

# How Do Your Payments Stack Up Against Other Practices In Your Area?

AAP NCE 2025 (\$4125)



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## Disclosures

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 No disclosures

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**New transparency rules require payers to make available negotiated fee schedules for all of their contracts. These data can level the playing field in negotiations with payers. Faculty will discuss how to access this information and use it in contract negotiations.**








**Learning Objectives:**

- > Obtain data comparing fee schedules of all pediatric practices in a given geographic area.
- > Understand the inequities in payment rates and how they impact access to care for children.
- > Approach contract negotiations with payers armed with data which can allow more effective negotiation.

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# Agenda

-  The “old” rules
-  What has changed
-  How the changes can benefit your practice
-  Getting your DATA in order
-  Negotiation techniques
-  Potential outcomes
-  Q&A

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# The “Old” Rules

August 1996:

Department of Justice and Federal Trade Commission publish “Statements of Antitrust Enforcement Policy in Health Care”

([https://www.ftc.gov/system/files/attachments/competition-policy/guidance/statements\\_of\\_antitrust\\_enforcement\\_policy\\_in\\_health\\_care\\_august\\_1996.pdf](https://www.ftc.gov/system/files/attachments/competition-policy/guidance/statements_of_antitrust_enforcement_policy_in_health_care_august_1996.pdf))



**Goal:**

Prohibit providers from sharing price/charge/payment data with a goal of colluding to set prices to purchasers of services—ANTI-COMPETITIVE



**Exceptions:**

Managed by third party, data at least 3 months old, at least five providers sharing data



**Impact:**

Providers unable/unwilling to discuss what they charge/receive for services

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# The “Old” Rules

**REAL Impact:** Impossible to gauge local market and develop a logical framework for pricing services

**REAL Impact:** Payers have data about what they pay in an area, and can use that data to control market pricing in their favor

**REAL Impact:** Payers can label fee schedule as “proprietary” and block sharing

**REAL Impact:** Providers are at a disadvantage when negotiating a contract with a payer



Unable to determine whether an offer is “fair”—above, at or below current market



Faced with “take it or leave it” black box



Unable to determine negotiation guidelines

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# What has Changed?

July 1, 2022



Most payers are required to disclose, on a public website, machine-readable files containing in-network rates for covered items and services, and allowed amounts and historical billed charges for out-of-network providers

<https://www.cms.gov/healthplan-price-transparency/public-data>

WOW!!!

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# Transparency

## Intent



Researchers can better assess the cost-effectiveness of various treatments; state regulators can better review issuers' proposed rate increases; patient advocates can better help guide patients through care plans; employers can adopt incentives for consumers to choose more cost-effective care; and entrepreneurs can develop tools that help doctors better engage with patients.

## Impact on Providers



Suddenly, the data is available to know what every insurer is paying every provider in every location in the nation.

