Practice Oversight Reporting

2013 PCC Users' Conference
Tim Proctor

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Agenda

- A glimpse of about a dozen oversight reports from Partner and the Dashboard

- Remember: ID some measures or reports you'd like to know more about

- Practice session after Q&A

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Daily Operational Reporting

- Reviewing charge posting – Partner `dailycheck` program

  - Are your providers or billing staff missing any charges?

  - Your best coder should run this

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Daily Operational Reporting

```
                    DAILY CHECK
Include Charges:
     Posted      on Jan 23, 2013

Place of Service:
     All Places of Service

Provider:
     All Servicing Providers

Report Detail:
     Brief    with All EEF Items

Sort Report by:
     Patient Name

Send Report to:
   X Screen
     Printer
     Interactive Screen


  Generate
   Report
```

Select "Full" or "Brief" Report

Display EEF Items from PCC EHR

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Daily Operational Reporting

```
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
```

Posted in checkout

PCC EHR's EEF Record

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Weekly Operational Reporting

- Financial
  - % of claims in "Error" status
  - % of copayments collected at time of service
- Scheduling
  - % missed and canceled appointments

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Claim Submission Stats

Claim Status Report (Totals Only)		
Status/What	Number of Claims	Claim Amount
Personal Bill Generated	290	$0.00
Claim Generated	615	$122,589.10
Tagsplit Error/Rejection	3	$0.00
Envoy Acceptance	372	$0.00
Envoy Error/Rejection	1	$0.00
Payor Response	664	$0.00
Payor Error/Rejection	2	$0.00
	1947	$122,589.10

Criteria for this report run.
Transaction Date Range: 07/01/09 - 07/14/09

Billing History Status/What:
Personal Bill Generated Claim Generated
Tagsplit Error/Rejection Clearinghouse Acceptance
Clearinghouse Error/Rejection Payor Response
Payor Error/Rejection

- `srs` Billing/ Collection Reports - "Claim Status Report (totals only)"
- Count percentage of "Claims Generated" without "Error" or "Rejection"

- To identify "error" or "rejected" claims use the "Claim Error Report" in `srs` Billing/ Collection Reports

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Percent of Copays Collected

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"
- Technically not "collected at TOS" but close if you run this each week

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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 canceled and no-show appts
- Finished appointments have status of "Chg Posted"

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Missed/Canceled Appointments Benchmark

- A typical appointment "no-show" rate is **4%**.
- Based on 2012 PCC pediatric client data
- Remember to mark appointments as "missed" (use `inquire`)

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Monthly Indicators

- Overall practice production (charges, payments, adjustments)
- Practice growth
  - New patients added to practice
- A/R status
- Payments that do not match allowable amounts

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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

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New Patients Added To Practice

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

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A/R Measure – A/R Days

A/R Days

Current Practice Value: **23 Days**

Percentile Ranking: **59th**

A/R Days Benchmarks (Percentiles)

10th	25th	50th	75th	90th
55 Days	34 Days	24 Days	19 Days	17 Days

View more details about your current A/R status

→ View detailed A/R Summary

A/R Days
as of 6/2/2013

23   24   28

Your Practice   PCC Median   MGMA Median

A/R Days Trends

Save trend output as .csv (spreadsheet) file
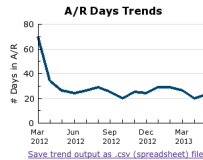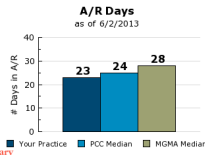
- Also available in Partner - type `ardays` from a UNIX prompt
- Approximates the length of time (days) it takes you to collect money that is owed to you
- Detailed A/R summary available in the Dashboard

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Other A/R Measures

% A/R > 60 Days
as of 6/2/2013

29%   31%

Your Practice   PCC AVG

% of Total A/R - 61-90 Days Category

7% 6% 8% 8% 10% 11% 9% 8% 6% 10% 8% 13%

PCC Client AVG   Your Practice
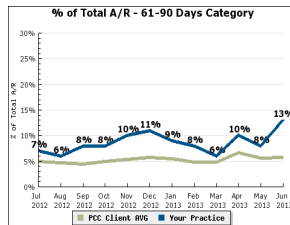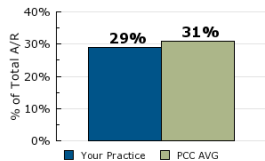
- Reflects % of total A/R that is over 60 days.

