

Get Paid for the Work You Do

Tim Proctor

Users Conference 2014

Goals and Takeaways

My overall goals for today's session:

- Help you understand **why** you want to review charges and revenue
- Help you **get familiar with PCC's tools** for analyzing revenue and pricing
- **Do your own** revenue and pricing analysis!
- Are you leaving money on the table?
- Are your prices adequate?



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Revenue Analysis

Why do it?

- Find out if you could be doing better
- Recognize trends in practice revenue
- “Am I suddenly getting paid more or less than I used to?”
- Homework for insurance negotiations



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Per-Visit Analysis

srs → Visit Reports → Per-Visit Analysis (activity style)

Per-Visit Analysis by Payor ('activity' style)
Description of Restriction Criteria
Press the **F8** key to add to, or edit, the restriction listing below.

Transaction Date Range: 01/01/13 - 07/10/13

Charge Amount Due selection.
Range is between \$0.00 and \$0.00.

Accept Criteria Save As Default Save Rpt Criteria Add/Edit Criteria

Press <F8> to add restriction criteria of "Visit Amount Due for Visit" and specify \$0 to \$0. This ensures you are only looking at paid visits.

Per-Visit Analysis

Ins Group at Time of Service	Number of Visits	Charges Per Visit	Charges Per Visit	Avg Deposited Per Visit	Number of Procedures	Charge Amount	Amount Deposited (all pmts)
Personal/No Insurance	38	2.66	\$115.70	\$81.62	101	\$4,399.78	\$3,101.49
Aetna USHC HMD	99	2.76	\$100.40	\$34.35	273	\$9,941.02	\$3,401.00
Aetna MC & Elect	48	2.50	\$67.50	\$51.70	120	\$3,240.30	\$2,481.55
BCBS	140	2.24	\$89.40	\$73.59	314	\$12,529.00	\$10,302.31
Geisenger Health Plan	71	2.24	\$80.50	\$19.48	159	\$5,716.00	\$1,382.73
Health America	251	2.82	\$103.20	\$63.98	708	\$25,926.90	\$16,058.09
Health Assurance	542	2.50	\$90.40	\$59.23	1356	\$49,032.60	\$32,100.04
HealthPass	3	1.67	\$64.30	\$55.77	5	\$193.00	\$167.32
Green Leaf Insurance	105	2.52	\$83.10	\$61.42	265	\$8,731.00	\$6,448.73
Aetna Open	76	2.47	\$91.40	\$58.95	188	\$6,948.00	\$4,480.50
Keystone HealthPlan	177	2.66	\$97.10	\$23.24	470	\$17,188.00	\$4,113.14
Miscellaneous Insurance	10	2.20	\$73.50	\$61.67	22	\$735.00	\$616.66
Private Insurance	95	2.18	\$88.70	\$71.81	207	\$8,430.78	\$6,821.52
HealthyKids HMD	113	2.74	\$88.80	\$67.11	310	\$10,035.00	\$7,583.34
Cigna	52	3.10	\$114.60	\$92.28	161	\$5,962.22	\$4,798.49
Capital Blue Cross	668	2.40	\$85.70	\$69.00	1606	\$57,296.27	\$46,092.25
Highmark Blue Shield	731	2.37	\$89.20	\$72.77	1735	\$65,234.85	\$53,193.99
Retired Insurance Plans	252	2.40	\$83.20	\$65.83	605	\$20,979.44	\$16,589.90
Keystone Cap Clearing	1	1.00	\$5000.00	\$5000.00	1	\$5,000.00	\$5,000.00

Compare "AVG Deposited Per Visit" among payors. Which are your best and worst payors?

Special Circumstances

- **Capitated plans** – be sure to add up capitation payments and fee-for-service revenue to get true, total capitated plan revenue

Ins Group at Time of Service	Number of Visits	Charges Per Visit	Charge Per Visit	Avg Deposited Per Visit	Number of Procedures	Charge Amount	Amount Deposited (all pmts)
Keystone HealthPlan	177	2.66	\$97.11	\$23.24	470	\$17,188.00	\$4,113.14
Miscellaneous Insurance	10	2.20	\$73.50	\$61.67	22	\$735.00	\$616.66
Private Insurance	95	2.18	\$88.75	\$71.81	207	\$8,430.78	\$6,821.52
HealthyKids HMO	113	2.74	\$88.81	\$67.11	310	\$10,035.00	\$7,583.34
Cigna	52	3.10	\$114.66	\$92.28	161	\$5,962.22	\$4,798.49
Capital Blue Cross	668	2.40	\$85.77	\$69.00	1606	\$57,296.27	\$46,092.25
Highmark Blue Shield	731	2.37	\$89.24	\$72.77	1735	\$65,234.85	\$53,193.99
Retired Insurance Plans	252	2.40	\$83.25	\$65.83	605	\$20,979.44	\$16,589.90
Keystone Cap Clearing	1	1.00	\$5000.00	\$5000.00	1	\$5,000.00	\$5,000.00



Special Circumstances

- **Non-Revenue Services** such as no-show or form fees can inflate total visits. If you have a lot of these, restrict the report to include only revenue services or else your revenue-per-visit totals will be deflated.

