

# **Perfect Pathology Practice Check List**

Practice Name \_\_\_\_\_

| SERVICE TYPE      | DESCRIPTION                            | YES | NO |
|-------------------|--|-----|----|
| INCOME COMPONENTS | Private Practice Entity for PC Billing |     |    |
|                   | Global Billing for Referred Services   |     |    |
|                   | Separate Entity for PCCP               |     |    |
|                   | PC Clinical Pathology Billing          |     |    |
|                   | Practice Histo/Cytology Lab            |     |    |
|                   | GI/GU Creative Modeling                |     |    |
|                   | Derm Division                          |     |    |
|                   | Technical Component Revenue            |     |    |
|                   | Selective Contracting                  |     |    |
|                   | Commercial Lab Arrangements            |     |    |
|                   | Regional Cooperation                   |     |    |

|                 |   |  |  |
|-----------------|---|--|--|
| MARKETING/SALES | Sales Rep                               |  |  |
|                 | Incentive Plan & Expense Budget for Rep |  |  |
|                 | WebSite                                 |  |  |
|                 | Video Tour                              |  |  |
|                 | Public Relations Firm                   |  |  |
|                 | Advertising                             |  |  |
|                 | Top Doc List                            |  |  |
|                 | Collateral Materials                    |  |  |

|        |                                   |  |  |
|--------|-----------------------------------|--|--|
| PART A | Time Studies - Quarterly          |  |  |
|        | "Fact Book" for Hospital Contract |  |  |
|        | Performance Based Part A          |  |  |
|        | Medical Staff Committees          |  |  |
|        | Committee Chairmanships           |  |  |
|        | Annual Department Report          |  |  |
|        | Annual Adjustments for inflation  |  |  |
|        | Programmatic Expansion Clause     |  |  |
|        | Send Outs with Direct Billing     |  |  |
|        | Autopsies Paid per Case           |  |  |

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Practice Name \_\_\_\_\_

| SERVICE TYPE          | DESCRIPTION                           | YES | NO |
|-----------------------|---------------------------------------|-----|----|
| DIVIDEND REINVESTMENT | Department Fund                       |     |    |
|                       | Free Individual Patient Consultations |     |    |
|                       | Hospital Wide Advisory Committees     |     |    |
|                       | IT Steering Committee                 |     |    |
|                       | Hospital Fund Raising                 |     |    |
|                       | 3rd Party Reimbursement Committee     |     |    |
|                       | Hospital Non-Part A                   |     |    |
|                       | ACO Development                       |     |    |
|                       | Donor Contributions                   |     |    |
|                       | Participation in Local Charities      |     |    |
| Social Connections    |                                       |     |    |

|           |                                     |  |  |
|-----------|-------------------------------------|--|--|
| PLANNING  | Advisors Round Table - Annual       |  |  |
|           | SWOT Analysis                       |  |  |
|           | Retreat - Annual                    |  |  |
|           | Written Goals & Objectives - Annual |  |  |
|           | Manager Goals & Objectives - Annual |  |  |
|           | Strategic Plan - 3 to 5 year        |  |  |
|           | Financial Budget - Current Year     |  |  |
|           | Benchmarks for Practice             |  |  |
|           | Benchmarks for Lab                  |  |  |
|           | Succession Planning                 |  |  |
| Work Plan |                                     |  |  |

|       |   |  |  |
|-------|---|--|--|
| LEGAL | Practice Plan                           |  |  |
|       | "ABC" Compensation Plan                 |  |  |
|       | Update of Legal Documents (every 5 yrs) |  |  |

|                |                                      |  |  |
|----------------|--------------------------------------|--|--|
| ADMINISTRATION | Chief with time for Development      |  |  |
|                | Matrix of Practice Duties            |  |  |
|                | Matrix of Lab Responsibilities       |  |  |
|                | Business Manager                     |  |  |
|                | Effective Utilization of Consultants |  |  |
|                | PA - Hospital or Practice Employee   |  |  |

|    |                        |  |  |
|----|------------------------|--|--|
| IT | EMR Connectivity Focus |  |  |
|    | Dedicated Resource     |  |  |

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| SERVICE TYPE    | DESCRIPTION                               | YES | NO |
|-----------------|---|-----|----|
| REPORTING       | State of the Art Clinical Reporting       |     |    |
|                 | Report Templates                          |     |    |
| BILLING         | Billing Performance Indicators            |     |    |
|                 | Performance Incentives for Billing System |     |    |
|                 | Billing/Coding Audits (every 2 years)     |     |    |
|                 | Independent Billing Coordinator           |     |    |
|                 | Credit Master                             |     |    |
|                 | Operations Manual                         |     |    |
|                 | PQRS (Medicare Payment)                   |     |    |
|                 | Data Mining Software                      |     |    |
|                 | Reporting by Month of Service             |     |    |
|                 | Collection Agency - Sounding Board        |     |    |
|                 | Compliance Plan                           |     |    |
| Work Plan       |   |     |    |
| THIRD PARTY     | Third Party Calendar                      |     |    |
|                 | Continual Third Party Negotiations        |     |    |
|                 | Advisory Board Membership                 |     |    |
| BENEFITS        | High Deductible Plan                      |     |    |
|                 | H.S.A.                                    |     |    |
| MALPRACTICE     | Malpractice Credits                       |     |    |
| FINANCIAL       | Establish effective Cost Centers          |     |    |
|                 | Financial Budget                          |     |    |
| FRINGE BENEFITS | Classes of Employees                      |     |    |
|                 | Years of Service                          |     |    |
|                 | Retirement Plan Design for Pathologists   |     |    |
|                 | Medical Reimbursement Plan                |     |    |
|                 | Annual Benefit Statement                  |     |    |

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