted they would close within a month, and nearly half of those surveyed were unsure if they had enough cash to remain open.*





**QUICK COVID-19 PRIMARY CARE SURVEY**  
SERIES 5 FIELDIED APRIL 10-13, 2020



This is the fifth weekly national survey of frontline primary care clinicians' experience with COVID-19.

The economic pain experienced and seen by practices is significant: close to half are unsure if they have enough cash to keep their practices open; 42% have experienced layoffs and furloughed staff, and most (85%) have seen dramatic decreases in patient volume. Reopening the economy or loosening physical distancing restrictions will be difficult when 20% of primary care practices predict closure within 4 weeks, while testing continues to remain limited and PPE is hard to find. Close to one fifth are applying for SBA loans and report the mechanisms are onerous and the promised support lower than reported. Disproportionate COVID-related health burdens have been noticed among specific population groups, including income and racial minorities and those with pre-existing co-morbidities or mental health concerns.

**More Specific Main Findings**

- 34% of clinicians report no capacity for COVID-19 testing and 32% have only limited capacity
- Outages due to illness/quarantine reported for clinicians (36%), nursing staff (35%), and front desk (31%)
- 41% of clinicians rate the COVID-related stress on their practice as severe; 34% rate it close to severe
- 53% lack PPE; 58% rely on used and homemade PPE
- 12% of clinicians see disparities among racial minorities; 27% among low income patients; 20% among those lacking computer/internet access; 29% among those with mental health conditions; 33% among the elderly

**Virtual Health Findings**

- 65% of clinicians report they have patients who can't use virtual health (no computer/internet)
- Full scale use of virtual platforms is limited: 34% rely on majority use of video, 15% on e-visits, and 19% on patient portal, compared with 48% conducting the majority of visits by phone
- 22% of practices report no use of video visits, 42% no use of e-visits, and 28% are not using patient portals

**Financial vulnerabilities are high. Over the next 4 weeks...**

- 3% predict closure due to low staffing; 14% unsure if they will have enough staff to stay open
- 12% predict closure due to low patient volume; 43% unsure if they will have enough patient volume
- 6% predict closure due to lack of cash on hand; 47% unsure if they will have enough cash to stay open
- 10% have not received payment for video/e-based care; 16% have not received payment for phone-based care

**Policy Recommendations** – Congress must take rapid and decisive action with the 4th stimulus bill to make sure that America's primary care practices are not shuttered, including investing in a Medicare and Medicaid per patient monthly payment (for the balance of 2020). Additional support must be provided to America's independent, rural, and safety net clinicians taking care of the country's most vulnerable patients as data reveals low income and racial minority patients experiencing far greater disparities in COVID-related health outcomes (consistent with US known health inequities).

Sample – 2602 clinician respondents from Family Medicine (69%), Pediatrics (5%), Internal Medicine (12%), Geriatrics (7%), Urgent care (3%), and 4% other. Responses covered all 50 states. Practice settings included 33% rural, 70% larger than 3 clinicians, 28% community health centers. One third were >50% Medicaid; 14% owned their practice; and 13% were part of academic centers. 21% were majority fee for service; 12% majority capitated; 20% had no capitation.

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836 respondents included general open text comments. Among these:

- 70% Reported trends in reasons for COVID-related health disparities and burden
- 54% focused on continued stress related to financial, testing availability and accuracy, and PPE.
- 23% focused on payment and access frustrations with telehealth, and policy driven obstacles to care
- 21% discussed primary care clinicians employed within systems suffering greater lack of autonomy and greater risk

# What Is Your Value Proposition?!?

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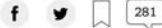
## Doctors Without Patients: 'Our Waiting Rooms Are Like Ghost Towns'

As visits plummet because of the coronavirus, small physician practices are struggling to survive.



By Reed Abelson

May 5, 2020



Autumn Road in Little Rock, Ark., is the type of doctor's practice that has been around long enough to be treating the grandchildren of its eldest patients.

For 50 years, the group has been seeing families like Kelli Rutledge's. A technician for a nearby ophthalmology practice, she has been going to Autumn Road for two decades.

*Pediatricians, which are among the lowest paid of the medical specialties, could be among the hardest hit. Federal officials used last year's payments under the Medicare program to determine which groups should get the initial \$30 billion in funds. Because pediatricians don't generally treat Medicare patients, they were not compensated for the decline in visits as parents chose not to take their children to the doctor and skipped their regular checkups.*

*"The vultures are circling here," he said. "They know these practices are going to have financial hardship."*

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"Our waiting rooms are like ghost towns," said Dr. Susan Sirota, a pediatrician in Chicago. Lyndon French for The New York Times



The New York Times

The Coronavirus Outbreak | LIVE Latest Updates

## A New Coronavirus Threat to Children

Here's what we know about the mysterious and frightening ailment that doctors are seeing in a small but growing number of very young Covid-19 patients.