Per-Visit Analysis by Payor ('activity' style)
Description of Restriction Criteria
Press the **FE** key to add to, or edit, the restriction listing below.

Transaction Date Range: 01/01/13 - 07/10/13

Charge Amount Due selection.
Range is between \$0.00 and \$0.00.

Include Only Revenue selection.

Accept Criteria | Save As Default | Save Rpt Criteria | Add/Edit Criteria

Add restriction criteria of "VISIT Include Only Revenue Charges." This will report accurate visit totals **but note that this non-service revenue won't be included on the report**

Reimbursement Analysis by CPT Code

srs → Charge Reports → Reimbursement Analysis by CPT Code

Reimbursement Analysis (by CPT code)
Description of Restriction Criteria
Press the **F8** key to add to, or edit, the restriction listing below.

Transaction Date Range: 01/01/13 - 07/10/13

Procedures:

GROUP - Hospital Admissions	GROUP - Hospital Discharges
GROUP - Immunizations	GROUP - Injections
GROUP - Laboratory Procedures	GROUP - Medical Procedures
GROUP - Medical Tests	GROUP - Office Consultations
GROUP - Office Visits	GROUP - Office Visits, New Patients
GROUP - Well Child Care	GROUP - Well Child Care, New Patien

Charge Amount Due selection.
Range is between \$0.00 and \$0.00.

Accept Criteria Save As Default Save Rpt Criteria Add/Edit Criteria

- When prompted, select your most common procedure **groups**.
- Press <F8> to add restriction criteria of "CHARGE Amount Due for Visit." This ensures you are only looking at paid visits.

Reimbursement Analysis (by CPT code)

Procedure Name	Ins Group at Time of Service	Units	Charge Amount	Avg Charge Amount	Ins Pmt	Avg Paid by Insurance	Personal Pmt	Avg Paid by Personal	Open Pmt Amount	Amount Deposited (all pmts)	Avg Deposited	Percent Deposited (all pmts)
OV Expanded Focus	Health America	104	\$5,824.00	\$56.00	\$3,638.88	\$34.99	\$1,256.00	\$12.08	\$0.00	\$4,894.88	\$47.07	84.05%
OV Expanded Focus	Health Assurance	292	\$16,352.00	\$56.00	\$10,087.84	\$34.55	\$3,335.00	\$11.42	\$85.00	\$13,507.84	\$46.26	82.61%
OV Expanded Focus	HealthPass	3	\$168.00	\$56.00	\$113.85	\$37.95	\$28.47	\$9.49	\$0.00	\$142.32	\$47.44	84.71%
OV Expanded Focus	Green Leaf Insurance	36	\$2,016.00	\$56.00	\$1,063.89	\$29.55	\$755.13	\$20.98	\$0.00	\$1,819.02	\$50.53	90.23%
OV Expanded Focus	Aetna Open	28	\$1,568.00	\$56.00	\$637.00	\$22.75	\$445.00	\$15.89	\$0.00	\$1,082.00	\$38.64	69.01%
OV Expanded Focus	Keystone HealthPlan	79	\$4,424.00	\$56.00	\$0.00	\$0.00	\$740.00	\$9.37	\$0.00	\$740.00	\$9.37	16.73%
OV Expanded Focus	Miscellaneous Insurance	8	\$448.00	\$56.00	\$197.00	\$24.62	\$169.00	\$21.12	\$50.00	\$416.00	\$52.00	92.86%
OV Expanded Focus	Private Insurance	27	\$1,512.00	\$56.00	\$481.10	\$17.82	\$619.00	\$22.93	\$141.80	\$1,241.90	\$46.00	82.14%
OV Expanded Focus	HealthyKids HMO	48	\$2,688.00	\$56.00	\$1,854.00	\$38.62	\$580.00	\$12.08	\$10.00	\$2,444.00	\$50.92	90.92%
OV Expanded Focus	Cigna	24	\$1,344.00	\$56.00	\$1,014.00	\$42.25	\$298.20	\$12.42	\$31.80	\$1,344.00	\$56.00	100.00%
OV Expanded Focus	Capital Blue Cross	289	\$16,184.00	\$56.00	\$10,212.35	\$35.34	\$4,274.70	\$14.79	\$63.00	\$14,550.05	\$50.35	89.90%
OV Expanded Focus	Highmark Blue Shield	370	\$20,720.00	\$56.00	\$13,347.19	\$36.07	\$5,786.69	\$15.64	\$211.53	\$19,345.41	\$52.28	93.37%
OV Expanded Focus	Retired Insurance Plans	135	\$7,560.00	\$56.00	\$5,090.78	\$37.71	\$1,900.00	\$14.07	\$5.00	\$6,995.78	\$51.82	92.54%