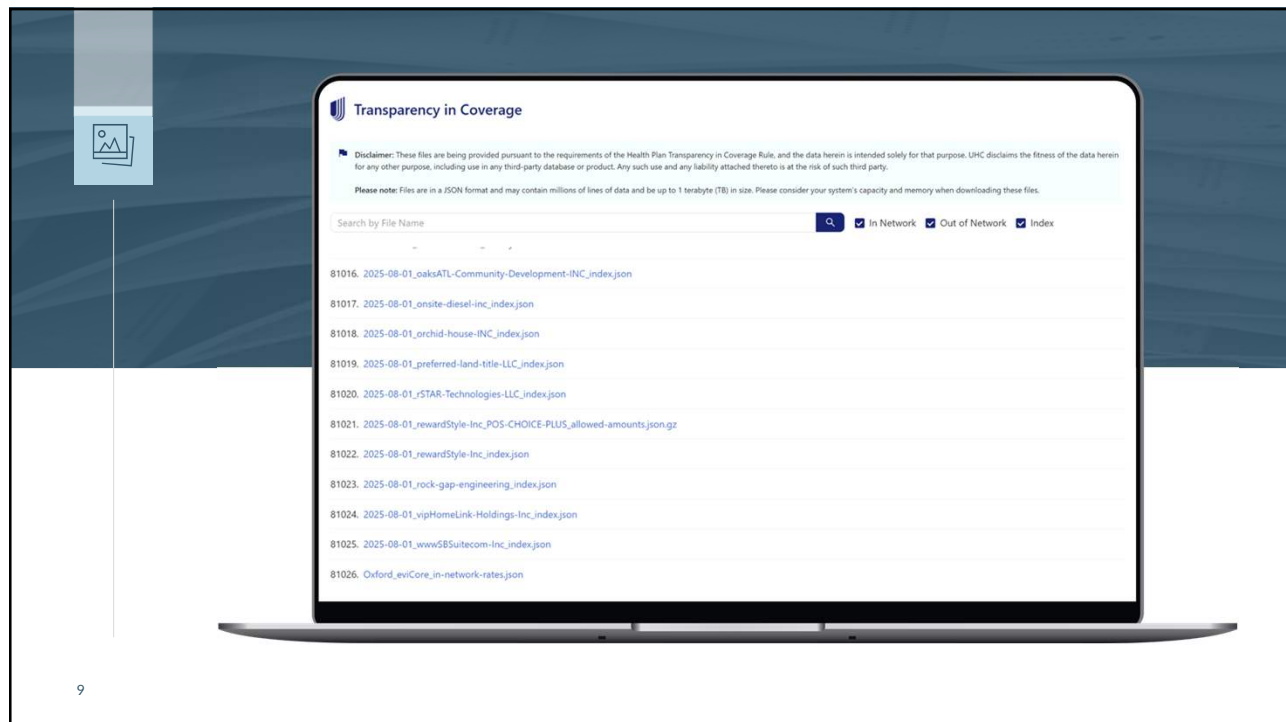


## BUT

*These are "machine-readable" files. As CMS points out, "Specific technology may be needed to download and read these files given their size and complexity."*

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**Transparency in Coverage**

Disclaimer: These files are being provided pursuant to the requirements of the Health Plan Transparency in Coverage Rule, and the data herein is intended solely for that purpose. UHC disclaims the fitness of the data herein for any other purpose, including use in any third-party database or product. Any such use and any liability attached thereto is at the risk of such third party.

Please note: Files are in a JSON format and may contain millions of lines of data and be up to 1 terabyte (TB) in size. Please consider your system's capacity and memory when downloading these files.

Search by File Name   ☒ In Network ☒ Out of Network ☒ Index

- 81016. 2025-08-01\_oaksATL-Community-Development-INC\_index.json
- 81017. 2025-08-01\_onsite-diesel-inc\_index.json
- 81018. 2025-08-01\_orchid-house-INC\_index.json
- 81019. 2025-08-01\_preferred-land-title-LLC\_index.json
- 81020. 2025-08-01\_sSTAR-Technologies-LLC\_index.json
- 81021. 2025-08-01\_rewardStyle-inc\_POS-CHOICE-PLUS\_allowed-amounts.json.gz
- 81022. 2025-08-01\_rewardStyle-inc\_index.json
- 81023. 2025-08-01\_rock-gap-engineering\_index.json
- 81024. 2025-08-01\_vipHomeLink-Holdings-inc\_index.json
- 81025. 2025-08-01\_wwwSBSuitecom-inc\_index.json
- 81026. Oxford\_eviCore\_in-network-rates.json

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# Impact on the Independent Pediatrician



You can know what the current market rate fee schedules are for your area

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Considering opening a new practice: Price services based on real data

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Looking to move: Focus on locations with more favorable fee schedules

But beware of cost-differences among locations

○ ○ ● ○ ○



Looking to participate with a new payer: Is it worth your time?

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Contract renegotiation time: The annual "game"!

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# Insurance Contract Renegotiation

Depending on length of contracts, happens every 1-3 years in most cases



## Beware of "automatic renewal clauses"



- > Time deadlines for negotiations (typically 90 days prior to end date)
- > Does automatic renewal also include fee schedule updates?
- > Are these updates specific, or do they reference "prevailing regional fee schedules"?
- > YOU NEED TO TAKE THE INITIATIVE-PAYERS WON'T COME OFFERING MORE \$

Preparation should be an ongoing process



## Create a spreadsheet of your contracts



- > Renewal dates
- > Deadlines
- > Contact information
- > Fee schedule

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## "But I am an employee and don't deal with payers...."



