

# Practice Oversight Reporting

Tim Proctor (tim@pcc.com)

Users Conference 2017



# Agenda

- A glimpse of a couple dozen PCC and Dashboard reports useful for practice oversight
- Practice session



# Take-Aways

- An understanding of specific PCC or Dashboard reports that are important to the health of your practice
- Experience running PCC oversight reports yourself, for your own practice
- A recognition of the areas of your practice that need the most oversight and ways you can address those areas



# Types of Oversight Reporting

- Operational:
  - Information necessary to oversee routine operations of the practice
- Strategic:
  - Information related to the long-term growth and ongoing business aspects of the practice
  - May be influenced by external mandates: PCMH, Pay-for-Performance, Meaningful Use guidelines, etc.



# Operational Oversight Reporting



# Daily Operational Reporting

- Reviewing charge posting – Partner dailycheck program
  - Can identify whether providers or billing staff are missing any charges
  - An experienced coder should run this, preferably not the person posting charges



# Daily Operational Reporting

DAILY CHECK

Include Charges:  
 on

Place of Service:

Provider:

Report Detail:  
 with

Sort Report by:

Send Report to:  
 Screen  
 Printer  
 Interactive Screen

Select "Full" or "Brief" Report

Display EEF Items from PCC EHR





# Daily Operational Reporting

Posted In  
checkout

PCC EHR's  
EEF Record

DATE	PRV	PROCEDURE	DIAGNOSIS	INSURANCE	AMOUNT	COPAY
PATIENT: Troutman, Dara (F 4 yrs, 6 mos)					BORN: 06/25/08	
POS: Office						
01/23/13	W	OV Expanded Focus	Otitis Med	Capital Bl	79.00	15.00
01/23/13	W	Lead Test	Otitis Med	Capital Bl	48.00	0.00
TOTAL					127.00	15.00
ELECTRONIC ENCOUNTER FORM						
		OV Expanded Focus	Otitis Media			
		Lead Test				
		*Urinalysis with Micr				
		*Rapid Strep Screen				
* item added after checkout						





# Weekly Operational Reporting

- Financial
  - Billing “Error” Report
  - Claims Never Submitted
  - Copay Collection Ratio report
  - **New!** Visits by Billing Status
  - % Missed and Cancelled appointments
- Clinical
  - **New!** Vaccine Inventory Reconciliation



# Billing Error Report

Insurance Billing & Collections	
Prepare/Submit Electronic Claims	(preptags/ECS)
Print Paper Claims	(HCFA)
Post Insurance Payments by Patient	(pip)
Insurance Aging Report	(insaging)
List Old/Pending Charges	(inscoar)
View Archived Claim Reports	(ecsreports)
<b>Billing Error Report</b>	<b>(srs)</b>
Claims Never Submitted	(srs)
Claims Last Submitted > X days ago	(srs)
Claims First Submitted > X days ago	(srs)
Correct Mistakes by Patient	(oopsp)
Correct Mistakes by Account	(oops)
Edit Accounts	(fame)
Edit Patients	(notjane)
Resubmit Claims	(maketags)
List Patients by Insurance Company	(listins)

- Also in srs Billing/Collection Reports as “Claim Error Report”
- Identifies all claims with an “error” or “rejected” status (from internal PCC claim scrubbing, clearinghouse, or payor)



# Billing Error Report

## Billing Error Rpt (preptags/Proxymed/Emdeon Claims ONLY)



Acct	Acct Last Name	Acct First Name	Pat	Pat First Name	Date of Current Billing Status	Current Billing Status	Current Billed Message	Transaction Date	Charge Amount	Amount Due
-	-	-	-	-	-	-	Error	-	-	-
1094	Miller	Lance E	2169	Cunigue	07/02/16	Tagsplit Error/Rejection	Claim (from Retired Insurance Plans) to Error	11/07/15	\$75.00	\$65.00
0			0						\$4,465.00	\$2,612.95

### Responsible Party Group: Health Assurance

Acct	Acct Last Name	Acct First Name	Pat	Pat First Name	Date of Current Billing Status	Current Billing Status	Current Billed Message	Transaction Date	Charge Amount	Amount Due
475	Gordon	Neeru	733	Jason	02/21/17	Tagsplit Error/Rejection	Claim (from Health Assurance) to Error	06/24/16	\$56.00	\$46.00
169	Lingle	Gary	2005	Jessica	11/22/16	Tagsplit Error/Rejection	Claim (from Health Assurance) to Error	01/23/16	\$15.00	\$15.00
0			0						\$71.00	\$61.00



# Claims Never Submitted

Insurance Billing & Collections	
Prepare/Submit Electronic Claims	(preptags/ECS)
Print Paper Claims	(HCFA)
Post Insurance Payments by Patient	(pip)
Insurance Aging Report	(insaging)
List Old/Pending Charges	(inscoar)
View Archived Claim Reports	(ecsreports)
Billing Error Report	(srs)
<b>Claims Never Submitted</b>	<b>(srs)</b>
Claims Last Submitted > X days ago	(srs)
Claims First Submitted > X days ago	(srs)
Correct Mistakes by Patient	(oopsp)
Correct Mistakes by Account	(oops)
Edit Accounts	(fame)
Edit Patients	(notjane)
Resubmit Claims	(maketags)
List Patients by Insurance Company	(listins)

- Identifies all charges posted but not yet submitted on a claim or personal bill
- Is based on most recent payor responsibility
- Use date range ending when you last ran personal bills





# Copay Collection Ratio

Copay Collection Ratio 			
Trans Date	Copay	Amount of Copay Paid	Copay Collection Ratio
01/01/09	\$365.00	\$320.00	87.67%
01/02/09	\$25.00	\$25.00	100.00%
01/03/09	\$135.00	\$105.00	77.78%
01/04/09	\$320.00	\$320.00	100.00%
01/05/09	\$380.00	\$355.00	93.42%
01/06/09	\$430.00	\$415.00	96.51%
01/07/09	\$265.00	\$265.00	100.00%
01/08/09	\$491.20	\$450.00	91.61%
01/09/09	\$55.00	\$15.00	27.27%
01/11/09	\$215.00	\$200.00	93.02%
01/12/09	\$310.00	\$310.00	100.00%
01/13/09	\$620.00	\$580.00	93.55%
01/14/09	\$400.00	\$365.00	91.25%
01/15/09	\$495.00	\$450.00	90.91%

- srs Billing/Collection Reports - “Copay Collection Ratio”
- Percentage of expected copays that were collected
- Technically not “collected at TOS” but close if you run this each week



# Visits by Billing Status

The screenshot shows a software interface with a menu bar (File, Edit, Reports, Tools, Help) and a 'Reports' dropdown menu. The menu items are: Patient Lists, Patient Reminders, Health Information Summary, Patient Education, Patient Visit Summary, Summary of Care Record, Clinical Quality Measures, Lab Test Report, Meaningful Use Measures, PCC EHR Audit Log, Phone Encounter Performance, Vaccine Lot Report, and Report Library (highlighted). Below the menu is a table of reports:

Porta Date	
Porta Patie	
Prescription Activity	Prescription activity
Prescription Count by Drug Name	Number of prescriptions issued during a specified date range and listed by drug
Prescription Count by Provider	Number of prescriptions issued during a specified date range listed by provider
<b>Visits by Billing Status</b>	<b>This report identifies visits that are waiting to be billed</b>

- Use to find all visits not yet billed in EHR
- Or use to find visits billed in EHR but not posted in Partner.



# Visits by Billing Status

Report Library

## Visits by Billing Status

This report identifies visits that are waiting to be billed

**Provider**  
Dr. Casey, Crusher, Dr. Jones

**Date Range for Appointment Date/Time**  
From 01/15/2017 to 01/21/2017

**Visit Reason**  
Select options

**Location**  
Main - PCC Pediatrics

range to  
for missing  
arges

Optional:  
Use drop-down fields  
to filter by provider(s),  
visit reason(s), and/or  
location(s)

From 01/15/2017 to 01/21/2017

**Visit Reason**  
Select options

**Location**  
Main - PCC Pediatrics

**EHR Billing Status**  
Billed

**Visit Posting Status**  
Unposted

Select "Billed" and  
"Unposted" to see  
all visits that were  
billed late





# Visits by Billing Status

Report Library

## Visits by Billing Status

This report identifies visits that are waiting to be billed

**Provider:** Dr. Jones, Dr. Casey, Crusher  
**Appointment Date/Time:** from 01/15/2017 to 01/21/2017  
**Visit Reason:** All  
**Location:** Main - PCC Pediatrics  
**EHR Billing Status:** Billed

Search Filter:

Provider	Appointment Date/Time	Patient Name	Patient PCC#	Patient DOB	Patient Sex	Visit Reason	Location	EHR Billing Status	Visit Posting Status
Crusher	01/19/2017 11:30am	Gullett, Baby Boy	3092	12/10/2014	M	Flu Vaccine	Main - PCC Pediatrics	Billed	Unposted
Dr. Casey	01/16/2017 3:00pm	Lasch, David	2556	02/19/2008	M	Sick Call	Main - PCC Pediatrics	Billed	Unposted
Dr. Casey	01/20/2017 12:15pm	Case, Riley D.	2441	03/17/2008	M	Sick Call	Main - PCC Pediatrics	Billed	Unposted
Dr. Jones	01/19/2017 10:30am	Aucoin, Amanda	2105	10/22/2000	F	Recheck	Main - PCC Pediatrics	Billed	Unposted

Showing 1 to 4 of 4 entries

Previous 1 Next

Show 50 entries

Back Close Export

Export to print PDF or generate CSV file



# Missed/Canceled Appointments

Appointment Totals by Status	
Appt Current Status	Number of Appts
Chg Posted	358
Missed	8
Cancelled	52
Checked In	19
	437

