



# Master Your Metrics: A Financial Reporting Deep Dive

5/27/26 Webinar

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# Measures That Affect Financial Health



## Productivity Measures

Information necessary to oversee business productivity. Sometimes also used for physician compensation modeling



## Billing and Coding Measures

Information necessary to oversee routine billing operations at your practice



## Strategic Financial Measures

Information related to the long-term growth and ongoing business aspects of the practice. May be influenced by external mandates: PCMH, P4P, insurance contracts, etc.



## Clinical Measures

Measures related to clinical care and population management that can have a profound impact on practice financial health

# Measures That Affect Financial Health

We'll focus on these today



## Productivity Measures

Information necessary to oversee business productivity. Sometimes also used for physician compensation modeling



## Strategic Financial Measures

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## Clinical Measures

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## Session Goals

- An understanding of EHR and PM productivity and strategic financial reports
- An opportunity for Q&A to address your reporting questions

# Which Oversight Reports Should I Run and How Often?

[PCC Oversight reports to run daily, weekly, monthly, quarterly, and yearly](#)



## Daily

REPORT TITLE	PURPOSE	WHERE TO FIND
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Custom Huddle Sheet	Identify overdiagnoses	
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Visits by Billing Status	Ensure today's coding is accurate	
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Daily Check	Review coding	
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Payment Reconciliation Report	Reconcile today's payments	
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Daysheet Postings Check	Review change orders	
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## Weekly

REPORT TITLE	PURPOSE	WHERE TO FIND
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Copay Collection Ratio	Track copay collection trends	
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Need Corrections	Identify coding errors	
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Claim and Billing Error Report	Identify billing errors	
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Encounters by Billing Status	Review encounter coding	
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## Monthly

REPORT TITLE	PURPOSE	WHERE TO FIND
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Detailed A/R Summary Report	Track your A/R trends	Practice Vitals Dashboard (PCC EHR)
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Insurance Aging Report	Review A/R summary by payor	Practice Management
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Insurance Accounts Receivable Detail	Review A/R summary by payor	Practice Management
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## Quarterly

REPORT TITLE	PURPOSE	WHERE TO FIND
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Revenue per Visit by Payor	Evaluate income by insurance group	Practice Management - SRS
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Revenue per visit with/without imms/location adjusted	Evaluate average visit income	Practice Vitals Dashboard (PCC EHR)
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Patient Population	Measure practice growth or contraction	Practice Vitals Dashboard (PCC EHR)
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# What is your preferred measure of physician productivity at your practice?



## Why Track Productivity?

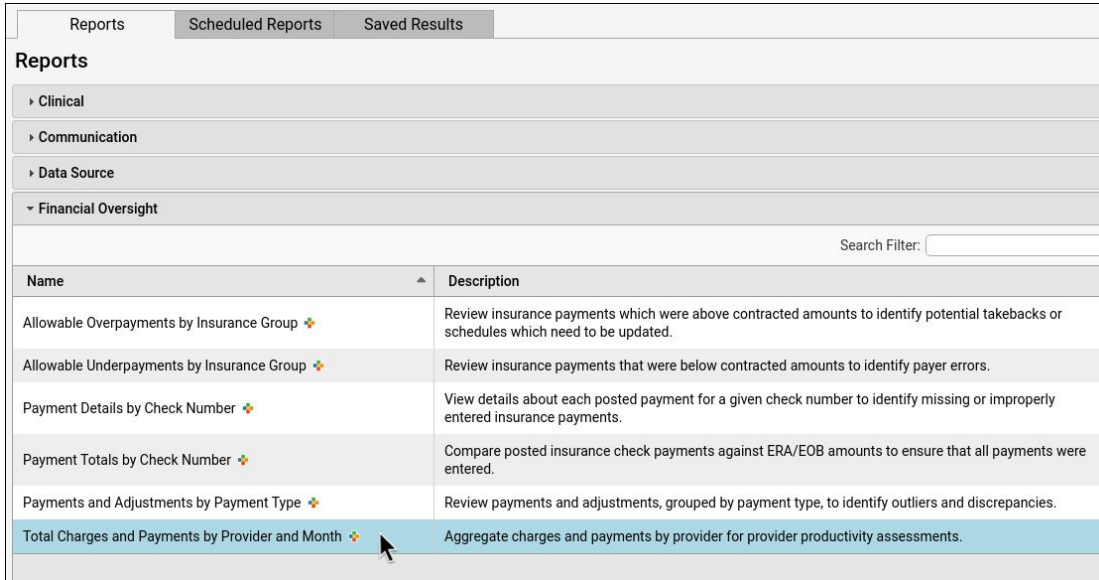
- Physician Compensation Models
- Budget Predictions
- Schedule Planning
- Strategic Planning



# Productivity Reporting

- Total Charges
- Total Payments
- Total RVUs (or Work RVUs)
- Total Visits
- Patient Panel Size

# Provider Productivity Reporting



Name	Description
Allowable Overpayments by Insurance Group	Review insurance payments which were above contracted amounts to identify potential takebacks or schedules which need to be updated.
Allowable Underpayments by Insurance Group	Review insurance payments that were below contracted amounts to identify payer errors.
Payment Details by Check Number	View details about each posted payment for a given check number to identify missing or improperly entered insurance payments.
Payment Totals by Check Number	Compare posted insurance check payments against ERA/EOB amounts to ensure that all payments were entered.
Payments and Adjustments by Payment Type	Review payments and adjustments, grouped by payment type, to identify outliers and discrepancies.
<b>Total Charges and Payments by Provider and Month</b>	<b>Aggregate charges and payments by provider for provider productivity assessments.</b>

- Monthly charges, payments, and refunds
- Use this report for:
  - Charge or payment totals for provider compensation
  - Reconciling PCC payments to bank deposits



# Provider Productivity Reporting

### Total Charges and Payments by Provider and Month

Aggregate charges and payments by provider for provider productivity assessments.

**Edit Categories** Financial Oversight

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**Transaction Date**  
Last Calendar Month ▼ From 11/01/2024 📅 to 11/30/2024 📅

**Include by Procedure**  
**Edit** All Procedures

**Exclude by Procedure**  
**Edit** No Procedures Excluded

**Location**  
**Edit** All Locations

**Provider**  
**Edit** All Providers

Can restrict and subtotal this report by:

- Provider
- Location / Place of Service
- Procedure Group
- May want to exclude vaccines, labs, etc from provider productivity



# Transaction vs Posting Dates

## Transaction Date

- For charges, this is the date of service
- For payments, this is the date attributed to the payment.
- For insurance payments, this is typically the date of the remittance
- For other payments, it's the date entered by the user

## Posting Date

- For charges and payments, this is the system-generated date of physical posting into the system.



## Transaction vs Posting Dates

Situation: It's the end of the month, and I'm trying to reconcile payments deposited into my bank account for a given month with payments entered into PCC for that month.

Should I report on payments in PCC by:

- a) Posting date only
- b) Transaction date only
- c) Both posting date and transaction date



## Transaction vs Posting Dates

Situation: It's the end of the month, and I'm trying to reconcile payments deposited into my bank account for a given month with payments entered into PCC for that month.

Should I report on payments in PCC by:

- a) Posting date only
- b) Transaction date only**
- c) Both posting date and transaction date



# Provider Productivity Reporting Demo

- Customize in various ways:
  - By location for multi-location practices
  - By procedure group to separate provider charges or payments for Immunizations or other procedure types
  - Show service charges vs non-service charges



## Use Transaction Dates for Payment Reporting

- **Warning!** Reporting payments by posting date can inflate payment totals with this report
- Previously posted payments that are “relinked” are treated as “re-posted payments”

# Provider Visits

Total Visits, Charges, and Payments by Provider

Service Provider Name	Number of Visits	Charge Amount	Avg Charge Per Visit	Amount Deposited (all pmts)	Avg Deposited Per Visit	Amount Due	Amount Collected (all pmts + all adjs)	Percent Collected (all pmts + all adjs)	Number of Procedures	Charges Per Visit
Beverly Crusher, MD	3	\$90.00	\$30.00	\$40.00	\$13.33	\$50.00	\$40.00	44.44%	3	1.00
Elizabeth Mary Casey, MD	497	\$53,486.75	\$107.62	\$27,896.08	\$56.13	\$14,052.13	\$39,434.62	73.73%	1423	2.86
James Davidson, Jr. M.D.	525	\$51,937.00	\$98.93	\$28,649.39	\$54.57	\$13,774.70	\$38,162.30	73.48%	1220	2.32
Kathleen W. Gomez, M.D.	507	\$49,604.02	\$97.84	\$24,176.56	\$47.69	\$15,896.18	\$33,707.84	67.95%	1237	2.44
Mark Williams, M.D.	1442	\$145,830.63	\$101.13	\$72,531.79	\$50.30	\$42,996.31	\$102,834.32	70.52%	3380	2.34
Office	203	\$9,552.00	\$47.05	\$3,770.40	\$18.57	\$1,811.79	\$7,740.21	81.03%	580	2.86
	3177	\$310,500.40	\$97.73	\$157,064.22	\$49.44	\$88,581.11	\$221,919.29	71.47%	7843	2.47

Criteria for this report run.

Transaction Date Range: 01/01/20 - 04/29/20

Include Only Revenue selection.

- Srs Provider Productivity Reports → Total Visits, Charges, and Payments by Provider
- Payments and charges you see are those **attributed to the visits** being reported

## Include Only “Revenue” Visits

```
Total Visits by Provider and Month
Description of Restriction Criteria
Press the F6 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	Deposited Amount	(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	Deposited Amount	(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	Deposited Amount	(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, Immunization, and other visit types by provider



## Visit Categories

- Categories defined for sick, well, consult, hospital, counseling, vaccine only, telephone, portal/email, telemedicine, and misc
- Based on CPT codes within the visit
- Well and sick codes on same day? This is categorized as a well visit

# Provider RVUs

Total RVUs By Provider (With Work RVU breakdown) pcc 05/27/2026 10:16:37

Service Provider Group Name	RVU Practice Expense Total	RVU Work Total	RVU Malpractice Total	Total Number of RVUs	Charge Amount	Amount Deposited (all pmts)
Williams	717.71	636.25	22.26	1376.27	\$43,829.57	\$10,822.27
Retired	38.08	10.62	0.47	49.16	\$2,196.82	\$506.79
Gomez	224.98	200.11	6.89	431.99	\$14,498.72	\$1,919.44
Davidson	224.23	197.56	6.62	428.44	\$15,361.00	\$4,252.97
Casey	217.35	189.68	6.74	413.79	\$13,899.90	\$2,639.67
	1422.36	1234.22	42.97	2699.66	\$89,786.01	\$20,141.14

Criteria for this report run.  
 Transaction Date Range: 03/01/26 - 03/31/26  
 RVU Multiplier: %140  
 RVU Zipcode: 05404  
 RVU Database Year: 2026  
 Budget Neutrality Adjustment: No

RVU Practice FACF: \$24.05 (72 percent of Medicare)  
 RVU Medicare FACF: \$33.40

- Srs RVU Reports → Total RVUs by Provider (With Work RVUs)
- Excludes productivity for immunizations, labs, and other CPT codes without an RVU value
- Eliminate productivity variability due to payor mix

# Active Patient Count

Sample PCC Practice

Logout  
Change My Password

## Patient Population

### Select Criteria

Provider:

Age Range:

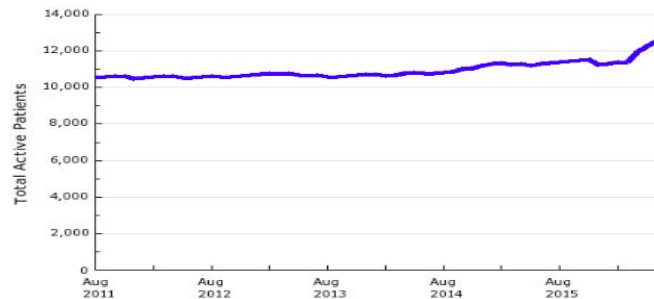
### Active Patient Count by Age

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

# New Patient Count

## New Patients by Visit Type

Primary Visit Category: Well Visit

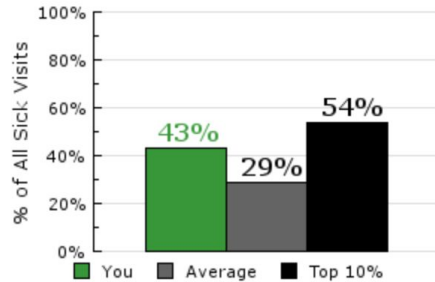
Pat First Name	Pat Last Name	Pat Date of Birth	Pat Create Date	Number of Visits