*Dr. Katie Schafer, a general pediatrician who has a private practice in Birmingham, Michigan, a suburb of Detroit, said that because there were still many unknowns about the condition, parents of children who have symptoms should take them to pediatricians rather than assuming that a rash or fever or abdominal pain is only a sign of a typical childhood illness.*

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In 2019, Pallone was sworn in as the Chairman of the House Energy and Commerce Committee, which has jurisdiction over issues pertaining to energy, environment, health care, commerce, and telecommunications. From 2006 to 2014, Pallone served as the top Democrat on the Committee's Subcommittee on Health. As Chairman during the 111th Congress, Pallone played a key role in authoring and passing the Affordable Care Act.

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**Congress of the United States**  
Washington, DC 20515

May 5, 2020

The Honorable Alex M. Azar II  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue S.W.  
Washington D.C., 20201

Dear Secretary Azar:

The Department of Health and Human Services (HHS) recently announced additional allocations from the initial \$100 billion dedicated for health care providers in the Public Health and Social Services Emergency Fund (PHSSEF) provided by Congress under the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136).<sup>1</sup> In light of this latest distribution, we write to you today regarding our serious concerns about HHS's continued disregard for the ongoing needs of Medicaid providers.

HHS is ignoring clear Congressional intent by distributing the fund through methodologies that discriminate against Medicaid providers, impairing their ability to meet the needs of their communities and threatening their financial stability during and after the crisis. Medicaid providers are at the frontlines of the COVID-19 pandemic. Whether it is hospitals fighting to meet the needs of communities in crisis, nursing facilities and home-based providers working to keep patients safe, maternal health providers and pediatricians stepping up to ensure patients can receive essential prenatal care and vaccinations, or behavioral health providers striving to serve those in need of mental health and substance use disorder treatment, Medicaid providers play a critical role in confronting this pandemic. It is also vitally important that these providers alongside other essential providers such as school-based providers, primary care providers, health centers, dental providers, and others continue to exist when the country reaches the other side of this crisis. It is for these reasons that when creating the PHSSEF, Congress specified that "eligible health care providers" included "Medicare or Medicaid enrolled suppliers and providers."<sup>2</sup> Unfortunately, with roughly \$70 billion of the original \$100 billion already spoken for, HHS has yet to determine how Medicaid-dependent providers, operating at some of the thinnest margins, will receive necessary financial support.

<sup>1</sup> The PHSSEF was further enhanced by the Paycheck Protection Program Health Care Enhancement Act. (P.L. 116-139).

<sup>2</sup> Coronavirus Aid, Relief and Economic Security (CARES) Act (P.L. 116-136) (emphasis added).

HHS is ignoring clear Congressional intent by distributing the fund through methodologies that discriminate against Medicaid providers, impairing their ability to meet the needs of their communities and threatening their financial stability during and after the crisis. Medicaid providers are at the frontlines of the COVID-19 pandemic. Whether it is hospitals fighting to meet the needs of communities in crisis, nursing facilities and home-based providers working to keep patients safe, maternal health providers and pediatricians stepping up to ensure patients can receive essential prenatal care and vaccinations, or behavioral health providers striving to serve those in need of mental health and substance use disorder treatment, Medicaid providers play a critical role in confronting this pandemic. It is also vitally important that these providers alongside other essential providers such as school-based providers, primary care providers, health centers, dental providers, and others continue to exist when the country reaches the other side of this crisis. It is for these reasons that when creating the PHSSEF, Congress specified that "eligible health care providers" included "Medicare or Medicaid enrolled suppliers and providers."<sup>2</sup> Unfortunately, with roughly \$70 billion of the original \$100 billion already spoken for, HHS has yet to determine how Medicaid-dependent providers, operating at some of the thinnest margins, will receive necessary financial support.