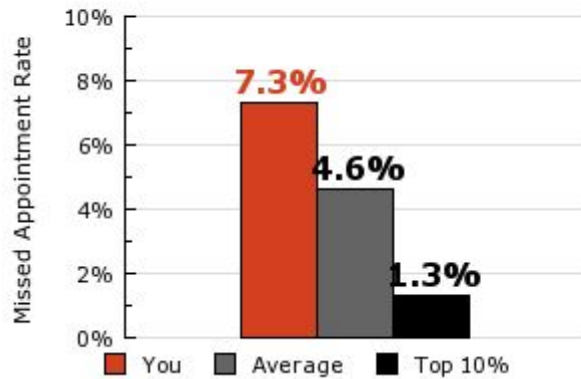
- srs Scheduling Reports - “Appointment Totals by Status”
- Count up % of cancelled and missed appointments
- Finished appointments have status of “Chg Posted”
- Remember to mark appointments as “missed” (use inquire)



# Missed Appointment Rate Benchmark

How You Compare

[View Comparison By Provider](#)



Your Practice

**7.3%**

PCC Client Average

**4.6%**

Top Performers

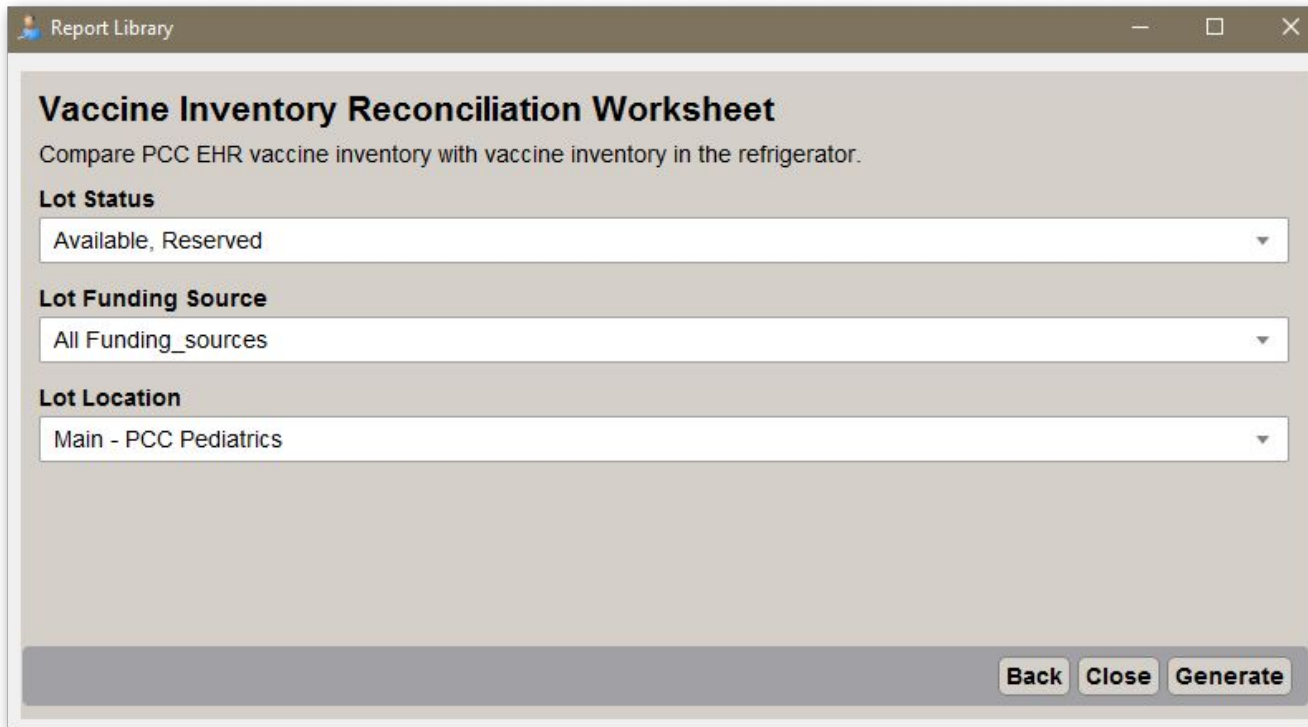
**1.3%**

(Missed Appointment Rate)

- Measure is included in the Dashboard
- Based on appointments over the past year and updated each month



# Vaccine Inventory Reconciliation



The screenshot shows a web application window titled "Report Library" with a sub-header "Vaccine Inventory Reconciliation Worksheet". Below the sub-header is a descriptive sentence: "Compare PCC EHR vaccine inventory with vaccine inventory in the refrigerator." There are three dropdown menus: "Lot Status" with the value "Available, Reserved", "Lot Funding Source" with the value "All Funding\_sources", and "Lot Location" with the value "Main - PCC Pediatrics". At the bottom right of the form are three buttons: "Back", "Close", and "Generate".

- Use to compare vaccine inventory in PCC EHR vs what you actually have in the fridge
- Must be using new vaccine inventory features



# Vaccine Inventory Reconciliation

**Vaccine Inventory Reconciliation Worksheet**  
Compare PCC EHR vaccine inventory with vaccine inventory in the refrigerator.

**Lot Status:** Available, Reserved  
**Lot Funding Source:** All  
**Lot Location:** Main

Columns: All 8 Displayed

Immunization (CVX)	Lot Number	Lot Status	Lot Funding Source	Lot Location	Expected Inventory	Actual Inventory	Difference
DTaP (20)	C3141AA	Available	Private funds	Main	6		
Hepatitis A (83)	3458dge	Available	Other funds	Main	-2		
Hepatitis B (08)	268646487665	Available	Unspecified funds	Main	-4		
HiB (49)	UB56792	Available	State funds	Main	-1		
HiB (49)	UB56789	Available	State funds	Main	43		

Showing 1 to 19 of 19 entries

Print

[Documentation on PCC's Vaccine Inventory Management Tools](#)



# Monthly Indicators

- Practice and provider productivity (visits, charges, payments, RVUs, etc)
- Practice growth
- A/R status
- E&M Visit Coding
- CARC reporting
- Phone Message Response Time
- **New!** Portal Message Response Time





# Practice Production

## Daysheet Totals by Posting Month (Wide Style)

Month	Non Service Charges	Service Charges	Adj	Cash	Check	Credit Card	Refund
2009/06	\$3,624.78	\$253,196.00	\$168,187.60	\$2,662.24	\$121,724.22	\$11,310.90	\$-2,370.11
	\$3,624.78	\$253,196.00	\$168,187.60	\$2,662.24	\$121,724.22	\$11,310.90	\$-2,370.11

Criteria for this report run.

Posting Date Range: 06/01/09 - 06/30/09

- srs Payment and Proving Out Reports - “Daysheet Totals by Posting Month”
- Add up “Non service Charges” and “Service Charges” for total charges
- Add up “Cash”, “Check”, and “Credit Card” for total payments





# Provider Total Visits

Total Visits by Provider and Month pcc 07/08/2016 11:27:51

Service Provider Name: Elizabeth Mary Casey, MD  
Trans Year: 2016

Service Provider Name	Trans Year	Trans Month	Number of Visits
Elizabeth Mary Casey, MD	2016	Jun	117
Elizabeth Mary Casey, MD	2016		117
Elizabeth Mary Casey, MD	0		117

Service Provider Name: James Davidson, Jr. M.D.  
Trans Year: 2016

Service Provider Name	Trans Year	Trans Month	Number of Visits
James Davidson, Jr. M.D.	2016	Jun	139
James Davidson, Jr. M.D.	2016		139
James Davidson, Jr. M.D.	0		139

- Srs Provider Productivity Reports → Total Visits by Provider and Month



# Include Only 'Revenue' Visits

```
Total Visits by Provider and Month
Description of Restriction Criteria
Press the FE key to add to, or edit, the restriction listing below.

Transaction Date Range: 06/01/16 - 06/30/16

Include Only Revenue selection.
All Providers Selected.
```

- Non-Revenue Services such as no-show or form fees can inflate total visits. If you bill these, restrict the report to include only revenue services
- Add restriction criteria of “VISIT Include Only Revenue Charges.” This will report accurate visit totals



# Provider Visit Breakdown

Per-Visit Analysis by Provider (Grouped by Visit Type) pcc 07/08/2016 11:36:14

Primary Visit Category: Well Visit

Primary Visit Category	Service Provider Group Name	Number of Visits	Units Per Visit	Avg Charge Per Visit	Avg Deposited Per Visit	Number of Units	Charge Amount	Amount Deposited (all pmts)
Well Visit	Casey	14	5.57	\$224.49	\$23.08	78	\$3,142.90	\$323.18
Well Visit	Davidson	31	5.06	\$231.35	\$49.63	157	\$7,172.00	\$1,538.41
Well Visit	Gomez	21	4.57	\$221.05	\$12.86	96	\$4,642.00	\$270.00
Well Visit	Williams	63	4.14	\$208.46	\$34.96	261	\$13,133.00	\$2,202.29
		129	4.59	\$217.75	\$33.60	592	\$28,089.90	\$4,333.88

Primary Visit Category: Sick Visit

Primary Visit Category	Service Provider Group Name	Number of Visits	Units Per Visit	Avg Charge Per Visit	Avg Deposited Per Visit	Number of Units	Charge Amount	Amount Deposited (all pmts)
Sick Visit	Casey	85	2.41	\$88.46	\$23.78	205	\$7,519.00	\$2,021.49
Sick Visit	Davidson	105	1.90	\$68.82	\$24.42	200	\$7,226.00	\$2,564.44
Sick Visit	Gomez	106	2.05	\$71.75	\$14.09	217	\$7,605.72	\$1,493.88
Sick Visit	Retired	31	3.81	\$59.81	\$13.64	118	\$1,854.00	\$422.79
Sick Visit	Williams	275	2.32	\$90.70	\$28.84	638	\$24,942.72	\$7,931.70
		602	2.29	\$81.64	\$23.98	1378	\$49,147.44	\$14,434.30

