

Late Night With Chip & Paulie

Episode #21

Thursday December 7, 2023 @ 8:00PM ET

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Sabrina Braham, MD & Amit Parikh, MD

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Last Webinar

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Agenda

- This Week's Focus
- Data Nerd Report
- News Round Up
- Mental Health Services

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PMI Conference 2024



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Both onsite and virtual attendees will have access to recordings of the conference sessions for 90 days following the event. Virtual attendees can view first recordings of all the conference sessions.

35+ Presentations To Learn What You Need To Know To Manage A Pediatric Practice

Thursday February 1, 2024	
8:30PM	Registration Opens
8:30PM	Cocktail Party
Friday February 2, 2024	
8:00AM	Breakfast
8:00AM	Chap Hart & Paula Vecchiare
8:00AM	Mark Del Monte
9:00AM	Use Hoosky
10:00AM	Morning Break
10:00AM	Break Out Session #1
10:00AM	Lunch
12:00PM	Paula Vecchiare
1:00PM	Suzanne Morgana
2:00PM	Afternoon Break
3:00PM	Colleen Craft & Melissa Howard
4:00PM	Chap Hart
5:00PM	Cocktail Party
Saturday February 3, 2024	
8:00AM	Breakfast
9:00AM	Ann Geisler
10:00AM	Breakout Session #2
10:00AM	Planning Break
10:00AM	Breakout Session #3
10:30AM	Lunch
12:00PM	John Vecchiare
12:45PM	Colleen Craft & Melissa Howard
1:00PM	Dr. Gina
2:00PM	Afternoon Break
3:00PM	Conference Plenary
5:00PM	Cocktail Party

BREAKOUT SESSIONS

BREAK OUT SESSION 1 - FRIDAY @ 11:00AM		
Session	Don Felsen	6 Strategic Questions To Guide Your Future
Founders I & II	Tom Wascicki	Strength In Numbers
Founders I & II	Sogol Hakhaman	Let Go Of Your Habits To Build A Mindful Practice
Champions I & II	Sandy Chang	Disruptive Innovation: Preparing For The Future In Pediatrics
Champions I & II	Margen Burrows	Key Issues In Provider Contracts
BREAK OUT SESSION 2 - SATURDAY @ 9:00AM		
Session	Suzanne Bermon	Extreme Practice Makeover
Founders I & II	Allia Vaughn	Answering The Basics: 101 Strategies To Overcome Staffing Issues
Founders I & II	Richard Lander	Employee or Employee? Role of Incentives/Contract
Champions I & II	Alex Meyer	Improve Workflow Now To Build A Culture Of Success: Anecdotal Evidence
Champions I & II	Jesse Harshb & Traci Leland	You Be The Jury
BREAK OUT SESSION 3 - SATURDAY @ 10:00AM		
Session	Haed Chamberlin	Insurance Claims: A Complete Reference Guide To Manage Them
Founders I & II	Ruby Whitener	Medical Coverage: Lines Where Do We Go From Here?
Founders I & II	Richard Lander	OT Coding 101
Founders I & II	Katie Schuler	Maximizing The Success: Refining The Process: Bringing Out The Best In Your Team
Champions I & II	Randall Betancourt	Title Coming Soon!

PRE-CONFERENCE SESSIONS

PRACTICE MANAGEMENT PRE-CONFERENCE FEBRUARY 1 & 2, 2024 (ONLINE)		
10:00AM	Paula Vecchiare	Practical Measures To Track Each Month
10:00AM	Paula Vecchiare	Providing Patient Access & Improving Care: A New Era Of Collaboration
10:00AM	Paula Vecchiare	Presentations Provided To Pre-Conference Attendees
10:00AM	Paula Vecchiare	Time Coming Soon!
4:00PM	Paula Vecchiare	How To Split The Pie: Partner & Owner Compensation
DIRECT CARE MODELS (DCM) PRE-CONFERENCE FEBRUARY 1 & 2, 2024 (ONLINE)		
10:00AM	Debra Hertz	DCM Opportunities In Pediatrics
10:00AM	Kelly Parker-Mello	From Vision To Reality: One Pediatrician's Journey
10:00AM	Paula Vecchiare	Referrals Provided To Pre-Conference Attendees
10:00AM	Paula Vecchiare	Marketing Your DCM Practice
10:00AM	Suzanne Morgana	Open Panel Discussion
HUMAN RESOURCES PRE-CONFERENCE FEBRUARY 1 & 2, 2024 (ONLINE)		
10:00AM	Lillian Hogenmiller	Basic HR Must Haves
10:00AM	Jennifer Higgins	Chilly In The Workplace: Building A Resilient And Productive Practice
10:00AM	Paula Vecchiare	Referrals Provided To Pre-Conference Attendees
10:00AM	Paula Vecchiare	Employee Relations
4:00PM	Lillian Hogenmiller	Maximizing Performance Management Programs To Keep The Work Approved

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



All presentations are subject to change without notice. Please check the agenda on the website for the most current information. All times are in Central Standard Time (CST). All times are subject to change without notice.

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 **PEDIATRIC MANAGEMENT INSTITUTE** In-Person & Virtual Options Available 

PMI 2024
Keynote Presentation

Mark Del Monte

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Imagining the Successful Pediatric Practice of the Future: What Will it Take to Get There?

Sue Kressly, MD, FAAP

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6 Strategic Questions to Guide Your Future

Daniel Feiten, MD, FAAP

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5 Ways Pediatricians Leave Money On The Table Every Day

Nneka Unachukwu, MD, FAAP

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Disruptive Innovations: Preparing For The Future in Pediatrics

Sandy Chung, MD, FAAP, FACHE

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Let Go Of Your Habits To Build A Mindful Practice

Sogol Pahlavan, MD, FAAP

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PRE-CONFERENCE SESSIONS

(FEBRUARY 1, 2023) SUBJECT TO ADDITIONAL FEES

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PRACTICE MANAGEMENT PRE-CONFERENCE (LEGENDS BALLROOM)		
1:00PM	Tim Proctor	Financial Measures To Track Each Month
2:00PM	Bharath Perugu	Promoting Patient Access & Improving Care: A New Era Of Information Sharing
3:00PM	Break	Refreshments Provided To Pre-Conference Attendees
3:30PM	Jan Blanchard	Title Coming Soon!
4:30PM	Paulie Vanchiere	How To Split The Pot: Partner & Owner Compensation
DIRECT CARE MODELS (DCM) PRE-CONFERENCE (FOUNDERS I & II)		
1:00PM	Drew Hertz	DCM Opportunities In Pediatrics
2:00PM	Kelly Parker-Mello	From Vision To Reality: One Pediatrician's Journey
3:00PM	Break	Refreshments Provided To Pre-Conference Attendees
3:30PM	Phil Boucher	Marketing Your DCM Practice
4:30PM	Susanne Morgana Brennan	Open Panel Discussion
HUMAN RESOURCES PRE-CONFERENCE (FOUNDERS III & IV)		
1:00PM	Lilian Hogenmiller	Basic HR Must Haves
2:00PM	Jennifer Higgins	Civility In The Workplace: Building A Respectful And Productive Practice
3:00PM	Break	Refreshments Provided To Pre-Conference Attendees
3:30PM	Amy Stokes	Employee Relations
4:30PM	Lilian Hogenmiller	Mastering Performance Management Programs To Keep The Vision Aligned



Friday February 2, 2024

6:30AM	Breakfast	Continental Breakfast Provided To All Attendees
8:00AM	Chip Hart & Paulie Vanchiere	Conference Welcome & Opening
8:30AM	Mark Del Monte	Keynote Presentation
9:30AM	Sue Kressly	Imagining the Successful Pediatric Practice of the Future: What Will it Take to Get There?
10:30AM	Morning Break	Snacks & Beverages Provided In Exhibit Area
11:00AM	Break Out Session #1	See Top Right For Details
12:00PM	Lunch	Buffet Luncheon Provided To All Attendees
12:45PM	Paulie Vanchiere	Succession Planning & Valuations
1:30PM	Susanne Morgana Brennan	Maximizing Value and Avoiding Pitfalls: Strategic Ancillary Services for Pediatric Practices
2:30PM	Afternoon Break	Snacks & Beverages Provided In Exhibit Area
3:00PM	Collen Craft & Barbara Howard	Maximizing Resources to Improve Behavioral Health In Your Practice (Part I)
4:00PM	Chip Hart	Dancing Penguins & Roaring Tigers
5:00PM	Cocktail Party	Drinks And Hors d'oeuvres For All Attendees