You still have an employment contract to consider



Know what value you bring to your employer



What can your employer afford to pay you?



Learn about the local competitive market



Understand your employer's situation



Transparency = more knowledge = level the playing field

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The screenshot shows an Excel spreadsheet with the following data:

Payor Proposal Review	
Current Rates	\$ 325,071
Proposed Rates	\$ 326,999
Variance	\$ 1,928

CPT Code	CPT Description	Count	Current Rates		Proposed Rates		Variance
			Rate	Revenue	Rate	Revenue	
90460	Im admin 1st/only component	800	\$ 25.00	\$ 20,000	\$ 26.00	\$ 20,800	\$ 800
90461	Im admin each addl component	746	\$ 11.00	\$ 8,206	\$ 10.00	\$ 7,460	(\$ 746)
90471	Immunization admin	24	\$ 17.00	\$ 408	\$ 17.00	\$ 408	\$ -
90472	Immunization admin each add	2	\$ 17.00	\$ 34	\$ 17.00	\$ 34	\$ -
90000	Specimen handling office-lab	90	\$ 11.00	\$ 990	\$ 5.00	\$ 450	(\$ 540)
99202	Office o/p new sf 15-29 min	0	\$ 94.00	\$ -	\$ 92.00	\$ -	\$ -
99203	Office o/p new low 30-44 min	2	\$ 145.00	\$ 290	\$ 145.00	\$ 290	\$ -
99204	Office o/p new mod 45-59 min	2	\$ 172.00	\$ 344	\$ 187.00	\$ 374	\$ 30
99205	Office o/p new hi 60-74 min	0	\$ 285.00	\$ -	\$ 257.00	\$ -	\$ -
99211	Office o/p est may x req phy/rhp	5	\$ 28.00	\$ 140	\$ 30.00	\$ 150	\$ 10
99212	Office o/p est sf 10-19 min	11	\$ 55.00	\$ 605	\$ 55.00	\$ 605	\$ -
99213	Office o/p est low 20-29 min	604	\$ 92.00	\$ 55,568	\$ 93.75	\$ 56,625	\$ 1,057
99214	Office o/p est mod 30-39 min	326	\$ 134.00	\$ 43,684	\$ 132.50	\$ 43,195	(\$ 489)
99215	Office o/p est hi 40-54 min	98	\$ 180.00	\$ 17,640	\$ 207.00	\$ 20,286	\$ 2,646
99381	Int pm e/m new pat infant	21	\$ 138.00	\$ 2,898	\$ 130.00	\$ 2,730	(\$ 168)
99382	Int pm e/m new pat 1-4 yrs	4	\$ 124.00	\$ 496	\$ 120.00	\$ 480	(\$ 16)
99383	Prev visit new age 5-11	2	\$ 151.00	\$ 302	\$ 148.00	\$ 296	(\$ 6)
99384	Prev visit new age 12-17	5	\$ 170.00	\$ 850	\$ 174.00	\$ 870	\$ 20
99391	Per pm reeval est pat infant	154	\$ 125.00	\$ 19,250	\$ 125.00	\$ 19,250	\$ -
99392	Prev visit est age 1-4	203	\$ 133.00	\$ 26,999	\$ 133.00	\$ 26,999	\$ -
99393	Prev visit est age 5-11	180	\$ 132.00	\$ 23,760	\$ 132.00	\$ 23,760	\$ -
99394	Prev visit est age 12-17	148	\$ 145.00	\$ 21,460	\$ 145.00	\$ 21,460	\$ -
99395	Prev visit est age 18-39	27	\$ 149.00	\$ 4,023	\$ 149.00	\$ 4,023	\$ -

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### Track Overall Performance (Quick & Dirty)

