Practice Oversight Reporting

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Q&A and Networking

While you're watching, please join us in the channel called "Live Session" in UC Chat.

You must register for UC Chat if you have not done so already.

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Session Goals

1. Identify PCC reports you should be monitoring regularly to ensure the practice is operating successfully.

2. Use Mattermost channel to network with other managers and clinicians to learn from each other

Agenda

- A glimpse of a couple dozen PCC and Dashboard reports useful for operational and strategic practice oversight

- Q&A

Operational Reports

Information necessary to oversee routine operation of the practice

Financial	Clinical	Patient Experience
● Billing Oversight ● Productivity (charges, payments, visits, patients, RVUs)	● Vaccine Inventory ● Orders ● Rx counts	● # patients w/ portal access ● Phone enc response time ● Portal msg response time

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Strategic Reports

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.

Financial

- Revenue / Visit
- Revenue / CPT
- Pricing

Clinical

- Well visit rates
- Immunization rates
- Screening rates
- Chronic disease mgt.

Patient Experience

- Patient satisfaction surveys

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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, though preferably not the person posting charges

  - Can answer questions like: "Did we miss any vaccine admins? Or screening codes? Or modifiers?"

  - Review before claims are submitted

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Review Daily Charge Posting

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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Review Daily Charge Posting

DATE	PRV	PROCEDURE	DIAGNOSIS	INSURANCE	AMOUNT	COPAY

Posted In checkout

PATIENT: Troutman, Dara (F 4 yrs, 6 mos)   BORN: 06/25/08

POS: Office

DATE	PRV	PROCEDURE	DIAGNOSIS	INSURANCE	AMOUNT	COPAY
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

PCC EHR's EEF Record

ELECTRONIC ENCOUNTER FORM

OV Expanded Focus   Otitis Media
Lead Test
*Urinalysis with Micr
*Rapid Strep Screen

* item added after checkout

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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)

- Run this every few days

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Billing Error Report

Billing Error Rpt (preptags/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

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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

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Encounters by Billing Status

- Use to find all visits, phone notes, portal messages not yet billed in EHR

- Or use to find encounters billed in EHR but not posted in Partner

Encounters by Billing Status

A/R Measure – A/R Days

How You Compare
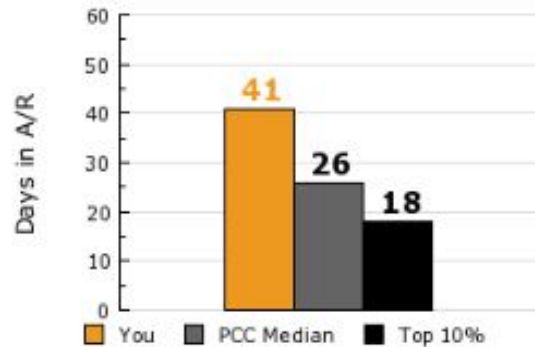
	Your Practice	PCC Client Median	Top Performers
	41	**26**	**18**

(Days in Accounts Receivable)

- 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
- A/R measures in recent months are likely impacted by COVID-19

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Other A/R Measures

A/R Percentage by Aging Category (as of 7/3/2016) — bar chart comparing Your Practice and PCC Client AVG: Current 64%/53%, 31-60 Days 21%/12%, 61-90 Days 4%/6%, 91-120 Days 2%/4%, >120 Days 9%/25%