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to Medicare providers and relied on their Medicare fee-for-service claims to determine payment amounts. Unfortunately, as noted in a follow up letter to the Administration from the independent Medicaid and CHIP Payment and Access Commission (MACPAC), this method failed to “account for the real and pressing concerns of safety-net providers that are on the frontlines of serving the nation’s poorest and most vulnerable.”<sup>3</sup>

HHS made matters worse by developing a second formula with an additional \$20 billion in allocations that effectively discriminates against those providers with a robust, or solely, Medicaid patient population. By choosing net patient revenue as the metric to determine how the funds would be distributed, providers with high levels of privately-insured individuals are being rewarded while those providers supporting the safety net are once again left waiting. In a four page fact sheet about the distributions, HHS devoted only one sentence to Medicaid providers, stating that some providers such as those that solely take Medicaid will receive further funding while at the same time failing to make any commitment as to when, how much, or whether Medicaid-dependent providers will receive equitable treatment.<sup>4</sup> In a response, the bipartisan National Association of Medicaid Directors publicly highlighted the failure of the expeditious distribution of Congressionally-appropriated funds to crisis serving the nation’s most vulnerable populations, noting the broad universe of providers and the fiscal fragility of such providers.<sup>5</sup> MACPAC also again expressed its concern a second time regarding their ongoing concern that “so little relief” has been provided that are solely or predominately focused on serving the nation’s most vu

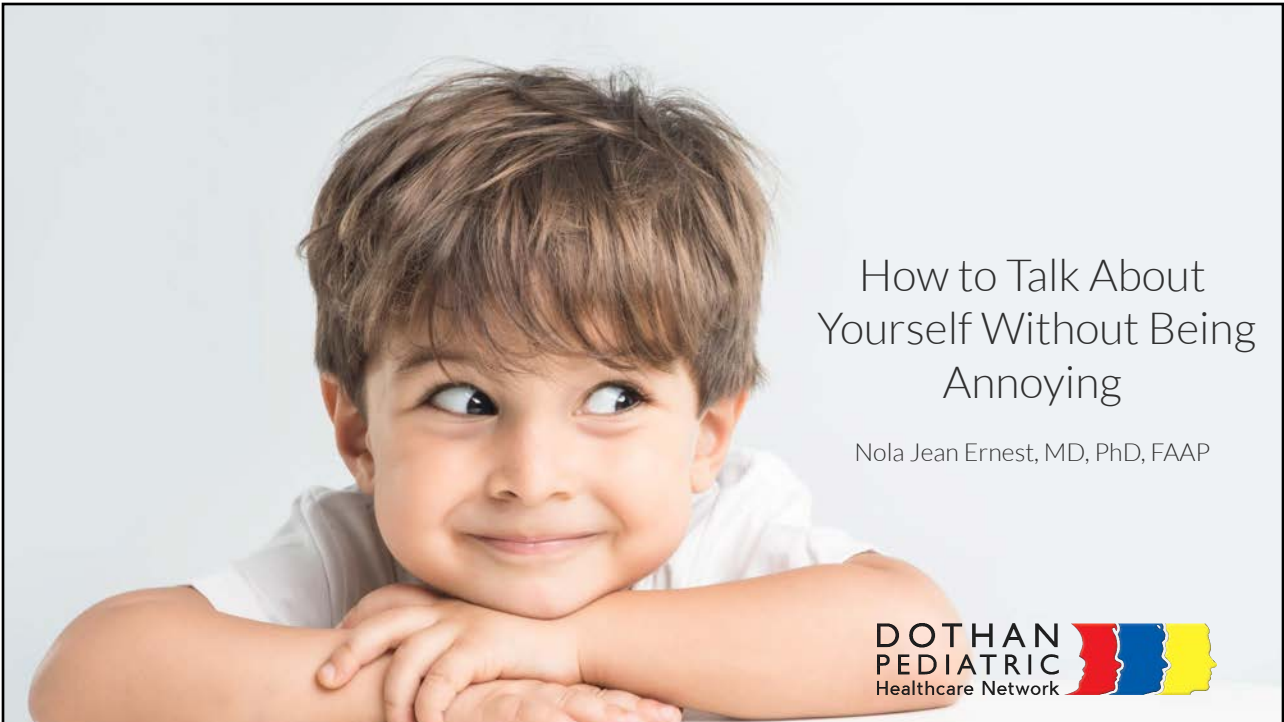


percent.<sup>8</sup> In recognition of the significant costs these providers incur from treating so many low-income individuals, Congress has long required that state Medicaid programs make payments to deemed DSH providers. The lack of clarity as to how these essential providers will be served and their unique needs will be taken into consideration. The use of these funds as a result of a Medicare DSH-based formula is not a provider targeting funds according to a measure that would reflect the income patient case-mix.

HHS’s continued neglect of providers struggling to deal with the COVID-19 crisis is unacceptable. The Medicaid program is a first responder that should be treated with equity. At a bare minimum that should include funding extended by Congress.

Accordingly, we call on HHS to ensure both Medicaid-only and Medicaid-dependent providers receive PHSSEF funding and that any future allocations focus on these providers to ensure fair distribution of the PHSSEF pool. In addition to addressing these gaps, we call on HHS to ensure all current and future distributions are fully transparent to Congress and the public.