Charges	Percent of Total	Adjustments	Percent of Total	Payments	Percent of Total	Net A/R	Percent of Total	Close Collection Rate	Net Collection Rate
Payor 1 \$ 818,000	41.90%	\$ 50,000	43.75%	\$ 450,000	38.96%	\$ 18,000	40.00%	55.01%	96.15%
Payor 2 \$ 410,000	20.50%	\$ 110,000	21.25%	\$ 230,000	20.30%	\$ 5,000	11.11%	57.23%	87.82%
Payor 3 \$ 340,000	17.00%	\$ 120,000	16.25%	\$ 200,000	17.32%	\$ 10,000	22.22%	54.82%	85.24%
Payor 4 \$ 265,000	13.25%	\$ 90,000	11.75%	\$ 165,000	14.20%	\$ 10,000	22.22%	60.20%	84.29%
Payor 5 \$ 167,000	8.30%	\$ 60,000	7.00%	\$ 107,000	9.00%	\$ 2,000	4.44%	62.67%	98.13%
<b>Total \$2,000,000</b>		<b>\$ 800,000</b>		<b>\$1,196,000</b>		<b>\$ 45,000</b>		<b>57.79%</b>	<b>86.28%</b>

Simple tracking sheet to assist practices in monitoring overall financial activity and collection ratios by payor.

[Click here to download](#)

### CPT Tracking Grid (For Payment Posters)

MCO Payment Comparisons

	Payor 1	Payor 2	Payor 3	Payor 4	Payor 5	Payor 6	Payor 7	Payor 8	Payor 9	Payor 10
1. CPT 90460										
2. CPT 90461										
3. CPT 90471										
4. CPT 90472										
5. CPT 90000										
6. CPT 99202										
7. CPT 99203										
8. CPT 99204										
9. CPT 99205										
10. CPT 99211										
11. CPT 99212										
12. CPT 99213										
13. CPT 99214										
14. CPT 99215										
15. CPT 99381										
16. CPT 99382										
17. CPT 99383										
18. CPT 99384										
19. CPT 99391										
20. CPT 99392										
21. CPT 99393										
22. CPT 99394										
23. CPT 99395										

Useful spreadsheet to monitor payment rates for the most frequently used CPT codes in pediatric practices, categorized by payor.

[Click here to download](#)

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# Gathering Your Data

Market rates/fee schedules are now available for every area and payer



Compare your payment rates with other practices in your area



- > By Zip code
- > By county
- > Depends on size of area and population density

Also compare with Medicare rates



This data can be obtained from different sources



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## American Academy of Pediatrics



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### Child Health Finance & Payment Strategy

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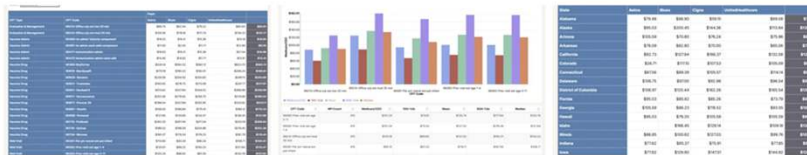
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## Supporting Pediatric Care: A Data-Driven Partnership between PMI and AAP

Pediatric Management Institute (PMI) and the American Academy of Pediatrics (AAP) have partnered to provide a powerful resource for pediatricians. This analysis displays negotiated payment rates for the most common CPT codes in pediatric practices and offers insights into the valuation of pediatric services across the country by major payers.

PMI and AAP are committed to fostering a thriving healthcare environment for children and the professionals who care for them.



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### Background

This research initiative was completed by the Pediatric Management Institute (PMI) using data sourced from TrekHealth.io. The analysis evaluated negotiated payment rates for the most common CPT codes in ambulatory practice pediatricians across four major commercial payers: Aetna, Cigna, UnitedHealthcare, and the Blue Cross/Blue Shield plans (collectively referred to as "Blues"). The tool allows users to assess variations across payers, billing codes, and states.



### Purpose

The primary objective of this analysis was to assess statistical benchmarks for negotiated rates of 70 common CPT codes used in pediatric practice, many of which are codes used in primary care. The data displayed, including frequency, percentiles, median, and mean, helps to identify trends and variations by payer and state. These insights are intended to support practices in comparative assessment of payment for services they deliver and to support advocacy efforts to promote fair and sustainable payment rates for pediatric care.



### Data Quality

The tool displays 70 specific CPT codes of interest to primary care pediatricians. PMI obtained negotiated rate data from each of the four major payers across all 50 states and the District of Columbia.

From an initial set of 30 million records, the data was refined to 18 million records specific to pediatric primary care. Key fields included payer, state, billing code, negotiated rate, and specialty (taxonomy code). The data was assessed for completeness and consistency to ensure the validity of findings.



