

Concierge Medicine

THINKING OF TRANSITIONING TO CONCIERGE MEDICINE?

DON'T GUESS YOUR REVENUE—ENGINEER YOUR SUCCESS

Shifting from Fee-for-Service (FFS) to a Membership Model yields higher revenue and lower burnout. However, operational and compliance errors can trigger financial shortfalls or audits.

As a Carolinas-based healthcare CPA and healthcare advisory firm, **WebsterRogers** provides the data, compliance frameworks, and financial modeling needed to evaluate and execute a seamless transition.

PHASE 1: FEASIBILITY & MARKET EVALUATION

Before you send a single patient letter, we eliminate the guesswork to ensure your market can support a subscription model.

- **Patient Intent Surveys:** Anonymous, third-party surveys gauge true membership interest and project real-world conversion.
- **Pricing Elasticity Analysis:** Test local market price points (\$1,500 vs. \$3,500/year) against patient demographics to maximize yield.
- **Financial Breakeven Modeling:** Calculate the exact “critical mass” member count needed to match or exceed current FFS net income.

PHASE 2: BILLING COMPLIANCE & SAFEGUARDS

Dual-model practices and full conversions face heavy regulatory oversight. We help protect your revenue and compliance framework.

- **“Double-Dipping” Prevention:** Structure membership contracts so concierge amenities do not overlap with Medicare or commercial insurance covered benefits.
- **Opt-Out Strategy Guidance:** Navigate legal timelines and compliance steps for Medicare opt-out or commercial payer renegotiation.
- **Hybrid Billing Architecture:** Create distinct billing guardrails to isolate FFS revenue from concierge fee deposits.

PHASE 3: FINANCIAL INFRASTRUCTURE & KPI TRACKING

Concierge medicine requires a new way of viewing medical practice accounting.

- **Chart of Accounts Re-engineering:** Restructure QuickBooks or the general ledger to segregate subscription revenue, FFS collections, and ancillary income.
- **Deferred Revenue Accounting:** Set up systems for annual or periodic up-front membership fees without creating tax or cash-flow distortions.
- **Boutique Benchmarking:** Track concierge overhead, retention rates, and staff-to-patient ratios against specialized benchmarks.

PHASE 4: HIGH-TOUCH STAFFING & OPERATIONS

White-glove medical models succeed when the patient experience is designed as intentionally as the financial model.

- **Staffing Model Redesign:** Model the financial impact of shifting from high-volume billing support toward dedicated patient-experience coordination.
- **Compensation Restructuring:** Design performance-based bonus tiers tied to patient retention and service-delivery milestones.

LET US HELP YOU BUILD THE MODEL BEFORE YOU MAKE THE MOVE.

From feasibility through implementation, **WebsterRogers** can help turn a concierge concept into a financially sound, compliant operating model.

LET US HELP YOU:

For more information, contact your WebsterRogers healthcare advisory team: WebsterRogers.Healthcare@websterrogers.com