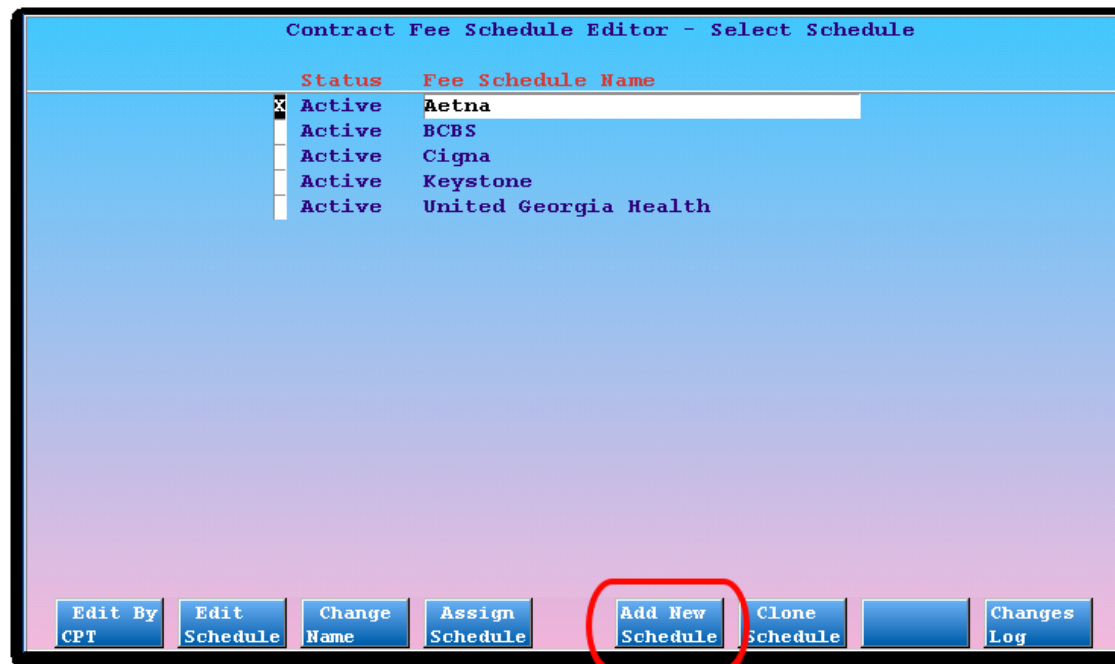
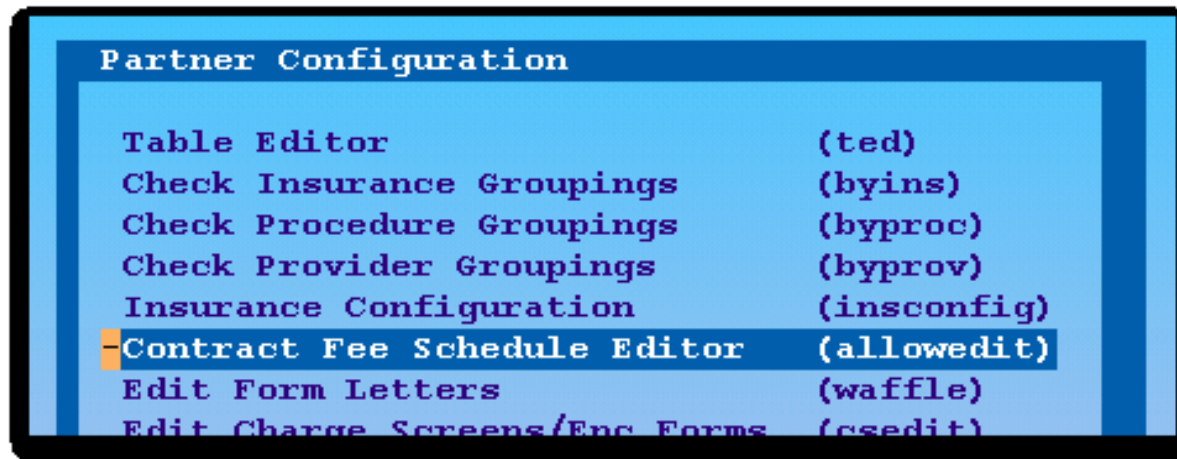
Are any insurance companies paying you at or near your charge amount?