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### How To Use The Search Tools

The three search tools below allow you to select a specific state and payer to see various statistical metrics associated with 70 specific CPT codes important to primary care pediatricians.

- 1. State Research Tool:** You can select the state and payer to see the statistical analysis for 70 specific CPT codes negotiated between major payers and primary care pediatricians.
- 2. National Comparison:** Allows you to examine the median rates of 70 specific CPT codes across all 50 states (plus the District of Columbia)
- 3. State Payer Compare Summary:** This tool enables the end user to select a state for a side-by-side comparison of 70 CPT codes essential to primary care pediatricians.

#### Column Descriptions:

- **NPI Count:** Included to provide insight on the sample sizes, it shows the count of unique NPI numbers associated with reported values for the specified CPT code.
- **National Medicare Rate:** 2025 National Medicare Rate or CDC Private Sector Cost per Dose (for vaccine-related drugs).
- **CDC PSCPD:** CDC Private Sector Cost Per Dose for vaccine-related drugs. (June 2025)
- **15th Percentile:** 15th percentile of specified for the specified CPT code, state, and payer.
- **Mean:** The average of reported negotiated rates for the specified CPT code, state, and payer.
- **85th Percentile:** 85th percentile of specified for the specified CPT code, state, and payer.
- **Median:** The middle value of reported negotiated rates for the specified CPT code, state, and payer.
- Analysis focused on the following taxonomy codes:
  - 208000000X: Pediatrics Physician
  - 2080A0000X: Pediatric Adolescent Medicine Physician
- Contracted rates reported by [TrekHealth data services](#) via [PM's PayerIntel Services](#) (June 2025)

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### Five Codes Of Interest To Pediatrics

Graphical summary of specified CPT codes showing the 2025 National Medicare Fee Schedule amount, 15th percentile, Mean, 85th percentile, and Median for the state and payer selected above.

CPT Code	15th %ile	Median	Mean	85th %ile
99213-Office GIP ext low 20 min	\$80.00	\$80.00	\$80.00	\$80.00
99214-Office GIP ext mod 30 min	\$80.00	\$80.00	\$80.00	\$80.00
99207-Per gm renewal ext pat info	\$80.00	\$80.00	\$80.00	\$80.00
99302-Prev visit ext age 1-4	\$80.00	\$80.00	\$80.00	\$80.00
99303-Prev visit ext age 5-11	\$80.00	\$80.00	\$80.00	\$80.00

CPT Code	NPI Count	National Medicare Rate	15th %ile	Median	Mean	85th %ile
99303-Prev visit ext: age 5-11	532	\$101.24	\$92.01	\$96.92	\$106.91	\$138.81
99302-Prev visit ext: age 1-4	532	\$101.24	\$92.29	\$99.22	\$106.96	\$139.27
99309-Per gm renewal ext pat info	532	\$95.10	\$86.93	\$93.34	\$100.39	\$130.35
99213-Office GIP ext low 20 min	535	\$88.95	\$81.40	\$82.54	\$84.75	\$95.29
99214-Office GIP ext mod 30 min	533	\$125.18	\$114.83	\$116.16	\$120.97	\$140.66

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### Evaluation & Management Codes

CPT Code	NPI Count	National Medicare Rate	15th %ile	Median	Mean	85th %ile
99202-Office Q/P new pt 15 min	532	\$69.87	\$69.50	\$70.05	\$76.38	\$97.00
99203-Office Q/P new low 30 min	534	\$109.01	\$108.33	\$108.83	\$186.51	\$141.28
99204-Office Q/P new med 45 min	535	\$163.35	\$158.63	\$163.00	\$175.74	\$217.47
99205-Office Q/P new hi 60 min	533	\$215.75	\$201.04	\$215.67	\$228.31	\$270.92
99212-Office Q/P est pt 10 min	533	\$54.99	\$50.45	\$50.45	\$51.88	\$56.90
99213-Office Q/P est low 20 min	535	\$88.95	\$81.40	\$82.54	\$84.75	\$95.29
99214-Office Q/P est med 30 min	533	\$125.18	\$114.83	\$116.18	\$120.87	\$140.66
99215-Office Q/P est hi 40 min	532	\$175.64	\$155.22	\$145.58	\$153.89	\$188.38