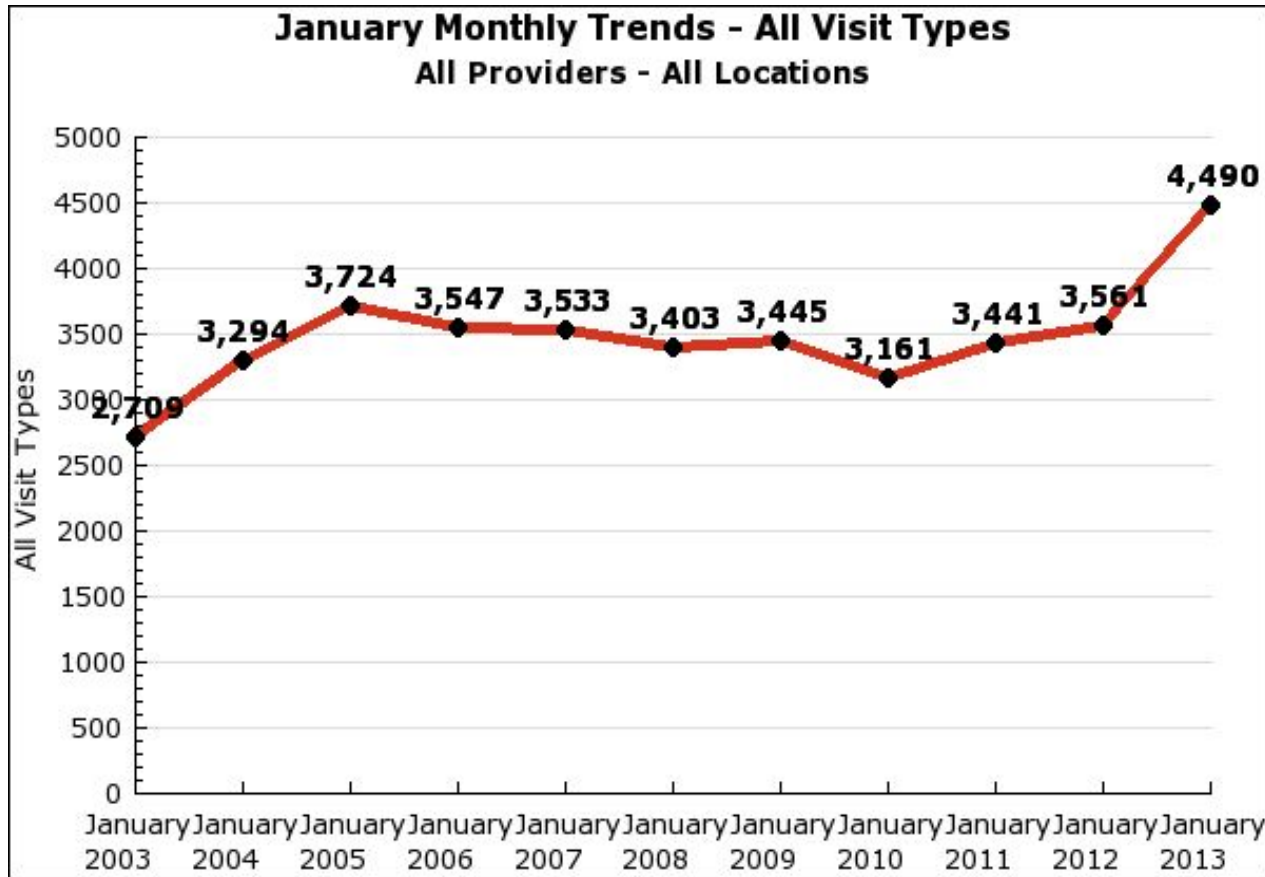
Primary Visit Category: Consult Visit

Primary Visit Category	Service Provider Group Name	Number of Visits	Units Per Visit	Avg Charge Per Visit	Avg Deposited Per Visit	Number of Units	Charge Amount	Amount Deposited (all pmts)
Consult Visit	Gomez	1	1.00	\$100.00	\$20.00	1	\$100.00	\$20.00
		1	1.00	\$100.00	\$20.00	1	\$100.00	\$20.00

- Srs Provider Productivity Reports → Per-Visit Analysis by Provider (Grouped by Visit Type)
- Total Sick, Well, etc visits by provider



# Visit Totals - Dashboard



- “Productivity” tab in Dashboard
- Restrict by provider, location, and/or month
- View sick, well, or total visit trends
- View total or work RVU trends
- Updated monthly





# Provider Production

DAY SHEETS Page

For Posting Dates from: 06/01/16 to 06/30/16

Send report to:  Printer  Screen Report Width:  Wide  Narrow

Totals Only?  Yes Subtotal through sort level:   
All Providers?  Yes Page break through sort level:   
All Users?  Yes Show month to date totals?  No  
All Locations?  Yes Narrow: Show patient names?  No  
Omit relinks?  No

Sort By

1.	Provider Posted To
2.	
3.	
4.	
5.	
6.	

Restricted to Transaction Dates from:  to

- Use 'daysheet' report sorted by provider
- “Wide” format
- “Totals Only”=Yes
- “Omit relinks”=No
- Contact Client Advocate if you prefer 'srs' version of this (useful for exporting to spreadsheet)

Items		-----Revenue-----				-----Receipts-----				
User	Transaction Date	Non-Rev. Prv Services	Services	Adjust	Total	Cash	Check	Credit Cards	NSF/ Refunds	Total
Total	Provider None	NON								
Total	Prov Dr. Willia	WIL	3935.00	1081.09	2853.91	55.00	2668.91	60.00		2783.91
Total	Provi Dr. Jones	JON	195.00	24.00	171.00	22.00	124.00	25.00		171.00
Total	Prov Dr. Davids	DAV	3314.00	600.59	2713.41	117.00	2381.41	57.00		2555.41
Total	Provi Dr. Casey	CAS	5808.00	1910.64	3897.36	120.00	3605.36	115.00		3840.36
Total	Provi Dr. Gomez	GOM	563.00	74.06	488.94	12.00	295.94	80.00		387.94
Total	GRAND TOTAL		0.00	13815.00	3690.38	10124.62	326.00	9075.62	337.00	9738.62



# Daysheet vs Other Reports

- To measure practice or provider charge or payment production, always use daysheet-based report as opposed to srs charge or payment-based reports.
- Daysheet payment reports will often differ from srs payment reports because of:
  - Payment relinking. daysheet (appropriately) won't count this as a new payment. Srs payment reports will.
  - Payment deletions. daysheet (appropriately) counts this as a negative payment. Srs payment reports will not.



# # New Patients Added To Practice

## New Patients by Visit Type



### Primary Visit Category: Well Visit

Pat First Name	Pat Last Name	Pat Date of Birth	Pat Create Date	Number of Visits
Laura Beth	Anderson	12/04/07	02/25/2005	1
Ashley	Feaster	07/18/04	11/17/2004	1
Jeffrey	Fehr	11/22/04	09/07/2004	1
Chad	Garner	01/30/02	03/03/2005	1
Evan D	Garner	11/02/03	03/03/2005	1
Christophe	Ludwig	11/05/08	02/10/2005	1
Joshua	Spohn	01/13/05	09/16/2004	1
Derek	Sternberger	10/30/07	03/01/2005	1

8

- srs Clinical Reports - “New Patients by Visit Type”
- Based on visit codes: 99381-99387, 99201-99205, 99431-99433, 99460-99461, 99463





# Patient Age Distribution

Sample PCC Practice Logout  
Change My Password

Patient Population

## Select Criteria

Provider:

Age Range:

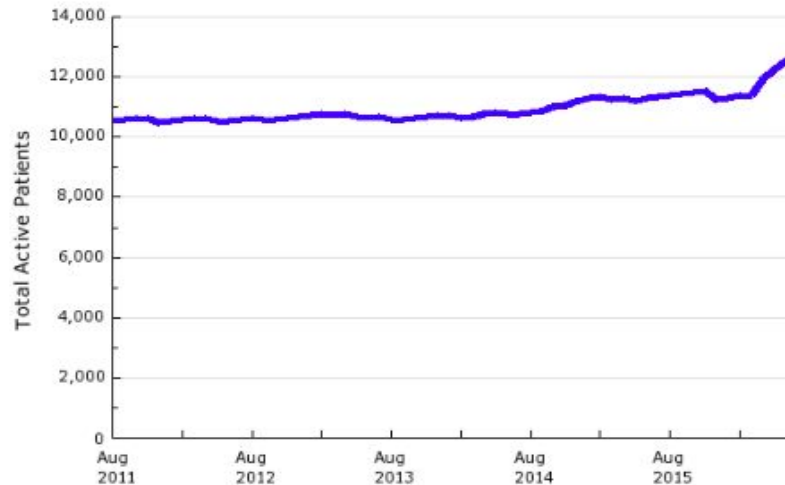
## Active Patient Count by Age

For All Providers  
And Active Patients of All Ages  
As of 7/3/2016

Age Range	Active Patient Count
Under 15 Months	835
15 Months - 36 Months	1,108
3 - 6 Years	2,362
7 - 11 Years	2,902
12 - 21 Years	5,366

## Patient Age Distribution Trend

For All Providers  
And Active Patients of All Ages  
Between 8/1/2011 and 7/3/2016

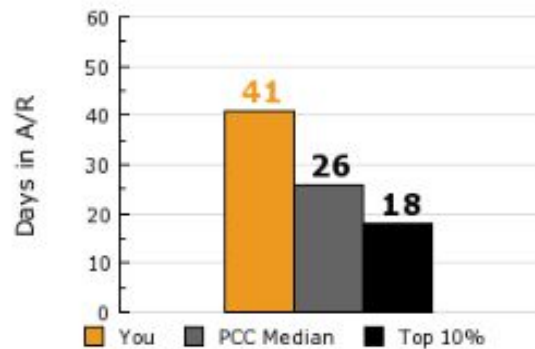


- Dashboard → Patient Population
- Monitor total active patient trends for the practice or individual PCPs