Time to raise prices!



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Allowable Underpayments Report

srs → Payment and Proving Out Reports → Allowable Underpayments Report (Subtotal by Schedule)

- Identifies payments that were made below the configured allowed amount

Miscellaneous Revenue

- Be sure to post **all** revenue (MU payments, ACA Payments, P4P/PCMH bonuses, etc)

POSTING PERSONAL PAYMENTS Page 1 of 2

First Name: Bcbs Home Phone: _____
Last Name: Incentive Work Phone: _____
Status: _____

Address: _____ Dependents
City: _____ BCBS Incentiv
State: _____ Zip Code: _____

AGING:	0-30	31-60	61-90	Over 90	Old Bal	New Bal
Personal: \$	0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Insurance: \$	0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid: \$	0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Date	Payment/Adjustment Type	Amount	Check #	Provider
07/11/13	Bonus Pmt BCBS	\$1000.00	121312	Office

Print receipt for this payment

- Use “Office” provider unless the bonus is for a specific provider

Miscellaneous Revenue

POSTING ACCOUNTING ADJUSTMENTS Page 1 of 2

First Name: **Bcbs** Home Phone: _____
Last Name: **Incentive** Work Phone: _____
Status: _____

Address: _____ Dependents: _____
City: _____ **BCBS Incentiv** _____
State: _____ Zip Code: _____

AGING:	0-30	31-60	61-90	Over 90	Old Bal	New Bal
Personal:	\$1000.00CR	\$ 0.00	\$ 0.00	\$ 0.00	\$1000.00CR	\$ 0.00
Insurance:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Medicaid:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Date	Adjustment Type	Amount	Provider
07/11/13	Bonus Payment Offset	\$1000.00	Office

Buttons: Save, Next Account, Print A Bill, Correct Mistakes, Family Editor, Acct History

- Offset the payment appropriately to avoid credit on the holding account
- “Bonus Payment Offset” should be “Revenue-Non Service” accounting type

Procedure Accounting Types

PROCEDURE TABLE Entry 140 of 344

Proc Name: Insurance Takeback
Acct Type: Receipt - Refund
Proc Group: Refunds, Etc.
TOS: Medical Care
Units: 1

NDC:
Dose Amount:
Dose Units:

Sch	CPT Code	Price	Sch	CPT Code	Price
Sch A:		\$ 0.00	Sch N:		\$ 0.00
Sch B:		\$ 0.00	Sch O:		\$ 0.00
Sch C:		\$ 0.00	Sch P:		\$ 0.00
Sch D:		\$ 0.00	Sch Q:		\$ 0.00
Sch E:		\$ 0.00	Sch R:		\$ 0.00
Sch F:		\$ 0.00	Sch S:		\$ 0.00
Sch G:		\$ 0.00	Sch T:		\$ 0.00
Sch H:		\$ 0.00	Sch U:		\$ 0.00
Sch I:		\$ 0.00	Sch V:		\$ 0.00
Sch J:		\$ 0.00	Sch W:		\$ 0.00
Sch K:		\$ 0.00	Sch X:		\$ 0.00
Sch L:		\$ 0.00	Sch Y:		\$ 0.00
Sch M:		\$ 0.00	Sch Z:		\$ 0.00

Save And Quit Previous Next Duplicat Codes Duplicat Prices

Available accounting types:

- Receipt
- Receipt-NSF
- Receipt-Refund
- Revenue
- Revenue-CPT II
- Revenue-Credit W/O
- Revenue-Non Service
- Revenue-Svc Chg



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Procedure Accounting Types

Accounting Type	Brief Description	Examples
Revenue	Work performed by providers. Anything with a valid, billable CPT code should most likely be assigned "Revenue"	Anything with a valid, billable CPT code
Revenue - Credit W/O	When you've had a credit on an account for a while, and you know you are not going to return the money, you need to book it as real revenue/profit. It's <i>not</i> an adjustment, or the reverse of one.	
Revenue - Svc Chg	Service charges or billing fees	Record transfer fees, missed appointment fees, form fees, etc
Revenue - Non-service	Non-service procedures or offsets	Capitation offsets, insurance takebacks, etc
Receipt	Other adjustments decreasing receipts.	
Receipt - NSF	Bounced checks.	NSF Check
Receipt - Refund	Insurance or patient refunds.	Patient Refund, Insurance Refund/Takebacks

How Should You Set Your Prices?