Saturday February 3, 2024

6:30AM	Breakfast	Continental Breakfast Provided To All Attendees
8:00AM	Ann Greiner	Patient Centered Medical Homes
9:00AM	Breakout Session #2	See Top Right For Details
10:00AM	Morning Break	Snacks & Beverages Provided In Exhibit Area
10:30AM	Breakout Session #3	See Top Right For Details
11:30AM	Lunch	Buffet Luncheon Provided To All Attendees
12:00PM	John Vanchiere	Pediatric Infectious Disease Q&A Session
12:45PM	Collen Craft & Barbara Howard	Maximizing Resources to Improve Behavioral Health In Your Practice (Part II)
1:30PM	Dr. Una	Five Ways Pediatricians Leave Money On The Table
2:30PM	Afternoon Break	Snacks & Beverages Provided In Exhibit Area
3:15PM	Conference Faculty	Panel Discussion- Top Issues Pediatricians Face
5:00PM	Cocktail Party	Drinks And Hors d'oeuvres For All Attendees

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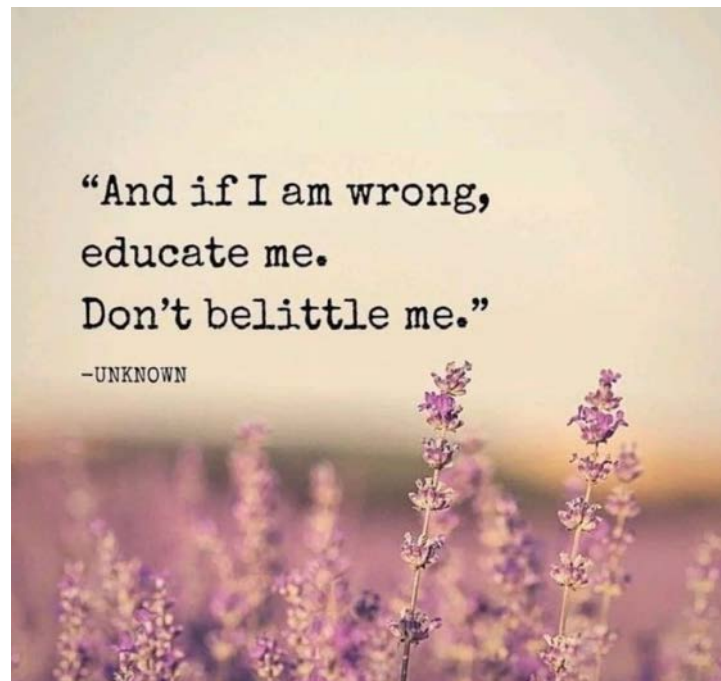
BREAKOUT SESSIONS

9

BREAK OUT SESSION 1		FRIDAY @ 11:00AM
Ballroom	Dan Feiten	6 Strategic Questions To Guide Your Future
Founders I & II	Tom Wysocki	Strength In Numbers
Founders III & IV	Sogol Pahlavan	Let Go Of Your Habits To Build A Mindful Practice
Champions I & II	Sandy Chung	Disruptive Innovations: Preparing For The Future In Pediatrics
Champions VI & VII	Meagen Burrows	Legal Issues In Provider Contracts
BREAK OUT SESSION 2		SATURDAY @ 9:00AM
Ballroom	Suzanne Berman	Extreme Practice Makeover
Founders I & II	Alisa Vaughn	Keeping The Bench Full: Strategies To Overcome Staffing Issues
Founders III & IV	Richard Lander	Employer or Employee? King or Indentured Servant?
Champions I & II	Alex Meyer	Employee Retention: How To Build A Culture That Attracts & Keeps Good Employees
Champions VI & VII	Jesse Hackell & Herschel Lessin	You Be The Jury
BREAK OUT SESSION 3		SATURDAY @ 10:30AM
Ballroom	Heidi Chamberlin	Insurance Claims: A Comprehensive Guide To Manage Them
Founders I & II	Kelly Whitener	Medicaid Coverage Losses: Where do we go from here?
Founders III & IV	Richard Lander	CPT Coding 101: Mastering The Basics
Champions I & II	Katie Schafer	Rallying The Troops: Bringing Out The Best In Your Team
Champions VI & VII	Brandon Betancourt	Title Coming Soon!



Focus
For
The
Week...



“And if I am wrong,
educate me.
Don’t belittle me.”

—UNKNOWN

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An environment that
is not safe to disagree is
not an environment focused on
growth - it's an
environment focused on
control.

— Wendi Jade —

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 PositiveQuotez



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Business of Pediatrics



You're Invited to the 26th Annual Business of Pediatrics

Thursday, December 14, 2023

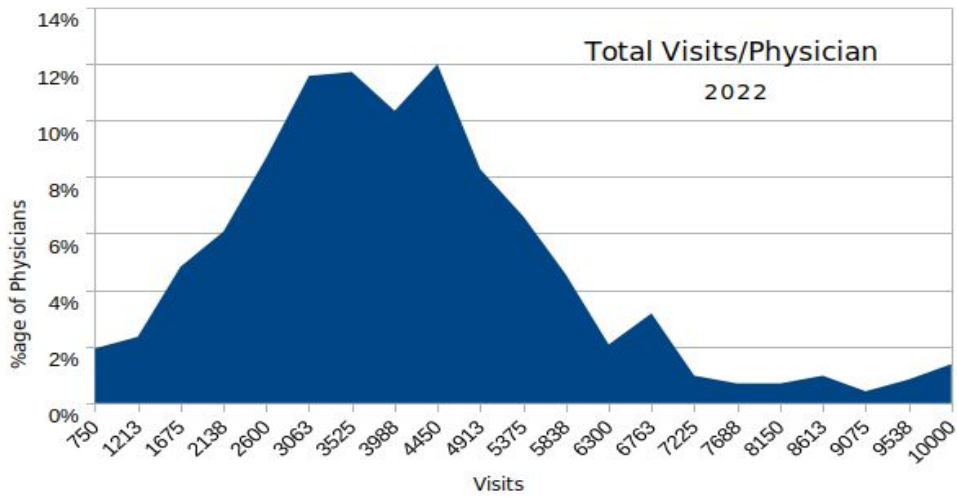
8:30 a.m. – 4:30 p.m.

Bethesda North Marriott Hotel & Conference Center

5701 Marinelli Road Bethesda, MD 20852

DIAGNOSTIC
MANAGEMENT
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Latest Data From The Data Nerd...

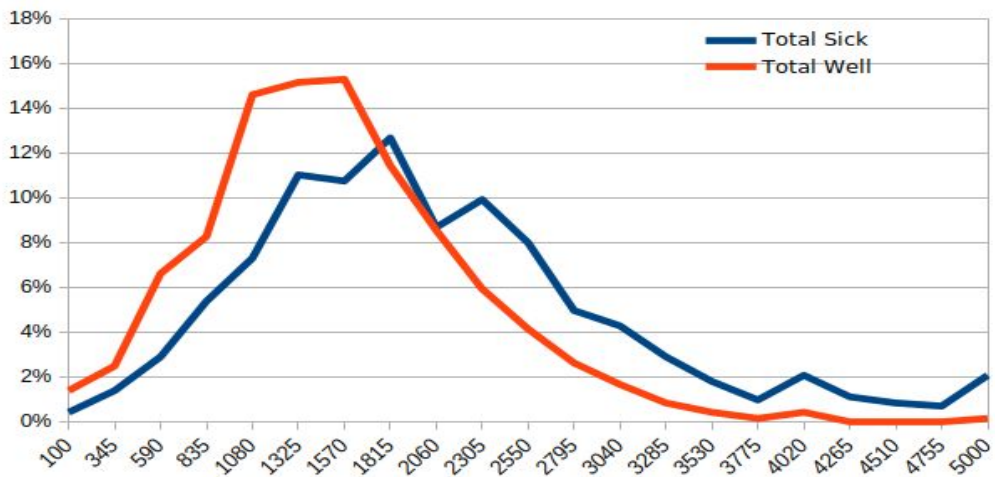


Mean: 3863 visits, Median: 3666 visits

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Latest Data From The Data Nerd...



