

# Medical Director On-Demand Basic Program Components

The basic service includes the following components:

- A minimum of one hour preparatory time for a monthly conference call/presentation on multiple topics to be presented by various **BS&A** principles and associates.
- Delivery of the monthly one-hour presentation via an 800 call-in number. Examples of potential topics include, but are not limited to, the following:
  - Evaluation and Management Code Selection
  - CMS vs. CPT documentation guideline use
  - Critical Care, documentation requirements and types of cases
  - Fracture care codes
  - Observation care code choice
  - Choice of Diagnostic codes
  - Procedure codes documentation and code choice
  - Most commonly used modifiers for E/M and procedure codes
  - How to evaluate billing reports
  - Accounts Receivable management
  - Surviving a payer audit
  - Denial management
  - Keys to managed care contracting
  - Determination of "Ramp Up" Expenses
  - Determination of monthly subsidy needs
  - Creation of incentive payment plans.
- One additional hour of consultative Q&A on topics chosen by the billing company client or any of its physician group clients. This hour Q&A may be accumulated up to a maximum of ten hours that can be used in the future for select projects. **BS&A** support staff will track these accumulated hours and send a quarterly update to each program client.
- Additional hours of Q&A can be added to the standard package plan for \$250 per hour.

The "Medical Director on Demand"™ Program is an investment in your organization's future. For just \$750 a month, your business will receive the most up-to-date information related to billing, coding, compliance, risk and practice management. The additional Q&A hour available each month will allow you to address specific issues that have come up within your organization. These issues, once solved, will help enhance efficiency and profits.

# Medical Director On-Demand Add-On Program Components

For organizations desiring additional services beyond those that are included in the basic program package, we have developed a menu of add-on program components. In addition to the preparation and presentation of our monthly conference call and our one hour Q&A session, the "Medical Director on Demand"™ Program provides clients with reduced daily and hourly charges for various projects that are often requested by our billing, coding, and practice management clients.

Our customary fee for these projects is \$3,500 per Diem plus expenses for activity performed at the client's location, and \$350 per hour for activities performed at our offices. Program clients will receive a significant reduction in these fees. Payment of the \$750 monthly stipend allows you to utilize the expertise of our physician associates and associate staff for \$2,500 per Diem plus reasonable expenses for on-site client activity, and \$250 per hour for efforts performed at our offices. The reduced fees that program clients will recognize represent a significant reduction off of our customary fees.

Add-on Program Components include the following:

- **Coding Related Issues**
  - Formal coding seminars and one-on-one coder education.
  - External chart audits with focus on E/M, procedure, modifier and diagnostic code choice.
  - Development of Coding Policies and Procedures.
  - Assistance in the defense of any payer audit.
  - Quarterly EM Coding Academy workshops in various cities.
- **Provider Documentation**

- Formal chart documentation presentations to private practice clinicians, teaching physicians, residents and non-physician practitioners (NPPs).
- External chart audits with a focus on provider documentation.
- One-on-one direct physician training for those who are new to groups or for those physicians requiring remedial assistance.
- **Practice Management**
  - Governance, employment agreements and shareholder issues.
  - Financial statement review and development.
  - Assistance with conversion to a fee-for-service independent group environment from either hospital or large group employee status.
  - Creation of new, or the review of existing hospital contracts along with negotiation strategy assistance.
  - Assessment of need and amount for the collection "Ramp Up" period and monthly revenue subsidy requirements.
  - Job descriptions and salary proposals for group physician and non-physician leadership.
  - Incentive payment plans for clinical activity.
  - Shareholder bonus plans based on corporate net income.
  - Initial interpretation and training regarding various billing, collection and coding reports. This type of training helps the physicians and group administrators become more knowledgeable about the financial health of their organizations.
  - Accounts Receivable valuation of physician groups in preparation for sale, merger or retirement of principal owners.
- **Risk and Claims Management**
  - Risk Assessments of the hospitals, emergency departments and the physician groups to ascertain areas of exposure.
  - Creation and implementation of a comprehensive Risk Management program.
  - Exploration of alternative forms of malpractice coverage including captives and risk retention groups with your physician group clients.
  - Direct participation in claims as expert witnesses.
  - Assist defense counsel as consultants with a focus on investigating the case and preparing the defendant physician for both deposition and trial.
- **Compliance**
  - Review of existing Compliance Plan and Program for necessary revisions, additions, and adjustments.
  - Compliance Plan and Program construction for the billing and coding operation and/or your physician group clients.
  - Corporate code of ethics document creation.
  - Hourly consultative efforts to answer any compliance related issues, including HIPAA privacy and security updates.
- **Managed Care**
  - Contract reviews.
  - Development of strategies for future negotiations.
  - Assistance in denial and collection reports related to various payers.
  - Strategy development and/or participation in negotiations.
- **Billing Operational Reviews**
  - General overview with comprehensive questionnaire review and an assessment of various billing, transaction and collection reports.
  - Deeper investigation of multiple billing processes to help improve overall claim processing efficiencies.
  - AR management team assessment.