### Well Visits

CPT Code	NPI Count	National Medicare Rate	15th %ile	Median	Mean	85th %ile
99383-Phys visit new age 5-11	533	\$115.48	\$104.22	\$112.06	\$121.10	\$157.43
99384-Phys visit new age 12-17	531	\$129.71	\$119.53	\$128.45	\$138.10	\$179.06
99391-Per gm renewal est pat infant	532	\$95.10	\$86.83	\$93.34	\$100.39	\$130.35
99392-Phys visit est age 1-4	532	\$101.24	\$92.29	\$99.22	\$106.98	\$139.27
99393-Phys visit est age 5-11	532	\$101.24	\$92.01	\$98.92	\$106.91	\$138.81

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### Vaccine Administration

CPT Code	NPI Count	National Medicare Rate	15th %ile	Median	Mean	85th %ile
90480-Im admin 10only component	532	\$22.32	\$19.31	\$19.31	\$20.99	\$23.54
90481-Im admin each add component	532	\$8.41	\$2.50	\$2.50	\$3.81	\$2.50
90471-Immunization admin	533	\$20.05	\$19.31	\$19.31	\$20.88	\$23.54
90472-Immunization admin each add	532	\$14.23	\$14.92	\$14.92	\$14.79	\$15.65

### Vaccine Drugs

CPT Code	NPI Count	CDC PSQPD	15th %ile	Median	Mean	85th %ile
90380-Bayfortus	530	\$556.13	\$380.52	\$592.52	\$194.34	\$1982.52
90819-MenQuadfi	531	\$171.97	\$190.22	\$190.22	\$190.55	\$190.22
90620-Benexero	531	\$237.13	\$254.93	\$254.93	\$255.69	\$254.93
90621-Trumenba	531	\$207.32	\$216.75	\$216.75	\$217.77	\$216.75
90651-Gardasil 9	532	\$307.61	\$327.85	\$327.85	\$327.82	\$327.85
90671-Vannovance	531	\$229.20	\$278.92	\$278.92	\$279.55	\$278.92
90671-Prevnar 20	532	\$274.60	\$327.84	\$327.84	\$328.00	\$327.84
90657-Vaxelis	465	\$156.70	\$166.84	\$166.84	\$167.55	\$166.84
90688-Pentacel	531	\$120.06	\$129.85	\$129.85	\$130.15	\$129.85
90700-ProQuad	532	\$278.18	\$307.40	\$307.40	\$308.24	\$307.40
90798-Varivax	531	\$183.00	\$198.59	\$198.59	\$198.99	\$198.59
90734-Merveo	531	\$166.75	\$179.24	\$179.24	\$179.57	\$179.24

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Select a specific billing code and see the median negotiated rates by state and payer.

Note: Blank values indicate instances where a sufficient number of valid responses was not available.

CPT Code:

State	Payer				Average Across State Payers
	Aetna	Blues	Cigna	UnitedHealthcare	
Alabama	\$79.48	\$88.90	\$59.15	\$69.08	\$74.15
Alaska	\$95.03	\$200.45	\$144.36	\$113.94	\$138.44
Arizona	\$105.59	\$70.80	\$76.24	\$75.96	\$82.15
Arkansas	\$78.09	\$82.80	\$70.00	\$65.06	\$73.99
California	\$92.73	\$127.94	\$166.37	\$132.08	\$129.78
Colorado	\$26.71	\$117.10	\$107.53	\$105.09	\$89.11
Connecticut	\$87.56	\$89.39	\$105.57	\$114.14	\$99.17
Delaware	\$106.75	\$97.00	\$92.98	\$96.54	\$98.32
District of Columbia	\$108.97	\$120.44	\$162.26	\$165.54	\$139.30
Florida	\$95.03	\$85.82	\$85.26	\$73.79	\$84.97
Georgia	\$105.59	\$86.23	\$118.52	\$93.55	\$100.97
Hawaii	\$95.03	\$79.20	\$105.59	\$105.59	\$96.35
Idaho		\$166.45	\$129.14	\$109.18	\$134.92
Illinois	\$86.95	\$100.62	\$127.03	\$99.76	\$103.59
Indiana	\$77.62	\$95.37	\$75.91	\$77.85	\$81.69

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Select a state and billing code category to see a side-by-side comparison of median negotiated amounts by payer.