% of Total A/R - 61-90 Days Category — line chart for Your Practice from Jul 2012 to Jun 2013: 7%, 6%, 8%, 8%, 10%, 11%, 9%, 8%, 6%, 10%, 8%, 13%
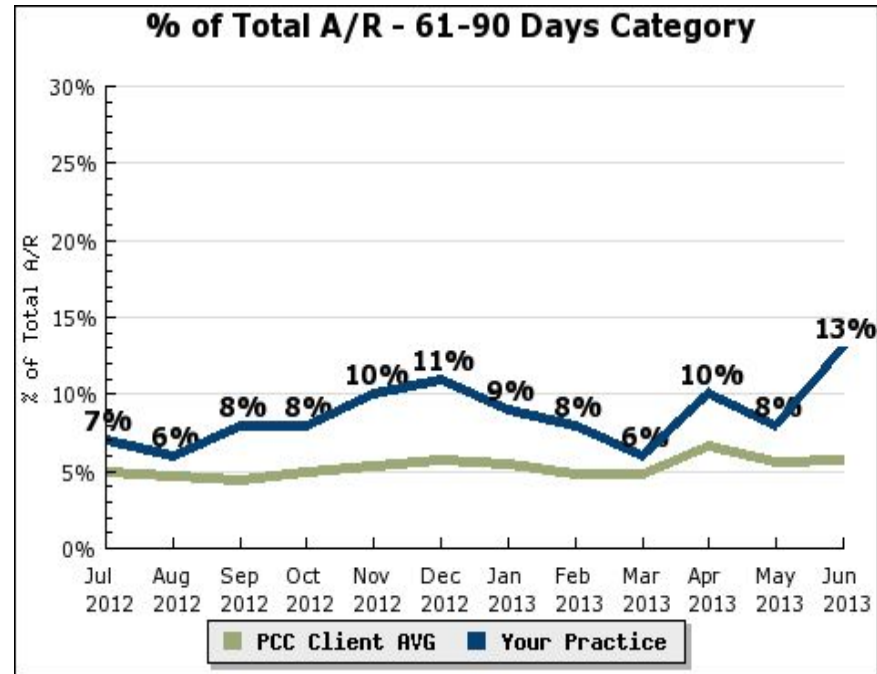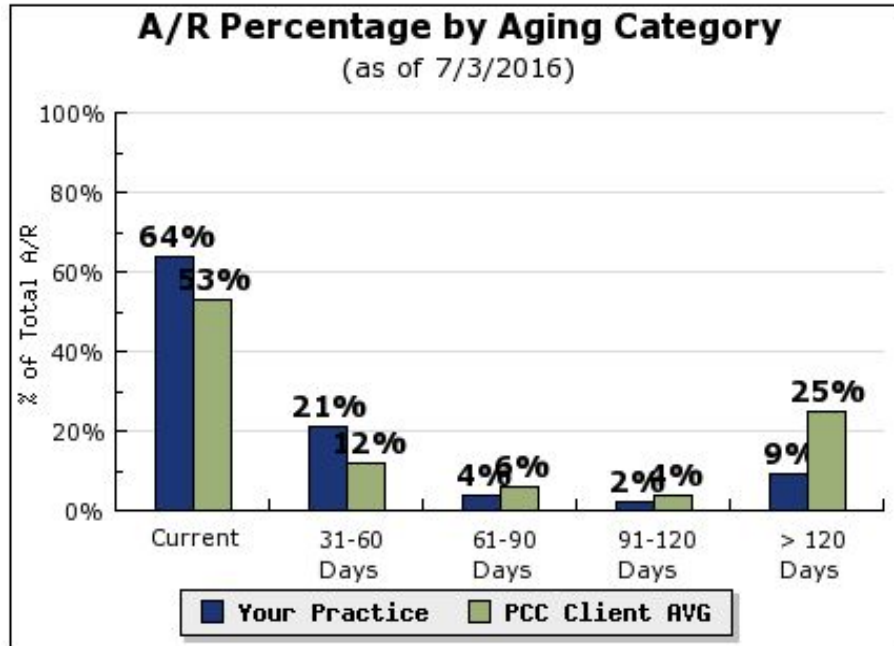
- Monitor A/R in each aging category compared to benchmarks

- 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.

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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

- 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)?

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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

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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)

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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 and categorizing visits (sick, well, vaccine-only, telemed, hospital, etc)

  - Also shows payments made on the visits being reported

  - Extensive subtotaling capabilities (provider, location, etc)

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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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Provider Production

Service Provider Name	Non Service Charges	Service Charges	Adj	Cash	Check	Credit Card	Refund	Total Pmts
Provider charges, payments, adjustments (daysheet)								
Elizabeth Casey, M.D.	$0.00	$0.00	$0.00	$0.00	$40.00	$50.00	$-20.00	$70.00
James Davidson, M.D.	$0.00	$260.00	$19.53	$0.00	$262.84	$50.00	$-262.84	$50.00
None	$0.00	$0.00	$0.00	$0.00	$0.00	$-120.00	$0.00	$-120.00
Office	$0.00	$0.00	$0.00	$0.00	$0.00	$20.00	$0.00	$20.00
	$0.00	$260.00	$19.53	$0.00	$302.84	$0.00	$-282.84	$20.00