# How to Talk About Yourself Without Being Annoying

Nola Jean Ernest, MD, PhD, FAAP



## ABOUT US

Largest privately owned pediatric practice in Alabama. Recipient of Level 3 Patient Centered Medical Home Certification.



# Leadership Skills for Private Practice Docs

- Coordinating teams (committee meetings, shareholder meetings, etc.)
- Negotiating (contracts and more!)
- Motivating/Inspiring Change (QI projects, growing the practice, more)
- Coaching and Giving Feedback
- Self-promotion
- And More!



## What?

.....

“Graceful self-promotion” : A method of making visible one’s accomplishments and abilities with tact and humility

## Why?

.....

- You are going to do it anyway
- Credibility with media, politicians, community groups
- Leadership positions in professional society
- It’s not just about you





# WARNING!!!!

Promoting yourself the wrong way can be annoying.



## 3 Tips

.....

1. Focus on Facts
2. Practice Makes Perfect
3. Keep it informal

# Want to know more?

- Women in Medicine webinar TBA
- Young Physician Leadership Alliance
- Page Morahan (2004) "Graceful Self-Promotion – It's Essential", *Academic Physician & Scientist*, pp. 2-3
- Ronna Lichtenberg (2009) "Introduce Yourself Like You Mean It" (excerpt from [Pitch Like a Girl: How a Woman Can Be Herself](#))
- Huber, Huber, and Zaidi (2020) "Graceful Self-Promotion: The impact of a short faculty development session", *MedEdPublish*



## Successful Patient Outreach During COVID-19

### Email



#### Benefits:

- Targeted Audience
- Higher Open Rate
- Reports (shows click rate, open rate, who opened it, where they clicked)

#### Recommendations:

- If information is critical, email and text are your best options
- Relevant and descriptive topic
- Short - Informative - Bullet Points
- Link to specific Landing Page (Not Home Page) to get rest of information
- Send only in the AM Monday-Thursday

Practice	Topic of Post	Open Rate	# of People Opened
A	COVID-19 Update	41.3%	7161
B	Safer at Home	32.7%	3812
C	COVID Testing	39.1%	2442
D	We Are Here For You	40%	6959

### Texting



#### Benefits:

- Specific Target Audience
- 82% Open Rate (Twilio)
- Less Expensive

#### Recommendations:

- If information is critical, email and text are your best options
- Have practice name in text
- Short text
- Link to specific Landing Page (Not Home Page) to get rest of information
- Send only in the AM Monday-Thursday

Practice	Topic of Text	Website Visits	% Increase in Visits
A	COVID-19	2334	398%
B	COVID-19	0	0%

\*Practice B did not include a link back to their website



## Social Media – Facebook



### Benefits:

- Broader market (past own patients)
- Quick to post
- Link back to website (specific landing page)
- Easy to share

### Recommendations:

- Specific Landing Page (Not Home Page)
- Include link to landing page
- Use Relevant Hashtags (Local)
- Post only in the AM Monday-Thursday
- Short posts that link back to website
- Relevant and descriptive topic

Practice	Topic of Post	Website Visits	% Increase in Visits
A	Drive Up Clinic	898	349%
B	COVID-19 Practice Safety	737	883%
C	COVID-19 Office Info	4,681	4,581%
D	Updating Procedure to Limit Spread of COVID-19	453	248%