- Using standard system called RBRVS
 - Resource Based Relative Value Scale
 - Ugly math
- PCC's "Pricing Analysis" srs report will do the ugly math for you



RBRVS – Resource Based Relative Value Scale

- Method to quantify the value and price of every procedure while adjusting for geographic location
- Government implemented system on Jan 1, 1992
- Relative Value Unit is assigned to every CPT code
- New RVU values are released every year
- Almost all public and private payors use components of Medicare RBRVS to reimburse physicians

Why RBRVS?

- All of the insurance companies utilize the RBRVS system in one way or another. *It's the standard.*
- With the arrival of HSAs and HDHPs, practices need a pricing system that substantiates their worth.
- With PCC's RVU calculators, it's fast and easy.



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Why RBRVS?

- It allows you to compare your practice to others.
- It is potentially an effective provider productivity measurement.
- Most of all: it's guaranteed to increase your income, if only a little.

Components of an RVU

Value for each procedure is based on three components:

- Physician work that goes into service (~52% of total RVU value)
- Practice expense for the service (~44% of Total RVU)
- Professional liability expense for the service (~4% of Total RVU)



GPCI – Geographic Practice Cost Index

Costs associated with practicing in Manhattan are much different than costs for practicing in, say, Mobile, AL

Geographic adjustment is made to each component of an RVU

Sample 2009 GPCI:

<i>Medicare Locality Name</i>	<i>Work</i>	<i>Practice Expense</i>	<i>Malpractice</i>
Suburban Chicago, IL	1.017	1.068	1.629
Chicago, IL	1.025	1.080	1.940
Rest of Illinois	1.000	0.880	1.219
Metropolitan Boston	1.029	1.291	0.764
Rest of Mass.	1.007	1.106	0.764
Fort Lauderdale, FL	1.000	1.018	2.250
Miami, FL	1.000	1.069	3.167
Rest of Florida	1.000	0.939	1.724

Calculating an RVU

2010 RVU Value of 99213 (Office Visit Level 3) for a practice in Burlington, VT:

(Work RVU * Work GPCI) +

(Practice Expense RVU * PE GPCI) +

(Malpractice Expense RVU * ME GPCI) =

$$(0.97 * 0.968) + (0.80 * 0.983) + (0.05 * 0.489) = \underline{1.75}$$

How Does an RVU Value Translate Into a Price?

- **Medicare Conversion Factor**
 - National value used to convert procedure RVU values into reimbursement amounts
 - Medicare reimbursement amount for 1 (one) RVU.
 - Updated annually