Laura Beth	Anderson	12/04/07	02/25/2005	1
Ashley	Feaster	07/18/04	11/17/2004	1
Jeffrey	Fehr	11/22/04	09/07/2004	1
Chad	Garner	01/30/02	03/03/2005	1
Evan D	Garner	11/02/03	03/03/2005	1
Christophe	Ludwig	11/05/08	02/10/2005	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 new patient billed visit codes: 99381-99387, 99201-99205, 99431-99433, 99460-99461, 99463

# 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

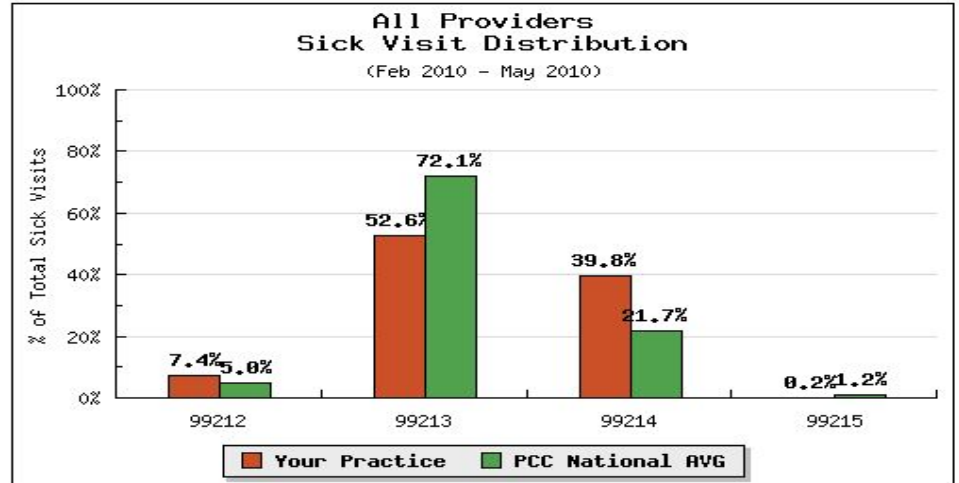
2010

Choose Provider

All Providers

Choose any Provider

Generate Graph



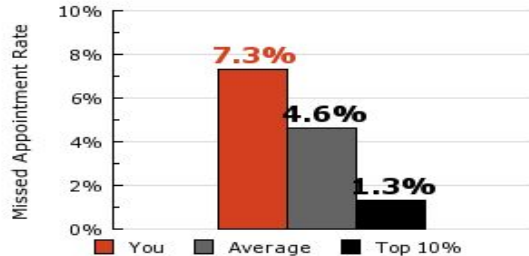
Want to print this graph? Here is a [printable version \(.pdf\)](#)

Print  
Version

# Missed Appointment Rate Benchmark

## How You Compare

[View Comparison By Provider](#)



Your Practice  
**7.3%**

PCC Client Average  
**4.6%**  
(Missed Appointment Rate)

Top Performers  
**1.3%**

- Measure is included in the Dashboard
- Based on appointments from the past 3 months

## 2023 Provider Scorecard - Provider A

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	2023	
Total Charges (\$)	\$150,868	\$125,869	\$178,216	\$150,511	\$151,010	\$156,339	\$143,765	\$161,976	\$138,061	\$178,812	\$182,072	\$180,199	\$1,897,698
Total Payments (\$)	\$72,935	\$57,182	\$71,643	\$75,508	\$78,799	\$65,508	\$53,597	\$77,072	\$66,329	\$83,914	\$72,249	\$79,900	\$854,636
Total Visits	349	336	420	365	378	379	303	381	277	399	385	390	4,362
# Well Visits	250	228	311	263	281	286	253	313	237	297	261	250	3,230
# Sick Visits	86	86	82	80	72	72	30	50	27	77	106	120	888
# Other Visits	13	22	27	22	25	21	20	18	13	25	18	20	244
Sick:Well Ratio	0.3	0.4	0.3	0.3	0.3	0.3	0.1	0.2	0.1	0.3	0.4	0.5	0.3
99212 Visits	2	4	3	2	8	7	3	5	1	3	1	4	43
99213 Visits	72	64	64	73	50	54	23	33	22	57	88	95	695
99214 Visits	7	12	8	4	6	5	4	4	2	12	13	19	96
99215 Visits	0	2	1	0	0	0	0	0	0	0	2	2	7
% 99214+99215	9%	17%	12%	5%	9%	8%	13%	10%	8%	17%	14%	18%	12%
Total New Patients	46	55	59	39	71	49	39	45	37	41	38	37	556
# Newborns	10	26	21	16	31	20	23	16	21	19	16	18	237
# Transfers	36	29	38	23	40	29	16	29	16	22	22	19	319
panel size	1377	1420	1600	1693	1769	1818	1877	1932	1965	2002	2051	2067	



## Revenue Analysis

- 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

**\$154**

PCC Client Average

**\$190**

Top Performers

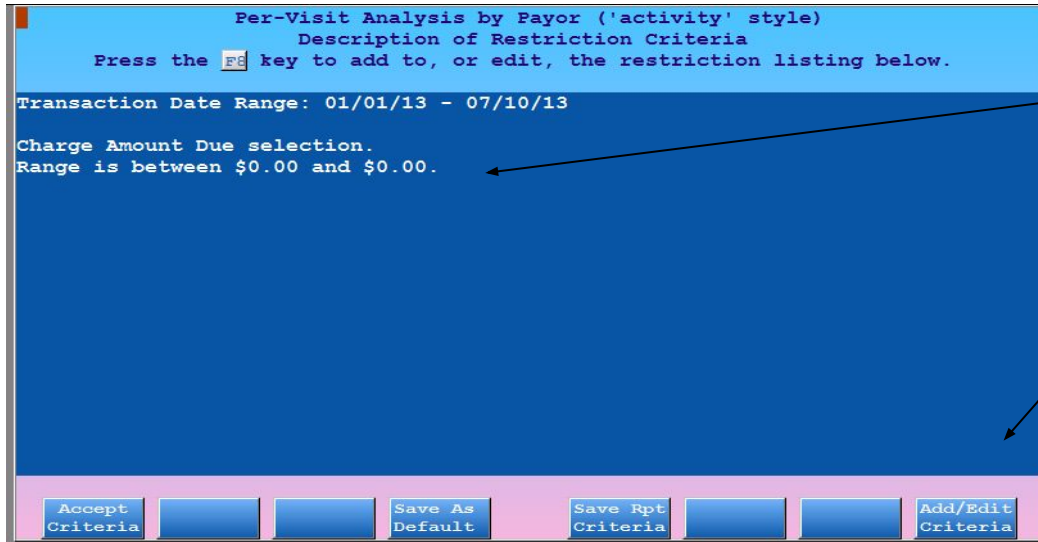
**\$244**

(amount deposited per-patient-visit)

- 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

