

EMERGENCY MEDICINE SERVICES QUESTIONNAIRE

General Practice Information

Thank you for your interest in the many benefits of working with Integrated Care Physicians (ICP). ICP helps clients achieve success by providing extensive resources to improve operational efficiency and patient flow. The information you provide here, will help us gain a true understanding of how we can best serve your hospital and assist in reaching your performance goals.

PLEASE RETURN COMPLETED QUESTIONNAIRE TO: agreer@integratedcarephysicians.com

FACILITY GENERAL INFORMATION		
Facility Name:	CEO:	
System Affiliation:	CFO:	
Practice Name:	COO:	
Street Name:	CNO:	
City, State, Zip Code:	CMO	
Phone:	ADON:	
FACILITY STRATEGIC INITIATIVES		
What are the facility's Top 3 Strategic Initiatives?	1. 2. 3.	
What are the facility's Top 3 Quality Initiatives?	1. 2. 3.	
ED PATIENT VOLUME: NUMBER OF PATIENTS SEEN EACH YEAR		
Annual ED Visits:	2017	
Number of ED Beds: Total:	2018	
Acute: FT: Obs:	2019 (est.)	
Approximately what percentage (%) of ED Visits are seen by ED Physicians?		
MONTHLY ED VOLUME: NUMBER OF PATIENTS SEEN		
JAN:	MAY:	SEP:
FEB:	JUN:	OCT:
MAR:	JUL:	NOV:
APR:	AUG:	DEC:
EMERGENCY DEPARTMENT CONTRACT INFORMATION		
Contract type desired?	<input type="checkbox"/> Fee for Service <input type="checkbox"/> Hourly	
Any state, county or local indigent care funds available for reimbursing providers for which your Hospital practitioners are eligible?	<input type="checkbox"/> Physicians <input type="checkbox"/> Hospital	
What do your bylaws require as the current limits of Liability for Emergency physicians (i.e. A Rated, \$1 over \$3 million per physician)?		
What is the contract termination timeline for the current ED group/practice?	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days <input type="checkbox"/> days	
Does the reimbursement for the current ED group/practice require a subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the current subsidy per year?	\$	
If yes, do you expect or have you been advised of change in subsidy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what is the anticipated percentage of change in subsidy?	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease %	
What is the name of the current ED group/practice?		
Are other ED groups/practices under consideration for this contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What is the anticipated start date for the new group/practice?		