# A/R Measure – A/R Days

## How You Compare



Your Practice

**41**

PCC Client Median

**26**

Top Performers

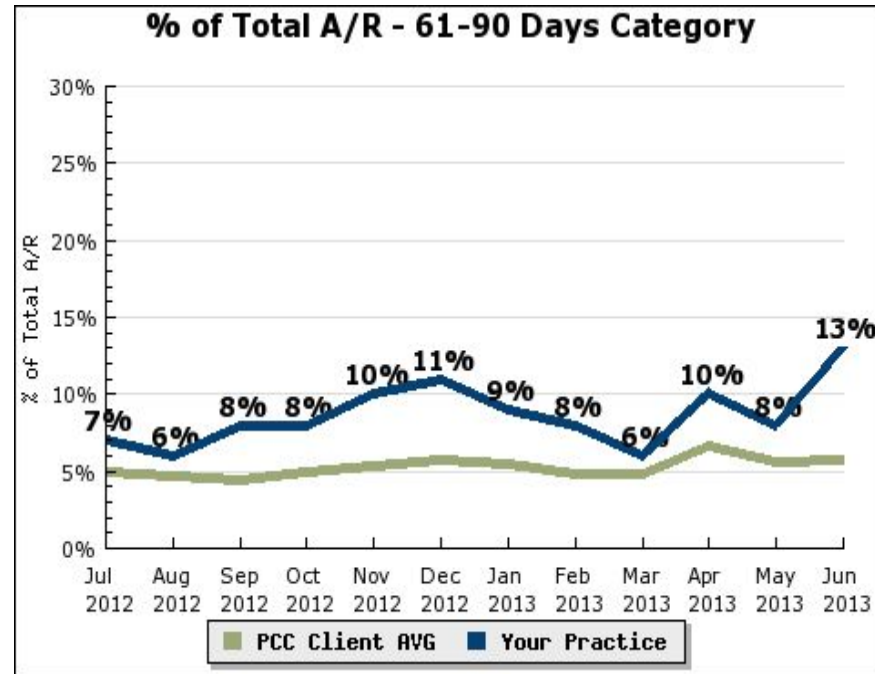
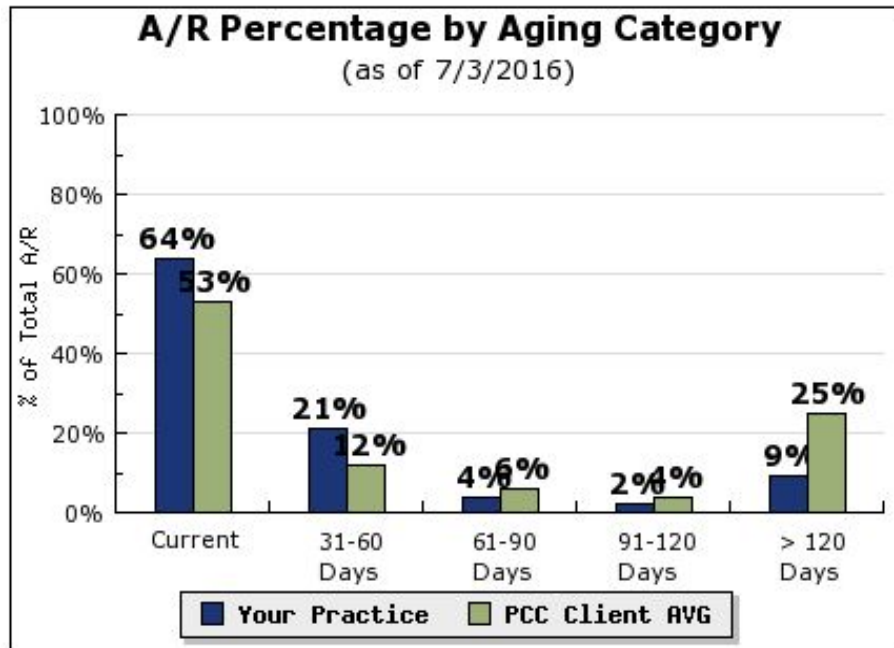
**18**

(Days in Accounts Receivable)

- Also available in Partner - type ardays from a UNIX prompt
- Approximates the length of time (days) it takes you to collect money that is owed to you
- Detailed A/R summary available in the Dashboard



# Other A/R Measures



- Monitor A/R in each aging category compared to benchmarks
- Reflects % of total A/R that is specifically 60-90 days old.
- A high % here may mean some A/R is approaching timely filing limits.



# Insurance Aging Summary

Insurance Billing & Collections	
Prepare/Submit Electronic Claims	(preptags/ECS)
Print Paper Claims	(HCFA)
Post Insurance Payments by Patient	(pip)
<b>Insurance Aging Report</b>	<b>(insaging)</b>
List Old/Pending Charges	(inscoar)
View Archived Claim Reports	(ecsreports)
Billing Error Report	(srs)
Claims Never Submitted	(srs)
Claims Last Submitted > X days ago	(srs)
Claims First Submitted > X days ago	(srs)
Correct Mistakes by Patient	(oopsp)
Correct Mistakes by Account	(oops)
Edit Accounts	(fame)
Edit Patients	(notjane)
Resubmit Claims	(maketags)
List Patients by Insurance Company	(listins)

- Monitor % of A/R in each aging category for each insurance group



# Insurance Aging Summary

Insurance Company Aging Report - All Providers 07/08/16							
Ins Group	Current	30-59	60-89	90-119	120+	Total	Percent
Personal	10,266	4,650	2,047	2,164	62,137	81,265	52%
Medicaid	0	0	0	0	46	46	0%
Aetna USHC HMO	1,346	260	265	0	0	1,871	1%
Aetna MC & Elect	1,259	0	0	0	0	1,259	1%
Aetna HDHP	15	0	0	0	128	143	0%
Aetna Open	2,029	511	0	0	0	2,540	2%
BCBS	2,533	437	215	23	122	3,331	2%
Capital Blue Cross	10,164	3,706	1,898	130	336	16,234	10%
Geisenger Health Plan	1,105	83	229	0	0	1,417	1%
Health America	4,883	651	125	0	15	5,674	4%
Health Assurance	7,164	204	50	0	260	7,678	5%
HealthPass	89	89	0	0	0	179	0%
Green Leaf Insurance	2,410	894	0	178	0	3,482	2%
Keystone HealthPlan	1,975	180	259	53	248	2,715	2%
Miscellaneous Insurance	220	500	0	0	0	720	0%
HealthyKids HMO	371	597	100	0	332	1,400	1%
Private Insurance	2,948	794	101	0	0	3,843	2%
Cigna	393	0	0	0	27	420	0%
Highmark Blue Shield	16,387	1,845	0	72	0	18,304	12%
Retired Insurance Plans	1,464	997	175	36	55	2,727	2%
<b>Total</b>	<b>67,025</b>	<b>16,398</b>	<b>5,465</b>	<b>2,656</b>	<b>63,706</b>	<b>155,251</b>	
Percentage	43%	11%	4%	2%	41%		
<u>Criteria for this report run.</u>							
By Payor date, As of 07/07/16							
Insurance Company Aging Report - All Providers							
Total Aging		155,251					
Personal Credits across entire practice		8,383					

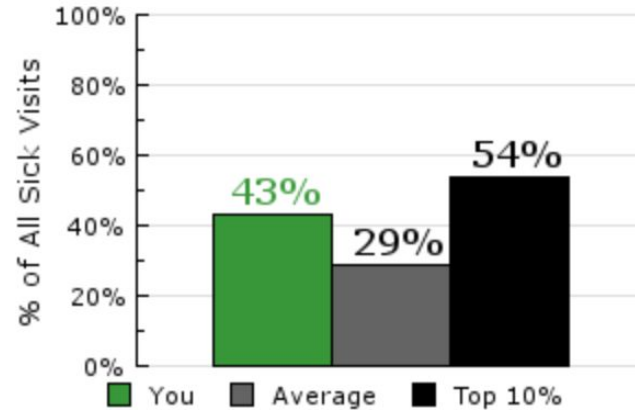
- Generally most useful to run by “Payor Date” (date payor became responsible for the A/R)
- Compare % of A/R for each insurance group
- Monitor total A/R and total credits for the practice





# Dashboard E&M Visit Coding

## How You Compare



Your Practice

**43%**

PCC Client Average

**29%**

Top Performers

**54%**

(% of sick visits coded as 99214 or 99215)

- Percentage of all established patient sick visits coded as level 4 or level 5



# Dashboard E&M Visit Coding

## Recommendations

E&M coding distribution has a profound impact on your practice revenue. Based on PCC client data, average payment for the 99214 E&M code is about 40% more than the average payment for the 99213 code. Average payment for the 99215 code is about twice as much as the average payment for the 99213 code!

PCC regularly provides specific education for our clients on the topic of pediatric coding, including E&M coding. You can find information about upcoming live, web, and audio seminars on our [events](#) page.

## Related Tools

- [Annual State, Regional, and National benchmarks](#)
- [Quarterly View](#)
- [Provider E&M Coding Comparison](#)

- Provider breakdown accessible from the “E&M Coding Distribution” measure detail page





# Dashboard E&M Visit Coding

Choose Date Range

Enter Visit Start Date:

Enter Visit End Date:

February

2010

to:

May

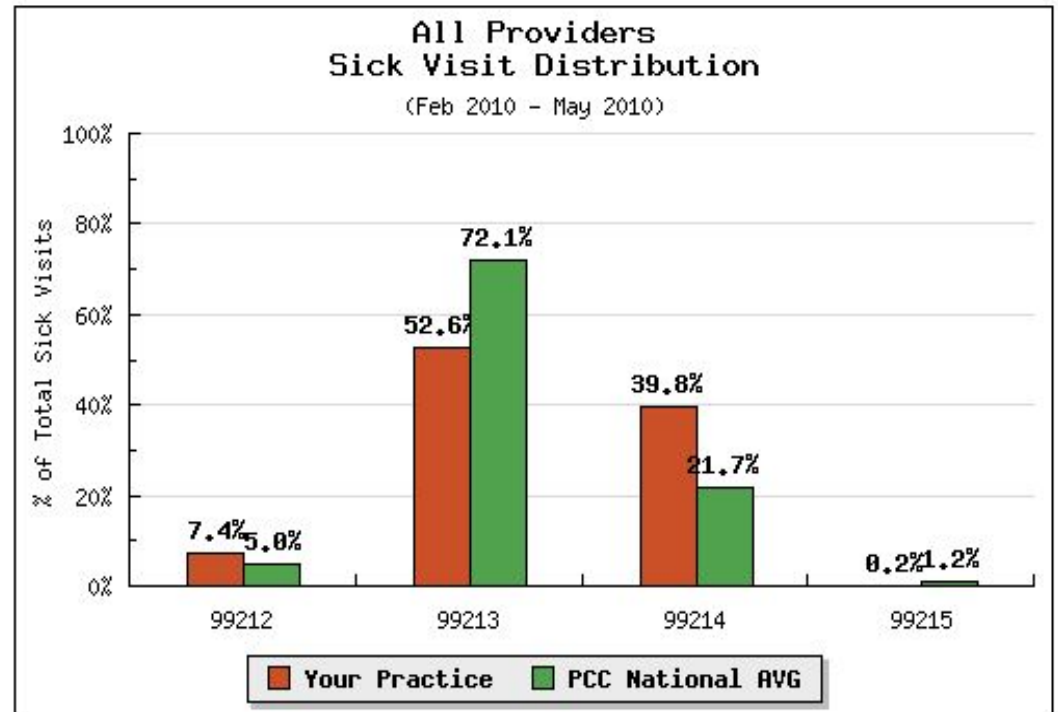
2010

Choose Provider

All Providers

Choose any Provider

Generate Graph



Want to print this graph? Here is a [printable version \(.pdf\)](#)

