Practice Oversight Reporting

2013 PCC Users' Conference
Tim Proctor

Agenda

● A glimpse of about a dozen oversight reports from Partner and the Dashboard
● Remember: Identify some measures or reports you'd like to know more about
● Practice session after Q&A

Daily Operational Reporting

● Reviewing charge posting – Partner dailycheck program
  - Are your providers or billing staff missing any charges?
  - Your best coder should run this
**Weekly Operational Reporting**

- **Financial**
  - % of claims in “Error” status
  - % of copayments collected at time of service
- **Scheduling**
  - % missed and canceled appointments
**Claim Submission Stats**

- **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**

**Percent of Copays Collected**

- **srs Billing/Collection Reports**
  - “Copay Collection Ratio”
  - Technically not “collected at TOS” but close if you run this each week

**Missed/Canceled Appointments**

- **srs Scheduling Reports**
  - “Appointment Totals by Status”
  - Count up % of canceled and no-show appts
  - Finished appointments have status of “Chg Posted”
**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)

**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

**Practice Production**

<table>
<thead>
<tr>
<th>Daysheet Totals by Posting Month (Wide Style)</th>
<th>Practice Software</th>
<th>Pediatric Software Just Got Smarter. Your Practice Just Got Healthier.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Non Service Charges</td>
<td>Service Charges</td>
</tr>
<tr>
<td>2008/09</td>
<td>$3,624.75</td>
<td>$252,196.00</td>
</tr>
<tr>
<td>2009/08</td>
<td>$3,624.75</td>
<td>$252,196.00</td>
</tr>
</tbody>
</table>

Criteria for this report ran:
Posting Date Range: 06/01/08 - 06/30/08

- **srp** 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
# New Patients Added To Practice

New Patients by Visit Type

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>First Name</th>
<th>Last Name</th>
<th>Pat. Birth Date</th>
<th>Pat. Create Date</th>
<th>Number of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA001</td>
<td>Sarah</td>
<td>Smith</td>
<td>07/12/96</td>
<td>07/12/2004</td>
<td>1</td>
</tr>
<tr>
<td>LA002</td>
<td>John</td>
<td>Doe</td>
<td>08/13/97</td>
<td>08/13/2004</td>
<td>2</td>
</tr>
<tr>
<td>LA003</td>
<td>Jane</td>
<td>Jones</td>
<td>09/14/98</td>
<td>09/14/2004</td>
<td>3</td>
</tr>
</tbody>
</table>

- SES 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

- 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

- 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.
Allowable Underpayments

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

Provider Productivity Monthly Dashboards

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

Dashboard Provider Coding Comparison

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

- Use Dashboard "Productivity" Reports

MONTHLY PROVIDER VISITS

- 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

Financial and Clinical Pulse

My Practice Status

<table>
<thead>
<tr>
<th>Financial Pulse</th>
<th>Clinical Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>87</td>
<td>63</td>
</tr>
</tbody>
</table>

- One score to summarize your financial and clinical performance

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

Coming in September:
Redesigned detail pages

<table>
<thead>
<tr>
<th>My Dashboard Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Top Priorities</strong></td>
</tr>
<tr>
<td>Score</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td>24</td>
</tr>
<tr>
<td>94</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
</tr>
<tr>
<td>-------</td>
</tr>
<tr>
<td>41</td>
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<tr>
<td>57</td>
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<tr>
<td>73</td>
</tr>
<tr>
<td>74</td>
</tr>
<tr>
<td>79</td>
</tr>
</tbody>
</table>
Revenue-per-Visit

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

Revenue-per-Visit by Payor

- Use "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

Your Pricing Level

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

**% 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**

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

<table>
<thead>
<tr>
<th>Age Range</th>
<th>% of Patients</th>
<th>% of Patients</th>
<th>% of Patients</th>
<th>Patient Listing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 Year</td>
<td>84%</td>
<td>6%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
<tr>
<td>1-2 Years</td>
<td>92%</td>
<td>2%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
<tr>
<td>3-4 Years</td>
<td>95%</td>
<td>0%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
<tr>
<td>5-6 Years</td>
<td>89%</td>
<td>1%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
<tr>
<td>7-8 Years</td>
<td>89%</td>
<td>1%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
<tr>
<td>9-10 Years</td>
<td>91%</td>
<td>0%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
<tr>
<td>11-12 Years</td>
<td>78%</td>
<td>1%</td>
<td>0%</td>
<td>See overdue list</td>
</tr>
</tbody>
</table>

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

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

- 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

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