Criteria for this report run.
Posting Date Range: 01/01/19 - 04/30/20

Includes Relinked Payments and Adjustments

- Srs "Custom/Homegrown" report

- Based on posting date which translates to "date of entry into PCC"

- Make sure to "include relinked payments and adjustments"

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Provider Visits

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 showing are for the visits and charges being reported
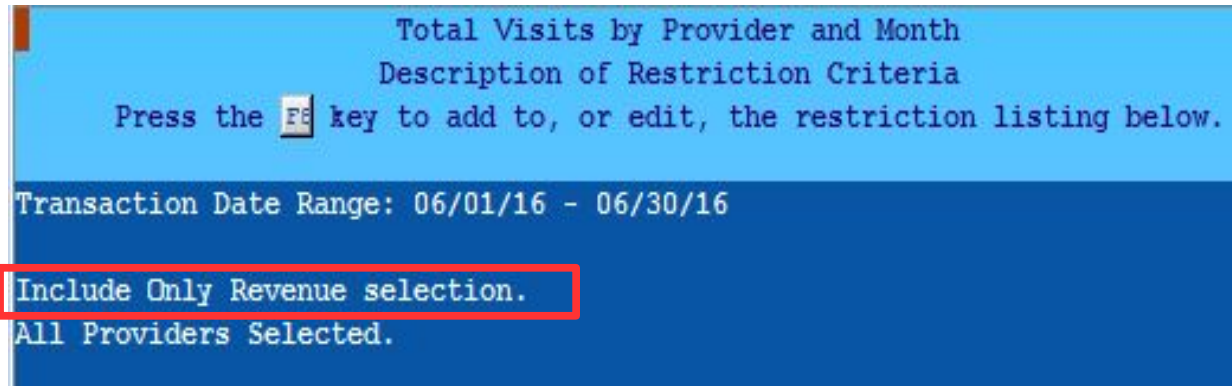
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Include Only 'Revenue' Visits

- 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

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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

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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 = # Missed / (# Total - # Cancelled)

- Remember to mark appointments as "missed" (use inquire)

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Missed Appointment Rate Benchmark
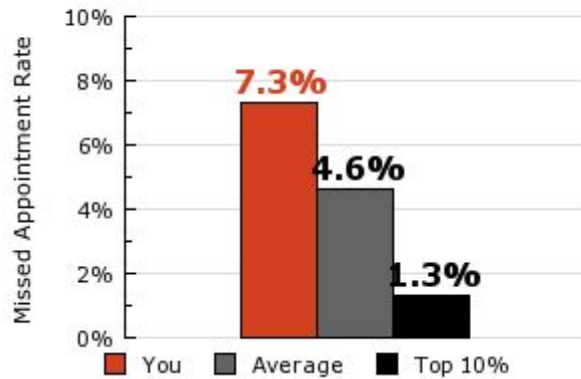
- Measure is included in the Dashboard
- Based on appointments from the past 3 months

Dashboard E&M Visit Coding

How You Compare
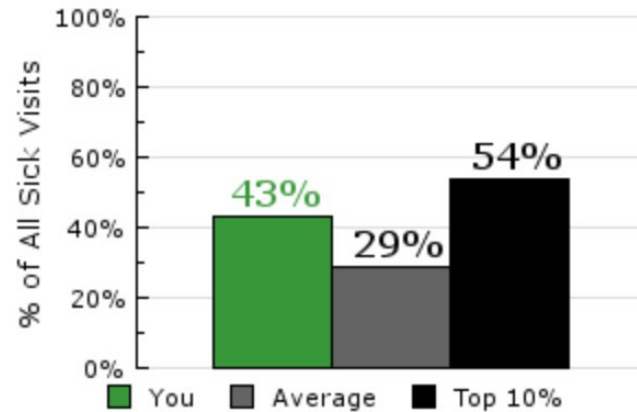
Your Practice — 43%

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

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Dashboard E&M Visit Coding

- 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

All Providers
Sick Visit Distribution
(Feb 2010 – May 2010)

Your Practice: 99212 7.4%, 99213 52.6%, 99214 39.8%, 99215 0.2%
PCC National AVG: 99212 5.0%, 99213 72.1%, 99214 21.7%, 99215 1.2%