Print Version



# CARC Reporting

CARC Code: 1		
Description: Deductible Amount		
Ins Co Group Name	Count	CARC Amount
Aetna	2057	\$82,388.70
Aetna Cap	3	\$0.00
AmeriHealth	85	\$0.00
BC/BS Federal	67	\$456.32
BCBS Out of State	1617	\$49,277.44
Cigna HMD	6	\$333.15
Cigna PPO	1071	\$43,290.69
Empire BCBS	184	\$0.00
GHI	1	\$0.00
Horizon M/C	688	\$21,550.70
Horizon PPO	210	\$6,485.66
Magnacare	6	\$0.00
Multiplan	8	\$0.00
Other	5	\$0.00
Oxford	316	\$13,174.87
Private HealthCare Systems	27	\$0.00
Qual Care	260	\$155.00
Tricare	34	\$0.00
UHC Community Plan	3	\$0.00
<b>United Healthcare</b>	<b>2299</b>	<b>\$89,679.70</b>
	<b>8947</b>	<b>\$306,792.23</b>

CARC Summary Report pcc 07/11/2016 10:18:45			
CARC			
Code	Count	CARC Amount	Description
45	55086	\$2,805,410.70	Charge exceeds fee schedule/maximum allowable or contracted/L
1	8947	\$306,792.23	Deductible Amount
3	13147	\$205,471.50	Co-payment Amount
97	2196	\$55,370.92	The benefit for this service is included in the payment/allow
22	1201	\$44,275.17	This care may be covered by another payer per coordination of
234	1410	\$41,775.00	This procedure is not paid separately.
2	3294	\$13,394.54	Coinsurance Amount
27	299	\$9,375.00	Expenses incurred after coverage terminated.
31	71	\$6,440.00	Patient cannot be identified as our insured.
204	249	\$4,465.00	This service/equipment/drug is not covered under the patient'
242	21	\$2,105.00	Services not provided by network/primary care providers.
24	42	\$2,043.87	Charges are covered under a capitation agreement/managed care
119	293	\$1,678.08	Benefit maximum for this time period or occurrence has been r
33	11	\$1,440.00	Insured has no dependent coverage.
140	13	\$1,100.00	Patient/Insured health identification number and name do not
29	15	\$740.00	The time limit for filing has expired.

- How often are claims adjusted due to timely filing limits (CARC 29)?
- Which insurance plans have the most claims going to deductible or some other patient responsibility (CARCs 1, 2, 3, etc)?



# Phone Encounter Response Time

The screenshot shows the PCC EHR interface. The 'Reports' menu is open, and 'Phone Encounter Performance' is selected. Below it, the 'Phone Encounter Performance' dialog box is displayed, titled 'Select Criteria for Phone Encounter Performance'. The dialog includes fields for 'Time between' (12:00am and 11:59pm), 'Dates from' (04/21/13 to 04/26/13), and a list of tasks. The 'Call Back Needed' task is selected. Red arrows point to the time and date fields and the task list, with the text 'Select time frame and task or tasks'.

Arrival	Time	Last
	9:45am	Farkas
	10:00am	Capone
	11:00am	Sowers

- Use this report to track how long it is taking for phone note tasks to be responded to
- Filter by task type to focus on response to just certain tasks (ie, “Doctor’s Attention Needed”, etc)



# Phone Encounter Response Time

The screenshot shows a software window titled "Phone Encounter Performance" with a subtitle "View Phone Encounter Performance". It displays a summary of call data for "PCC Pediatric Test Associates" generated on 5/09/13 at 10:57am. The data covers times between 12:00am and 11:59pm from 4/21/13 to 4/26/13, specifically for the task "Call Back Needed". A table lists 6 phone encounters with columns for Call Taken, Task Completed, Response Time, and Patient. Below the table is a dropdown menu for "Optional Columns to Display" set to "None - display standard report columns only". At the bottom are buttons for "Save as File", "Back", and "Close".

Phone Encounters: 6

Call Taken	Task Completed	Response Time	Patient
4/25/13 9:00am	4/25/13 2:17pm	5h 16m	Okamoto, Alexia PCC# 1233
4/25/13 9:15am	4/25/13 9:21am	6m	Arndt, Brian PCC# 1284
4/25/13 9:27am	4/25/13 11:29am	2h 1m	Buchinsky, Catherine PCC# 948
4/25/13 10:44am			Padrone, Shaquana PCC# 132
4/25/13 11:11am	4/25/13 1:33pm	2h 21m	Farkas, Quinn J. PCC# 1803
4/25/13 12:22pm			Lahan, Jordan PCC# 2091

Optional Columns to Display: None - display standard report columns only

Buttons: Save as File, Back, Close

- Optionally display user who took phone call, user who completed task, and other information





# Portal Message Response Time

Report Library	
Report Name ▲	Description
Patients Linked to a Portal User	List of patients linked to a portal user.
Portal Activity for Patient	Find portal activity for a specific patient.
Portal Activity for Portal User	Find the portal activity for a specific portal user.
<b>Portal Message Response Time</b>	Time between the receipt of a portal message and the response.
Portal User List	List of portal users including creation date and date of last activity.
Portal Users By Appointment Date	List of appointments and associated patients and portal users.
Portal Users Linked to a Patient	Find all portal users linked to a patient. This report can be used to determine who has records.

- Use this report to track the time between the receipt of the portal message from the patient and the response





# Strategic Oversight Reporting



# Measures that relate to goal of Healthy Practice

- Dashboard Financial Pulse
- Revenue-per-Visit
- Revenue-per-CPT
- Pricing

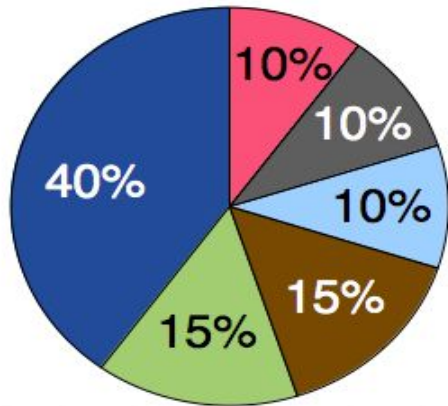


# Financial Pulse



86

## Weight of Each Financial Pulse Category



Financial Pulse Categories	Category Weight	X	Your Category Scores	=	Your Weighted Scores
Revenue-per-Visit *	40%		94.8		37.92
Accounts Receivable *	15%		80.9		12.14
E&M Coding Distribution	15%		67		10.05
Pricing	10%		65		6.50
RVUs-per-Visit	10%		98		9.80
Coding Expertise	10%		100		10.00
<b>Your Financial Pulse:</b>					<b>86</b>

\* Category includes multiple measures. See below.



- The Dashboard directs you to the areas at your practice that may need extra attention

## My Dashboard Priorities ⓘ

### Top Priorities

Score	Measure
12	<u>Well Visit Rates - Patients 12-21 Years</u>
24	<u>Well Visit Rates - Patients 7-11 Years</u>
36	<u>Coding Expertise</u>

### Next Priorities

Score	Measure
41	<u>Diagnoses-per-Visit</u>
56	<u>ADD/ADHD Patient Followup</u>
57	<u>Flu Shot Vaccination For Asthma Patients</u>
58	<u>Pricing</u>
59	<u>A/R 60-90 Days Old</u>
59	<u>Revenue-per-Visit (Without Imms)</u>
62	<u>Well Visit Rates - Patients 3-6 Years</u>
63	<u>RVUs-per-Visit</u>
71	<u>Well Visit Rates - Patients 15-36 Months</u>
72	<u>Sick-to-Well Visit Ratio</u>
73	<u>Revenue-per-Visit</u>
76	<u>A/R Days</u>
79	<u>E&amp;M Coding Distribution</u>



# Revenue Analysis

Why do it?

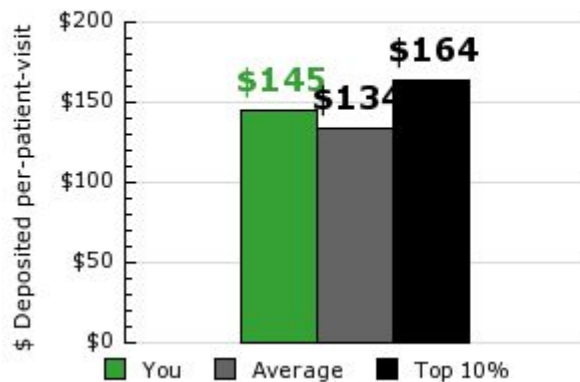
- Find out if you could be doing better
- Recognize trends in practice revenue
- “Am I suddenly getting paid more or less than I used to?”
- Homework for insurance negotiations





# Revenue-per-Visit

## How You Compare



Your Practice

**\$145**

PCC Client Average

**\$134**

(amount deposited per-patient-visit)