Translating an RVU Value to a Price

Multiply RVU value by Medicare conversion factor to calculate Medicare \$ value

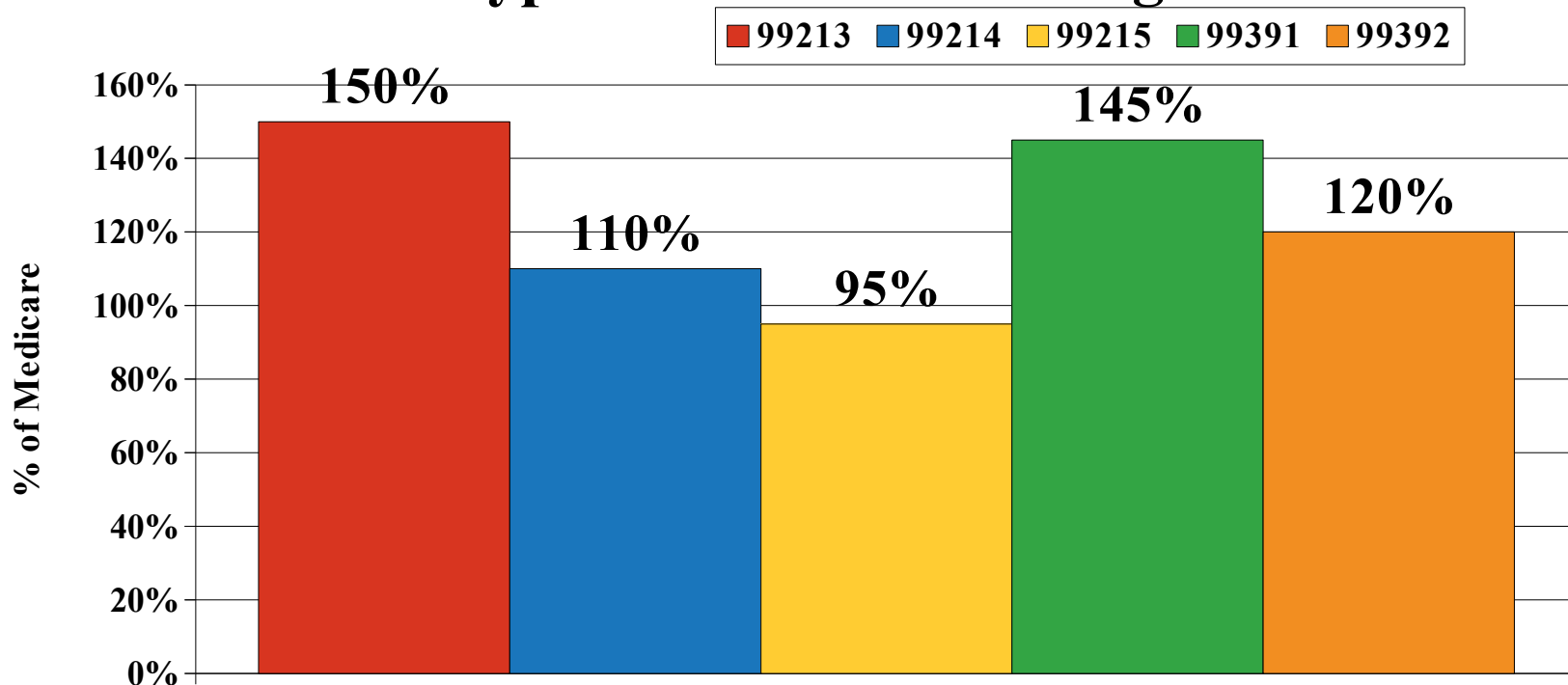
For a practice in Burlington, VT here is the annual value for 99213:

2014 RVU Value	2014 Medicare Conversion Factor	2014 Medicare Value
2.02	\$35.82	\$72.36

Appropriate RBRVS Multiplier

OK, that's the system ... but how much more should I charge above the Medicare value?

Typical Pediatric Pricing



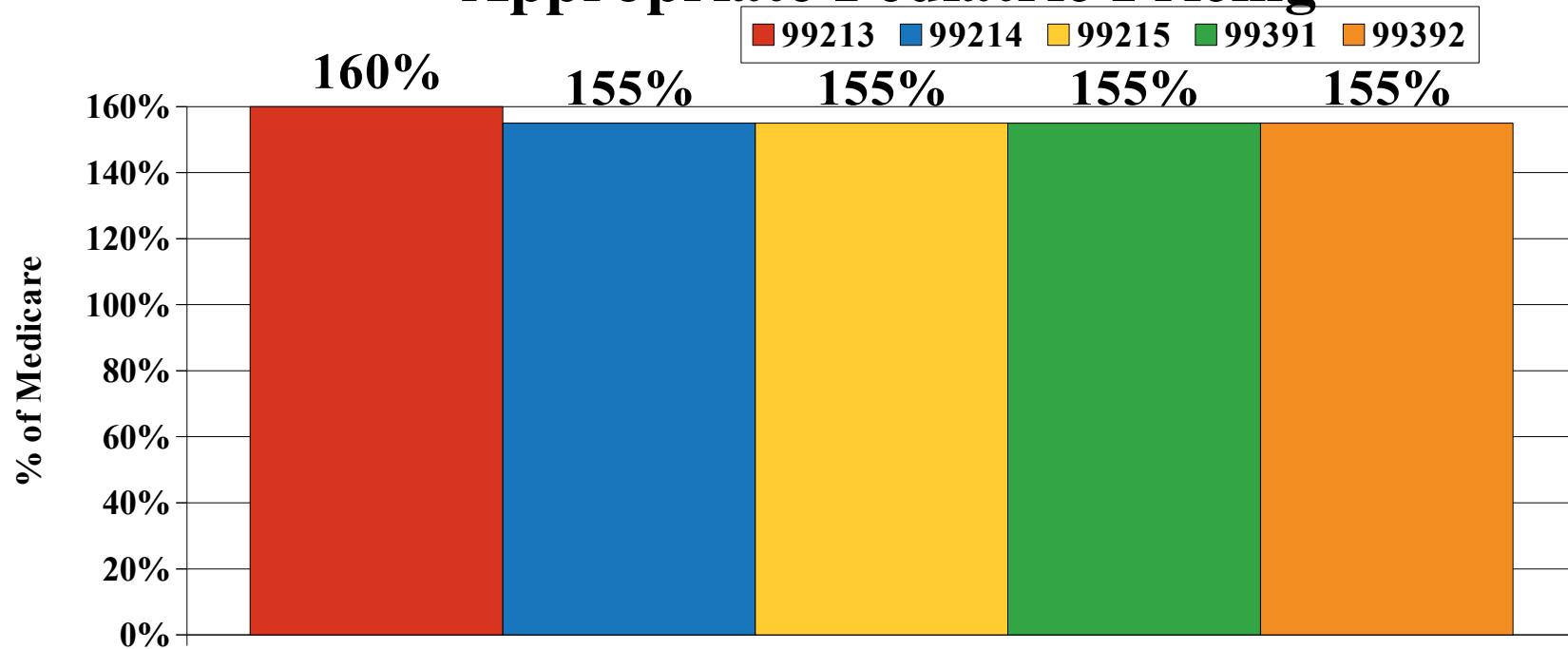
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Appropriate RBRVS Multiplier

