

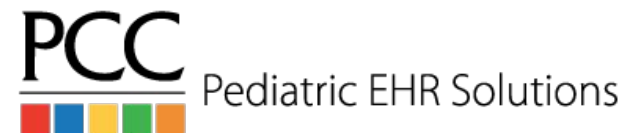
Oversight Reporting: Using Data to Make Practice-Level Decisions

Tim Proctor - PCC - tim@pcc.com

Jenn Austin - PedsOne - jenn@pedsone.com

Betsy Boyce - betsy@pedsone.com

Users Conference 2018



Quick Brainstorm

- Which reports and data are most important to your practice?
- Which areas at your practice require the most oversight?

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
- A recognition of the areas of your practice that need the most oversight and ways you can address those areas
- Experience running PCC oversight reports yourself, for your own practice

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.

Routine Billing Oversight Reports

Review Charge Posting/Coding

- PCC 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

Review Daily Charge Posting

DAILY CHECK

Include Charges:
 on

Place of Service:

Provider:

Report Detail:
 with

Sort Report by:

Send Report to:
☒
☐
☐

Select "Full" or
"Brief" Report

Display EEF
Items from
PCC EHR

Review Daily Charge Posting

**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						

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)
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)

- 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 (pretags/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)
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)

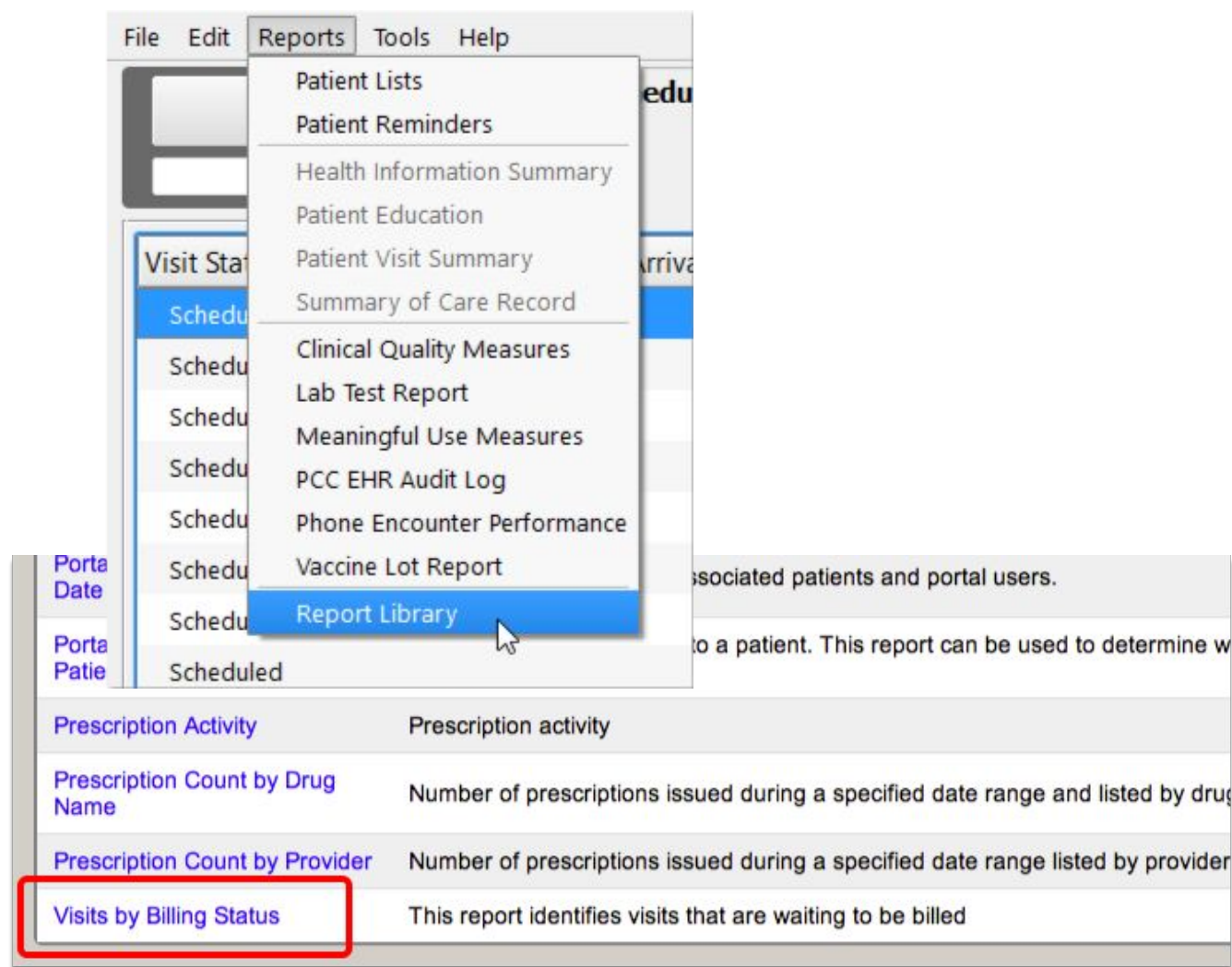
- Identifies all charges posted but not yet submitted on a claim or personal bill
- Is based on most recent payor responsibility
- Use date range ending when you last ran personal bills