Top Performers

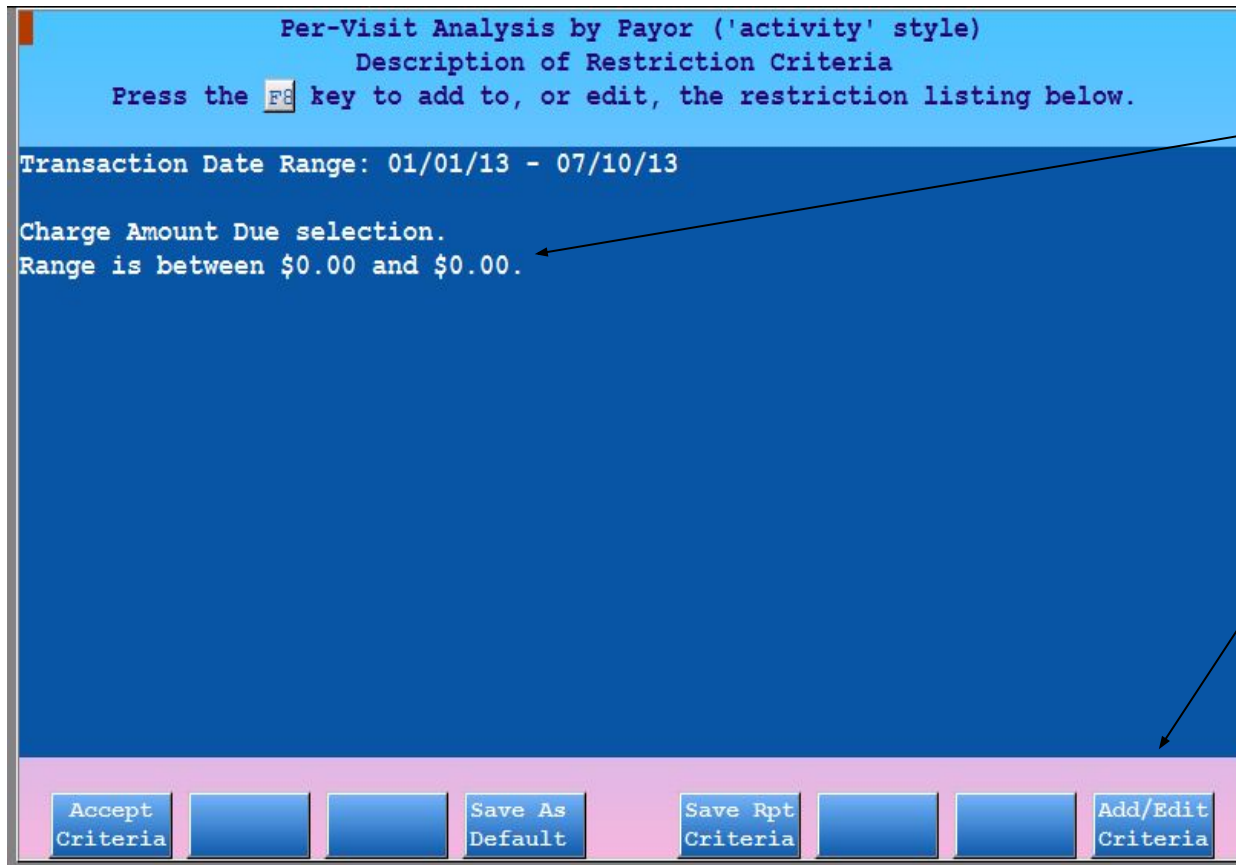
**\$164**

- Measure of average dollars collected per patient visit.
- “Revenue” includes both insurance and personal payments (such as copays and deductibles.)
- Dashboard provides comparison with and without immunizations



# Revenue-per-Visit by Payor

srs Visit Reports → Per Visit Analysis By Payor ('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

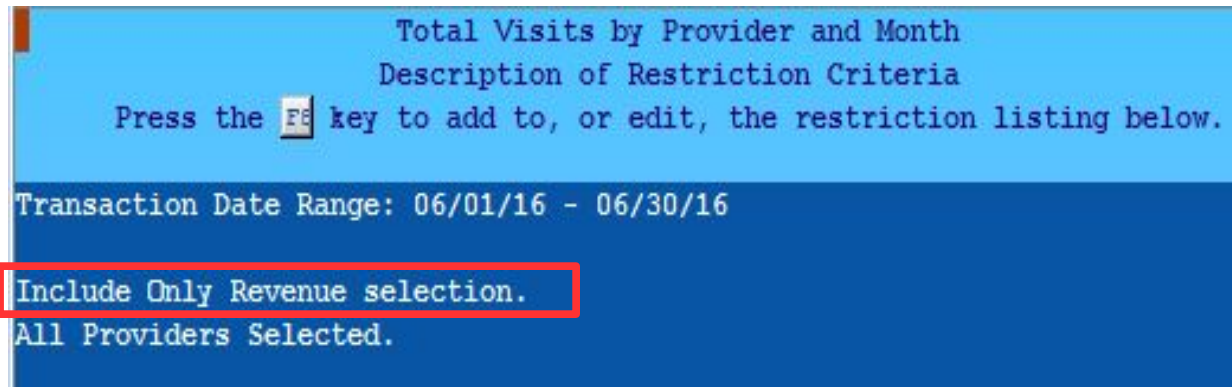
Charge Amount Due selection.  
Range is between \$0.00 and \$0.00.

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.



# Include Only 'Revenue' Visits



- Non-Revenue Services such as no-show or form fees can inflate total visits. If you bill these, restrict the report to include only revenue services
- Add restriction criteria of “VISIT Include Only Revenue Charges.” This will report accurate visit totals



# Revenue-per-Visit by Payor

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)
Personal/No Insurance	38	2.66	\$115.78	\$81.62	101	\$4,399.78	\$3,101.49
Aetna USHC HMO	99	2.76	\$100.41	\$34.35	273	\$9,941.02	\$3,401.00
Aetna MC & Elect	48	2.50	\$67.51	\$51.70	120	\$3,240.30	\$2,481.55
BCBS	140	2.24	\$89.49	\$73.59	314	\$12,529.00	\$10,302.31
Geisenger Health Plan	71	2.24	\$80.51	\$19.48	159	\$5,716.00	\$1,382.73
Health America	251	2.82	\$103.29	\$63.98	708	\$25,926.90	\$16,058.09
Health Assurance	542	2.50	\$90.47	\$59.23	1356	\$49,032.60	\$32,100.04
HealthPass	3	1.67	\$64.33	\$55.77	5	\$193.00	\$167.32
Green Leaf Insurance	105	2.52	\$83.15	\$61.42	265	\$8,731.00	\$6,448.73
Aetna Open	76	2.47	\$91.42	\$58.95	188	\$6,948.00	\$4,480.50
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

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





# Payment Analysis by CPT Code

rs 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” and specify \$0 to \$0. This ensures you are only looking at paid charges.





## 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%

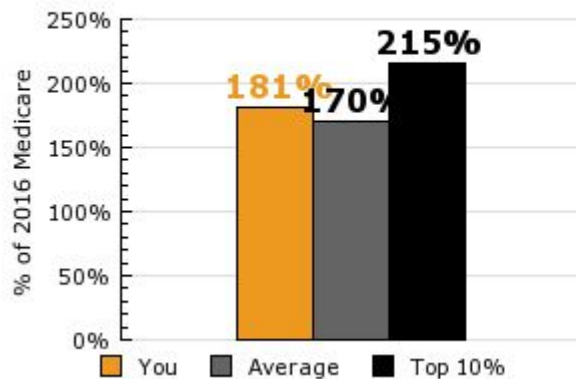
Are any insurance companies paying you at or near your charge amount?

If so, it's time to raise prices!



# Your Pricing Level

## How You Compare



Your Practice

**181%**

PCC Client Average

**170%**

Top Performers

**215%**

(percentage of Medicare Frequency Adjusted Conversion Factor)

- Measure of your average pricing as a percentage of the current Medicare value
- A low percentage means that you are likely undercharging for your work
- srs “RVU Reports → Pricing Analysis” report will show you which procedures you are undercharging for





# 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
00075	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 = How much you have undercharged for the procedure.



# Pricing Analysis Report

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



# Measures that relate to goal of Healthy Patients

- Percentage of patients up-to-date on well visits
- Percentage of ADD/ADHD patients up-to-date on followup visit
- Percentage of patients up-to-date on immunizations
- Percentage of patients up-to-date on developmental screenings



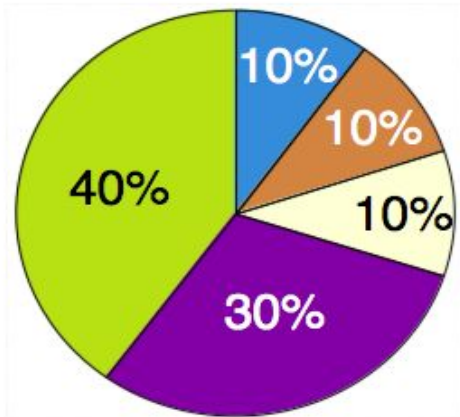


# Clinical Pulse



64

## Weight of Each Clinical Pulse Category



Clinical Pulse Categories	Category Weight	X	Your Category Scores	=	Your Weighted Scores
Well Visit Rates *	40%		71.8		28.72
Immunization Rates *	30%		49.4		14.82
ADD/ADHD Patient Followup	10%		74		7.40
Sick-to-Well Visit Ratio	10%		27		2.70
Diagnoses-per-Visit	10%		100		10.00
<b>Your Clinical Pulse:</b>					<b>64</b>

\* Category includes multiple measures. See below.



# % of Patients Up-to-Date on Well Visits

- Indicator of recall effort and preventive care focus at your practice
- Only “active” patients (seen in past three years) are counted
- Patients with “Inactive” flags (on patient or account record) are omitted
- Low % of patients up-to-date indicates opportunity for more well visits
- Listing of overdue patients is also available in the Dashboard



# Inactive Flags

PATIENT FLAG INFORMATION

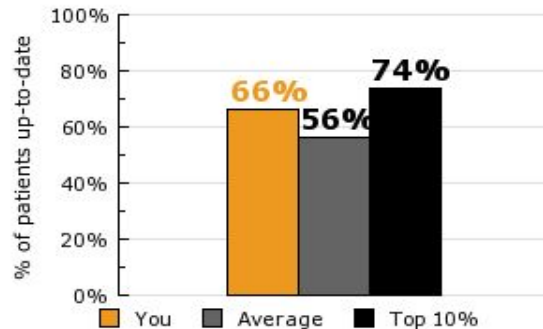
Flag Name:	Hospital Only
Short Name:	Hospital Only
Priority:	10
Display with patient name?	Yes
Display on encounter form?	Yes
Prevent scheduling with this flag?	No
Exclude these patients from reports?	Yes

- Review your patient and account flag tables (#12 and #13 in ted.)
- If the last question, “Exclude these patients from reports” is set to “Yes”, then patients with these flags are **excluded** from Dashboard clinical measures



# % of Patients Up-to-Date on Well Visits

## How You Compare



Your Practice

**66%**

PCC Client Average

**56%**

Top Performers

**74%**

(% of patients 12-21 years up-to-date on their well visits)

## Recommendations

PCC's client data shows that the practices who have the healthiest patients and the healthiest bottom line are those who place a strong emphasis on recall and chronic disease management.