Pick the pricing level that's right for your practice ... **and don't go under it!**

Appropriate Pediatric Pricing



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Setting Your Price

Pick a year and an appropriate multiplier, then set your price based on the Medicare value for that year

Example: Based on 2014 RVU values for Burlington, VT location:

CPT Code	Medicare Value	Your Multiplier	Your Price
99213	\$72.36	160%	$(\$72.36 * 1.60) =$ \$115.77

Pediatric Pricing Benchmark

Pick the pricing level appropriate for
your practice ...

PCC Pediatric Benchmark, 2014:

162% of Medicare

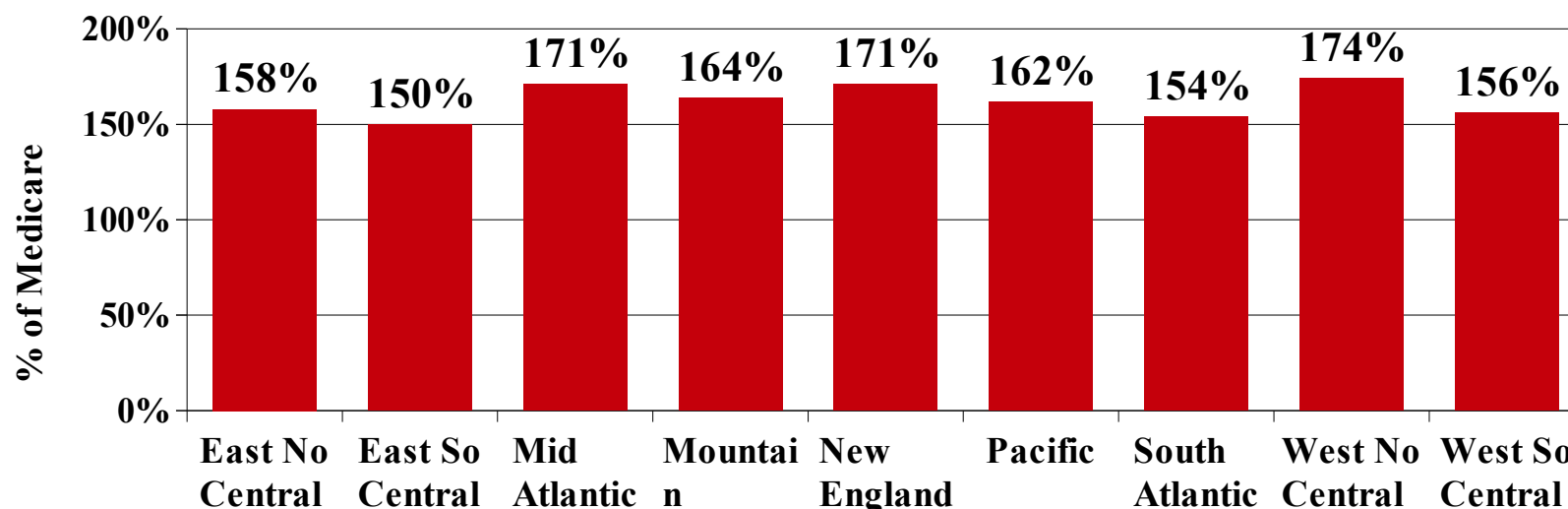
Pediatric Pricing Benchmark

Average Pricing, 2014: 162%

90th Percentile: 197%

10th Percentile: 132%

2014 Pricing Level by Region



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Setting Your Pricing Level

- Know your insurance contracts
- Rule of thumb: Charge at least 20% higher than the rates that your best payor would pay you