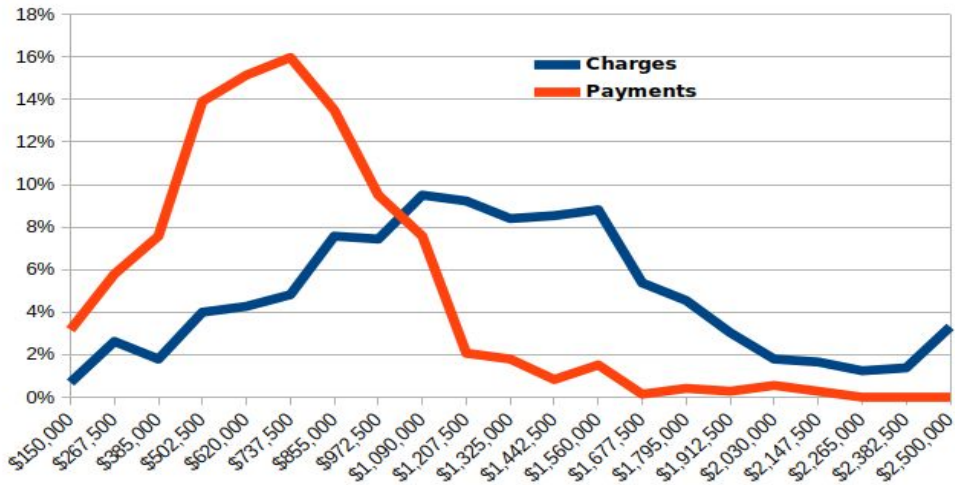
Mean Well: 1413 visits, Mean sick: 1961 visits

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Latest Data From The Data Nerd...

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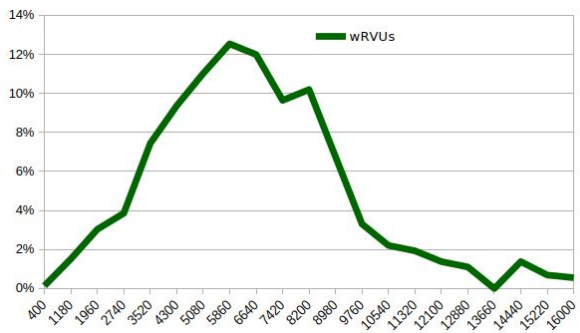
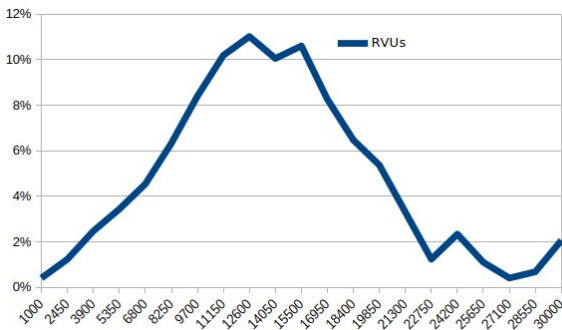
Mean charges: \$1.22m, Mean payments: \$679K

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Latest Data From The Data Nerd...

16



Mean RVUs: 13327, Mean wRVUs: 6197

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17

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What's On The Pediatric Practice Management Calendar?

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Dec 7, 2023

Paulie and Chip Late Show Webinar 8pm

- Confirm clinician/payor associations (Q)
- Update employee lists (Q)
- Check for new DIRECT addresses (Q)
- Check all voicemail greetings (M)
- Clean out your fridge and snack drawers (Q)
- Prepare to update your pricing (Y)
- WWW site management (Q)

bit.ly/PediatricPracticeManagementCalendar

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Over 180 already enrolled!

Have Until Oct 31st

- Accounting Corporate Structures
- Accounting Reading Financial Statements
- Finance Budgeting For Pediatric Practices
- Finance Equipment Lease Versus Purchase
- Finance Financial Key Performance Indicators (KPI's) In Pediatrics
- Finance How To Determine The Value Of A Medical Practice
- Finance How To Easily and Accurately Set Your Prices Using RBRVS
- Finance Physician Compensation Models
- Finance Practice Financing: Lines Of Credit & Loans
- Finance RBRVS- What It Is And How It Affects Practices
- Finance The Business Of Immunization
- Human Resources Effective Interviews To Find The Right People
- Marketing Effectively Marketing For Your Pediatric Practice
- Operations Physician Employment Options
- Operations Process Improvement In Your Practice
- Operations Reducing No-Show's In Pediatric Practices
- Operations Using PCMH Components To Increase Efficiency & Productivity
- Revenue Cycle True Cost Of Billing Department And Outsourcing
- Revenue Cycle Value Based Contracts For Pediatric Practices
- Strategic Planning SWOT Analysis For Pediatric Practices

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News Round Up ...Important News Pediatricians Need To Know!

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2024 Outlook for Health Care Planning for the Future of Health: Top trends for 2024



Save for later

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1. M&A, consolidation, and convergence: Hospital and health system merger-and-acquisition (M&A) activity dropped sharply during the COVID-19 pandemic, but it has rebounded in a big way.¹ We expect this trend will continue in 2024 (several large mergers are in the works).² Eighty-six percent of health system executives surveyed said M&A would have a “great impact” (33%) or a “moderate impact” (53%) on their 2024 strategy. As health systems consolidate, the question is how to successfully execute on the transactions to ensure that strategic goals are achieved. Health plan executives are less concerned about M&A than they were a year ago, according to our survey results. Only one-third of health plan respondents expect M&A will impact their 2024 strategy. Given the Health Plan sector’s strong financial position, large plans may be well positioned to drive transformative acquisitions in 2024.

The big takeaway: Some large health care organizations have acquired or partnered with non-traditional industry disruptors and innovators (e.g., tech giants, telecom, retail) as they try to meet the needs of an increasingly savvy and more empowered health care consumer. We expect this trend to continue as the industry experiences more pressure toward convergence. Some new entrants—unencumbered by outdated business models—tend to be focused on meeting consumer needs. Following this mantra could help legacy health systems transcend from business-as-usual to groundbreaking business models and offerings that meet rapidly changing consumer expectations.



2. Generative AI and digital transformation: Health care organizations appear to be at the midway point in their adoption of digital technologies (e.g., cloud, data analytics, natural language processing, virtual health). See our report on [Digital health integration](#). Not surprising, a majority of survey respondents expect the accelerated adoption of digital tools will impact their strategy in 2024. However, these digital components are often added piecemeal. For health systems and health plans to compete in the digital race, each component should be integrated throughout the organization. Surveyed health care executives agree that generative AI has the potential to address many of the sector's most vexing issues (e.g., access, patient wait times, claims, staff burnout) and could revolutionize the way health care is delivered. Our colleague, **Dr. Bill Fera**, a principal at Deloitte Consulting LLP, recently urged health care leaders to incorporate generative AI in parallel with other digital technologies as they retire legacy hardware and transition to the digital realm (see [From Fax machines to GenAI, are health systems ready?](#)). The technology is already being used to predict in-hospital mortality, length of stay, and medical claims denials.³ At the same time, many consumers are already turning to generative AI to help make decisions about their health and well-being, to locate clinicians, learn about medical conditions, understand treatment options, and decipher technical language (see [Can GenAI help make health care affordable? Consumers think so](#)).

The big takeaway: Consolidation often leads to significant technical debt as organizations try to integrate disparate IT systems. This challenge is expected to become more complex with continued industry convergence. Moving to a single digital system and sunseting the others can be disruptive, expensive, and time consuming. However, as generative AI matures, we could begin to see some measurable improvements—in everything from improved efficiencies to better customer experiences—across all facets of the health care sector.