# What Have You Done Since Last Week?

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Forum.PediatricSupport.com

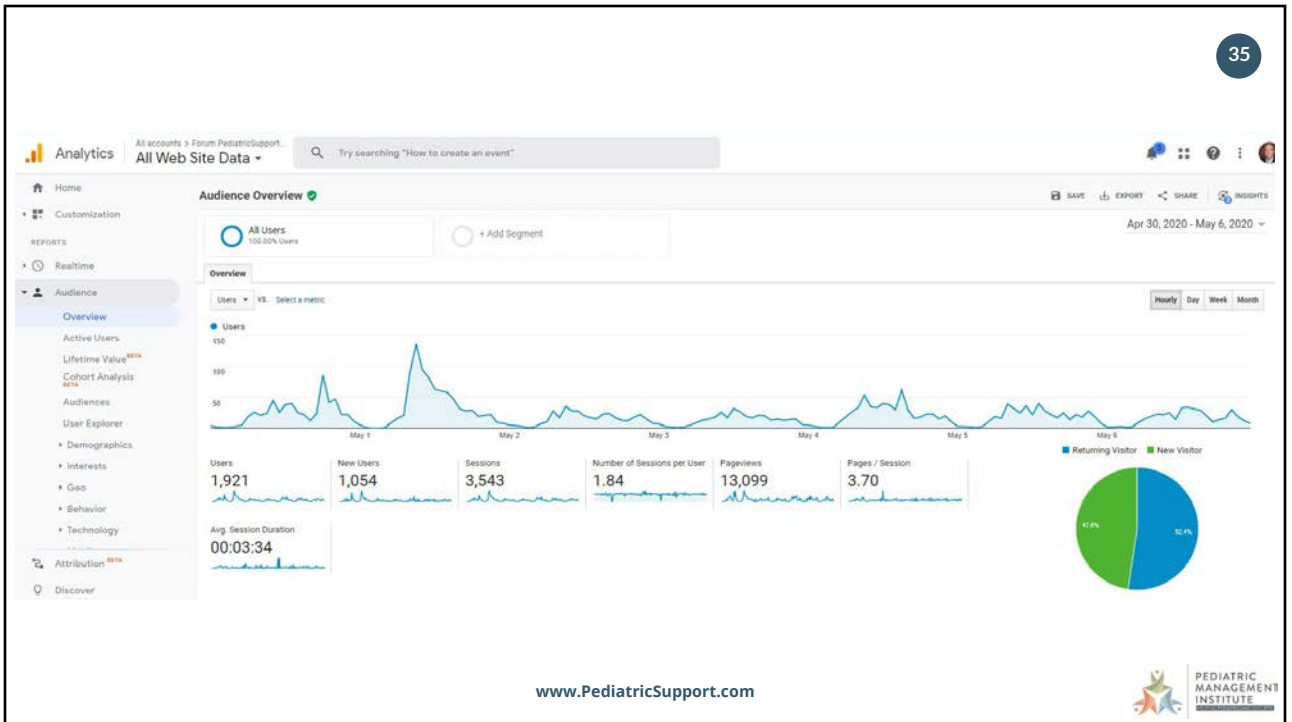
3,070+ community members as of this morning...

The screenshot shows a forum page with a navigation bar at the top. Below the navigation bar, there are several category sections: 'Upcoming Events', 'Finance', 'Site Feedback', 'Humor', and 'Leadership'. Each section lists topics with their respective reply counts and last post times. For example, under 'Upcoming Events', there is a topic 'Coronavirus stable for hours on surfaces' with 1 reply and a last post 1h ago.

The screenshot shows a forum page with a navigation bar at the top. Below the navigation bar, there is a list of topics. The topics include 'Coronavirus stable for hours on surfaces', 'Telemedicine Disclaimer', 'How To Handle COVID19 Infectious Waste', 'COVID19 Waste Management', 'Cardfirst - Covid19', 'Empire BCBS (NY) - Covid19', 'PCC's 2020-03 Pediatric Coding Web Lab [TELEMEDICINE CODING]', 'Wetmark - Covid19', and 'Humana - Covid19'. Each topic shows the number of replies and the time of the last post.

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## Leverage forum.pediatricsupport.com

- Connect using email
- Download the app (discourse)
- Popular and important highlights:
  - Post-webinar Q&A
  - Practice Photos
  - AAP COVID-19 Wellness Fund
  - Cash Flow Napkin
  - Payer Policies

<https://forum.pediatricsupport.com/t/put-your-h-r-questions-here/3640>

# Legal Concerns in the COVID-19 Era

## Jesse Hackell MD FAAP

Pomona Pediatrics PC  
A Division of Boston Children's Health Physicians  
Pomona, New York

Clinical Assistant Professor, Department of Pediatrics, New York Medical College

Member, AAP Committee on Practice and Ambulatory Medicine (COPAM)

Member, Executive Committee--AAP Section on Administration and Practice Management (SOAPM)

Vice President—NYS AAP Chapter 3

Chair, Pediatric Council—NYS AAP Chapter 3

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- I am not a lawyer, and this talk is not intended to provide specific legal advice
- I hope to suggest some areas which may be of concern from a legal standpoint
- For specific advice and recommendations about dealing with your personal and practice situation, please consult your lawyer, accountant or other qualified professional.

