KIDSHEALTHFIRST
PEDIATRIC ALLIANCE

Category: Finance and Accounting – *External*		
Document ID: FIN010	**Title:** Annual Dues Policy	**Print Date**
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	Approved By IPA-GA Finance Committee IPA-GA Board of Managers	**Date Approved** 07/08/2025 09/08/2025

Policy: Independent Pediatric Alliance-Greater Atlanta Dues Policy (Annual Dues Policy 2023).

Purpose: The purpose of this policy is to establish consistent and transparent framework for assessing, administering, and managing membership dues, discounts, and related requirements for participating IPA-GA/Kids Health First member practices and providers.

Scope: Applies to all participating IPA-GA/Kids Health First member practices, physicians, and Advanced Practice Providers and governs membership dues, discount eligibility, reporting requirements, dues offsets, and qualifying dues suspensions.

Policy:

Monthly Dues Rate – The monthly dues rate is calculated by the Board of Managers (of Independent Practice Providers – Greater Atlanta d.b.a. Kids Health First ("**KHF**")) on an annual basis. The dues rate is subject to review and may vary each year. The final rate is voted upon each year by the Board of Managers.

For the purpose of this policy, any reference to "**Provider**" is defined as a physician and Advanced Practice Provider. An "**Advanced Practice Provider**" is defined as a Nurse Practitioner or Physician Assistant.

Effective November 1, 2023, the monthly dues rate for Physicians will be $ $275 per physician.

Effective November 1, 2023, the monthly dues rate for Advanced Practice Providers will be $150 for full time and $100 for part time. Advanced Practice Providers are not eligible for the additional discounts (Medicaid and New Provider). Advanced Practice Providers will sign a participating Provider agreement.

A Part Time Advanced Practice Provider is defined as working 20 hours a week or less and has qualified

for the part-time discount with their Malpractice Insurance Carrier. Proof from the Malpractice Carrier is required annually, and the practice is required to notify the IPA of any change in this status.

Reporting Providers to the IPA staff
Practices are required to report in writing, preferably by letter, additions or terminations of physicians or Advanced Practice Providers within 60 days of their start date.

Discount # 1: New Physician – Any new Physician (excludes Advanced Practice Providers) who joins an existing KHF practice will have a dues reduction of 50% for their first six (6) months with the practice. After six (6) months from their credentialing date, the Physician is no longer considered a "New Physician" and will revert to the full dues amount. The 50% rate reduction is calculated off the current "Monthly Dues Rate". The effective date of the discount is the Providers credentialing date.

> *The New Physician discount above is subject to review and may vary each year. The final discount is voted upon each year by the KHF Board of Managers. The Board reserves the right to review and make changes midyear if necessary.*

Discount # 2: Percent of Practice Medicaid - Practices are eligible for a reduction in their dues based on the percent of their practice that is Medicaid. Calculation for determining the percent of the practice that is Medicaid is specifically based on the number of Medicaid patient visits versus the total number of annual patient visits. The formal calculation is listed below and is part of the Annual Benchmarking Initiative. In order to be eligible for this discount, practices must participate in the Annual Benchmarking Initiative and supply all of the relevant data outlined in the program.

If a practice fails to participate, KHF will notify the practice that a survey was not received and that they are in jeopardy of losing the dues discount. If the practice responds affirmatively, the practice may be given up to 2 additional weeks to complete. If not received by the designated date, the practice will lose the discount and be notified of such. Within this time period a practice can request an extension to the Finance Committee.

Formula for Practice % Medicaid can be defined as one of two ways:

The preferred method is

1. **% Visits**

   Total Medicaid Visits for a calendar year = Practice Medicaid %
   Total practice Visits for a calendar year

If a practice cannot report Medicaid by % visits, a practice may report Medicaid by

2. % Charges

   Total Medicaid Charges for a calendar year = Practice Medicaid %
   Total practice Charges for a calendar year

**** Charges can only be used if practice uses the same charge for a Medicaid patient and non-Medicaid patient i.e. Standard Fee.***

*** A practice must calculate practice percent Medicaid in the same manner each year to be eligible.**
*** During the Medicaid evaluation each year, if a practice has a greater than 10% points shift in**

Medicaid percent from the previous year then they will be required to supply reports to back-up the larger shift in practice Medicaid %.

The Medicaid discounts are defined as:

- Medicaid % of 40.0 - 59.9% will receive a 10% discount off dues.
- Medicaid % of 60.0 - 79.9% will receive a 30% discount off dues.
- Medicaid % of greater than 80.0% will receive a 50% discount off dues.

The discounts above are subject to review and may vary each year. The final discount is voted upon each year by the Board of Managers. The Board reserves the right to review and make changes midyear if necessary.

The Medicaid discount applies to the practice as a whole, not individually by physician. *The Board of Managers reserves the right to audit any practices receiving this additional discount to confirm the reported Medicaid percent.*

When a new practice joins the network, they have to complete the Practice Benchmarking report in order to receive the Medicaid discount. The discount is then applied after the company completes the analysis.

Discount # 3: Part Time Physicians – Part time Physicians (excludes Advanced Practice Providers) will be eligible for a reduction in their Providers dues.

A Part Time Physician is defined as a Physician who works 20 hours a week or less and the Physician has qualified for the Part-time Physician discount with their Malpractice Insurance Carrier. Proof from the Malpractice Carrier is required annually, and the practice is required to notify the IPA of any change in this status.

Part Time Physicians will receive a discount of 40% off their Dues. The discount will be applied once the IPA has been notified of the part-time status. The discount above is subject to review and may vary each year.

When a new practice joins the IPA, they must submit proof of part-time status. Once proof is obtained, the part-time discount will be applied.

The final discount is voted upon each year by the Board of Managers. The Board reserves the right to review and make changes midyear if necessary.

Discount # 4: Maximum Discount Available – Physicians who are eligible for the Medicaid discount and additional discounts may only receive a maximum discount of 60% off of the Monthly Dues Rate. If the above discounts available accumulate to greater than 60% of the Monthly Dues Rate, the maximum discount of 60% will be applied.

Physicians that are new to a practice and are part time may only receive the maximum discount of 50%. After six (6) months from their credentialing date, the Physician is no longer considered a "New Physician" and will revert to the part time dues amount (see above) if the Physician is part time at that point.

Vaccine Administrative Service Fees – Maximum Membership Dues Offset

Practices who participate in the companies vaccine program are eligible to receive administrative service fees to offset their membership dues. The maximum allowable offset is 60% of the total practice dues. Any credit amounts exceeding the 60% limit will not carry forward or accumulate for future use.

Suspension of Dues for Medical Leave of Absence– Physicians and Advanced Practice Providers may qualify for a suspension in their dues if the following requirements below have been met:

- Medical Leave will require a minimum of three (3) months absence from the practice of medicine including medical volunteer work.
- Physicians and Advance Practice Providers must meet malpractice premium suspension guidelines with their malpractice insurance carrier.
- Dues suspension will commence on the first month the Physicians and/or Advance Practice Providers meets suspension guidelines for their malpractice carrier.
- Proof from the Physician's and/or Advanced Practice Provider's Malpractice Carrier is required, and the practice is required to notify the IPA of any change in the Physician or Advance Practice Provider's status."

The maximum discounts listed above are subject to review and may vary each year. The final discount is voted upon each year by the Board of Managers. The Board reserves the right to review and make changes midyear if necessary.