Unique Pediatric Considerations

1/ What is the baseline for calculating rates, what does it cost pediatricians to provide comprehensive primary care? How do we proceed in a way that doesn’t codify our long standing underpayment in RRI?

2/Importance of narrow age bands or another way to recognize the visit-intensive first years of life?

3/Risk Adjustment: given the higher rates of poverty among children, given the increased resources needed to coordinate care for socially at risk families, can we please include social risk as it is a much better predictor of the cost of primary care for kids

4/What services, codes are included in the primary care cap,

5/Attribution/minimum 24 month look-back, transparent process for adjudication/correction

6/Importance of Medicaid, given that about 40% of all kids are covered by Medicaid, Medicaid plans really need to be offering capitated arrangements if practice are going to reach a point where the majority of kids in any practice are capitated.

7/What support from payers or SOC: Data analytics, reports, tracking tools Must be specific to pediatric measures