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## Potential Legal Issues in Today's Practice Environment

- Telemedicine issues
- Medical liability exposure
- Government support program concerns
- Reopening a closed or severely reduced practice

## Telemedicine

- Telemedicine visits are often adequate, but rarely perfect
- Not identical to an in-person visit
  - Technical limitations
  - Exam limitations
  - Lack of non-verbal cues and communication
- Be cognizant of the limitations
  - Discuss with parent/patient
  - Obtain consent, acknowledging the limitations
- Documentation is **CRITICAL** (as always)
  - Doing things differently than before
  - Differential diagnosis
  - Plan for follow up and reassessment—when and why
  - Disclaimer
- Non-HIPAA compliant platforms



## Malpractice (Liability) Risks

- Plaintiff attorney firms are already trolling for business
- HHS Emergency declaration offers some protection under the PREP Act—front line responders
  - <https://www.policymed.com/2020/03/hhs-issues-declaration-exempting-some-from-liability-related-to-covid-19-preparedness.html>
  - Limited to COVID-19 treatments
  - Practicing within scope of licensing
  - Does not cover gross negligence/willful misconduct
  - State law may differ from Federal emergency declaration
  - CARES Act covers medical volunteers (Sec. 3215)
- Current medical liability coverage probably covers current practice
- But for anything new, CONFIRM and MAINTAIN your coverage

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## Government Support Program Pitfalls

- PPP--Support employee paychecks, 2.5 months of average payroll.
  - Loan—can be forgiven if 75% used for payroll, no reduction in staff
  - Remaining 25% can be used for specified expenses
  - Must be spent within 8 weeks of disbursement (not 2.5 months)
  - Will need to document use, and APPLY FOR FORGIVENESS
- EIDL—Support for other practice expenses
  - Loan—favorable interest rate, SBA limitations
  - \$10,000 may be forgiven—but NOT IF PPP IS FORGIVEN (no double dipping)
- Meet the deadlines, use the funds as required, keep good records
- NOTE: If PPP used for payroll, you CANNOT deduct that amount as a business payroll expense from your income when filing tax return—discuss with accountant before the end of 2020 to avoid surprises

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## Re-opening/Re-expanding Your Practice

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- Local health department/CDC/OSHA guidance
- Patient contact—ideally has been maintained
- Medical liability carrier—any changes in practice hours/scope
- Other insurance—health, fire, liability, WC, disability
- Office staff—health screenings, self-monitoring, PTSD
  - Return from furlough/reduced hours. Earned PTO.
- Office supplies—PPE, cleaning. Regular stock—meds/immunizations
- Office flow—telephone triage, separation of well and sick
- Patient care—acute and ongoing chronic care—Mind the gaps!
- Telehealth experience—evaluate, decide whether/how to continue
- Documentation—everything above, in addition to patient care
- MLMIC

[https://www.mlmic.com/wp-content/uploads/2020/04/Checklist\\_Preparing-for-Post-COVID-19-Operations\\_Healthcare-Practices\\_042220.pdf](https://www.mlmic.com/wp-content/uploads/2020/04/Checklist_Preparing-for-Post-COVID-19-Operations_Healthcare-Practices_042220.pdf) [www.PediatricSupport.com](http://www.PediatricSupport.com)



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- 📣 MARKETING DEVELOPMENT & EXECUTION



## IMPORTANT Changes to 2020 RBRVS

**CONFESSIONS**  
of a Pediatric Practice  
Management Consultant

- GPCI Value Floor for Work values reset to 1.00
- 99441-99443 codes marked as 'Active'
- 99441-99443 codes increased 270-320%

<https://chipsblog.pcc.com>

### IMPORTANT Changes to 2020 RBRVS

May 05, 2020 / 0 Comments / In rvs, gpci, 2020 rbrvs, 2020 rvs, COVID / By Chip Hart

Exec summary: changes to the RVUs this quarter include major fee increases in telemedicine visits and a big mid-year change to GPCI values.

A few times every year (as few as 4, as many as 6 or 7), CMS updates the RVU data files used to not only pay Medicare but set the fee schedules for the nearly all of the rest of the world. Typically, these changes don't usually amount to much, but the release from May 1, which you can find [here](#), has some very important updates for pediatricians to pay attention to.

First, there's a real change to the 99441-99443 codes, also known as "Phone e/m phys/qhp." That's CMS-speak for when your doctor takes a phone call from a patient. A 99441 is for a 5-10 minute call, 99442 for 11-20, and the 99443 is for 21-30. Until this release, the RVU-to-\$\$ for these codes clocked in at approximately \$14.44, \$28.15, and \$41.14 respectively. In other words, a 30 minute phone call would generate \$41 in revenue. Further, the codes were marked with a status code of "N" - which means "N = Non-covered Services. These services are not covered by Medicare." And if that doesn't make things clear, they have a special mark which indicates that the values are "Not Used for Medicare Payment."

You following so far? Either way, let me roll to the first punchline.

With the new RVU release, the telephone codes have been re-mapped so that a 99212 -> 99441, a 99213 -> 99442, and a 99214 -> 99443. Or, in payment terms, \$46.19, \$76.15, and \$110.43. Those are improvements of 320%, 271%, and 268%, respectively. A 21-30 minute phone call pays the same as a 99214.

