

EMERGENCY DEPARTMENT FACILITY:

Start with a Preliminary Analysis

Before you engage BDA's services, we'll review your documentation and coding strengths and challenges — **free and at no obligation to you**. This service, called the BDA Preliminary Analysis, or Prelim, helps to identify your most significant opportunities for revenue growth.

What We Do

BDA's experienced coding and financial professionals have worked side-by-side with healthcare providers like you to improve documentation and coding, which in turn increases revenue capture, grows compliance, and helps you focus on what matters most: practicing good medicine.

- **We customize** our tools and solutions to meet your needs.
- **We simplify** so you can adopt effective, consistent, and compliant processes.
- **We educate** by listening and explaining until you are comfortable in your understanding.
- **We streamline** processes by introducing best practices that will improve your revenue capture and grow compliance.

Your Prelim Report will be packed with valuable, customized data. We'll review these findings with you and offer our recommendations on ways to improve your bottom line.

- There is no cost or obligation for creating your Prelim Report.
- All results are kept confidential.
- The report is yours to keep even if you choose not to partner with us.

Ready to get started?

Please provide the requested information on the back of this document and return as directed.

www.billdunbar.com | info@billdunbar.com | 800.783.8014 or 317.247.8014

Bill Dunbar and Associates, LLC
2629 Waterfront Parkway East Drive, Suite 350
Indianapolis, IN 46214

EMERGENCY DEPARTMENT PRELIMINARY ANALYSIS:

To identify opportunities for improved compliance, documentation, coding, and reimbursement for your ED Facility we will need the following information to complete your complimentary Preliminary Analysis:

ED Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Director's Name: _____ Phone: _____ Email: _____

Please complete a separate form for each ED location.

Questions:

Do you currently use an EMR? ☐ Yes ☐ No

Name of EMR? _____

Does your EMR choose the ED Acuity level? ☐ Yes ☐ No

Can you revise the ED Acuity level criteria in the EMR? ☐ Yes ☐ No

Do you currently engage an outside vendor to assist with documentation and/or coding? ☐ Yes ☐ No

Are codes assigned at your local facility or at a Centralized Billing Office (CBO)? ☐ Local ☐ CBO

Is the facility payment based on ☐ APC or ☐ Percentage of Charge?

If percent of charge, what is your average paid percentage? _____

Statistics:

Annual ED Visits: _____

Annual Admission %: _____ %

CPT

99281

99282

99283

99284

99285

99291

Charge

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Outpt. Volume

Inpt. Volume

Financial:

Gross ED Outpatient Revenue per year: _____

\$ _____

Total Outpatient Payer % for Medicare/Medicaid/Government/Self Pay Payers: _____

%

Outpatient Adjustment % for All Commercial Payers (i.e. Aetna, Anthem, Blue Cross, etc.): _____

%

Required Documents: (all of the following documents must be submitted)

<input type="checkbox"/> Tool/criteria for determining ED visit level	<input type="checkbox"/> Blank ED Facility Acuity Charge sheet	<input type="checkbox"/> HIPAA Business Associate Agreement (signed & dated)
<input type="checkbox"/> Five(5) complete ED commercial patient encounters*	<input type="checkbox"/> ED Facility Chargemaster with CPT codes and fees	<input type="checkbox"/> Confidentiality Letter (signed & dated)

* Include physician & nursing documentation, lab & the ancillary service documentation, medication administration record *MAR), charge sheet, and claim form. (Please DO NOT include admissions or observation status)

Date: _____ Prepared by: _____

Email: _____ Phone: _____

Direct follow-up questions to: _____

Email: _____ Phone: _____

Mail completed forms to the address below, Attention: Director of Analysis.
Direct questions to the phone numbers below or email info@billdunbar.com.

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