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



- 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

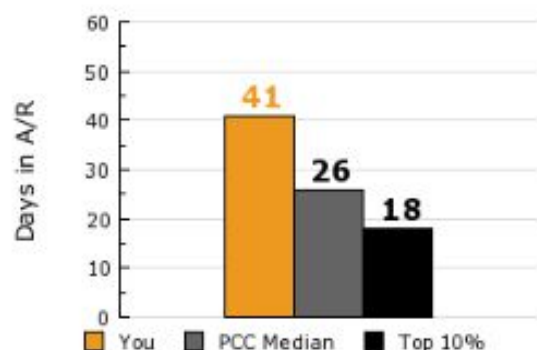
Show 50 entries

Back Close Export

Export to print
PDF or generate
CSV file

A/R Measure – A/R Days

How You Compare



Your Practice

41

PCC Client Median

26

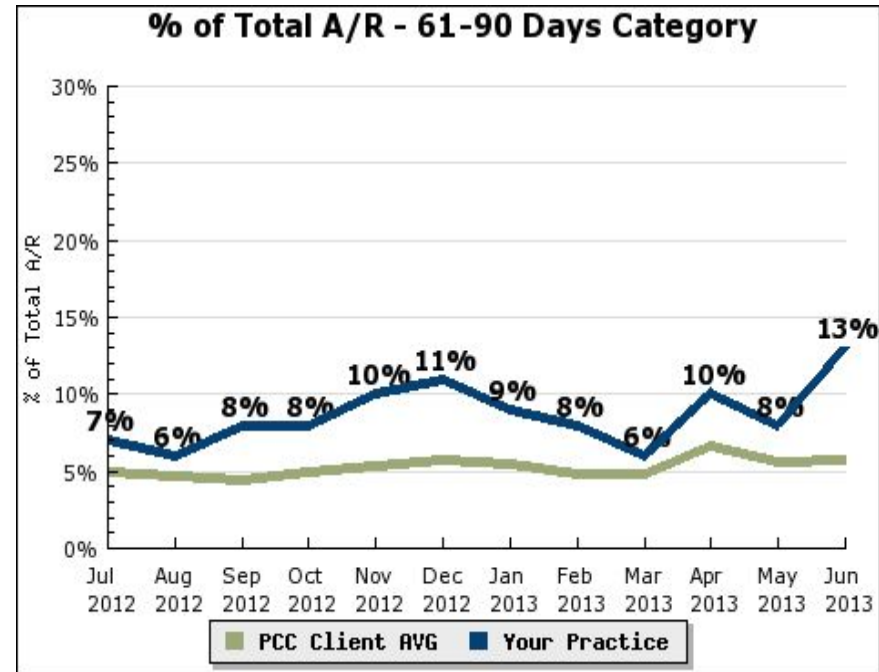
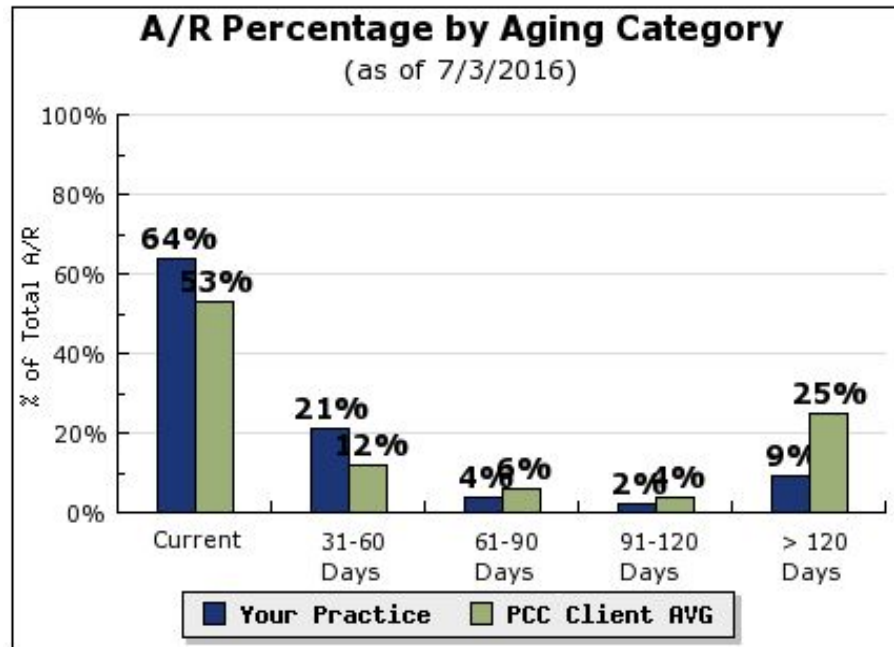
Top Performers

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)
Insurance Aging Report	(insaging)
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%
Total	67,025	16,398	5,465	2,656	63,706	155,251	
Percentage	43%	11%	4%	2%	41%		
Criteria for this report run.							
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

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 HMO	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
United Healthcare	2299	\$89,679.70
	8947	\$306,792.23

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)?