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## CMS April 30 Article - Effective March 1, 2020

### Additional Telehealth Flexibilities

During the COVID-19 PHE, RHCs and FQHCs can furnish any telehealth service that is approved as a Medicare telehealth service under the PFS. (See <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.)

**In addition, effective March 1, 2020, these services include CPT codes 99441, 99442, and 99443**, which are audio-only telephone evaluation and management (E/M) services. RHCs and FQHCs can furnish and bill for these services using HCPCS code G2025. To bill for these services, at least 5 minutes of telephone E/M service by a physician or other qualified health care professional who may report E/M services must be provided to an established patient, parent, or guardian. These services cannot be billed if they originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.

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## Code Spec

**99441** Telephone E&M 5- 10 minutes of medical discussion

Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

**99442** 11-20 minutes of medical discussion

**99443** 21-30 minutes of medical discussion

## Resources

### April 30 CMS Article

[New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) and Federally Qualified Health Centers \(FQHCs\) During the COVID-19 Public Health Emergency \(PHE\) \(PDF\)](#)

<https://www.cms.gov/files/document/se20016.pdf>

### Data File of CMS Payable Telehealth Services

[Covered Telehealth Services for PHE for the COVID-19 pandemic, effective March 1, 2020 - Updated 04/30/2020 \(ZIP\)](#)

<https://www.cms.gov/files/zip/covid-19-telehealth-services-phe.zip>

# Budgeting

Goto Forum and search "Cash Flow"

Forums.PediatricSupport.com

Check Your Vaccine Due Dates!

Home Latest Top Items

PEDETRIC SUPPORT FORUM

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)

The spreadsheet shows a monthly cash flow projection from 3/29/2020 to 6/7/2020. It includes columns for Estimated Weekly Deposits, Payroll Expense, Vaccine Invoices Due, Rent Payments, and All Other Office Expenses. A 'Running Balance' column tracks the net cash position over time.

Week Of	Estimated Weekly Deposits	Estimated Payroll Expense	Vaccine Invoices Due	Rent Payments	All Other Office Expenses	Running Balance
10/3/20/2020	\$ 20,000	\$ 15,000	\$ 5,500	\$ 5,000	\$ 1,500	\$ 8,500
11/4/20/2020	\$ 20,000	\$ 15,000	\$ 2,500	\$ 5,000	\$ 1,500	\$ 24,500
12/4/12/2020	\$ 17,500	\$ 15,000	\$ 1,750	\$ 5,000	\$ 1,500	\$ 23,750
13/4/18/2020	\$ 7,500	\$ -	\$ 1,750	\$ 5,000	\$ 1,500	\$ 28,000
14/4/24/2020	\$ 7,500	\$ 18,000	\$ 1,500	\$ 5,000	\$ 1,500	\$ 12,500
15/5/2/2020	\$ 7,500	\$ -	\$ 2,000	\$ 5,000	\$ 1,500	\$ 16,500
16/5/16/2020	\$ 5,000	\$ 15,000	\$ 2,500	\$ 5,000	\$ 1,500	\$ 2,500
17/5/31/2020	\$ 5,000	\$ -	\$ 1,750	\$ 5,000	\$ 1,500	\$ 4,250
18/5/24/2020	\$ 5,000	\$ 15,000	\$ 1,500	\$ 5,000	\$ 1,500	\$ (8,750)
19/5/31/2020	\$ 5,000	\$ -	\$ 1,200	\$ 5,000	\$ 1,500	\$ (11,450)
20/6/7/2020	\$ 5,000	\$ 19,000	\$ 900	\$ 5,000	\$ 1,500	\$ (23,800)

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# Back To The Office

## Louisiana AAP



Back to the Office Campaign

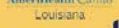
### Resource Toolkit

Resources for Providers and Organizations to Promote Wellness & Preventative care

created by:



supported by:



#### Template letter to families

Providers can use the letter below as a customizable template to send to families encouraging them to return to the office for well child visits and vaccinations. To download an editable version, visit: <https://www.aap.org/wp-content/uploads/2020/05/BackToTheOffice-TemplateLetterToFamilies.docx>

Hello from [Insert Practice Name]

We hope that this is understandable as we pandemic.

Currently, stay at home healthcare visits. The checkups. To this or and rooms, image is

For patients who are an in-person appointment may be taking extra precautions. For children ages 1 up-to-date on immunizations are necessary to no vaccinations or to do your child to up-to-d

For patients who are a patient home. We're siblings be brought

We have developed (discuss specific per have further support)

On track vaccinations: "Hi! This is (name) from (practice). I am calling to touch base regarding your child's wellness visit and vaccinations. It is very important to stay on track with these appointments, as missing them can lead to issues later down the road. Although the COVID-19 pandemic is ongoing, we give you a call if you have any

Newborn appointments: "Hi! This is (name) from (practice). We are so thrilled vaccines are very important. I appointments or schedule one anything that we can do for y

COVID-19: "Hi! This is (name) from (practice). We have modified our practice questions or if there is anything still seeing patients in the office know. We hope to see you

Sick-child visits: "Hi! This is (name) from (practice) our patients. Although the CC

We are here for you! By phone, through telehealth or in person your child's visits and vaccinations.

