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## **PRODUCT DESCRIPTIONS**

**Fee Schedule Analysis.** The analysis of a fee schedule on a volume weighted and standardized basis.

**Deliverable:** a report including the following elements:

- Summary narrative interpreting the financial effect of the fee schedule,
- A Sensitivity Analysis indicating important CPT codes that were left out of the analysis,
- Conversion Factor Summary showing the financial value of the fee schedule expressed as dollars per RVU,
- Specialty Impact Analysis showing the effect of the fee schedule on each specialty.

**Charge Master Analysis.** Analysis of a practice's charge master to examine the charge master for general adequacy and consistent application.

**Deliverable:** A written report summarizing findings from the analysis of the charge master. The report will address at least the following elements:

- Testing the charge master for general adequacy by comparing the charge master in total to conventional wisdom of prevailing rates and when possible to know average payment rates.
- Examining the application of the charge master by comparing to the average charge experienced by the practice.
- Measuring the internal consistency of the charge master by analyzing the statistical variation around its volume weighted mean.
- Recommendations for improvements and when possible a recommended price position for the charge master.
- Identification of individual CPTs/fees that should be changed to avoid under billing or excessive contractual allowance.

**Summary Cost Analysis.** Compares total operating costs to total production to establish a standardized baseline for contracting.

**Deliverable:** A report summarizing the cost of providing services measured in cost per RVU. Elements include:

- Penetration for each major payer/product line by reimbursement and RVUs of production,
- Itemization of cost elements used in the calculation,
- A brief narrative describing observations from this cost study
- A spreadsheet application allowing the user to test alternative cost scenarios.

**Payer Contract Language Scoring.** Standardized tool for analyzing the language terms of a payer contract.

**Description:** 35 payer contract elements are examined and evaluated against the most desirable terms. Each element is weighted and the total contract is given a summary score. The Payer Contract Language Scoring does not address reimbursement terms.

**Deliverable:** A written report and the actual score sheet are provided. The report includes the following elements:

- A narrative summarizing the contract's score,
- A discussion of significantly beneficial or onerous language terms,
- Recommendations regarding which language items would most improve the score if they were changed.

**Detailed Cost Analysis.** Practice costs are calculated on a standardized basis and analyzed to help the practice identify where improvements can be made.

**Deliverable:** A written report describing the cost per RVU of service for each department. The sum of the departments represents the total cost of the practice. The departmental categories could be practice location, physician, specialty, ancillary department, or other category for the practice.

**Budget Support Package.** This package of reports compares actual performance on reimbursement, productivity, and costs to expect and prepares the practice for budgeting.

**Deliverable:** A spreadsheet application and instructions for use by practice management to establish and test budget expectations for coming year operations in three areas – 1) RVU Production, 2) Reimbursement per RVU, and 3) Operating cost.

**Pricing Policy Development.** Worksheets and on-site facilitation to help practice leadership to set pricing minimums for risk, non-risk, fee-for-service, Medicare, Medicaid, and charges.

**Deliverable:** Pricing policy worksheets, facilitation of a pricing policy discussion with practice leadership and a written pricing policy statement reflecting the practice's Pricing Policy.

**Reimbursement Analysis.** Paid claims are analyzed to determine which plans are paying better and how changes in case mix can improve income.

**Deliverable:** A written report and spreadsheet application providing the net reimbursement for each major health plan and observations about how reimbursement might be improved.

**Payer Compensation Audit.** Paid claims for a payer(s) are compared to expected payment to determine if claims are being paid correctly and to measure the economic value of payment policies.

**Deliverable:** A written report and data file of the claim payments for each selected payer. Actual claim payments are compared to expected payments at a CPT level. Potential problems and opportunities are identified and recommendations for corrective action are included in the written narrative.

**Reimbursement Accuracy Monitor.** A summary analysis testing the accuracy and timeliness of claim payments from each payer.

**Deliverable:** An addendum is added to the reimbursement analysis narrative that provides a package of statistics about the claim payment pattern for each payer. The statistics are designed to indicate the timeliness and correctness of payments. The following elements are included:

- Average time cycle to bill
- Average time cycle from billed to paid
- High – Low time cycle from billed to paid
- Denied services In relation to the percentage of total dollars to the percentage of total Relative Work Units

**Product Margin Analysis.** Reimbursement, cost, and production data by department, physician or location are analyzed to determine which services are profitable for the practice.