```
Total Visits by Provider and Month
Description of Restriction Criteria
Press the F8 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

## 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 HMD	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 HMD	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

srs RVU Reports → Reimbursement Analysis w/RVU (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.

Procedure Code	Procedure Name	Ins Group at Time of Service	Units	Avg Charge Amount	Avg Deposited
90621	MenB - Trumenba	Aetna	1	\$180.00	\$171.39
90621	MenB - Trumenba	UHC	1	\$180.00	\$173.19
90621	MenB - Trumenba	BC	1	\$180.00	\$180.00
90621			5	\$186.00	\$179.23
90670	Pprevnar 13	Aetna	2	\$260.00	\$259.00
90670	Pprevnar 13	BS	3	\$260.00	\$257.99
90670	Pprevnar 13	Cigna	5	\$260.00	\$253.60
90670	Pprevnar 13	UHC	4	\$260.00	\$257.99
90670	Pprevnar 13	BC	5	\$260.00	\$260.00
90670			19	\$260.00	\$257.47

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

If so, it's time to raise prices!

# Payor Mix Analysis

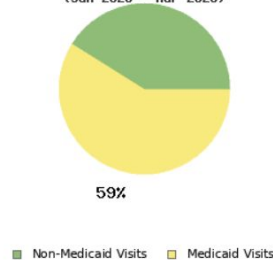
Enter Visit Start Date:  2026 
 Enter Visit End Date: to:  2026 
 Choose Provider:

## Payor Mix - All Providers

(January 2026 - March 2026)

Insurance Group	Medicaid?	Percent of Total Visits	Percent of Total \$ Charged	Percent of Total \$ Deposited
Peachstate	Yes	18.1%	16.3%	15.2%
BCBS	No	17.2%	18.4%	26.7%
Amerigroup	Yes	15.4%	13.2%	13.5%
Medicaid	Yes	12%	11.2%	9%
Caresource	Yes	11.6%	12.4%	9.4%
Cigna	No	5.2%	6.3%	6.7%
UHC	No	4.7%	4.5%	5.7%
Self Pay	No	4.6%	5.5%	3.7%
Aetna	No	4.4%	4.1%	4.1%
Tricare	No	2.5%	3.4%	2.9%
Other	Yes	1.9%	1.9%	1.4%
Ambetter	No	1.8%	2.3%	1.3%
Personal	No	0.5%	0.4%	0.6%
Newborn	No	0.2%	0.4%	0%