Productivity Reporting

- Identify practice or provider productivity in terms of **charges, payments, visits, RVUs**
- E&M visit coding
- New patient volume

Four Productivity Report Data Sources

- # 1 - Daysheet-based reports
 - Based on daily transaction logs of charges, payments, adjustments, and refunds.
 - Best report for reflecting overall charges, payments, and adjustments attributed to a specified time period, by provider if desired.
 - Useful for reconciling to bank account
 - Very limited detail

Four Productivity Report Data Sources

- # 2 - srs Charge-Based Reports
 - Based on PCC's charge database and show charges either transacted during a time period (transaction date) or physically posted into the system during a time period (posting date)
 - Extensive subtotaling capabilities (provider, location, procedure group, etc)

Four Productivity Report Data Sources

- # 2 - srs Charge-Based Reports
 - Also show payments made on the charges being reported
 - Refunds are reflected as charges

Four Productivity Report Data Sources

- # 3 - srs Payment-Based Reports
 - Based on PCC's payment database
 - Useful for getting more detailed subtotals of payments (i.e., payments by check number)
 - Generally recommended to run by transaction date (date attributed to payment by user)

Four Productivity Report Data Sources

- # 4 - srs Visit-Based Reports
 - Based on PCC's charge database
 - Based on transaction (service) date of visit
 - Useful for counting visits and categorizing (sick, well, hospital, etc)
 - Also shows payments made on the visits being reported
 - Extensive subtotaling capabilities (provider, location, etc)

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 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: 0

All Providers? ☒ Yes Page break through sort level: 0

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	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

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

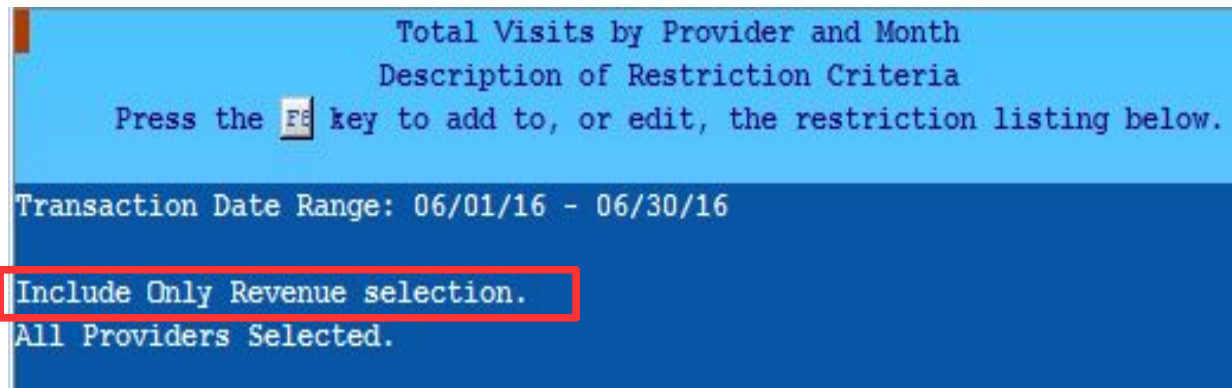
Service Provider Name	Trans Year	Trans Month	Number of Visits
Elizabeth Mary Casey, MD	2016	Jun	117
Elizabeth Mary Casey, MD	2016		117
Elizabeth Mary Casey, MD	0		117

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



- 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

Missed Appointments

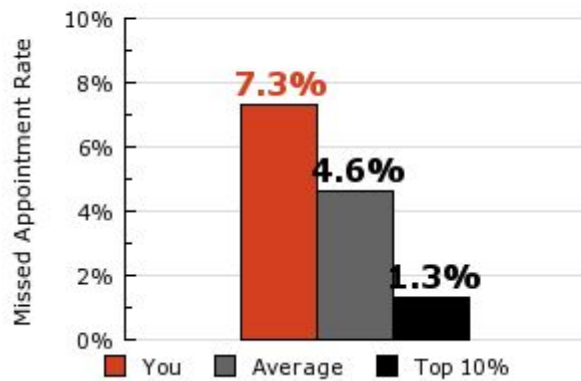
Appointment Totals by Status		
Appt Current Status		Number of Appts
Chg Posted		358
Missed		8
Cancelled		52
Checked In		19
		437

- srs Scheduling Reports - “Appointment Totals by Status”
- Missed Appointment Rate = $\# \text{ Missed} / (\# \text{ Total} - \# \text{ Cancelled})$
- Remember to mark appointments as “missed” (use inquire)
- Join “No Show Reduction” discussion Thu 1:15-2:30

Missed Appointment Rate Benchmark

How You Compare

[View Comparison By Provider](#)



Your Practice

7.3%

PCC Client Average

4.6%

Top Performers

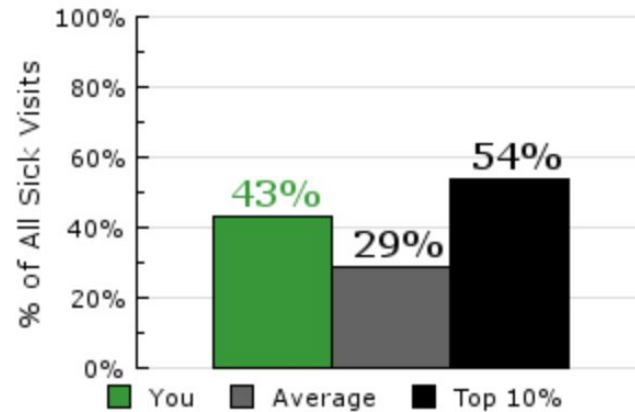
1.3%

(Missed Appointment Rate)

