AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
SCIENTIFIC ASSEMBLY
1999

Finding and Securing the Perfect Job

Emergency medicine opportunities are diverse in many aspects, so how do you find the right job to fit your personality and lifestyle? Once you think you have found the perfect job, how do you negotiate a contract that ensures your interests are protected. The lecturer will review the scope of employment opportunities available to emergency physicians, factors to consider when selecting a job, and the basic principles of contract negotiation.

- List the major factors to consider when reviewing a job offer or contract.
- Describe factors to consider when deciding whether a particular job fits your personal needs.
- Describe how to evaluate a contract.
- Identify successful techniques for negotiating a contract.
- Discuss potential contract pitfalls and how to avoid them.

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Room # N251
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**Consulting Panel Member: A Life Medical*

FACULTY

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FINDING AND SECURING THE PERFECT JOB

Kenneth DeHart, M.D.

I. Course Description

This course will assist the participants to find and secure the perfect job.

II. Course Objectives

After attending this session, participants will be able to:

A. List the major factors to consider when reviewing a job offer or contract.

B. Describe factors to consider when deciding whether a particular job fits your personal needs.

C. Describe how to evaluate a contract.

D. Identify successful techniques for negotiating a contract.

E. Discuss potential contract pitfalls and how to avoid them.

III. Course Overview

A. Finding the Perfect Job

I. Program Resource Issues

A. Quantity Parameters

1. 2.2 Patients per Physician per Hour
   Volume/Acuity Matrix
   Patients Per Physician Per Hour = 2.2

99283-99285 / 99281-99283	*CPT Ratio: Rule of Thumb*
2.2	.9 to 1.1
< 2.0	1.3 to 1.5
> 3.0	.6 to .9

2. 1 Treatment area / 1500 patient visits
3. 1 Ancillary Provider FTE per 1,000 visits
4. 1 Ward Clerk Hour per day per 1000 annual patient visits

5. 3,000 sq ft / 10,000 annual visits

B. Quality Inferences
   1. Staff *"Turn –Over"* Issues
   2. CEN Ratio Issues
   3. Age Ratio Issues
   4. CME Programs
      a. Hospital Funded
      b. Physician Funded

II. Contract Security Issues

A. Hospital Issues
   1. Integration Considerations
      a. Horizontal
         i. Multiple Sites
      b. Vertical
         i. Hospitalist Programs
   2. Merger and Acquisition Challenges
      a. Hospital networks
         i. Contract Assignment Issues
         ii. Bankruptcy Protection
      b. Physician Networks
         i. IPA and MSO Contracts
   3. Non-Patient Care Revenue
      a. Stark II Issues
         i. Medical Directorships
         ii. Practice Support Stipends
         iii. Practice Commencement and Recruitment Support Packages
         iv. Service Agreements
   4. Non-Patient Care Liabilities
      a. Transcription Expenses
      b. Secretarial Support Expenses

B. Physician Issues
   1. Restrictive Covenants
      a. Time Parameters
      b. Location Description
      c. Service Specificity
   2. Medical Staff Privilege
   3. Group Indemnification
   4. Medical Staff Cultures, Legacies and Local Politics
      a. Admission Orders
      b. "In-House" Responsibilities

5. Academic and Research Activities
   a. FTE Ratios
   b. "Production" Quotas
   c. University Practice Plan Interaction
   d. Residency Funding

III. Financial Issues

A. Income Considerations
   1. Local Payor Mix Thresholds

Typical Community Department Payor Mix

-	Medicare	30%
-	Medicaid	22%
-	FFS	2%
-	PPO	20%
-	Capitated Care	1%
-	Uncompensated Care	25%

   2. Fee for Service vs Employment
      a. APC Challenges
      b. RVU Overhead Challenges
   3. Payor Negotiations
      a. Authority Issues
      b. Autonomy Issues
   4. Billing Resource
      a. CPT Application
      b. Billing Company Indemnification
   5. Production and Compensation Comparables

Total RBRVS Units						
Specialty	Mean	Std. Dev.	25th %tile	Median	75th %tile	90th %tile
Emergency Medicine	5,334	2,508	3,101	4,738	7,357	8,923
Physician Compensation						
Emergency Medicine	$180,378	$54,854	$148,052	$179,997	$202,493	$231,847

[1]

B. Reimbursement Methodologies
   1. Independent Contractor vs Employee Status Issues
   2. Flat Hourly Compensation
   3. Percent of Net Collections Compensation

[1] Medical Group Management Association
Physician Compensation and Production Survey: 1997 Report Based on 1996 Data

4. RVU based Compensation with Behavioral Conversion Factor Modifiers

$$\$ = RVU_{(t)} \times CF(CF_{UR} \times CF_{GC})$$

C. Benefit Packages
   1. Components
      a. Malpractice Coverage
         i. Occurrence
         ii. Claims Made
            x. Tail Coverage Issues
         iii. Valuation
            x. $1.75/hr to $20.50/hr
      b. Disability Insurance
         i. $1.75 to 2.35/hr
      c. Major Medical Insurance
         i. Valuations
            x. $1.25 to 2.75/hr
         ii. Dental and Pharmacy
      d. Pension
         i. Vesting Schedule
         ii. Platform
            x. IRS Affiliated Service Group Rules
               - 414(M) and 414(N)
            xx. Hybrid Plans
            xxx. Valuation
               $2.00 to $10.00/hr – group contribution
               $1.00 to $ 5.00 - individual contribution
      e. Board of Director Indemnification Insurance Coverage
         i. Errors of Omission Coverage
   2. Benefit Package Resources
      a. Outsource options
      b. Human Resource Personnel

IV. Quality Improvement Prospectives

A. Contemporary Compliance Program

Compliance Program – Essential Elements

Contents of an Emergency Services Compliance Plan

1. Compliance Policy and Procedures:

   - Develop a written policy that commits the organization to accurate coding and billing for all services. Distribute the

policy annually among finance, admitting and registration staff, billing personnel, physicians, medical records coders, the chargemaster review team and others involved with the billing process.