Medicaid vs Non-Medicaid Payor Mix  
 All Providers  
 (Jan 2026 - Mar 2026)



**Note:**

Insurance Groups are flagged as Medicaid based on configuration within your "Insurance Companies" table in Partner. An individual insurance plan is flagged as "Medicaid" if the question "Is this a Medicaid plan?" is set to "Yes" in your Insurance Companies table in ted. If an insurance plan is flagged as Medicaid then the Insurance Group assigned to that plan will be flagged as Medicaid. If you suspect that an Insurance Group is incorrectly flagged (or not flagged) as Medicaid, please contact [PCC Support](#) for assistance with making the appropriate configuration changes.

- Accessible via "Related Tools" section for any Revenue-per-Visit measure in the Dashboard



# Allowable Underpayment Reporting

▼ Financial Oversight	
Name	Description
Allowable Overpayments by Insurance Group	Review insurance payments which were above contracted amounts to identify potential takebacks
Allowable Underpayments by Insurance Group	Review insurance payments that were below contracted amounts to identify payer errors.
Payment Details by Check Number	View details about each posted payment for a given check number to identify missing or improper
Payment Totals by Check Number	Compare posted insurance check payments against ERA/EOB amounts to ensure that all payment
Payments and Adjustments by Payment Type	Review payments and adjustments, grouped by payment type, to identify outliers and discrepancy
Total Charges and Payments by Provider and Month	Aggregate charges and payments by provider for provider productivity assessments.

- Review insurance payments that were below or above expected allowable amount
- Must store and maintain allowables in Practice Mgt via Insurance Configuration -> allowedit

# Allowable Underpayment Reporting

**Allowable Overpayments by Insurance Group**

Review insurance payments which were above contracted amounts to identify potential takebacks or schedules which need to be updated.

Posting Date: From 04/03/2024 to 12/03/2024  
 Deviation from Allowable Amount: Overpayment  
 Insurance Group at Time of Service: Aetna  
 Payment Class: Insurance

Columns: 10 Displayed    Group By: Insurance Group at Time of Service    Search Filter:

:: Transaction Date ^	:: Patient Name	:: Check Number	:: Linked Charge Procedure Code	:: Linked Charge Amount	:: Linked Charge Allowable Amount	:: Payment Amount	:: Linked Charge Total Personal Payments	:: Linked Charge Amount Due	:: Deviation from Allowable Amount
▼ Aetna (19263 results)									
07/28/2023	Smith, Samantha	12344567	90744	\$50.00	\$26.14	\$31.05	\$0.00	\$0.00	\$4.91
07/28/2023	Smith, Samantha	12344567	99391-25	\$210.00	\$96.28	\$102.00	\$0.00	\$0.00	\$5.72
09/22/2023	Jackson, Jacob	60979848975	99395-25	\$250.00	\$116.92	\$122.00	\$0.00	\$0.00	\$5.08
01/23/2024	Jackson, Jacob	60979848975	90460	\$50.00	\$24.84	\$0.00	\$0.00	\$50.00	\$25.16
01/23/2024	Morgan, Milan	293875678	99173-59	\$38.00	\$3.45	\$0.00	\$0.00	\$38.00	\$34.55
01/23/2024	Cartwright, Carrie	9238578976	99393-25	\$200.00	\$100.56	\$0.00	\$0.00	\$200.00	\$99.44
03/08/2024	Roberts, Reginald	489754	92587-59	\$100.00	\$51.96	\$52.02	\$0.00	\$0.00	\$0.06
03/08/2024	Roberts, Reginald	489754	99173-59	\$38.00	\$3.45	\$4.16	\$0.00	\$0.00	\$0.71
				\$2,425,266.00		\$1,053,161.91			

View individual payments and deviation from stored allowable amount for specified CPT code and insurance