3. Workforce talent challenges: More than half of health system executives (57%) expect talent shortages and workforce challenges will impact their organization's strategy in 2024—down from 68% a year ago. Many health system executives are trying to attract and retain clinical staff while continuing to focus on reducing clinician burnout. At the same time, scores of health systems, from coast to coast, have laid off executives, administrative staff, management, and other non-clinical staff this year.⁴ Surveyed health plan executives were less concerned about workforce issues; just 37% said it will likely impact their strategy in 2024—down from 43% a year ago. Overall, most surveyed executives said they intend to focus on the mental health and well-being of their employees in 2024. Some organizations have tried to make employee benefit packages more appealing and are conducting employee surveys to get feedback on these challenges.

The big takeaway: As the health care sector evolves, health care leaders should ensure that they are able to retain employees who have the skills needed to keep up with the changing health care landscape. They should also try to attract and retain new talent employees to help support their digital transformation.

4. Outsourcing and offshoring: Challenging margins—combined with rising labor costs and high interest rates—are putting financial pressure on health care organizations. Health care organizations should determine what they do well and consider ways to outsource functions that can be done more efficiently and at a lower cost. Some organizations are considering moving some back-office functions overseas where labor costs can be significantly lower (see [Can offshoring help health systems bulk up thin margins?](#)). Revenue cycle, billing, claims, finance, human resources, clinical administration, and supply chain are areas that could be entirely or partially outsourced. Assessing the cost, quality, and efficiency of outsourcing could make it easier for health systems and health plans to streamline operations, reduce costs, and improve efficiencies.

The big takeaway: There appears to be a growing interest in outsourcing and offshoring certain administrative tasks, particularly among large, multi-state health systems. Our [recent survey of health care CFOs](#) found that 40% of health care leaders are interested in optimizing their service models. To evaluate an outsourcing strategy in 2024, health care leaders should consider performing a cost-benefit analysis to identify which functions could be outsourced with the most financial and transformative impact.



5. Affordability and empowered consumers: Medical inflation, combined with rising coverage costs, could leave consumers with higher out-of-pocket costs in 2024.^{5,6} Half of the health plan executives we surveyed cited “affordability issues” as most likely to impact their strategy in the year ahead. Moreover, a majority of finance leaders expect consumer health care expenses (e.g., premiums, out-of-pocket costs) will increase in 2024, according to our mid-year [health care CFO survey](#). Consumers are at the heart of the transition from consolidation and fragmentation to convergence, and they tend to make many purchase decisions based on price and convenience. When consumers can receive an online order in a day or less, many are frustrated when they must wait weeks or months for a medical appointment. According to Deloitte’s [research on trust](#), about half of focus group participants said they’d be willing to trade in-person visits and the convenience of a closer location for a provider who relates to them and understands their needs.

The big takeaway: Health care leaders have an opportunity to influence consumer health decisions—and potentially drive loyalty and market share—by providing digital tools that can help consumers navigate their health care journey. Health care organizations might consider offering more affordable treatment options (e.g., virtual health, digital tools) to help ensure patients continue to get necessary care. Cracking that code could increase stickiness and help ensure loyalty.





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ATTORNEY GENERAL KEN PAXTON SUES PFIZER FOR MISREPRESENTING COVID-19 VACCINE EFFICACY AND CONSPIRING TO CENSOR PUBLIC DISCOURSE

November 30, 2023 | Press Release

Attorney General Ken Paxton Sues Pfizer for Misrepresenting COVID-19 Vaccine Efficacy and Conspiring to Censor Public Discourse

The lawsuit, announced Nov. 30, contends Pfizer violated the Texas Deceptive Trade Practices Act by making unsupported claims about the vaccine, including that it's 95% effective against the virus.

The suit says the claim is based on just two months of clinical trial data and represents a "relative risk reduction." Mr. Paxton also noted COVID-19 cases increased after widespread administration of Pfizer's vaccine.

"Pfizer intentionally misrepresented the efficacy of its COVID-19 vaccine and censored persons who threatened to disseminate the truth in order to facilitate fast adoption of the product and expand its commercial opportunity," the lawsuit reads.

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November 30, 2023 05:00 AM

Investors see opportunity in high-needs Medicaid market

KARA HARTNETT [Twitter](#) [Email](#)

- Investors have long been drawn to Medicare Advantage, but that segment has become crowded
- Tiger Global-backed Cityblock Health has raised nearly \$900 million since 2017 to finance care programs that target high-needs communities.
- CareBridge, which provides home and community-based long-term care support to Medicaid recipients, has raised nearly \$180 million since 2019, including investments from Oak HC/FT and health insurance companies.
- Last month, Medicaid care management startup Waymark collected \$42 million from CVS Health Ventures and Lux Capital, bringing its total funding to \$87 million.
- Low reimbursement rates and the fragmented nature of the federal-state Medicaid program had discouraged companies from investing in Medicaid businesses in the past

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November 30, 2023 05:00 AM

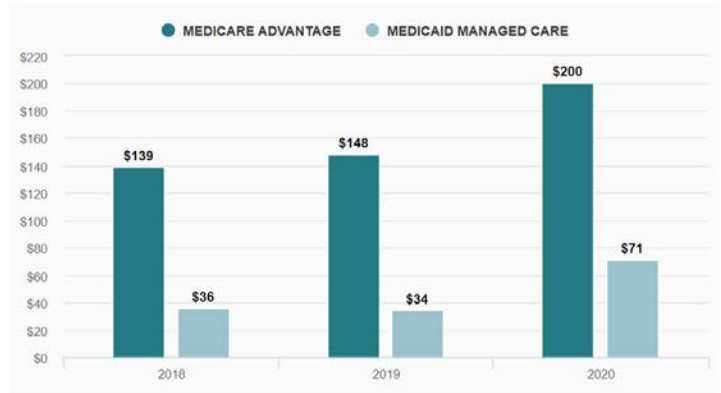
Investors see opportunity in high-needs Medicaid market

KARA HARTNETT

...Medicaid expansion under the Affordable Care Act has driven demand for managed-care services increasing at a similar clip. The most recent federal data found that 53.9 million people are enrolled in Medicaid managed-care plans.

Average gross margins per member

Medicare Advantage versus Medicaid managed care, average gross margins per member per month*



Notes

* Average per month is for the first nine months of each year

Source: Kaiser Family Foundation analysis of data from Mark Farrah Associates Health Coverage Portal TM.

November 30, 2023 05:00 AM

Investors see opportunity in high-needs Medicaid market

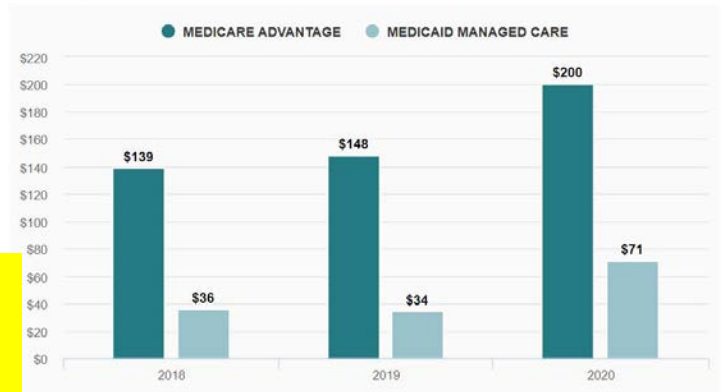
KARA HARTNETT

...Medicaid expansion under the Affordable Care Act has driven demand for managed-care services increasing at a similar clip. The most recent federal data found that 53.9 million people are enrolled in Medicaid managed-care plans.

Covered Lives	53,900,000
Margin Per Month	\$71.00
Annual Margin	\$45,922,800,000

Average gross margins per member

Medicare Advantage versus Medicaid managed care, average gross margins per member per month*



Notes

* Average per month is for the first nine months of each year

Source: Kaiser Family Foundation analysis of data from Mark Farrah Associates Health Coverage Portal TM.

CRACKING THE CODES:

What's new for payer coverage?



