

SUBMIT FORMS TO: Medical Director Solutions, LLC
577 Seminole Drive, Marietta, GA 30060

Phone: 770-499-0398
Fax: 770-499-8299

PURPOSE

This short survey is to help you, the employer, to better understand the physician driven medical management process. Once completed, this exercise will assist you to optimize the value of concurrent medical management and retrospective peer review for your company's key constituents: employees and their covered dependents. As part of our service, we will be happy to recommend specific steps to take, which will result in a more favorable health outcome for your employees and their dependents while producing a favorable economic outcome for the employer.

OPTIONAL

1. Your name:

2. Company name:

3. Company address:

City:

State:

Zip:

4. Phone: ()

ext.

QUESTIONS

1. Currently, what does the claims management software used by your claims administrator flag, identify, audit or screen for? (please check all that apply)

Multiple Procedures

If so, are primary/secondary procedures identified? Yes No

Bilateral Procedures

Specialty Surgeries such as Spine ; Knee; Other _____

Morphine or other Intraspinial Pumps

Complex, High Risk, High Dollar Diagnoses

(such as: Chronic Fatigue Syndrome; Fibromyalgia; Chronic Headaches)

Other. Please specify:

2. How are these claims identified?

CPT Code

Diagnosis (ICD-9 Code)

Financial Threshold (e.g. claims in excess of \$5,000.00)

Other. Please specify:

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<p>3. Does the claims administrator provide you with reports of the above?</p> <p><input type="checkbox"/> Yes (If so, do you find these reports useful? <input type="checkbox"/> Yes; <input type="checkbox"/> No)</p> <p><input type="checkbox"/> No</p>
<p>4. Which of the previously mentioned claims go for physician review?</p> <p><input type="checkbox"/> Multiple Procedures <input type="checkbox"/> Bilateral Procedures</p>
<p><input type="checkbox"/> Specialty Surgeries Such as: <input type="checkbox"/> Spine; <input type="checkbox"/> Knee; <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Morphine or Other Intraspinial Pumps <input type="checkbox"/> Complex Diagnoses Such as: <input type="checkbox"/> Chronic Fatigue Syndrome; <input type="checkbox"/> Fibromyalgia; <input type="checkbox"/> Chronic Headaches <input type="checkbox"/> Other. Specify:</p>
<p>5. In a typical month, how many total claims are processed by your claims administrator?</p> <p>_____ # of claims/month</p>
<p>6. How many of these claims are referred for physician peer review?</p> <p>_____ # of claims/month</p>
<p>7. Thinking about all of the claims referred for physician review, what are the outcomes?</p> <p>_____ % are Approved</p> <p>_____ % are Denied</p> <p>_____ 100 % of Total Claims Reviewed</p>
<p>8. Does your claims administrator have an effective appeals process in place?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>In order to effectively assess your opportunities for improving medical management outcomes, we would also like to audit the 10 most recent claims sent for physician review (either concurrent or retrospective). Please include medical documentation, findings and reviewer-generated reports. We will send a summary of our findings if you will send completed surveys and cases for auditing to Medical Director Solutions, LLC.</p> <p>If you have any questions or concerns, feel free to contact us directly at the address or phone above or by email at mymedicaldirector@mymedicaldirector.com.</p>