- Reflects % of total A/R that is 60-90 days old.
- A high % here may mean some A/R is approaching timely filing limits.

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Allowable Underpayments

- `srs` Payment Reports - "Allowable Underpaymens Report"
- See which payments did not match your stored allowable

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Provider Productivity Monthly Dashboards

- E&M Coding Distribution
- Monthly volume for each provider
  - Visits
  - Charges
  - Deposits
- RVUs for each provider

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Dashboard Provider Coding Comparison

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

Print Version

Want to print this graph? Here is a printable version (.pdf)

- E&M Coding Distribution with benchmarks for single or all providers

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Monthly Indicators

- Overall practice production (charges, payments, adjustments)
- Practice growth
  - New patients added to practice
- A/R status
- Payments that do not match allowable amounts

Monthly Provider Visits

Practice Vitals Dashboard   Logout

Welcome   Productivity Graphs   PCC
Dashboard >> Productivity Graphs

HOME   BILLING AND REVENUE DASHBOARD   CODING DASHBOARD   CLINICAL DASHBOARD   EDI DASHBOARD   PRODUCTIVITY

Productivity Graphs – Sample PCC Practice

- Use Dashboard "Productivity" Reports

Monthly Provider Visits

January Monthly Trends - All Visit Types
All Providers - All Locations

(chart showing All Visit Types from January 2003 to January 2013)
2,700, 3,294, 3,724, 3,547, 3,533, 3,403, 3,445, 3,161, 3,441, 3,561, 4,490

- Restrict by provider, location, and/or month
- View sick, well, or total visit trends
- View total or work RVU trends

Measures that relate to goal of
Healthy Practice

- New! Dashboard Pulse Ratings and Measure Scoring
- Revenue-per-Visit
- Pricing

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Financial and Clinical Pulse

My Practice Status

Financial Pulse

87

87

Clinical Pulse

63

63

- One score to summarize your financial and clinical performance

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

Coming in September:
Redesigned detail pages

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

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Revenue-per-Visit

Revenue-per-Visit ❓

Actual
Current Practice Value: **$147.16**
Percentile Ranking: **90th**

Location-Adjusted ❓
Current Practice Value: **$129.50**
Percentile Ranking: **67th**

Not Including Imms ❓
Current Practice Value: **$134.72**
Percentile Ranking: **96th**

Revenue-per-Visit Benchmarks
(Percentiles)

	10th	25th	50th	75th	90th
Actual	$84	$100	$119	$134	$147
Not Including Imms	$72	$82	$95	$107	$124
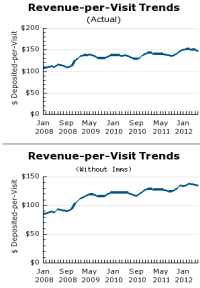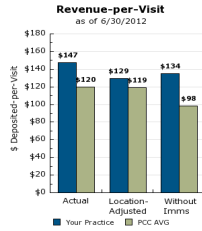
View details and regional benchmarks (Actual)
View detail and regional benchmarks (Without Imms)
Compare Payor Visit and Revenue Trends
View Payor Mix for one or all providers

Revenue-per-Visit
as of 6/30/2012

Revenue-per-Visit Trends
(Actual)

Revenue-per-Visit Trends
(Without Imms)

- Measure of average dollars collected per patient visit.
- "Revenue" includes both insurance reimbursements and personal payments (such as copays and deductibles.)