JUST LAUNCHED:

COVERAGE FINDER TOOL

- ▷ Would you like to know which payers are covering Beyfortus in your area?
- ▷ Scan the QR code or visit <http://www.crackingthecodestraining.com/>
- ▷ After registering, click on "Coverage Finder Tool" to learn about coverage status



ADDITIONAL RESOURCES

- ▷ Coding and billing sheet
- ▷ Payer outreach letters to support coverage

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MAT-US-2310583-v1.0-11/2023

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- | | |
|---|--|
| State-Specific Medicaid Summaries | Proper Coding for Sanofi Products |
| Coding & Billing for Influenza Vaccinations | Product-Specific Coding & Billing Sheets Updated for RSV^a |
| Reporting NDCs^b | Immunization ICD-10^c Codes |
| Coding for Immunizations Performed at a Visit | AAP^d Business Case for Pricing Immunization Administration |
| AAP Business Case for Pricing Vaccines | VFC^e Regional Maximum Fees |
| Immunization Administration Coding & Billing Sheet | Medicare Part D Vaccines Fact Sheet |
| Medicare Locally-Adjusted Payment Amounts for Administration | AWPs^f |
| Immunization C&B Checklist | Sample Letters for Payer Communications |

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Texas

Search

The following plans are providing Medical Benefit Commercial coverage for Beyfortus (nirsevimab-alip) 50mg and 100mg injection in: Texas as of 12/07/23.

Plan	Coverage	Reimbursed at or above list price [†]
Blue Cross Blue Shield of Texas HMO Basic Annual	Covered	Yes
Blue Cross Blue Shield of Texas HMO Enhanced	Covered	Yes
Blue Cross Blue Shield of Texas HMO Enhanced Annual	Covered	Yes
Blue Cross Blue Shield of Texas HMO Multi Tier Basic	Covered	Yes
Blue Cross Blue Shield of Texas HMO Multi Tier		

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2023 Annual Report



AMERICA'S
HEALTH RANKINGS
UNITED HEALTH FOUNDATION

In partnership with
 APHA
 AMERICAN PUBLIC HEALTH ASSOCIATION



National Highlights

Health Outcomes

11.2%

Multiple Chronic Conditions

11.2% of adults had three or more chronic conditions in 2022.

Source: CDC, Behavioral Risk Factor Surveillance System.

9%▲

Premature Death

increased from 8,659 to 9,478 years lost before age 75 per 100,000 population between 2020 and 2021.

Source: CDC WONDER, Multiple Cause of Death Files.

15%▲

Drug Deaths

increased from 27.9 to 32.1 deaths per 100,000 population between 2020 and 2021.

Source: CDC WONDER, Multiple Cause of Death Files.

8%▲

Frequent Mental Distress

increased from 14.7% to 15.9% of adults between 2021 and 2022.

Source: CDC, Behavioral Risk Factor Surveillance System.

Clinical Care

15%▲

Avoided Care Due to Cost

increased from 8.8% to 10.1% of adults between 2021 and 2022.

Source: CDC, Behavioral Risk Factor Surveillance System.

7%▲

Dental Care Providers

increased from 60.6 to 64.6 providers per 100,000 population between 2022 and 2023.

Source: U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System.

7%▲

Mental Health Providers

increased from 305.0 to 324.9 providers per 100,000 population between 2022 and 2023.

Source: U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System.

13%▼

Primary Care Providers

decreased from 265.3 to 232.0 providers per 100,000 population between 2022 and 2023.

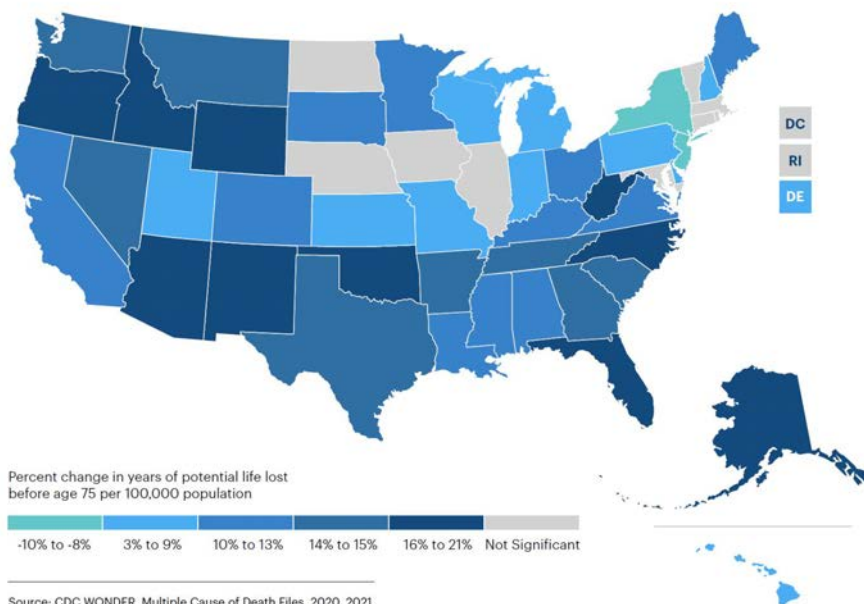
Source: U.S. HHS, Centers for Medicare & Medicaid Services, National Plan and Provider Enumeration System.

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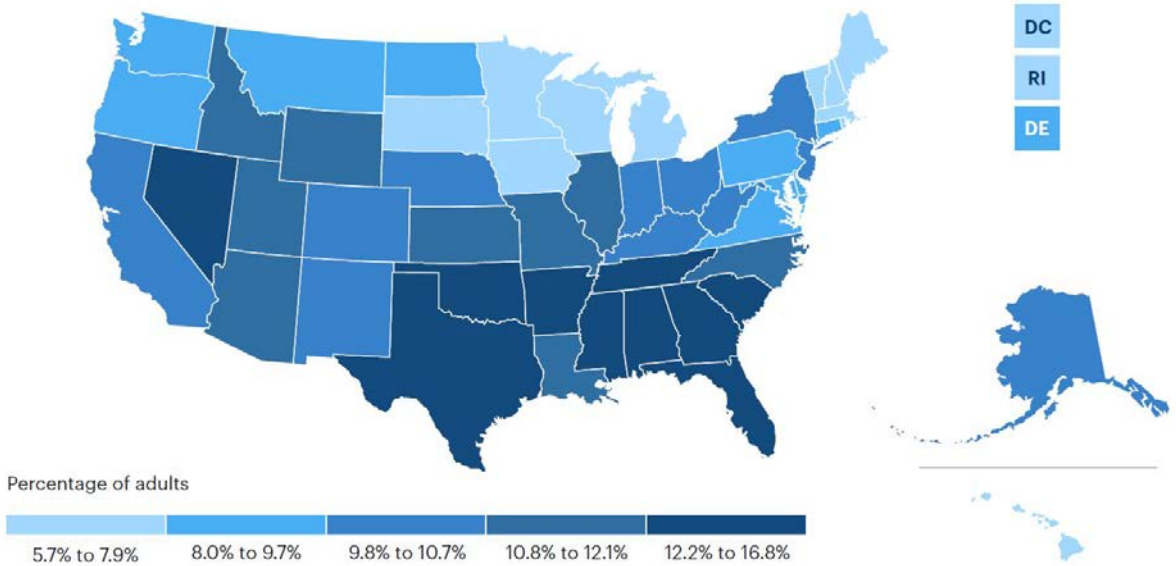


Changes in the Premature Death Rate Between 2020 and 2021

The rate significantly **increased** in 39 states, led by Alaska, Oklahoma, New Mexico and Idaho, and **decreased** in New Jersey and New York.



Avoided Care Due to Cost in 2022

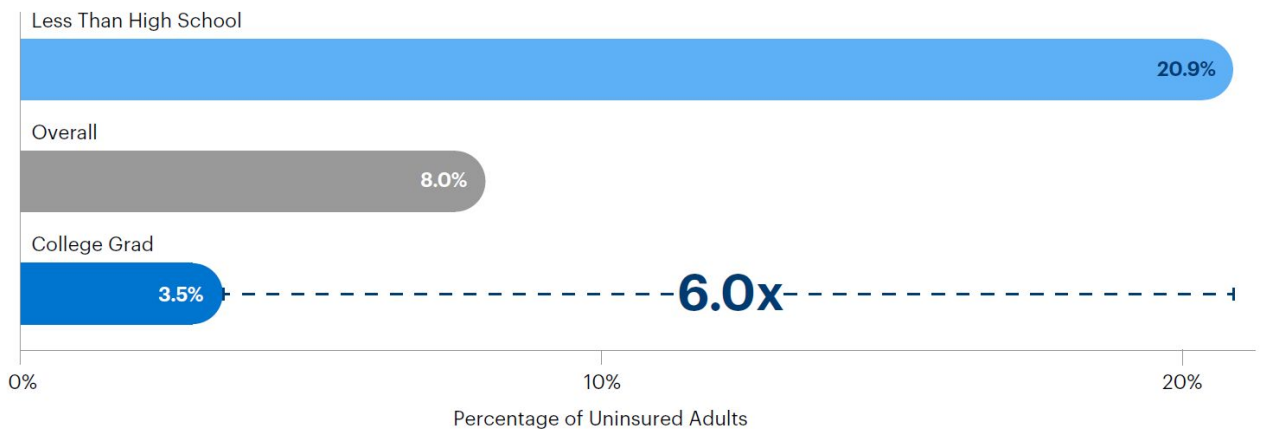


Source: CDC, Behavioral Risk Factor Surveillance System, 2022.

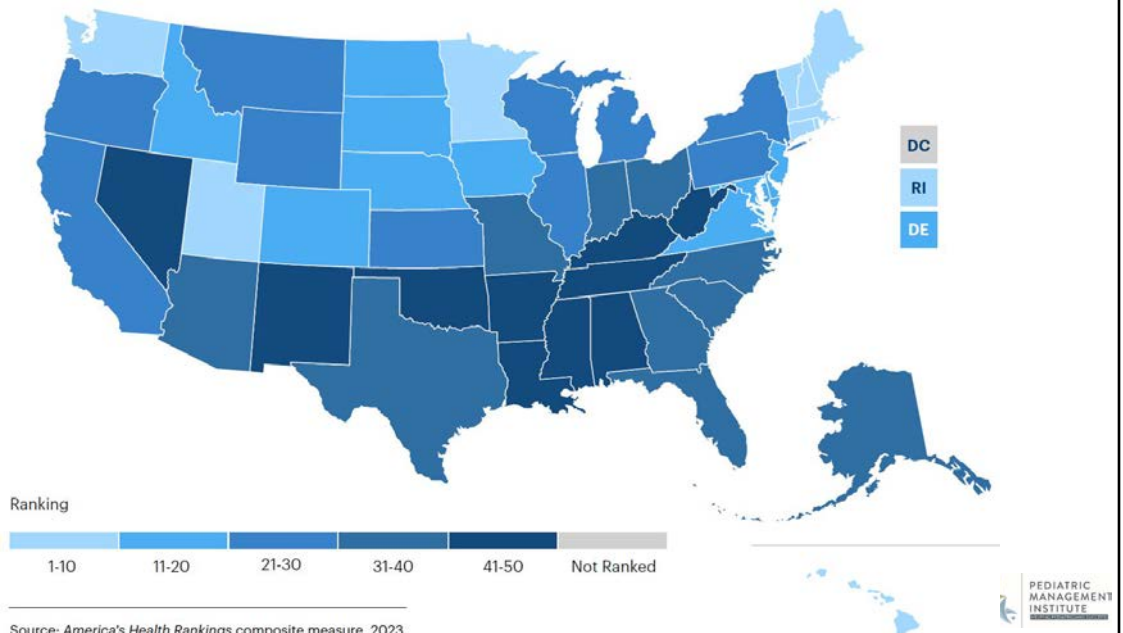
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Disparities in Uninsured Rates by Education

The rate was 6.0 times higher among those with less than a high school education than college graduates.



Source: U.S. Census Bureau, American Community Survey, 2022.



New Hampshire Ranks No. 1

New Hampshire is the healthiest state in this year's report for the second consecutive year. It ranks among the top five states in Social and Economic Factors (No. 1) and Behaviors (No. 2). New Hampshire is No. 6 in Clinical Care, No. 8 in Health Outcomes and No. 12 in Physical Environment.

Strengths: Low economic hardship index score, low household food insecurity, low homicide rate

Challenges: High prevalence of frequent mental distress, high prevalence of multiple chronic conditions, low percentage of community water supply with fluoridated water

Massachusetts (No. 2), Vermont (No. 3), Connecticut (No. 4) and Minnesota (No. 5) complete the top five healthiest states. Minnesota returned to the top five, switching spots with Hawaii (No. 6).

Louisiana Ranks No. 50

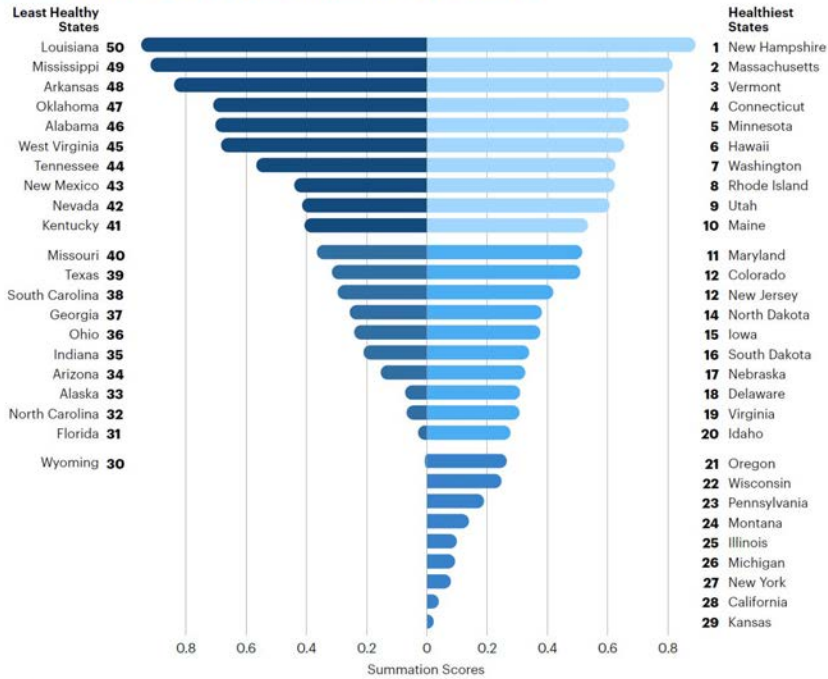
Louisiana is the least healthy state in this year's report, after also ranking No. 50 in the 2022 Annual Report. It ranks in the bottom five states in Social and Economic Factors (No. 50), Physical Environment (No. 47), Behaviors (No. 49) and Health Outcomes (No. 48). Louisiana is No. 38 in Clinical Care.

Strengths: Low Black/white residential segregation, high prevalence of colorectal cancer screening, low levels of air pollution

Challenges: High premature death rate, high economic hardship index score, low prevalence of high school completion

Mississippi (No. 49), Arkansas (No. 48), Oklahoma (No. 47) and Alabama (No. 46) complete the five least healthy states. Oklahoma returned to the bottom five, replacing West Virginia (No. 45).

2023 Annual Report State Rankings and Scores*



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Paul Vanchiere

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Cigna, Humana in Talks for Blockbuster Merger

Cash-and-stock deal between health-insurance giants could be struck by year-end

By [Lauren Thomas](#), [Anna Wilde Mathews](#) and [Laura Cooper](#)

Updated Nov. 29, 2023 4:28 pm ET

Save 225

Listen (5 min)



A tie-up between Cigna and Humana would breathe new life into the M&A market. PHOTO: JOE BUGLEWICZ/BLOOMBERG NEWS

Joining forces would give the pair scale to rival that of UnitedHealth Group and CVS Health...The combined company into the top tier of integrated healthcare firms. Cigna, which had revenue of about \$181 billion last year, would be able to marry its huge **pharmacy-benefit unit**, which manages drug plans, and its strength in commercial insurance with Humana's big position in the **fast-growing Medicare segment**, something Cigna has long sought.

Humana could also help Cigna **accelerate a strategy that is core to the managed-care business**, a move toward paying doctors and hospitals in ways that aren't tied to the volume of service provided.

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Medical Office Real Estate Trends to Watch in 2024

By Madalina Pojoga

December 4, 2023



Having weathered recent headwinds, the medical office building sector is seeing a return to more stable property fundamentals, according to a new [Medical Office National Report](#) from **Institutional Property Advisors**.

Rising construction costs have helped to prevent overbuilding, with medical office space totaling only 10.7 percent of the overall office pipeline.