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

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

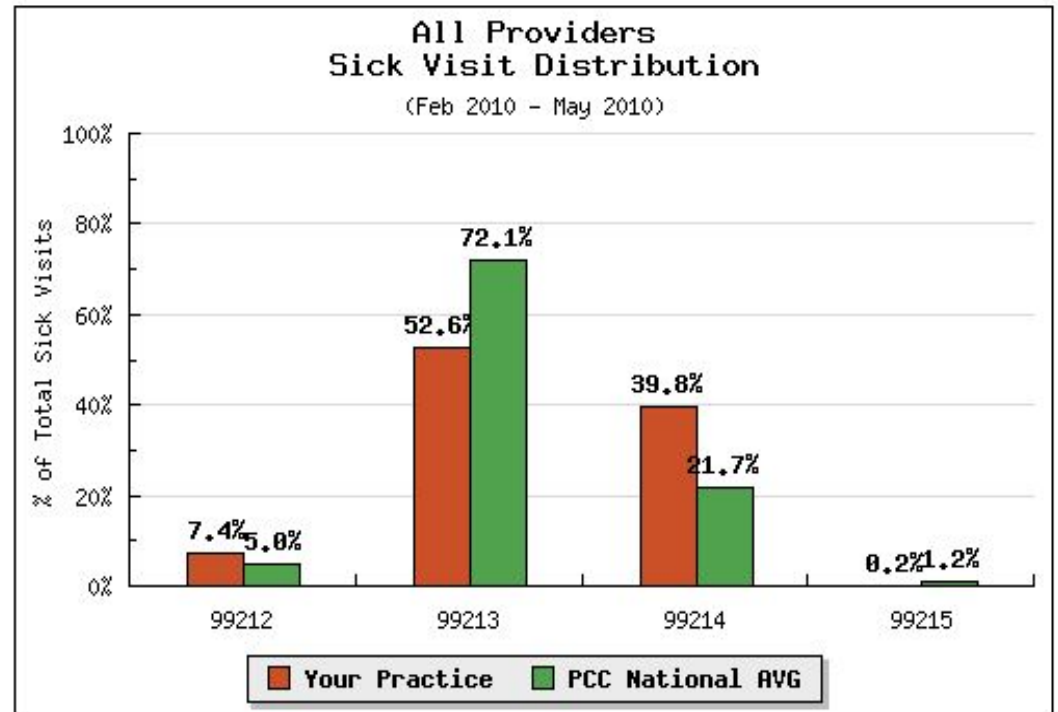
2010

Choose Provider

All Providers

Generate Graph

Choose
any
Provider



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

Print
Version

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:

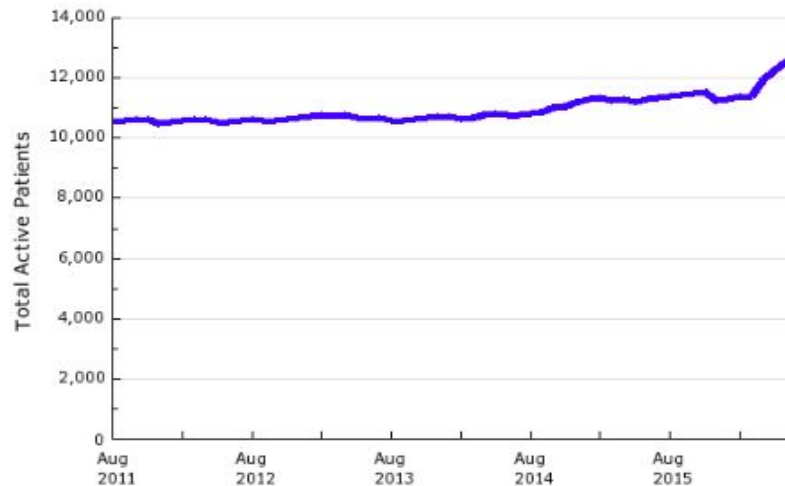
Active Patient Count by Age

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

Clinical Oversight Reporting

Phone Encounter Response Time

The screenshot shows the PCC EHR interface. The 'Reports' menu is open, and 'Phone Encounter Performance' is selected. Below the menu, a table shows a schedule of visits:

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

The 'Phone Encounter Performance' dialog box is open, showing the following criteria:

- Include Phone Encounters with:
- Time between: 12:00am and 11:59pm
- Dates from: 04/21/13 to 04/26/13
- Tasks: Call Back Needed (selected)

Red arrows point to the 'Time between' and 'Dates from' fields, and a red arrow points to the 'Tasks' dropdown menu.