Your teenage population represents a large portion of your overdue patients. You also face an additional challenge in that it is easy for these teenagers to get "sports physicals" elsewhere. They can get them for next to nothing at a retail clinic, and for free at the local high school. Consider the following suggestions to improve your recall process:

- In addition to [the listing of overdue patients](#) available here in the Dashboard, [PCC's notify tool](#) makes it incredibly easy to automatically call, email, or text patients who are overdue. Partner's [recaller](#) will help you generate letters or postcards.
- Maintaining a clinical relationship with patients as they get older is crucial to the success of your practice so you should make an extra effort when marketing towards your teenage population. We recommend you create a specific letter to send to these overdue teenagers emphasizing the important work you do (and that you and the AAP recommend be done).
- When a patient checks out after a well visit, schedule the next well visit before they leave the office, even if it is six months or a year later. More and more practices are learning how expensive it is to fill their schedules.

## Related Tools

- [View overdue patient listing](#)
- [Detailed Breakdown - Well Visit Rates](#)
- [View immunization rates and overdue patients](#)





# % of Patients Up-to-Date on Well Visits

## How to calculate:

**0 – 15 months** – Patients are considered up-to-date on well visits if they have received six well visits by the time they turn 15 months old.

**15 months – 3 years** – Patients are considered up-to-date on well visits if they have received at least one well visit in the past six months.

**3 years – 6 years** – Patients are considered up-to-date on well visits if they have received at least one well visit in the past year.

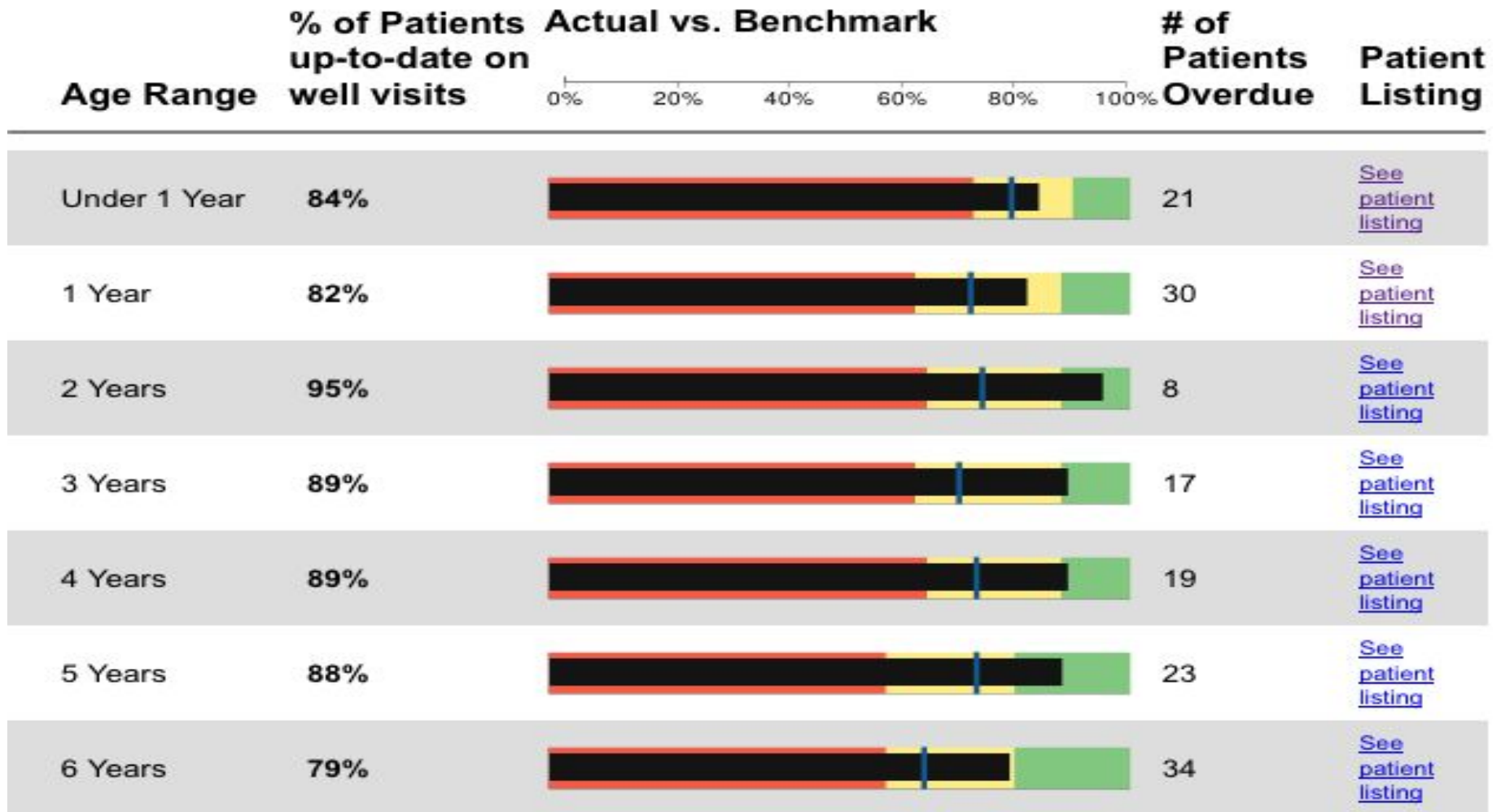
**7 years – 11 years** – Patients are considered up-to-date on well visits if they have received at least one well visit in the past year.

**12 years – 21 years** – Patients are considered up-to-date on well visits if they have received at least one well visit in the past year.





# % of Patients Up-to-Date on Well Visits



# % of Patients Up-to-Date on Well Visits

## Detailed Breakdown: Primary Insurance

Show Breakdown By: Primary Insurance

Primary Insurance	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Insurance	5,364	1,870	3,494	65%
Medicaid	92	50	42	46%
Aetna	291	116	175	60%
Blue Cross/Blue Shield	869	307	562	65%
Cigna	186	60	126	68%
GHI-CBP	392	176	216	55%
Oxford	206	84	122	59%

## Detailed Breakdown: Primary Care Provider

Show Breakdown By: Primary Care Provider

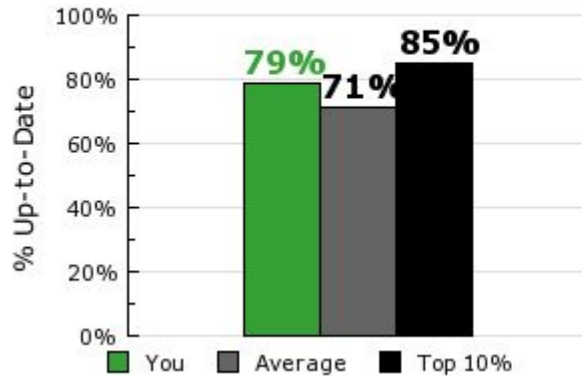
Primary Care Provider	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Providers	5,365	1,870	3,495	65%
Provider 2	2,778	945	1,833	66%
Provider 6	853	373	480	56%
Provider 34	1	0	1	100%
Provider 40	19	11	8	42%
Provider 9	383	94	289	75%

- See breakdown of well visit rates by insurance or primary care provider
- Compare these results with your payor-reported performance



# % of ADD/ADHD Patients Up-to-Date on Followup

## How You Compare



Your Practice

**79%**

PCC Client Average

**71%**

Top Performers

**85%**

(% of ADD/ADHD patients up-to-date on their followup visit)

- Up-to-date = seen for any visit in last six months
- Includes only active, unflagged patients
- Generate listing of overdue patients in the Dashboard or recaller



# Immunization Rates

Measure	Qualifying Patients	Up-to-Date Patients	% Up-to-Date	% Change (3 mo.)
<a href="#">Immunization Rates - HPV</a>	8,049	1,836	23%	1.7% ↑
<a href="#">Immunization Rates - Influenza *</a>	31,911	13,842	43%	Insufficient Data
<a href="#">Immunization Rates - Influenza (Asthma) *</a>	0	0	0%	Insufficient Data
<a href="#">Immunization Rates - Meningococcal</a>	8,049	7,317	91%	1.3% ↑
<a href="#">Immunization Rates - Patients 2 Years Old</a>	1,855	612	33%	Insufficient Data
<a href="#">Immunization Rates - Tdap</a>	8,049	7,426	92%	0.7% ↑

\* Influenza rates are seasonal. This measure represents patients vaccinated since July 1. The percent change is compared to the same month last year.