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Revenue-per-Visit by Payor

Per-Visit Analysis by Payor ('activity' style)

Ins Group at Time of Service	Number of Visits	Charges Per Visit	Avg Charge Per Visit	Avg Deposited Per Visit	Number of Procedures	Charge Amount	Amount Deposited (all pmts)
Personal/No Insurance	85	2.52	$116.61	$83.06	214	$9,911.98	$7,060.03
Medicaid	1	2.00	$56.00	$47.44	2	$56.00	$47.44
Aetna USHC HMO	166	2.46	$95.10	$31.69	409	$15,787.02	$5,260.00
Aetna HC & Elect	84	2.70	$89.41	$65.10	227	$7,510.30	$5,468.80
BCBS	682	2.17	$87.63	$72.37	1478	$59,763.90	$49,357.13
Genesee Health Plan	153	2.21	$89.34	$23.69	338	$13,669.00	$3,625.13
Health America	419	2.83	$108.11	$66.59	1185	$45,298.66	$27,900.37
Health Assurance	1073	2.39	$92.13	$60.55	2564	$98,859.36	$64,973.68
HealthPass	16	1.56	$67.38	$57.90	25	$1,078.00	$926.37
Green Leaf Insurance	174	2.41	$91.95	$70.23	419	$15,999.00	$12,220.57
Aetna Open	108	2.39	$91.53	$56.12	258	$9,885.00	$6,060.93
Keystone HealthPlan	340	2.52	$97.30	$24.23	857	$33,081.00	$8,238.34
Miscellaneous Insurance	18	1.72	$67.22	$59.43	31	$1,210.00	$1,069.66
Other Insurance	143	2.24	$89.06	$75.77	320	$12,735.78	$10,835.42
HealthyKids HMO	228	2.63	$100.11	$77.52	604	$22,825.00	$17,675.33
Cigna	77	2.86	$114.31	$92.05	220	$8,801.23	$7,087.77
Capital Blue Cross	1202	2.32	$86.93	$71.25	2789	$104,453.45	$85,646.72
Highmark Blue Shield	983	2.29	$88.45	$72.32	2245	$86,947.57	$71,094.51
Retired Insurance Plans	55	2.22	$95.56	$72.30	122	$5,256.00	$3,976.27
Highmark Classic	164	2.62	$96.60	$65.42	430	$15,843.00	$13,025.63
	6171	2.39	$92.21	$65.07	14741	$569,012.24	$401,549.35

Criteria for this report run:
Transaction Date Range: 07/22/08 - 07/21/09

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

- Use `srs` "Visit Reports - Per Visit Analysis By Payor ('activity' style)"
- Use long time frame (at least one year)
- Include only paid charges
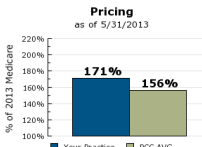- Benchmark varies by region. See Dashboard for state and regional benchmarks

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Your Pricing Level

Pricing ❓

Current Practice Value: **171%**

Percentile Ranking: **75th**

Pricing Benchmarks (Percentiles)

10th	25th	50th	75th	90th
125%	139%	152%	171%	192%

View pricing details and regional benchmarks

Pricing
as of 5/31/2013

171% 156%
Your Practice   PCC AVG

Pricing Trends

Save trend output as .csv (spreadsheet) file

- 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` "Pricing Analysis" report under "RVU Reports" category will show you which procedures you are undercharging for

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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 Asthma Patients Up-to-Date On Flu Shots

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% 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

