

Why MDP

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Eighteen reasons to outsource your medical billing to MDP

1. Experience. MDP has been performing all elements of medical coding, billing and collections since 1986. MDP is a Charter Member of the Healthcare Billing and Management Association.
2. Size. MDP has the deep financial and other resources needed to give our clients the economies of scale necessary to maximize their net to-practice revenues.
3. MDP is privately held. Owner involvement with each client mandates that the focus of the company remains at all times on the satisfaction of our clients, not on a quarterly earnings report.
4. Flexibility. MDP can act as your outsourced billing office, manage your existing billing facility, computer system and staff and perform follow-up duties only on your overdue claims. MDP can also perform a CMS Coding and Compliance review of all billing activity.
5. Follow-up. MDP guarantees the fastest follow-up turnaround time in the industry.
6. Certified coding. CMS Coding and Compliance Program. In addition to coders who have been certified by the American Academy of Procedural Coders, MDP also employs physicians to act as Compliance Officers.
7. Practice management: MDP is available to perform all practice management functions including:
 - A-P and general ledger
 - Financial and business planning
 - Income projections
 - Personnel management
 - Analysis of internal processes
 - New venture development
 - MDP Information systems and interface
8. MDP offers complete medical billing and Medical Information Services (MIS) for one low rate. In addition, MDP is the industry leader in interfacing with clients' clinical information systems. Our programmers have written and maintain custom interfaces for most medical information systems so that we can import billing and financial information between our system and yours.

9. Reports. MDP's reporting capabilities are second to none. Productivity reports, RVU cross-tabling, patient flow charting, referral tracking, capitated encounter entry and other client-defined managed care reports are just a few of the myriad reports offered by our system.
10. Quality Assurance and Medical Review Departments. MDP Quality Assurance Audits are performed at random to verify all aspects of billing functions from accuracy of provider numbers to proper posting of payments to ensuring that the billed procedures and diagnosis match the hospital record. This is another service that protects MDP clients from increased liability.
11. Web-enabled. All MDP clients are given Internet (Intranet) access to their data base for instantaneous review of their account. All data is encrypted and firewall-protected for security.
12. Contracting. All contract analysis and negotiations are included in the MDP quoted rate including HMO and Hospital/Physician Organizations development.
13. MDP **guarantees at least a 5% increase in net-to-practice revenue in the first year of the MDP contract.** Net-to-practice revenue is the amount of revenue a physician group receives after all billing expenses have been met. MDP maximizes that by minimizing their billing service fees while maximizing gross revenue through multiple methods. MDP also can retrieve previously uncollected revenue through an MBQA project.
14. MDP has developed the industry standard checklist and guidelines to assist executives in the transition to [ICD-10 data standard and HIPAA 5010](#). We are available to guide our customers through this process quickly, efficiently and with minimal expense and practice disruption.
15. MDP delivers enterprise-class computing, network and security services with our [SAAS](#) solutions in a Cloud hosting environment. By providing a safe, secure and rich infrastructure, we free our clients from the concerns and costs of hosting their own hardware and software.
16. MDP is a licensee of the [Medicare Limited Data Set Carrier Record File \(MLDSCRF\)](#). This data and the reports that we produce are valuable tools to determine unpaid claims, compliance verification and resolve billing issues. Contact us today for a free consult on how these reports can improve the bottom line of your practice.
17. The MDP Rules Engine has over 15 million payor specific rules. These rules eliminate coding errors and determine coverage at the time of service. These rules include but are not limited to:
 - Invalid or missing CPT codes or modifiers including 25/26.
 - Unbundling, rebundling or conflicting E&M and procedure codes
 - Missing referring or authorization number
 - Established versus new patient
 - Non-typical place of service
 - Patient age or gender

In addition to these pre-defined rules, MDP builds new client-specific rules based on the Client's denial trends and payor mix so the system gets smarter all the time.

18. [Results](#)

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