State:  CPT Code Category:

CPT Code Category	CPT Code	Payer				Average for CPT Code
		Aetna	Blues	Cigna	UnitedHealthcare	
Evaluation & Management	99202-Office O/P new sf 15 min	\$62.74	\$77.92	\$60.58	\$71.72	\$68.24
Evaluation & Management	99203-Office O/P new low 30 min	\$97.20	\$121.20	\$87.81	\$102.05	\$102.07
Evaluation & Management	99204-Office O/P new mod 45 min	\$146.49	\$181.01	\$134.62	\$156.84	\$154.74
Evaluation & Management	99205-Office O/P new hi 60 min	\$193.34	\$239.19	\$169.44	\$198.55	\$200.13
Evaluation & Management	99212-Office O/P est sf 10 min	\$49.06	\$55.24	\$35.26	\$42.66	\$45.55
Evaluation & Management	99213-Office O/P est low 20 min	\$79.48	\$88.90	\$59.15	\$69.08	\$74.15
Evaluation & Management	99214-Office O/P est mod 30 min	\$112.45	\$126.08	\$87.97	\$103.46	\$107.49
Evaluation & Management	99215-Office O/P est hi 40 min	\$158.50	\$177.11	\$118.84	\$139.33	\$148.45

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Learn more about how the Academy is supporting efforts around public and private payer advocacy.



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## Negotiation Techniques

- Focus on a limited set of procedures—highest volume
- Determine the “ask”—meet or exceed mean for your area
- Highlight practice strengths—PCMH, ED utilization data, generic use, etc.
- Know your cost of providing services—cannot operate at a loss
- Compare similar practices if you are being paid less than others (this is no longer restraint of trade)
- Be prepared to walk away
- If you do walk away, be prepared to notify your patients

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**Step 1: Research**

Using the PayerIntel portal, research and identify the top 5-10 CPT codes out of alignment.

**Step 2: Calculate the revenue impact.**

Keep it simple. An example of this is: your audit indicates you can increase 99213 (office visit) or 90460 (vaccine admin) by \$5, and if you administer two thousand of these a year, then you could generate \$10k more in revenue.

**Step 3: Make The Ask**

Reach out to your payer contractor, present your top areas of rate misalignment, and ask if they can be adjusted to align with the market value.

**If they say yes, congratulations!** Wrap up your new rates as quickly as possible.

**If they say no**, you will need to decide the best way to proceed. You have a couple of options:

**1.Wait until your contract renews.** If you go this route, you still want to have your research done and your desired terms identified.

**2.Terminate your current contract terms.** This does not sever your relationship with the payer - just your current terms. Make it clear that you do not want to leave but that the rates are not in line with what you should get paid and that is the driver for this decision. The step of sending a termination notice can be scary. However, it is not unusual for payers to insist on this option as a way to keep practices from requesting appropriate rate adjustments during the contract term- usually two to three years long.

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**Step 4: Document Everything**

•MCO's have very little, if any, incentive to respond to your requests. Depending on their market position, they know that your practice is dependent on access to their members in order to remain in business. As such, MCO's will often be very slow to respond- which is part of their negotiation strategy.

•Maintaining an accurate account of your interactions with the MCO's it will provide the information you need if you have to get your state Insurance Commissioner's Office involved.

**Step 5: Final Review Before Signing**

It is vitally important that you carefully review anything offered by an MCO for your signature. There are often specific phrases and terms within the contract that may have a significant impact on your practice's financial/operational performance.