EMERGENCY DEPARTMENT PAYOR MIX			
Medicare	%	Medicare Managed Care	%
Medicaid	%	Medicaid Managed Care	%
HMO/PPO	%	Blue Cross Blue Shield	%
Worker's Comp	%	Commercial Insurance	%
Self-Pay	%	Champus/Tricare	%
		Other	%
EMERGENCY DEPARTMENT ACUITY LEVEL			
99281 (Level I):	%	99284 (Level IV):	%
99282 (Level II):	%	99285 (Level V):	%
99283 (Level III):	%	Critical Care:	%
Are there any CPT Codes or other sources of revenue for professional billing?	<input type="checkbox"/> EKG <input type="checkbox"/> Bedside Ultrasound <input type="checkbox"/> X-Ray Prelim Other:		
EMERGENCY DEPARTMENT EMR INFORMATION			
Are the physicians currently documenting on an EMR?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently utilizing an 3rd party HL7 interface vendor/engine?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have existing HL7 ADT and ORU/MDM (chart) outbound interfaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide both the name and version of your current EMR system.	EMR Brand	EMR Version	
ED BILLABLE PATIENT VOLUME (DO NOT INCLUDE "NO CHARGE" VISITS)			
Number of ED billable patients in 2018			
Number of ED billable patients YTD 2019			
Average percentage of non-billable ED patients	%	Reason?	
What is your current ED collection per visit?	\$		
What is your current ED Average patient charge?	\$		
Average monthly admission rate from Emergency Department	%		
Average monthly transfer rate from Emergency Department	%		
Any special conditions affecting ED volume?			
EMERGENCY DEPARTMENT PROVIDERS/STAFFING			
What is the number of ED physician hours staffed per day in the ED?	Hours/day	Shifts/day	
What is the average length in hours of ED physician shift?	Hours/shift		
What is the average hourly pay rate for ED physicians?	\$	/hour	
What is the number of PA/NP hours staffed per day in the ED?	Hours/day	Shifts/day	
What is the average number of hours in a PA/NP shift in the ED?	Hours/shift		
What is the average hourly pay rate for PA/NPs in the ED?	\$	/hour	
What is the number of Resident hours staffed per day in the ED?	Hours/day	Shifts/day	
What is the average number of hours in a Resident shift in the ED?	Hours/shift		
What is the average hourly pay rate for Residents in the ED?	\$	/hour	
Does the current group bill for Residents services?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do ED physicians cover in-patient codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Floor <input type="checkbox"/> ICU		
Are mid-levels used in the ED triage area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What is the Site Medical Director pay/stipend per month?	\$		
Are ABEM/AOBEM Certified/Eligible physicians required for all ED staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, what non ABEM/AOBEM Providers (with ED experience) are accepted	<input type="checkbox"/> FP <input type="checkbox"/> IM <input type="checkbox"/> Surgery <input type="checkbox"/>		
What certifications required for ED staff physicians?	<input type="checkbox"/> ACLS <input type="checkbox"/> PALS <input type="checkbox"/> ATLS <input type="checkbox"/> PHTLS <input type="checkbox"/>		
Are these certifications also required for ABEM/AOBEM physicians?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any current Providers you wish to retain (% of Team)	% Physician	% PA/NP	
Are there any restrictive covenants or buy-out fees for current	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please elaborate.			

ED METRICS	
What is your current Left Without Being Seen (LWBS) percentage rate?	%
What is your current door to physician time?	minutes
What is your current door to discharge time?	minutes
What is your current door to admission time?	minutes
What is your current decision to floor waiting time?	minutes
Do you currently measure patient satisfaction in the ED other than H/EDCAHPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the name of the vendor/methodology for measuring the ED patient	
What is the current nursing ratios in ED?	
ADDITIONAL ED INFORMATION	
Is there a physician application fee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the amount of the physician application fee?	\$
Time Frame to Credential a New Provider?	days Temporary Privileging? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hospital provide malpractice insurance for ED providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any physical plant challenges in the ED?	
Are Scribes being used by the current ED group/practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many total hours are Scribes used in the ED on a daily basis?	hours
If yes, what is the annual cost for current Scribes program?	\$
Does the current group bill an hourly rate or fee for service rate?	<input type="checkbox"/> Hourly Rate <input type="checkbox"/> Fee for Service <input type="checkbox"/> Group does not bill hourly or
What is the name of the Billing Entity used by the current group/Practice?	
Specialty Backup Coverage: <input type="checkbox"/> Neurosurgery <input type="checkbox"/> ENT <input type="checkbox"/> Neuro <input type="checkbox"/> Cardiology <input type="checkbox"/> Plastics <input type="checkbox"/> Ortho <input type="checkbox"/> OMF <input type="checkbox"/> GI <input type="checkbox"/> Renal <input type="checkbox"/> Urology <input type="checkbox"/> Pulmonary <input type="checkbox"/> Anesthesia <input type="checkbox"/> Surgery <input type="checkbox"/> Vascular <input type="checkbox"/> Other	
ADDITIONAL ED DOCUMENTATION	
Please provide a copy of the ED log for an average two-week period for chart	<input type="checkbox"/> attached
Please provide a copy of the ED Physician/NP/PA Schedule for the most recent 3	<input type="checkbox"/> attached
QUESTIONNAIRE COMPLETION	
Prepared By:	Contact Phone #: