

## Fee Review Structure

### 1. **Business Structure**

Does the practice have:

One Practice Account - (it does everything such as pay Drs and expenses or just pay for practice expenses)  
Multiple Accounts – Drs Capitation payments paid into individual accounts. Then pay expenses to practice account.

- How are Drs Salaries paid?
- Locum payment?

How much does the accountant have to do with the practice structure? Involvement and information provided to them from the practice and from the accountant to the practice. Does the accountant need to be included in the on-going meetings?

### 2. **DHB Fee Template** – Practice to complete

2 year accounts:

- Last completed financial year (12 months)
- Year before last completed (12 months)
- Forecast for next 12 months



Minimum Information  
request template.xls

### 3. **Reports in Medtech** – Practice to complete

- **Service Analysis** (12 months) – show % of patient fees from Dr consults across all revenue (consults with GMS)
- **Service Codes Print off** – Set up – Accounting – Services – Services (top bar) – Print. Helps to read service analysis report.
- **Income / Receipt Analysis** (12 months) Gaining information on all available income (% of total income): ACC, Imms, Maternity, Care Plus, PHO Projects

### 4. Does the Practice record **Capitation Monthly Payments** in Medtech.

If yes take capitation payment out from Service Analysis Total – to get % of patient fees.

### 5. **Background Information on Practice**

- Number of Drs hours (FTE)
- Number of Nurses hours
- Professional Development – budget
- Appointments - How booked are they? Do they leave so many appts spare each day? Have they reviewed spare appts?
- Practice doing CarePlus

### 6. **Budget / Finance Package**

- 5 main cost drivers – for example building rental, HR, IT,
- When have you reviewed your expenses?
- Does the practice or accountant produce finance summaries and forecasts – through MYOB?
- What changes do you hope to make –

- o increase nursing hours,
- o increase Dr salaries in relation to 2008 MECA
- o lease/rental
- o locum costs
- o extra administration

## 7. Costing Services

- Medical supplies – match medical cost account to services provided
- Nursing services
- Charges for scripts,
- Minor surgeries,
- Medical examinations,
- ACC surcharges, all dressings and materials
- This is anything that is outside a normal consultation within business hours, and of normal duration,
- Extended appointments can be charged differently if prior patient notice is given.

Check all expenses associated with the service provision are adequately recouped, as well as the time given. Check if these services are being charged accordingly.

## 8. Debt

- Does the practice get debt written off?
- How do you monitor your debt?
- Complete regular Age/Balance Reports
- Monitor casuals vs enrolled patients
- Ensure people pay on day
- Set up APs

## 9. What is in and what is not?

- Drs working elsewhere but funds going into account? Fine if working for enrolled population.
- After hours?
- External contracts – for example with DHB

## 10. Discounting

- Does the practice know the level or % of discounting that occurs
- Does it get coded?

## Items to take to the Practice:

- Utilisation rates
- Fee Review Template
- MECA
- Print off other Practice Fees off Website