

# Wound Care

## Question

**What is the number one difference between Superior and other groups in biologics?**

## Answer

Most of the programs we would consider minor competitors. We've chosen to put everything together to make it a robust program and to also avoid what is known in the industry as frontloading. Frontloading means, if I was your distributor, I would come to you and say, Hey, Dr. Jones, you must buy 10 grafts of the same size in order to receive a discount and every month thereafter, you have to buy a minimum of two. If you don't, then we will actually charge you full price. So if a practice isn't able to get through those 10 grafts in a reasonable amount of time, he could have anywhere from \$50,000 to \$100,000 worth of inventory on the shelf without an identified patient that needs them. Our program avoids the upfront costs and the out of pocket ongoing costs.

## Question

**What three advantages attract doctors the most?**

## Answer

Our turnkey system first offers zero upfront cost. That's a big savings for the practice because a lot of times manufacturers will require you to order a minimum number of grafts in order to participate in their programs. So now you may have you know, \$10,000 or \$20,000 worth of grafts sitting in the cabinet. They're secondly attracted to our net 60 billing program. And thirdly, the fact that we have such a robust software program with training and no charges for use of that software.

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## Question

**What does it cost to begin?**

## Answer

Nothing, no upfront costs. Unless there is credentialing work, that would be the only time that they incur costs. If you're an established practice that already has a patient base, then we can start you at no upfront cost. Most practices have the basics that you need: curate or scaple, tissue scissors, wash (saline), steri-strips, rolled gauze, Coban or bandages. Those are things you already have. Then you can start with ordering your grafts with no upfront costs; they'll ship it to you on consignment and you have net 60 payable on each and every graft. Meaning, if you see me as a patient today, then a week from today, you get another net 60 on the second graft and so on, so it spaces out the invoices to prevent cashflow disruption.

## Question

**What can this mean to a practice?**

## Answer

Normally, on traditional care doctors lose money because the reimbursement is so low. They're getting reimbursed maybe \$100 or so but they have the expense of the materials. All of our products are uniquely designed to make sure that the practice is profitable. It does not take many patients: even our smallest practices that maybe only have two patients a month throughout the 12 months can be highly profitable to a point where it's life changing. Another thing that we see is not having the out of pocket cost takes that burden away from them to be able to carry that net 60. So most of the time we've seen practice turnaround, improvement in their financials, staffs happier, practices happier in terms of its profitability. The products and system are completely designed to make sure that there's no negative impact on the practice.

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## Question

**Is there anything else similar to this?**

## Answer

No, it's a unique program. This has been designed from previous years of experience that our Founder had in-office, consulting with doctors on building practices and knowing how hard it is to implement anything new into your practice because practices are very regimented. You have to be able to implement something that will flow into their day; this does just that.

## Question

**Any reason a doctor isn't interested.**

## Answer

No. Fear of the unknown can be a factor. But outside of that, no. We help them understand there is a myriad of support, and we even have membership programs for podiatrists in what's called Saving Limbs, Saving Lives. So they'll get peer to peer counseling, they can meet with the organization and get advice. We have an overwhelming amount of support. Doctors are not used to getting support - they care for the patients but don't receive help on the admin side. We provide all that type of support.

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## Question

**Is there anything else similar to this?**

## Answer

So typically, a thriving practice that has been around 10-15 years, as the population ages with the practitioner, could be referring out as many as 100 plus patients per year. Bringing those patients back into the practice and capturing that revenue runs well into the six figures.

They have almost always referred out for many reasons - we're teaching them to recapture those dollars in their own practice. Maybe you can't recapture everything but you can recapture a good portion of your patient income because it was your patient in the first place.

## Question

**If this is an established practice, how hard is this?**

## Answer

Typically, if their credentials are up to date, they're enrolled with Medicare, then most of the time they can start within somewhere between one and two weeks unless we have to clear some of those deficiencies.

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## Question

**What about credentialing for a nurse practitioner or doctor?**

## Answer

Often, they don't understand the credentialing process. When you work for a hospital you're allowed to self-credential. So meaning if they hired you today, you can work tomorrow if you're in business for yourself. You have to go through the entire credentialing process with each and every insurance payor. So we have to have an exit plan if you are leaving a previous employer because maybe you do these things in the background prior to your exit so that you don't have a disruption in your income.