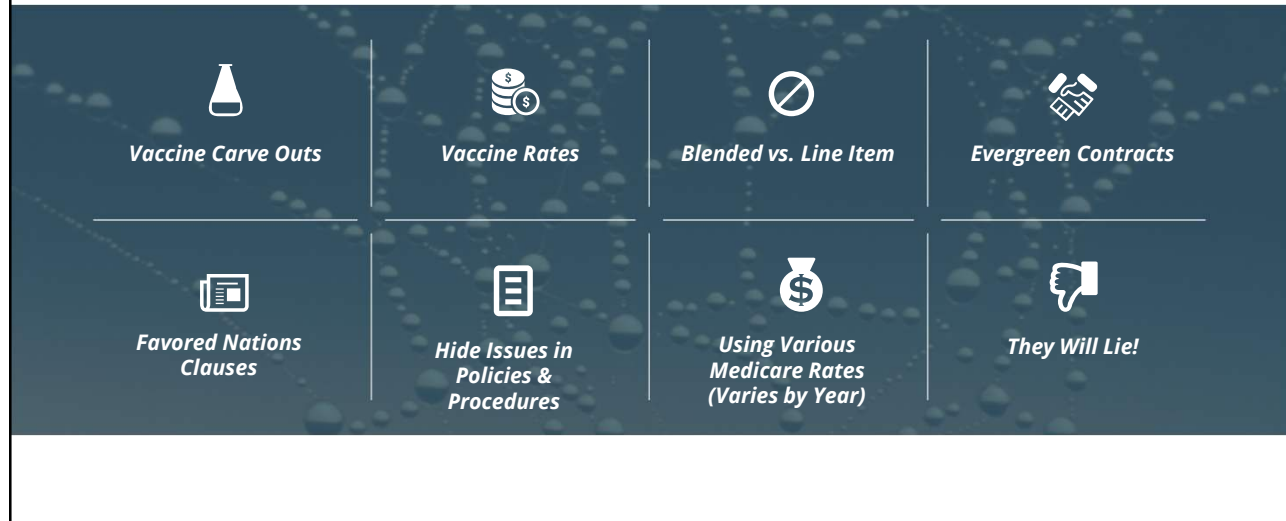
*Depending on the length of the contract and the impact a given MCO has on your financials, practices should consider seeking legal counsel before signing such documents. Contracts offered by MCO's are packed with legalese that carry varied meanings that generally favor the MCO. An experienced attorney can help you understand the meaning behind the jargon.*

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## Traps



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## Responding to the enemy...



**When you hear this...**  
 "I'm not authorized to make that decision"  
**Say this...**  
 "Who should I be talking to?"

**When you hear this...**  
 "I'll get back to you on that"  
**Say this...**  
 "When can I expect a response?"

**When you hear this...**  
 "We can't afford that"  
**Say this...**  
 "You Earned X amount last year"

**When you hear this...**  
 "We can't send you rates for thousands of codes"  
**Say this...**  
 "Send me the rates for my top 25 codes"

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## Possible Outcomes



The payer agrees to your “ask”!



They give some and take away some—know your net outcome



They say “no” to any increases

- PLAN AHEAD for your responses—this is SUPPOSED to be a NEGOTIATION
- Decide where you will compromise and where you need to hold firm
- But you need to be prepared to walk away

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## Pediatric-Specific IPA Success Stories

Western United States

Eastern United States

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## ACMPE Credits

Are you a Certified Medical Practice Executive (CMPE)? This Session is eligible for ACMPE Credits with MGMA.



<https://www.surveymonkey.com/r/ACMPENCE-25>

**At the end** of the National Conference, please fill out this survey to indicate the sessions you attended:



### List of Eligible Sessions:

Code	Presentation Title	Date	Start Time
S1320	25 Tips to Improve Your Practice Right Now	9/26	1:00 PM
S1427	Sick Child at Well Visits: How to Modify Coding for Best Billing	9/26	2:30 PM
S2220	Become a Pediatric Coding Superstar: Mastering the Basics	9/27	9:00 AM
I2301	Negotiating Conflict: Strategic Approach to Reduce Legal Risk	9/27	2:00 PM
S2523	Dealing With Difficult and Challenging Interactions	9/27	5:00 PM
H0326	Section on Administration and Practice Management and the Pediatric Practice Management Alliance (PPMA) Course The Pediatric Practice Business Buffet	9/28	8:00 AM
S4125	How Do Your Payments Stack Up Against Other Practices in Your Area?	9/29	7:30 AM
S4223	Coding: Hot Topics, Cool New Codes	9/29	9:00 AM
S4429	Protect Your Practice: Top Strategies to Minimize Malpractice Risk	9/29	3:30 PM
S4521	Get Paid What You're Due: Maximizing Claims and Avoiding Denials	9/29	5:00 PM
S5226	Top 5 Ways to Partner With Your Managed Care Organization	9/30	9:00 AM