**Deliverable:** A written report and analysis detailing the services of the practice categorized into product lines. The product lines are defined in consultation with the practice. The following elements are provided and discussed for each product line:

- Cost and reimbursement per service and encounter
- Margin for each product line
- Margin contribution

**Productivity by Provider.** Reimbursement and RVU production data for each physician is standardized and compared to MGMA norms.

**Deliverable:** A written report, or an additional section in a Reimbursement Analysis, that examines the standardized production for each physician. The report includes the following elements:

- RVUs and average reimbursement for each physician in the practice
- Comparison to MGMA norms for the region and specialty
- Discussion about the potential causes for differences by physician and recommendations for action.

**Payer Contracting Strategy.** The Payer Contracting Strategy is a written report that combines information from several other products to form recommendations for re-contracting that will improve income.

**Deliverable:** A written report, based on observations from the Reimbursement Analysis report and feedback from the practice that provides a detailed action plan for improving contracting results. The following elements are addressed in each report:

- Action steps and timeline for each recommendation,
- Estimated improvement value,
- Contingency and fallback positions,
- Commercial contracting priorities
- Medicare and Medicaid penetration goals.

**Physician Profiling.** Health plan data is analyzed to show how practice patterns compare and to identify areas for improvement and emphasize areas of excellence.

**Practice Assessment.** An operational assessment of a practice focusing on financial, contracting, patient service and business office operations.

**Management Oversight.** Providing a package of reports and services that provide an external perspective to practice operations.

**Utilization Reporting.** Health plan data is analyzed to produce user-defined reports that support utilization management projects of the practice or organization.

**Payer Contract Administration.** This full-service product provides an interface between the practice and payers to fully enable electronic submission, electronic payment and in some cases enable auto-posting of plan payments.

**Payer Contract Negotiations.** Company will negotiate with a health plan(s) on behalf of a practice or network organization in instances where Company has done the analytical work to prepare for those negotiations.

**Payer Contracting Audit.** Company will evaluate all current contracts and summarize contract terms and provisions as well as identify recommended changes. The deliverable will also include a Payer Contract Inventory to assist the practice in maintaining this information. Company will also provide Fee Schedule Analysis of for the fee schedule associated with each contract. The Fee Schedule Analysis will compare the contracted rates with Medicare and the practices charge master and provide a non-weighted analysis of collected reimbursements versus contracted and charged amounts. This product will be provided in a bound report to support routine access by practice administration.

**Ancillary Revenue Development.** Company will provide alternative solutions for revenue enhancement to include potential joint ventures, contract arrangements, ancillary services development and business opportunities for growth. Ancillary opportunities range from Primary Care Women's health unit to contracted radiological services to ambulatory surgical centers. Company will

provide complete analysis to include best and worst case scenarios, financial pro-forma, feasibility based on market and utilization, etc. Company will also assist in finding capital funding alternatives. This product can be expanded to include operational oversight.

**Practice Management & Electronic Medical Records Systems Consultation.**

Company will assist in the process of selecting a management and/or medical record information system that is appropriate based on the needs of the practice. The process will include a formal request for pricing to a minimum of five software companies based on defined client criteria. Company will work from beginning to end to include all negotiations for pricing and service requirements.

**Network Formation and Management.** Company will assist in the development and/or management of physician network (IPA) or practice. Company will assist and coordinate all start-up to include working with attorneys in the legal aspect, seeking contracts both risk and non-risk bearing, developing and setting up governance structure, implement policies and tools to assure compliance by participants, health plan, and outside contracted services.

**Practice Start-ups and Mergers.** Company will assist in all aspects of a new practice start-up, a practice rolling out of an equity relationship, or the merger of multiple practices. Company will assist in the development of organizational ideas and concepts for legal implementation, income distribution modeling, staff interviewing, systems selection, capital funding, etc.

**Receivables Financing.** Company has an affiliate partner that provides access to capital for operations support, service expansion, building projects, or ancillary development. The Receivables Financing package comes complete with practice assessments and operations support to decrease operating costs and increase revenue so that the practice can build retained earnings and decrease its need for outside capital.

**Worker's Compensation Program.** Company has qualified staff to plan and develop a Worker's Compensation program to assist practices in accommodating all WC insurance companies and Employers regulations and requirements. This plan is a turn key program that will allow practices to implement Worker's Comp operations from administration to clinical to billing and collecting. This program involves training all administrative and clinical staff members. This program will also train staff on how to market to referral sources, employers and case managers.