- Develop and maintain a practice coding policy manual to include policies for the following issues:

  - Use of charge documents/physician responsibility;
  - Process of obtaining accurate, updated demographic and insurance information;
  - Description of the coding check and balance process;
  - Payment processing (i.e., receipting, balancing and documenting, etc.); and
  - Coding and documentation of:
    - E/M Levels of Service
    - Interpretive Services
    - Procedural Services
    - Ancillary Service Utilization
    - Use of Modifiers
    - Medical Necessity Issues
    - Resident Supervisor
    - Observation and Critical Services
  - E.M.T.A.L.A.

2. Compliance Officer:

   - Assign a high-level person with emergency medicine experience within your organization to oversee the compliance program. This person should be able to accept a great deal of additional responsibility.
   - Develop specific job descriptions.

3. Training:

   - Effectively communicate the compliance requirements to everyone (i.e., employees, subcontractors, agents).
   - Maintain a detailed description of each employee job description in the compliance plan folder.
   - Consistently provide agendas and minutes for compliance team meetings.
   - Develop and document training, including:
     - How new physicians are oriented to the coding and billing rules;
     - How new staff are oriented to the coding and billing rules;

- Training programs for physicians; and
- Periodic training on coding accuracy for staff members.

4. Internal Audit and Resource Development:

- Make sure that compliance objectives can be achieved and that there are mechanisms in place to detect problems.
- Perform a monthly or quarterly internal audit of the physician's use of E/M, CPT and ICD-9-CM codes. The results should be documented and feedback given to the physician(s) involved.
- Develop an internal resource library and develop revenue capture tools, such as registration forms, release of information, waivers, etc. Setting up a resource library can be as easy as gathering all Medicare newsletters, bulletins and manuals in one location. Another part of this process should include reviewing publication lists from the Medical Group Managers Association (MGMA), the American Medical Association (AMA), St. Anthony Publishing, Inc., and other organizations. Select reference material that will provide a broad range of billing and coding topics. Forms design discussions and examples are available in several of the books that you will see on the reference book lists.
- Document how the coding and billing department communicates with physicians regarding pertinent coding changes and individual coding behaviors. Consider comparison reports by individual physician on a quarterly basis.

5. Action Plans:

- Establish response procedures to be followed when problems are identified.
- Develop physician coding peer review in addition to any existing peer review policies.
- Implement problem logs from the coders and payment processors, and how follow-through actions are undertaken and solutions arrived at.
- Educate all staff about proper billing procedures and document the practice's activities to ensure that all staff understand what happens when they perform their assigned tasks well, and the effects when they perform them poorly.
- Develop a form for employee's review and signature that states the practice's intent to comply with all federal rules and regulations when coding and billing professional services. The statement should encourage the employee to report any

questionable coding or billing practices to a designated administrator. The employee must not be subject to repercussions when reporting such concerns, and this fact must be documented in the compliance statement.

- Have regular meetings with coding and billing staff and encourage employees to voice their concerns or questions regarding coding or billing issues.

6. Disciplinary Action:

   - Consistently enforce rules and discipline those who do not follow them.

7. Outside Counsel:

   - Contact outside counsel immediately if billing problems are discovered or if investigators begin to make inquiries or request records.

   By developing a compliance program, you can help detect coding and billing problems and possibly reduce the penalties imposed in the event that billing problems are detected during an audit. The goal of a compliance plan is to make sure the employees understand the billing rules and feel comfortable raising questions if they think any billing problems exist. It is wise to encourage billing personnel to ask lots of questions. A compliance plan should be a user-friendly method of ensuring that employees are aware of relevant regulations.

B. Clinical CQI Programs
   1. Scope
   2. Documentation
   3. COBRA Compliance
   4. Accreditation Issues
      a. JCAHO Visitations
      b. ASC Trauma Designation
      c. ED Service Designation

V. Compliance Pitfalls

A. Policy Development

   1. Interpretive Services

   2. Procedural Services

3. Modifier Utilization

4. Documentation Thresholds

B. Human Resources

1. Physician Issues

2. Billing Staff Issues

VI. Group Culture Issues

A. Group Mission Statement

B. Governance vs. Management
   1. Diffuse vs Scalar Authority
   2. Partnership vs. Incorporation

C. Equity Opportunities

D. Retained Earnings Issues

E. Resource Management

F. Career Trajectory Options

B. Securing The Perfect Job

A. Geographic Opportunity Variances

B. Career Assistance Funding

C. Neutralizing With The Emergency Medicine Country

D. Interview and Relocation Issues
   1. Itinerary Development
   2. Expenditure Expectations
   3. Follow-up Correspondence

E. Letters of Reference Issues
   1. Formal and Informal Communications

F. Contract Negotiation Issues

1. Selecting Legal Counsel
2. Contract Templates
3. The Art and The Science of Contract Negotiation
    a. Honest Identification of Needs, Wants, and Expectations
    b. Common Negotiating Maneuvers
        1. “Good Guy Bad Guy!”
        2. “Court of Higher Authority!”
        3. “Gambits and Closing Nibbles!”
    c. Civil Compromise
    d. The End Game