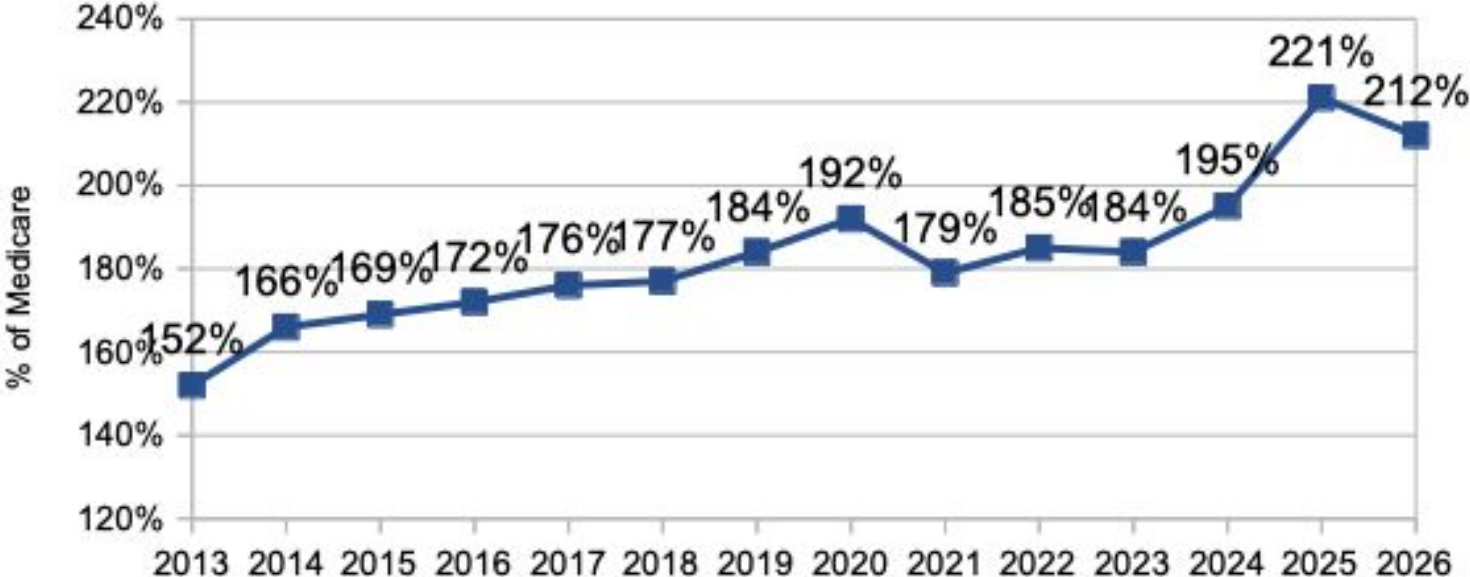


## Pricing Analysis

- Review all of your prices at least once every year
- Most CPT codes have RVU (Relative Value Unit) values, and they change every year
- Significant RVU value increases in recent years, particularly with imm admins. When is the last time you have reviewed and updated your prices?
- Most insurance fee schedules are directly based on RVU values

# PCC Client Pricing Benchmark

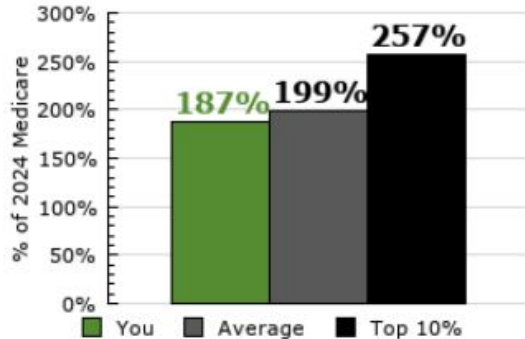
Pricing Relative to Medicare





# Pricing Benchmarks

## How You Compare



Your Practice

**187%**

PCC Client Average

**199%**

Top Performers

**257%**

(percentage of Medicare Frequency Adjusted Conversion Factor)

Refer to PCC Dashboard for your pricing AVG and current benchmarks



# Pricing Analysis

```
Pricing Analysis (RVU Report per Procedure)

Date Range: from 01/01/24 to 05/31/24

Database Year: 2024

RVU Multiplier: %140

Office Zip Code: 05401

Budget Neutrality Adjustment: No

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

- Use srs -> RVU Reports -> Pricing Analysis (RVU Report per Procedure)
- Use current year for database year
- Set RVU Multiplier to desired percentage

## Pricing Analysis (RVU Report per Procedure)



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

↑  
Your  
AVG  
Price

↑  
Value at  
given  
multiplier



# Q&A Time



# Thank You!

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Ben Brandt - SME/Consultant - [ben@pcc.com](mailto:ben@pcc.com)