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Inactive Flags


```
PATIENT FLAG INFORMATION                          Entry 26 of 31

   Flag Name: Transferred
  Short Name: Transferred

   Priority:    0

              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 the following Dashboard Clinical Benchmarks:
  - % of Asthma Patients Up-to-Date on Flu Shot
  - % of Patients Up-to-Date on Well Visits
  - % of Patients up to date on vaccines

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% of Patients Up-to-Date on Well Visits

% of Patients Up-to-Date on Well Visits

Age Range		Current Practice Value	Your Percentile Ranking
Under 15 Months	❓	89%	68th
15 Months to 36 Months	❓	68%	74th
3 to 6 Years	❓	77%	73rd
7 to 11 Years	❓	77%	86th
12 to 21 Years	❓	60%	71st

Well Visit Percentage Benchmarks (Percentiles)

Age Range	10th	25th	50th	75th	90th
Under 15 Months	66%	76%	85%	91%	95%
15 Months to 36 Months	34%	44%	56%	69%	79%
3 to 6 Years	40%	53%	66%	79%	85%
7 to 11 Years	28%	41%	55%	74%	79%
12 to 21 Years	29%	37%	48%	62%	68%

% of Patients Up-to-Date on Well Visits
as of 6/30/2012
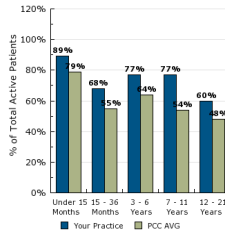
Choose Age Range: 3 – 6 Years | Graph

% of Patients Up-To-Date on Well Visits
Patients 3 - 6 Years
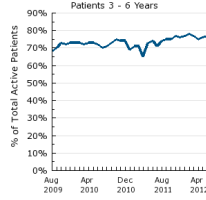
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% of Patients Up-to-Date on Well Visits

Age Range	% of Patients up-to-date on well visits	Actual vs. Benchmark	# of Patients Overdue	Patient Listing
Under 1 Year	84%		21	See patient listing
1 Year	82%		30	See patient listing
2 Years	95%		8	See patient listing
3 Years	89%		17	See patient listing
4 Years	89%		19	See patient listing
5 Years	88%		23	See patient listing
6 Years	79%		34	See patient listing

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

ADD/ADHD Patient Followup ❓

Active ADD/ADHD Patients: **177**
(**4%** of total active patients)

% With Visit In Past Six Months: **72%**

Your Percentile Ranking: **41st**

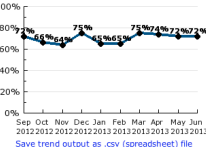**% ADD/ADHD Patients Up-to-Date on Followup Visit Benchmarks (Percentiles)**

10th	25th	50th	75th	90th
58%	68%	73%	78%	83%

View Overdue Patient Listing

ADD/ADHD Patient Followup
as of 6/30/2013

72% 66%
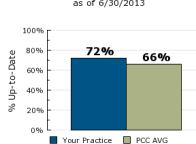
ADD/ADHD Patient Followup Trends

Save trend output as .csv (spreadsheet) file

- Up-to-date = seen in last six months
- Includes only active, unflagged patients
- View listing of overdue patients in the Dashboard

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Asthma Patients and Flu Shots

% Asthma Patients Up-to-Date on Flu Shot

Current Practice Value: **46%**

Percentile Ranking: **47th**

Asthma Patient Flu Shot Rate Benchmarks
(Percentiles)

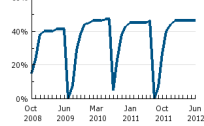| 10th	25th	50th	75th	90th
27.3%	37.5%	47.1%	58.7%	65.0%

View Overdue Patient Listing

% Asthma Patients Up-to-Date on Flu Shot
as of 6/30/2012

% Asthma Patients Up-to-Date On Flu Shot Trends

- Indicator of success with flu shot recall for asthma patients
- Asthma patient is considered "Up-to-Date on Flu Shot" if:
    - Patient was diagnosed with asthma in past three years AND
    - Patient was given a flu injectable or mist **in your office** during most recent flu season (8/1 – 4/30)
- Listing of overdue patients is also available and helpful for recall
- Patients with "Inactive" flags (on patient or guarantor record) are omitted