High interest rates have affected both deal flow and pricing. Transaction velocity in the MOB sector fell by more than 30 percent over the 12 months that ended in June. "The average sale price has begun to recalibrate accordingly," IPA reported, "dropping 3 percent from the high reached in 2022 to \$295 per square foot for the yearlong span ended in June."

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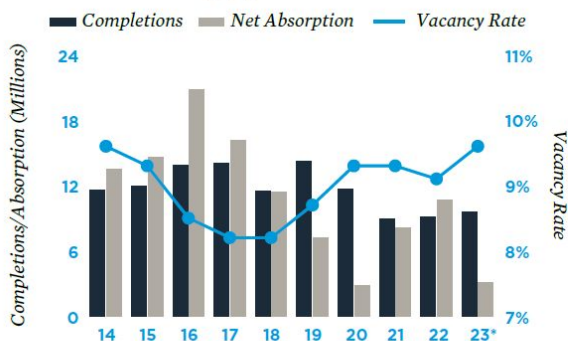


NATIONAL REPORT MEDICAL OFFICE

IPA
INSTITUTIONAL
PROPERTY
ADVISORS

...medical office vacancy has stayed between 8 and 10 percent and, in June 2023, the rate was just 50 basis points above the long-term average.

National Supply and Demand Trends



National Medical Office Sales Trends



* Forecast; ** Trailing 12-months through 2Q

Sources: IPA Research Services; CoStar Group, Inc.; Centers for Medicare & Medicaid Services

Where There Is Chaos, There Is Opportunity.... What Should You Do?

1. Evaluate options in your area
2. Consider extending existing lease
 - a. Lock in rates
 - b. Add “Tenant Improvement” Allowance

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Leasehold Improvements

Leasehold improvements are defined as the enhancements paid for by a tenant to leased space. Examples of leasehold improvements are interior walls and ceilings, electrical and plumbing additions, built-in cabinetry, and carpeting and tiles. Leasehold improvements generally revert to the ownership of the landlord upon termination of the **lease**, unless the tenant can remove them without damaging the leased property. An example of leasehold improvements is offices constructed in unfinished office space.

Leasehold Improvement Depreciation Rules

All leasehold improvement assets must be depreciated, so that the balance in the account is eventually reduced to zero.

Salvage value is not included in the depreciation calculation, since the **lessor** will take over any remaining assets, not the lessee. There are several rules associated with this depreciation, which are noted below.

Useful Life Basis

If the leasehold improvement is expected to have a **useful life** less than the remaining term of the associated **lease**, depreciate the asset over the remaining useful life. Thus, if carpeting is installed that is expected to be replaced in five years, and the remaining lease term is for seven years, the depreciation period should be for only five years.



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Scenario



1. Practice looking at new location with expected \$400k to renovate (Leasehold Improvements)
2. Practice will amortize the expense \$40k per year over 10 years

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Options

1. Loan
 - a. Tighter lending standards
 - b. High interest rates compared with few years ago
 - Prime = 8.5%
2. Consider cash from practice receipts?

Cash Outlay: \$400k

Allowed Expense: \$40k

\$360k Additional Cash Outlay Is Not Expensed In The Current Year

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Finance 101

49

Total Income	\$2,000,000
Total Expenses	(\$1,500,000)
Net Income	\$ 500,000

Pay taxes on \$500k of Net Income

Cash At Beginning Of The Year	\$100,000
Income	\$2,000,000
Expenses	(\$1,500,000)
Ending Cash Balance	\$600,000

Beginning Cash Balance (+) Net Income

Improvement Costs: \$400k
Allowed Expense: \$40k

\$360k Of Total Cash Outlay Is Not Expensed In The Current Year

Total Income	\$2,000,000
Operating Expenses	(\$1,500,000)
Allowed Leasehold Expense/Deduction	(\$40,000)
Net Income	\$460,000

50

Pay taxes on \$460k of Net Income

Improvement Costs: \$400k
Allowed Expense: \$40k

*\$360k Of Total Cash Outlay Is
Not Expensed In The Current
Year*

Total Income	\$2,000,000
Operating Expenses	(\$1,500,000)
Allowed Leasehold Expense/Deduction	(\$40,000)
Net Income	\$460,000

Pay taxes on \$460k
of Net Income

Cash At Beginning Of The Year	\$100,000
Income	\$2,000,000
Operating Expenses	(\$1,500,000)
Leasehold Improvements Paid	(\$400,000)
Ending Cash Balance	\$200,000

Only have \$200k in
cash for
distributions. Will
Pay taxes on cash
not received
(\$460k)

Something To Consider

Have landlord cover expected leasehold improvement(s) and
increase the rent- which can be fully expensed

Reduces impact of cash flow on the practice

Landlord gets to keep improvements as collateral

May factor in higher interest rate costs

No perfect solution...

Tools You Can Use

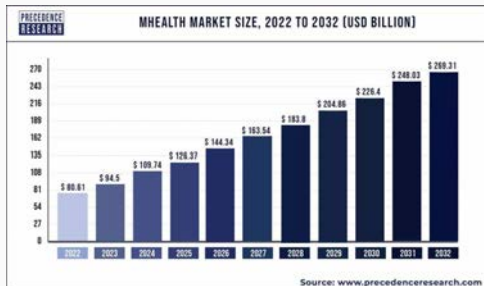
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sabrina@wellio.health

mHealth for Child & Family Health

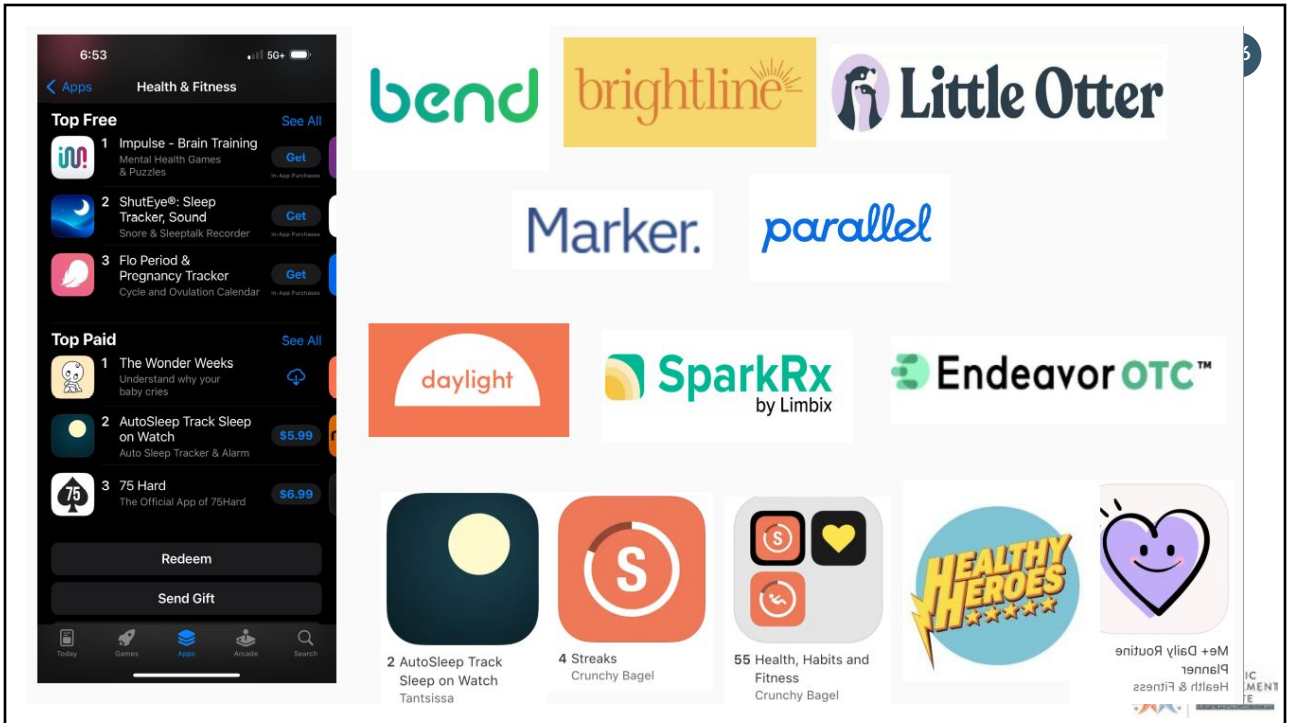


Consumer-focus = Family-focus

“even eHealth interventions specifically designed to treat children’s needs and/or improve parenting skills have a secondary benefit of promoting the mental health of parents”²

Pediatricians must engage

“Health experts bring expertise and scientific basis to the interventions for child health promotion and such expertise can be built on to further develop and adapt apps to changing evidence and circumstances.”³



Collaborative Care Models In Pediatrics

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Patient Scenario: Sarah, a 12-year-old, visits her pediatrician, Dr. Hart, with symptoms of anxiety and trouble sleeping. After an initial assessment, Dr. Hart, who practices a collaborative care model, decides that Sarah needs a comprehensive treatment plan involving behavioral therapy and possible medication.