## Question

**Is there a long term contract?**

## Answer

We have no long term obligation. We do encourage you to give the program a chance. As an example, utilize it for six months - because if you're putting a patient into the program, and it takes around 10 visits, you're already two and a half months in and then if you've got our net 60 going you'll just be seeing results. If you cycle through a few patients, then after about six months, you'll really see how the program is working for you. But absolutely there's no obligation long term with the billing nor with us.

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## Question

**What is your billing horror story?**

## Answer

In a recent case, the initial billing didn't go out for seven weeks. So one's about to reach the 60 day mark where payment is due, and none of the billing has been done. We spoke with the biller and when the claim went out, the first time coding was improper and the claim came back denied. They sent it out a second time and then it was denied as a duplicate. So now the letter writing begins. Each and every claim typically has to have a letter - most people think you could put one letter and send all of the claims in at once. Typically, it simply doesn't work that way. The payor is not obligated to answer you within a reasonable amount of time. They have 120 days to answer you on a demand - you also have a limited amount of time to start that denial. So, when you're doing all that letter writing, attaching SOC Notes, then it's a lot more work for the biller. So in that particular case, three of the seven claims have been paid and we're still working on the rest. So now you've just created a revenue stream issue, one we could have resolved the first time if we had performed the billing function.

## Question

**What makes your billing services stand out?**

## Answer

We utilize experienced third party billers. They're contracted through us to focus only on wound care. If you were to ask them to take your general billing, they would decline because we want them to focus only on wound care billing - just focus on generating the revenue for the providers.

# Wound Care

## Question

**How can you help physicians exiting hospitals?**

## Answer

For Physicians exiting hospitals, we can help set them up their independent practice, get them credentialed and then help them re-imagine their practice as just wound care and maybe have an emphasis on wound care and a few other offerings.

## Question

**Going back to billing. How long does it take to get reimbursed?**

## Answer

Typically the way it works in particular with Medicare and most other payors, you're only allowed 60 days to submit your claim, which is not a lot of time. What we found from experience is if you have a clean claim it gets automatically processed through the system because there are no flags, and then it will process in about 14 days, maybe 21. Then they usually issue checks on a designated day like the third Thursday of the month, and they'll direct deposit payment into your account.

So we purposely set up the net 60 from experience because we know if you add in five days instead of three days, a doctor doesn't respond to a request from the billing company on time or there's a holiday during that month, you need a little padding. Medicare is fiscal not annual, so we allow for all those little nuances. And on average, we know that you can get paid within 60 days.

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## Question

**How can you help RN's? What opportunities are there?**

## Answer

With 30 plus years of experience, one of the things our Founder focused on was starting practices. So it is a pleasure to help a nurse practitioner who wants to start her/his own practice because we can help guide them into how to set up, get proper credentialing done and then once they have all of their paperwork in order, get them up and running. Most nurses are the ones that treat wounds - they're not afraid to go into home health care, assisted living, or even into nursing homes. And it actually is freedom for them because they're doing the work already - yet if they are in business for themselves, they can capture the revenue.



# Wound Care

## Question

**Do requirements vary by state?**

## Answer

In a word, yes. Depending. In states like Texas, where you have to have a collaborator, which just means an agreement with a physician and they know what you're doing. And just in case you do need some peer to peer counseling, then they're available to you.

Then other states like California where it's extremely difficult, we're just now starting the path to being able to practice autonomously. It's going to take them three to four years before they'll be eligible to work in a supervised capacity. Then after two years of supervision and 3000 hours, they can move in towards autonomy. So it really does depend on state by state but we're more than happy to go over those things with each and every practitioner.

## Question

**What is the best way to market this?**

## Answer

Word of mouth is one of the easiest marketing tools. If you do a service for one of your patients, it's no secret that they tell at least five people and so the fact that they'll say "can you see my neighbor, can you see my cousin" -typically will bring more and more patients in. We find very little marketing is required because word of mouth is amazing when people find out there's something closer to me in my neighborhood. Many times, home health care or assisted living means I don't have to go to the hospital and do long waits for hours. People are comfortable with their practitioners, and so they would love to do more in the office, where they're comfortable.

# Wound Care

## Question

Once they begin, what do most doctors have to say?

## Answer

Relief. A lot of doctors are always looking for something to increase their practice, grow the practice. They have sympathy for patients – they know that they're struggling – and want to find a solution for them. When they can impact those patients, heal their wounds 50% faster and give them their mobility back, it is a wonderful thing.

If they're in a boot, they have that little scooter, maybe they're hobbling - but if you can close a wound on a sole of somebody's foot or ankle, it can prevent them from facing limb amputation - then possibly give them a quality of life back. So, relief and joy.