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Define Report Criteria

Pricing Analysis (RVU Report per Procedure)

Date Range: from to

Database Year:

RVU Multiplier:

Office Location:

Budget Neutrality Adjustment:

Append report with full pricing guide?
(Sending output to the screen with this option is advised as the listing will be quite lengthy).



Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)



Procedure Code Set	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FACP \$28.64	RVU Medicare FACP	Avg Deposited as Percent of MCare FACP	RVU Medicare FACP at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

RVU Status Code – Every procedure is assigned a status code by Medicare



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)



Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FAF \$28.64	RVU Medicare FAF	Avg Deposited as Percent of MCare FAF	RVU Medicare FAF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

Units – Actual number of units performed for the procedure in the date range selected.

Number of Valid RVU Units – This is “0” for procedures that have an RVU value of 0. This includes immms, injections, and some lab procedures.



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)

Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FAF \$28.64	RVU Medicare FAF	Avg Deposited as Percent of MCare FAF	RVU Medicare FAF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

Total Number of RVUs = "AVG RVU per Unit" * "Number of Valid RVU Units"

Avg RVU Per Unit – The RVU value for the procedure for the database year selected and adjusted by the selected GPCI location factors.



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)



Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FACF \$28.64	RVU Medicare FACF	Avg Deposited as Percent of MCare FACF	RVU Medicare FACF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

AVG Charge Amount = "Charge Amount" / "Units". This represents your current price for the procedure

AVG Deposited Amount = "Amount Deposited" / "Units". This represents how much you collect for the procedure on average.



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)



Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FACP \$28.64	RVU Medicare FACP	Avg Deposited as Percent of MCare FACP	RVU Medicare FACP at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

RVU Practice FACP – This column represents what your price would be if you charged at the average pricing level you use for all other procedures.



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)



Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	Avg Practice FAF \$28.64	RVU Medicare FAF	Avg Deposited as Percent of M/Care FAF	RVU Medicare FAF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

RVU Medicare FAF – This is the **Medicare-assigned dollar value** of the procedure for the database year selected.

Calculation: (Medicare Conversion Factor for database year) * "AVG RVU Per Unit"



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)															
Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FCF \$28.64	RVU Medicare FCF	Avg Deposited as Percent of MCare FCF	RVU Medicare FCF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

AVG Deposited as Percent of MCare FCF = "Avg Deposited" / "RVU Medicare FCF".
 This represents how much you are getting paid for the procedure "as a percent of Medicare" for the database year selected.



Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)



Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FACF \$28.64	RVU Medicare FACF	Avg Deposited as Percent of Medicare FACF	RVU Medicare FACF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

RVU Medicare FACF at X% = This column represents the price of the procedure code at X% of Medicare. X% is whatever you used as the "RVU Multiplier" on the criteria page.

Calculation = "RVU Medicare FACF" * "RVU Multiplier"



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Pricing Analysis Report

Pricing Analysis (RVU Report per Procedure)

Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	Avg Practice FACF \$28.64	RVU Medicare FACF	Avg Deposited as Percent of M/Care FACF	RVU Medicare FACF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
99075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

Underbilled Amount = This represents how much you have **undercharged** for the procedure.

Calculation = ("AVG Charge Amount" - "RVU Medicare FACF at X%") * "Units"



Pediatric EHR Solutions

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Suggestion

- Quickly “eyeball” the “Underbilled Amount” column to identify which procedures you may be undercharging for.
- High negative numbers in this column indicate more drastic undercharging. Positive numbers or \$0 indicate a sufficient price based on the level you chose.



Setting Prices for Immunizations

- Use RBRVS method for pricing immunization administration
- Immunizations have RVU value of 0, so \$0 price will show in RVU report
- CDC guide showing AWP (Average Wholesale Price)

<http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

- AAP resources for vaccine financing

<http://www2.aap.org/immunization/pediatricians/financing.html>

- Recommendation: Seek vaccine reimbursement rate of **17-28% above your direct purchase price.**

Setting Prices for Clinical Lab Procedures

- Refer to CMS “Clinical Laboratory Fee Schedule”

http://www.cms.hhs.gov/ClinicalLabFeeSched/01_overview.asp