- 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

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

Phone Encounter Performance

View Phone Encounter Performance

PCC Pediatric Test Associates

Generated on 5/09/13 10:57am

Times between 12:00am and 11:59pm

Dates from 4/21/13 to 4/26/13

and Task "Call Back Needed"

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

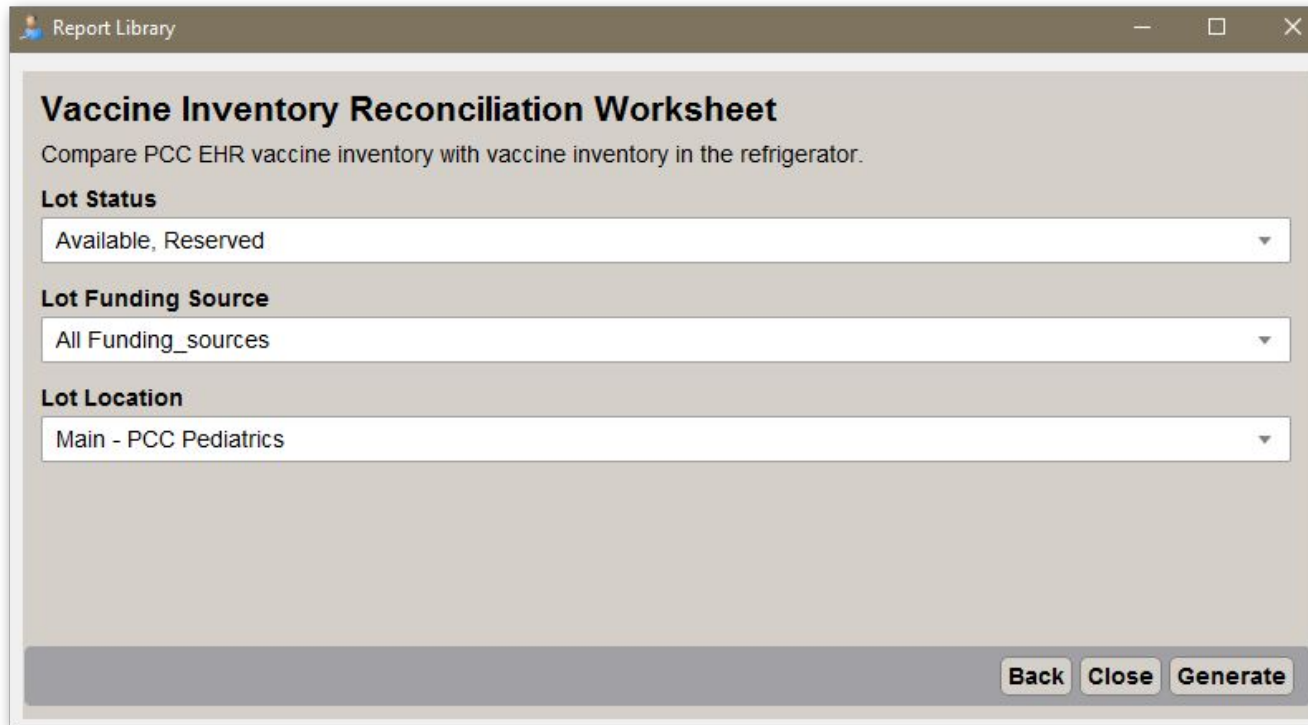
Optional Columns to Display:

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.
Portal Message Response Time	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

Vaccine Inventory Reconciliation



The screenshot shows a web application window titled "Report Library". Inside, there is a section titled "Vaccine Inventory Reconciliation Worksheet" with the instruction "Compare PCC EHR vaccine inventory with vaccine inventory in the refrigerator." Below this, there are three dropdown menus: "Lot Status" with the selected value "Available, Reserved", "Lot Funding Source" with the selected value "All Funding_sources", and "Lot Location" with the selected value "Main - PCC Pediatrics". At the bottom right of the form area, there 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

Report Library

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

Search Filter:

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

Previous 1 Next

Show 50 entries

Report Library

Back Export Close **Print**

These fields are left empty

Print this report

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

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

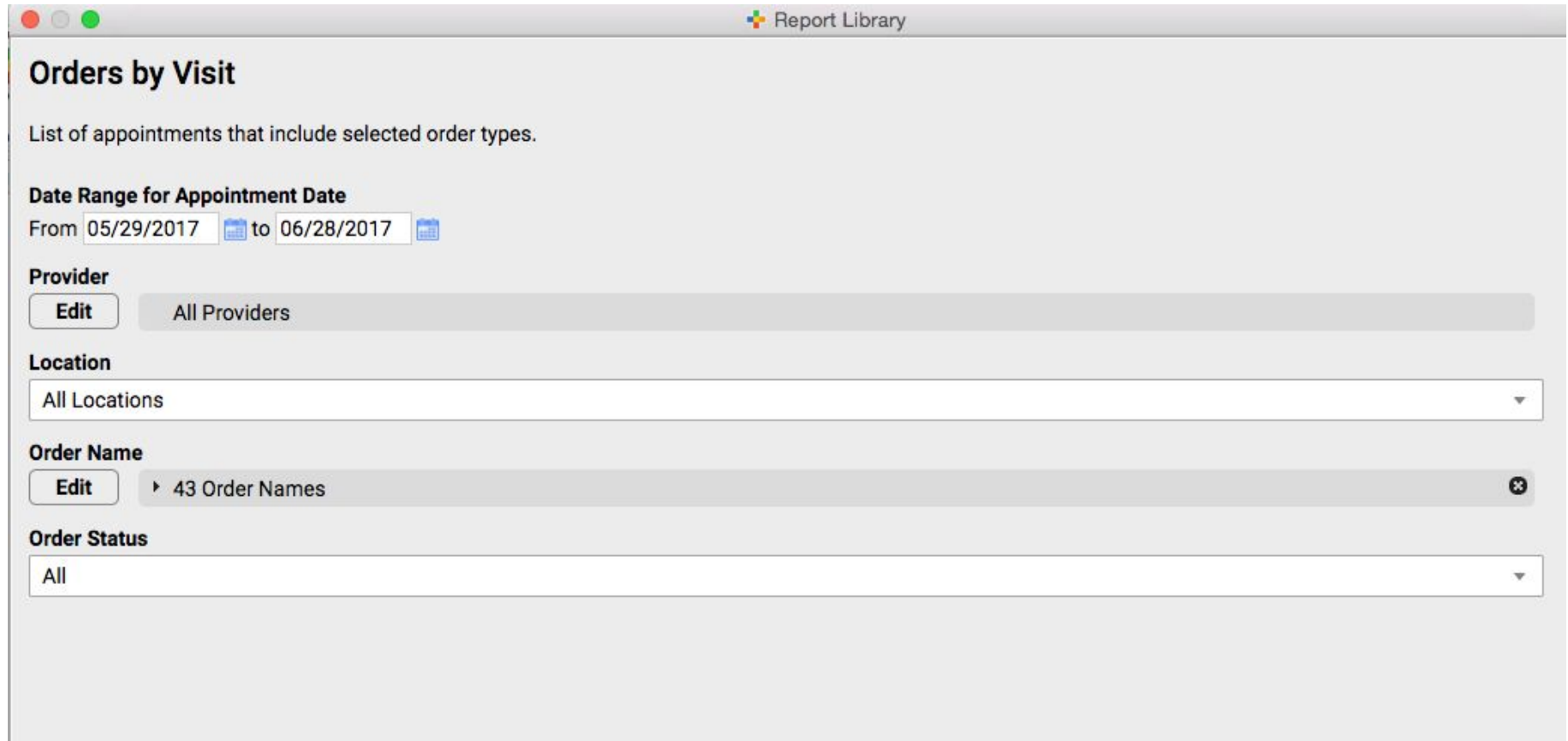
Number of prescriptions issued during a specified date range listed by provider.

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

Orders by Visit



The screenshot shows a web application window titled "Report Library" with a sub-header "Orders by Visit". Below the header is a descriptive text: "List of appointments that include selected order types." The form contains several filter sections: "Date Range for Appointment Date" with date pickers set to "05/29/2017" and "06/28/2017"; "Provider" with an "Edit" button and a dropdown menu showing "All Providers"; "Location" with a dropdown menu showing "All Locations"; "Order Name" with an "Edit" button and a dropdown menu showing "43 Order Names"; and "Order Status" with a dropdown menu showing "All".

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

Strategic Oversight Reporting

Measures that relate to goal of Healthy Practice

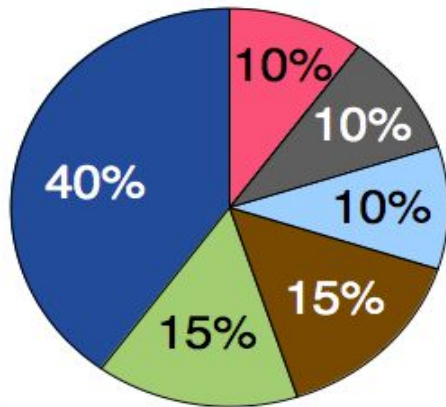
- Dashboard Financial Pulse
- Revenue-per-Visit
- Revenue-per-CPT
- Pricing

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
Your Financial Pulse:					86

* 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	Well Visit Rates - Patients 12-21 Years
24	Well Visit Rates - Patients 7-11 Years
36	Coding Expertise

Next Priorities

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

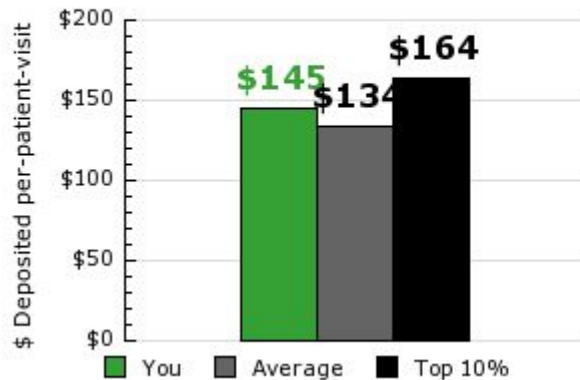
Revenue Analysis

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.