Application of Collaborative Care Model:

- Initial Month: Dr. Hart coordinates with a Behavioral Health Care Manager (BHCM) who conducts an in-depth evaluation and begins therapy sessions with Sarah.
 - *The first 70 minutes of these services in the initial month are billed under CPT code 99492.*
- Subsequent Months: As Sarah continues her therapy in the following month, Dr. Hart and the BHCM spend 60 minutes reviewing her progress and adjusting her treatment plan.
 - This time is billed under CPT code 99493.
- Additional Time: In one particular month, Sarah experiences heightened anxiety, requiring an additional 30 minutes of care coordination and consultation between Dr. Hart and the BHCM.
 - *This extra time is billed using CPT code 99494.*
- Extended Consultation: Occasionally, Dr. Hart consults with a psychiatric consultant for expert guidance on medication management.
 - *For the first 30-minute consultation in any month, the practice uses CPT code G2214.*



CoCM Billing

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1. **99492** CoCM, is used to bill the first 70 minutes in the first initial month of collaborative care.
2. **99493** CoCM, is used to bill the first 60 minutes in any subsequent months of collaborative care.
3. **99494** CoCM is used to bill each additional 30 minutes in any month. It can be used in conjunction with 99492 or 99493.
4. **G2214** CoCM, is used to bill for the first 30 minutes in the first month of care or any subsequent month.



Behavioral Health Care Manager (BHCM)

Qualifications?
Internal or Outsourced?

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Challenges

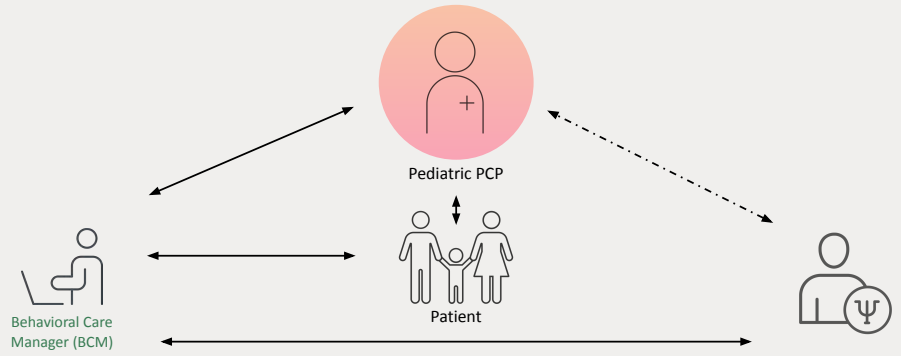
Tracking Time
Finding Resources (BHCM)
Requires Volume Within A Practice (If Done Internally)

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Traditional collaborative care model (CoCM)

INTEGRATES MENTAL HEALTH CARE TREATMENT AND SUPPORT INTO PRIMARY CARE SETTING



PMI Conference 2024



PEDIATRIC PRACTICE MANAGEMENT CONFERENCE
February 1-3, 2024
Houston, TX
Royal Sonesta - Galleria

Both onsite and virtual attendees will have access to recordings of the conference sessions for 90 days following the event.
Virtual attendees can view first lookbooks of all the conference sessions.

35+ Presentations To Learn What You Need To Know To Manage A Pediatric Practice

Thursday February 1, 2024	
8:30PM	Registration Opens
9:30PM	Cocktail Party
Friday February 2, 2024	
8:00AM	Breakfast
8:00AM	Chap Hart & David Vachere
8:30AM	Mark Del Monte
9:00AM	Use Kessly
10:00AM	Morning Break
10:00AM	Break Out Session #1
10:30AM	Lunch
12:30PM	Paula Vachere
1:30PM	Suzanne Morgana
2:30PM	Afternoon Break
3:00PM	Colleen Craft & Melissa Howard
4:00PM	Chap Hart
5:00PM	Cocktail Party
Saturday February 3, 2024	
8:00AM	Breakfast
9:00AM	Ann Geisler
10:00AM	Breakout Session #2
10:30AM	Planning Break
10:30AM	Breakout Session #3
11:30AM	Lunch
12:00PM	John Vachere
12:45PM	Refuse Howard
1:30PM	Dr. Urie
2:30PM	Afternoon Break
3:15PM	Conference Plenary
5:00PM	Cocktail Party

BREAKOUT SESSIONS

BREAK OUT SESSION 1 - FRIDAY @ 11:00AM		
Session	Don Felsen	6 Strategic Questions To Guide Your Future
Founders I & II	Tom Wusicki	Strength In Numbers
Founders I & II	Sogol Hakhaman	Let Go Of Your Habits To Build A Mindful Practice
Champions I & II	Sandy Chang	Disruptive Innovation: Preparing For The Future In Pediatrics
Champions I & II	Margen Burrows	Key Issues In Provider Contracts
BREAK OUT SESSION 2 - SATURDAY @ 9:00AM		
Session	Suzanne Bermon	Extreme Practice Makeover
Founders I & II	Allia Vaughn	Answer The Most Difficult Questions To Overcome Staffing Issues
Founders I & II	Richard Lander	Employee or Employee? Role of Incentives/Contract
Champions I & II	Alex Meyer	Improve Patient Flow To Build a Culture of Financial Responsibility
Champions I & II	Jesse Harshb & Michael Lenton	You Be The Jury
BREAK OUT SESSION 3 - SATURDAY @ 10:00AM		
Session	Haed Chamberlin	Insurance Claims: A Complete Reference Guide To Manage Them
Founders I & II	Ruby Whitener	Medical Coverage: Lines, When Do We Go From Here?
Founders I & II	Richard Lander	OT Coding 101
Founders I & II	Katie Schuler	Refining The Process: Bringing Out The Best In Your Team
Champions I & II	Randall Betsworth	Title Coming Soon!

PRE-CONFERENCE SESSIONS

PRACTICE MANAGEMENT PRE-CONFERENCE - FEBRUARY 1, 2024 (ONLINE)		
12:00PM	Paula Vachere	Practical Moments To Track Each Month
12:00PM	Jeffrey Perigo	Providing Patient Access & Improving Care: A New Era Of Collaboration
1:00PM	Break	Refreshments Provided To Pre-Conference Attendees
1:30PM	Jan Blanchard	Time Coming Soon!
4:00PM	Paula Vachere	How To Split The Pie: Partner & Owner Compensation
DIRECT CARE MODELS (DCM) PRE-CONFERENCE - FEBRUARY 1, 2024		
10:00AM	Oliver Harts	DCM Opportunities In Pediatrics
11:00AM	Kelly Parker-Mello	From Vision To Reality: One Pediatrician's Journey
1:00PM	Break	Refreshments Provided To Pre-Conference Attendees
1:30PM	Phil Boucher	Marketing Your DCM Practice
4:00PM	Suzanne Morgana	Open Panel Discussion
HUMAN RESOURCES PRE-CONFERENCE - FEBRUARY 1, 2024		
10:00AM	Lillian Hogenmiller	Recruiting: HR Must Haves
11:00AM	Jennifer Higgins	Chilly In The Workplace: Building A Resilient And Productive Practice
1:00PM	Break	Refreshments Provided To Pre-Conference Attendees
1:30PM	Amy Stokes	Employee Relations
4:00PM	Lillian Hogenmiller	Maximizing Performance Management Programs To Keep The Water Deep

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



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