

Get Paid for the Work You Do

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Exercise 1 - Use the srs Pricing Analysis Report to identify what your current pricing level is as a practice average.

Report: *srs* → *RVU Reports* → *Pricing Analysis (RVU Report per Procedure)*

- Use date range of 1/1/14 – today
- Database year: 2014
- RVU Multiplier: 160% (that's the PCC average)
- Office Location (should be already set to your own)
- Budget Neutrality Adjustment: No

RVU Practice FACF: _____ % of Medicare

Are you satisfied with that pricing level? Identify if any procedures have prices that are set too low.

Suggestion: Email the report to yourself as a .pdf document and open that for a better view of all columns on the report.

- Look for large negative numbers in the "Underbilled Amount" column
- Compare your price (Average Charge Amount column) with the price at 160% of Medicare (RVU Medicare FACF at 160%)
- If necessary, adjust your pricing in the procedure table in "Table Editor" (ted). You can re-run the report with a higher RVU Multiplier to see what your prices would be at a higher % of Medicare.

Exercise 2 - Use the srs "Reimbursement Analysis by CPT code" report to:

- Compare payor reimbursement for popular CPT codes and
- Identify if any insurance company has been paying at or near your current price.

Report: srs → Charge Reports → Reimbursement Analysis (by CPT code)

- Use date range of 1/1/14 – today
- Transaction date
- When prompted for procedures, press <F5> to List by Group and pick only your most popular groups like sick visits, well visits, imms, imms admins, injections, medical tests, screenings, hospital codes, etc

Important: Add restriction criteria to include only paid charges so we aren't including unpaid charges.

- Press <F8> to "Add/Edit Criteria" on the restriction criteria page
- On line 2, type a "*" and choose "CHARGE Amount Due Per Charge" criteria. Process and when prompted for charge amount due, specify range of \$0 to \$0.

Suggestion: Email the report to yourself as a .pdf document and open that for a better view of all columns on the report.

Scroll through the report (I know...it's long) and compare "Avg Charge Amount" column with "Avg Deposited" column for your commonly billed procedures.

Identify the procedures and insurance where the "Avg Deposited" is close (within 10-20%) or equal to the "Avg Charged". You need to appropriately raise the prices for these procedures since you are leaving money on the table!

Procedure	Insurance
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Exercise 3 - Check your procedure accounting types to make sure they are set appropriately.

srs → *Partner Table Lists* → *Procedure Table Listing (Sorted by Accounting Type)*

Are all procedures assigned the correct accounting type? If not, set your accounting types appropriately in the procedure table in the Table Editor (ted).

Here are some examples of appropriate settings of accounting types:

Accounting Type	Brief Description	Examples
Revenue	Work performed by providers. Anything with a valid, billable CPT code should most likely be assigned "Revenue"	Anything with a valid, billable CPT code
Revenue - Credit W/O	When you've had a credit on an account for a while, and you know you are not going to return the money, you need to book it as real revenue/profit. It's <i>not</i> an adjustment, or the reverse of one.	
Revenue - Svc Chg	Service charges or billing fees	Record transfer fees, missed appointment fees, form fees, etc
Revenue - Non-service	Non-service procedures or offsets	Capitation offsets, insurance takebacks, etc
Receipt	Other adjustments decreasing receipts.	
Receipt - NSF	Bounced checks.	NSF Check
Receipt - Refund	Insurance or patient refunds.	Patient Refund, Insurance Refund/Takebacks