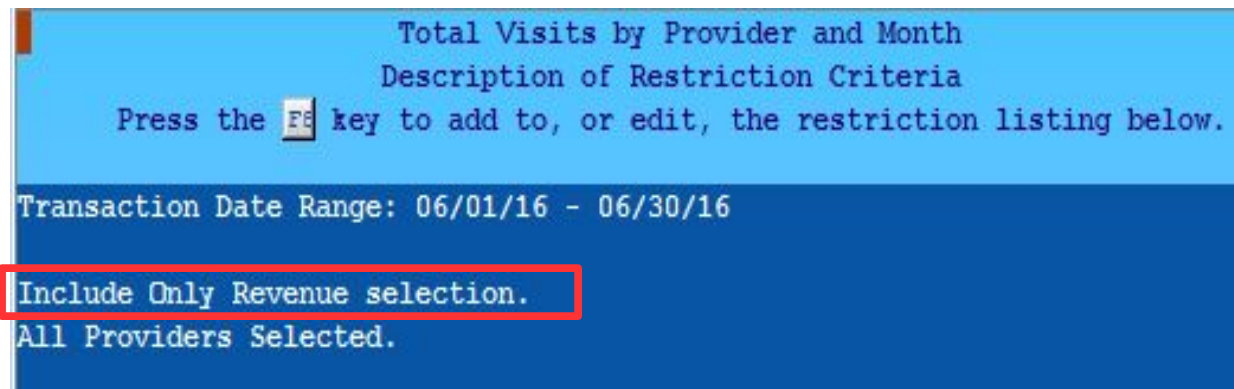
Transaction Date Range: 01/01/13 - 07/10/13

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

Done

Jump to Top

Jump to Bottom

Send To...

Search Pattern

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)

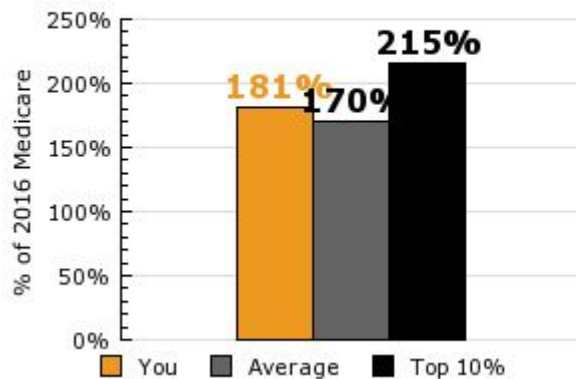
Procedure Name	Ins Group at Time of Service	Units	Charge Amount	Avg Charge Amount	Ins Pmt	Avg Paid by Insurance	Personal Pmt	Avg Paid by Personal	Open Pmt Amount	Amount Deposited (all pmts)	Avg Deposited	Percent Deposited (all pmts)
OV Expanded Focus	Health America	104	\$5,824.00	\$56.00	\$3,638.88	\$34.99	\$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				
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 = 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

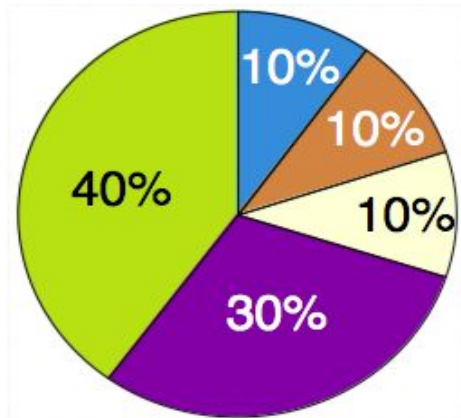
- Percentage of patients up-to-date on well visits
- Percentage of ADD/ADHD patients up-to-date on followup visit
- Percentage of patients up-to-date on immunizations
- Percentage of patients up-to-date on developmental screenings

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
Your Clinical Pulse:					64