The time is now! Immunizations are key to maintain children's health. If your child is not behind for routine vaccinations, don't wait! Contact us now to schedule your child's appointment!

WELL CHILD CARE IS IMPORTANT, EVEN DURING A PANDEMIC. Wash your hands often and contact us to discuss regular well child visit options.

THE TIME IS NOW! Immunizations are key to maintain children's health. If your child is not behind for routine vaccinations, don't wait! Contact us now to schedule your child's appointment!

Stay on Track with Vaccinations!

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# Recall!Recall!Recall!

## Why Increase Patient Recall Efforts Now?

- **Stay in Business So You Can Continue to Provide Care:** Remain viable, be there when things open;
- **Identify Abuse and Neglect:** Pediatricians and teachers are the front line of identifying abuse and neglect. We need you to check on these kids;
- **Preventative Care's Normal Benefits Are Amplified Right Now:** Every missed Bright Futures step is an evidence-based opportunity to miss an important developmental issue with children - vision, hearing, height, weight, fluoride, depression, ADHD, lead, etc.
- **Employment Uncertainty Means Health Insurance Uncertainty:** Get patients seen NOW while families still have health insurance!
- **This is a Slower Time for Many Families:** Get patients seen NOW while families have availability to see you (they aren't trying to schedule around kid sports, school, activities, etc.)

# Recall!Recall!Recall!

**Make Your Practice Safe, and Then Assure Your Families of Their Safety**

**Determine your Telemedicine vs. In-Person Workflow**

**Clean Up Your Patient List Before Doing a Large Recall**



# Recall!Recall!Recall!

## Perform Preventative Care Recalls For Specific Patient Populations and Needs

- Overdue Well
- Overdue Vaccines (Under 2)
- Overdue Vaccines (Adolescent)
- Overdue Vaccines (School/Daycare)
- High BMI / Obesity Management
- Depression and Anxiety
- ADHD
- Asthma
- Care Plans
- Referrals

# Recall!Recall!Recall!

## How Should You Code These Visits?

### Create a Library of Resources for Your Patients and Families

- Develop a library of resources that you can use to engage your patients before and after the visits, making your in-person time more efficient and effective. This material can also be used to promote the value of pediatric work.
  - Barbara Howard's "Screening During COVID-19" guidance
  - Girlology

# Financing Options

55

- Paycheck Protection Program (PPP)
  - Exhausted?
- Economic Injury Disaster Loan (EIDL)
  - No More Applications Being Accepted
- Bank
  - Line of Credit
  - "Working Capital" Loan
- Main Street Loans
  - \$500k min, 4 years to pay back

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# Survey

56

## Financial Impact of Covid-19 on Primary Care Practices

2. Which best describes your practice now?

- We **need** [additional] financial assistance / capital to keep our practice functional.
- We don't need any [additional] financial assistance / capital at this point in time.  
Please comment below on why?

Prev

Next

## Financial Impact of Covid-19 on Primary Care Practices

\* 3. How much funding does your practice require?

- Estimated for the next 3 months
- [Use this sheet to calculate your cash flow](#)

\* 4. Which EMR / EHR platform do you use?

\* 5. Which General Ledger / Financial Management Software does your practice use?

\* 6. About you and your practice:

Your Name

Practice Name

Address

Address 2

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<https://womeninpedis.com>

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## Billing & Practice Management Issues

- What is the status of telemedicine payment and coding for each of your major payers?



Telemedicine  
 Care Coordination Plans  
 Complex Patients  
*...all the things you've been  
 putting off that's good for the  
 patients...*



# Follow Up Items

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- PMI Challenge
- Visit [Forum.PediatricSupport.com](http://Forum.PediatricSupport.com) for follow up items
- Cash Flow Budget
- Practice good medicine...keep an eye on finances...stay healthy

[www.PediatricSupport.com](http://www.PediatricSupport.com)



# Homework

60

- Join [Forum.PediatricSupport.com](http://Forum.PediatricSupport.com)
- Cash flow planning (every week)
- Patient Recall Lists
- Advocate For Yourself
- Keep annoying the bankers

[www.PediatricSupport.com](http://www.PediatricSupport.com)