- **New!** Immunization Rates – Patients 2 Years Old
- Patients with “Inactive” flags (on patient or guarantor record) are omitted

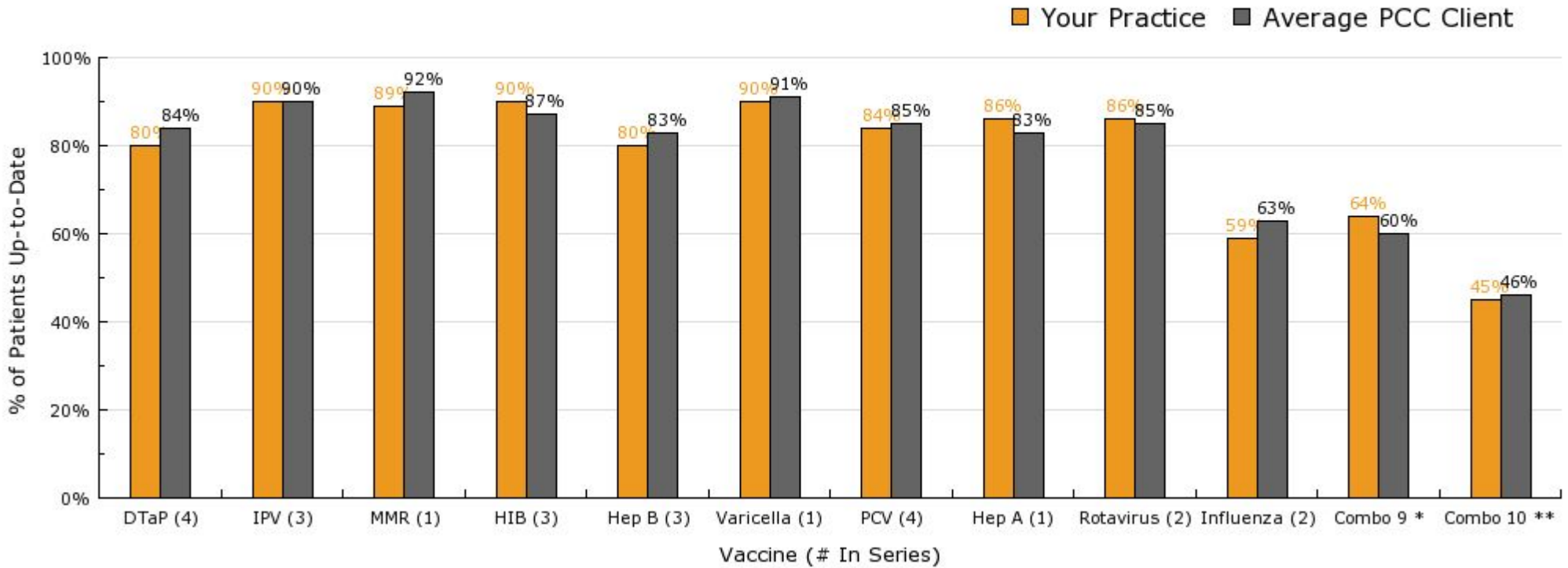


# Childhood Immunization Rates

## Breakdown By Vaccine

Choose Benchmark Comparison:

Average PCC Client





# HPV Immunization Rates

## Patient Age and Sex Breakdown

Select Patients:

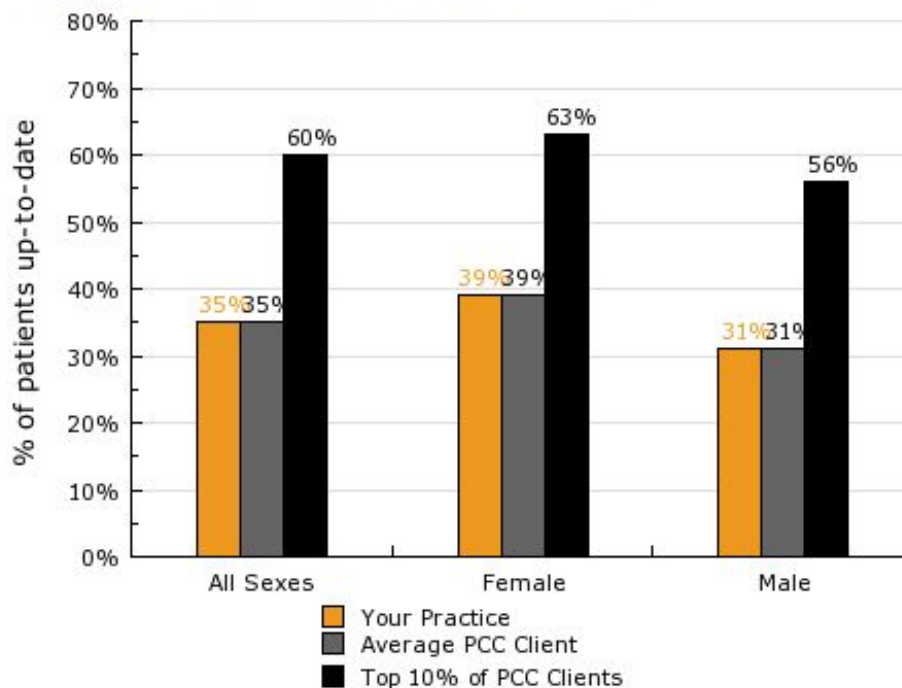
- 13-17 years old with 3 HPV vaccines
- 13 years old with 3 HPV vaccines

Exclude patients with current insurance of Medicaid

Sex	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Sexes	3,086	2,021	1,065	35%
Female	1,484	911	573	39%
Male	1,598	1,106	492	31%
Unknown	4	4	0	0%

## How You Compare

Displaying: 13-17 years old with 3 HPV vaccines



# Immunization Rate Benchmarks

*(as of June 2017)*

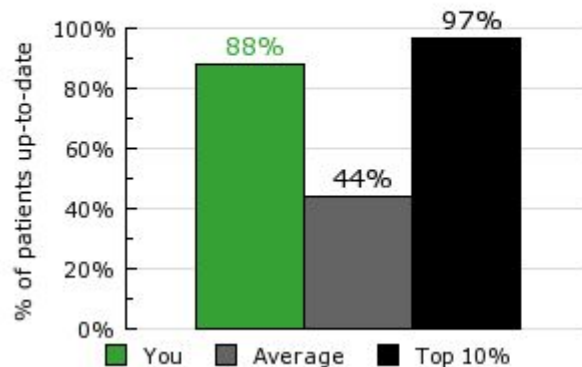
	<b>PCC</b>	<b>Top</b>
	<b>AVG</b>	<b>10%</b>
Immunization Rates - HPV	35%	60%
Immunization Rates - Meningococcal	88%	98%
Immunization Rates - Tdap	90%	99%
Immunization Rates - Patients 2 Years Old (Combo 9 - Not Including Influenza)	71%	88%
Immunization Rates - Patients 2 Years Old (Combo 10)	56%	80%



# Developmental Screening Rates

## How You Compare

[View Comparison By Provider](#)



Your Practice

**88%**

PCC Client Average

**44%**

Top Performers

**97%**

(% of adolescents having one well visit and developmental screening in past year)

- Includes measure for active adolescents getting depression screening in past year or infants getting developmental screening between 6-12 months of age
- Based on billing codes (96127, 96110, G0444, or 99420 for adolescents) (96110, G0444, or 96127 for infants)
- Includes breakdown by provider (PCP)



# Developmental Screening Rates

*(as of June 2017)*

	<b>PCC</b>	<b>Top</b>
	<b>AVG</b>	<b>10%</b>
Infants (% having at least one screening between 6 - 12 months of age)	56%	100%
Adolescents (% with well visit and screening in past year)	55%	98%



# Other Oversight Reports to Consider





# Prescription Count by Provider

Identify generic vs brand name Rx volume for each provider

Report L

## Prescription Count by Provider

Number of prescriptions issued during a specified date range listed by provider.

**Date Range for Prescribed**  
From 05/29/2017 to 06/28/2017

**Prescriber**  
All Prescribers

Report Library

## Prescription Count by Provider

Number of prescriptions issued during a specified date range listed by provider.

**Prescribed:** from 05/29/2017 to 06/28/2017  
**Prescriber:** All

Columns: All 4 Displayed Search Filter:

Prescriber Name	Generic Count	Brand-name Count	Prescription Count
Beverly Crusher, M.D.	0	4	4
Kathleen W. Gomez, M.D.	0	1	1
Morgan Ellixson-Boyea	5	4	9



# Portal Users by Appointment Date

Report Library

## Portal Users by Appointment Date

List of appointments and associated patients and portal users.

**Appointment Date/Time:** from 05/28/2017 to 06/28/2017  
**Location:** All

Columns: All 6 Displayed Search

Appointment Date/Time	Location	Patient Name	Date of Birth	PCC #	Portal User(s)
05/28/2017 12:30pm	Main - PCC Pediatrics	Adam "Jay" Boy Morrison D.D.S.	03/28/2017	476	
05/28/2017 1:00pm	Main - PCC Pediatrics	Tabatha Leininger	02/18/2017	2702	
05/28/2017 1:00pm	Main - PCC Pediatrics	Zachary Merritt	07/18/2003	1072	bill@pcc.com
05/28/2017 1:15pm	Main - PCC Pediatrics	Jacob S. Henkel	06/11/1999	1161	
05/28/2017 1:15pm	Main - PCC Pediatrics	Regan "RT" Rene Casey Sr.	06/28/2010	377	
05/28/2017 1:15pm	Main - PCC Pediatrics	Elaine "Chase" Adam Cramer PC	05/22/2005	218	

Perhaps run daily to identify patients coming in that need to be set up with a portal account



# Orders by Visit

Report Library

## Orders by Visit

List of appointments that include selected order types.

**Date Range for Appointment Date**  
From 05/29/2017 to 06/28/2017

**Provider**  
Edit All Providers

**Location**  
All Locations

**Order Name**  
Edit 43 Order Names

**Order Status**  
All

Use this to generate a report of any order type generated within a date range



# Orders by Visit

Report Library

## Orders by Visit

List of appointments that include selected order types.

**Appointment Date:** from 05/29/2017 to 06/28/2017  
**Provider:** All  
**Location:** All  
**Order Name:** Referral - , Referral - Allergy / Immunology - Patient / Caregiver must call to schedule appointment with specialist. Once the appointment is scheduled, call our office 678-8333 and leave a detailed message in Referral Mail Box. Please include patient name, patient date of birth, name of specialist, and date and time of

Columns: All 11 Displayed Search Filter:

Appointment Date/Time	Order Name	Order Note	Order Status	Open Order Tasks	Provider	Location	Patient Name	Patient PCC#	Patient DOB	Patient
06/21/2017 11:30am	Audiology		Completed		Elizabeth Mary Casey, MD	Main - PCC Pediatrics	Tipton, Mattayha	2292	07/29/2013	F
06/22/2017 10:05am	Allergy/Asthma	Dr Eliza Burnham - 123 Wessex Dr, Colchester VT 05403, 802-888-4545	Ordered	Complete Task 06/22/2017 10:13am	Beverly Crusher, MD	Main - PCC Pediatrics	Quarry, Andrew	934	12/02/2009	M

Can show referrals, screenings, medical procedures, radiology, labs ordered with associated tasks



# Practice Session

- Identify 3 areas at your practice where you feel there is opportunity for improvement. What initiatives can you take to improve on those areas?
- Guided exercises

Thank you!

tim@pcc.com