* 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

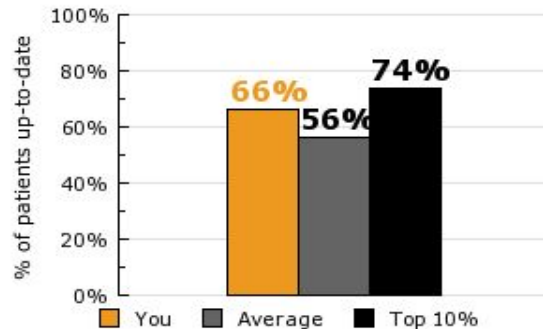
PATIENT FLAG INFORMATION

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

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

Immunization Rates

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

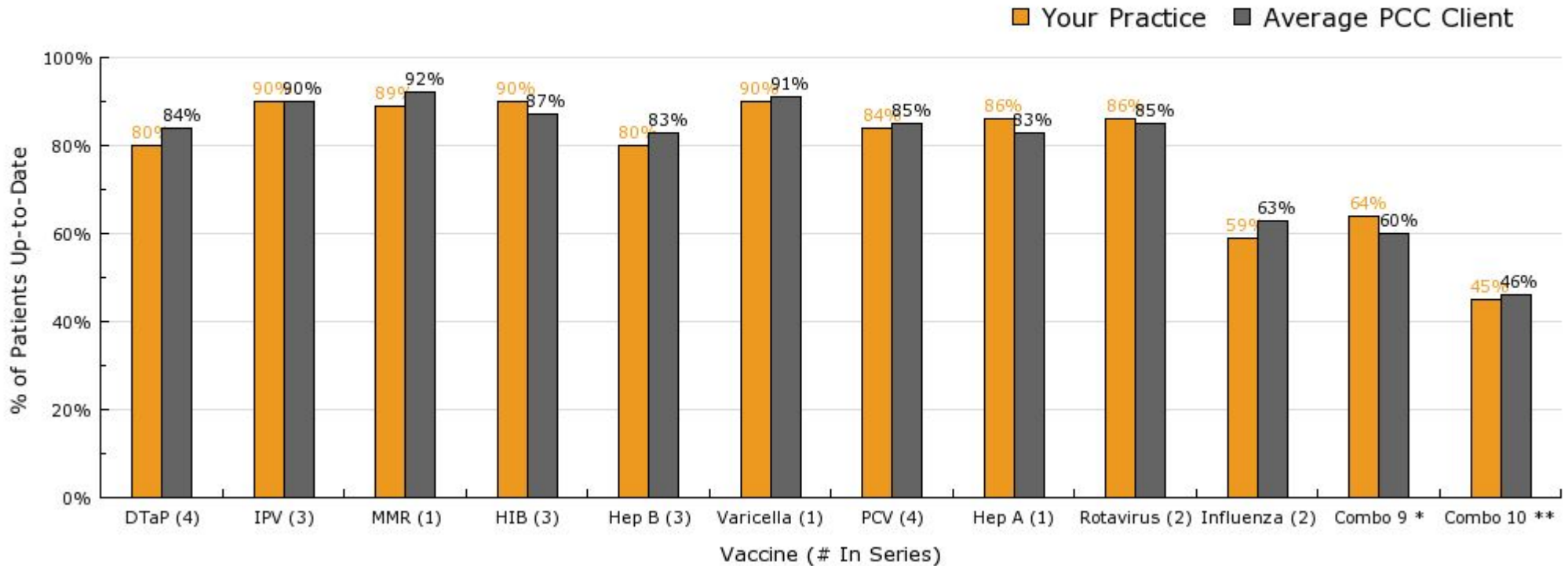
- Immunization Rates – Patients 2 Years Old (based on HEDIS measure)
- Patients with “Inactive” flags (on patient or guarantor record) are omitted

Childhood Immunization Rates

Breakdown By Vaccine

Choose Benchmark Comparison:

Average PCC Client



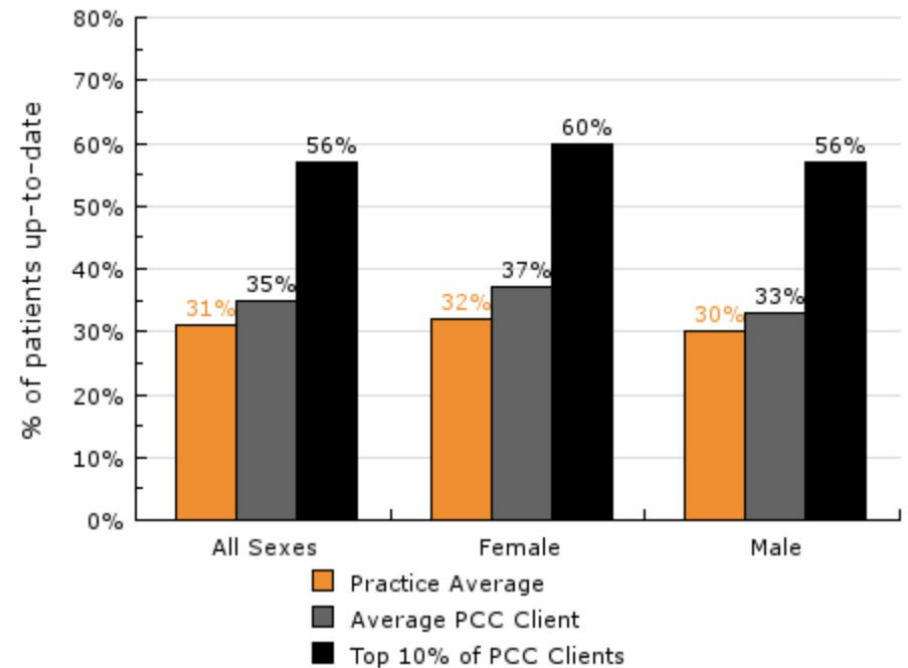
HPV Immunization Rates

Patient Sex Breakdown

☐ Exclude patients with current insurance of Medicaid

Sex	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Sexes	1,586	1,097	489	31%
Female	795	540	255	32%
Male	791	557	234	30%

How You Compare

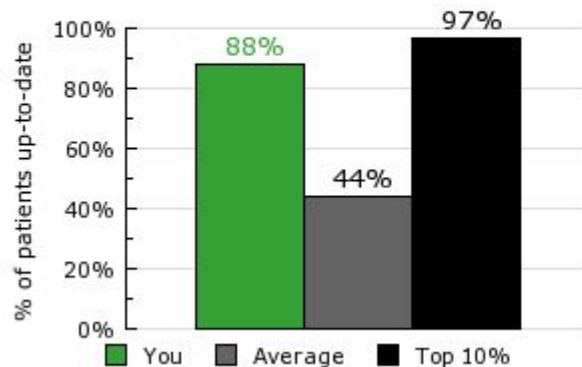


- Based on new HPV series guidelines
- Two measures: Patients 13 years and 13-17 years

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)

Practice Session

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

Thank you!

tim@pcc.com