■ Your Practice   ■ PCC National AVG
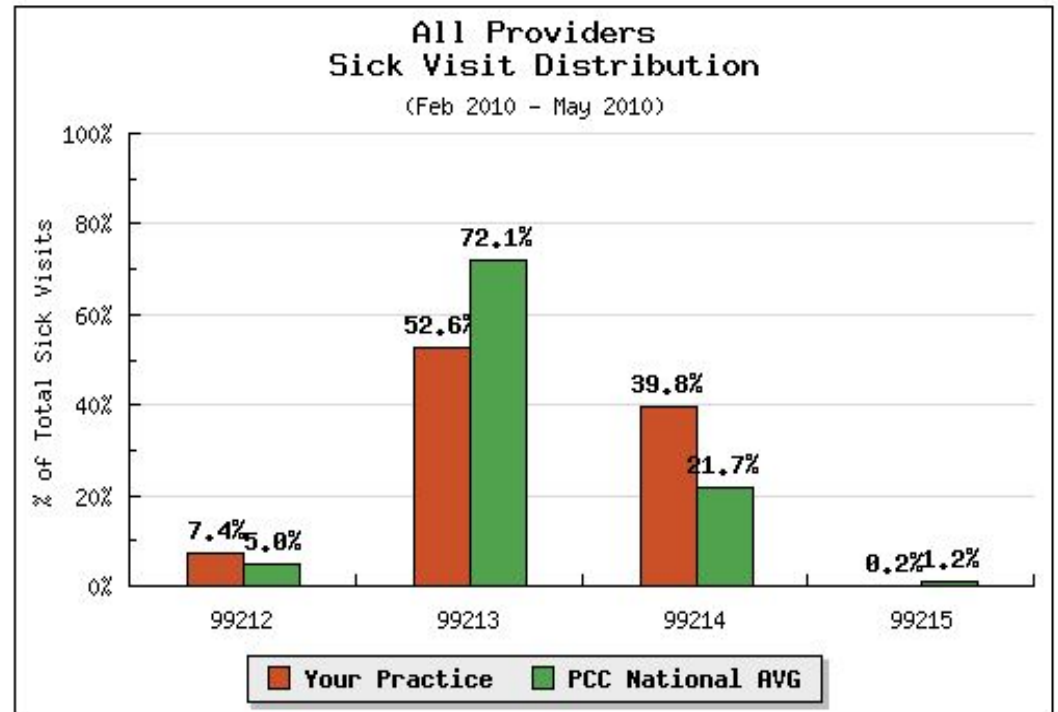
Want to print this graph? Here is a printable version (.pdf)

Print
Version

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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

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Patient Age Distribution
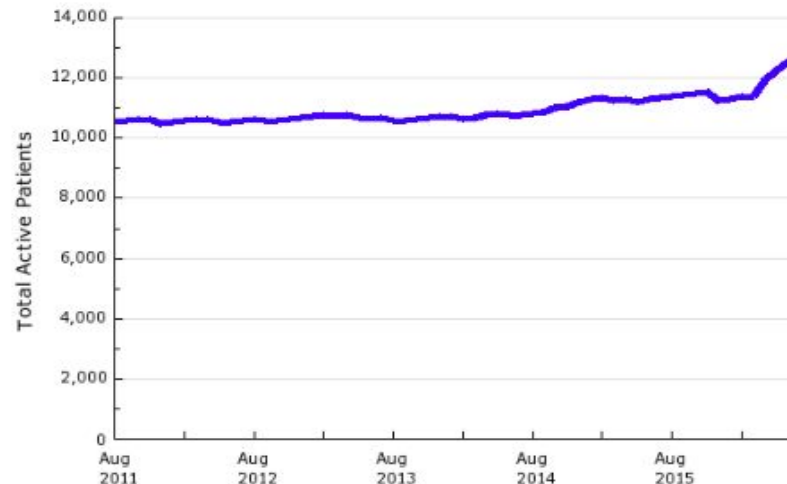
- Dashboard → Patient Population

- Monitor total active patient trends for the practice or individual PCPs

Clinical and Patient Experience Oversight Reporting

Phone Encounter Response Time

- 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

Portal Message Response Time

- Use this report to track the time between the receipt of the portal message from the patient and the response

Vaccine Inventory Reconciliation

- Use to compare vaccine inventory in PCC EHR to what you actually have in the fridge

- Must be using PCC vaccine inventory features

Vaccine Inventory Reconciliation

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

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Prescription Count by Provider

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

Identify generic vs brand name Rx volume for each provider

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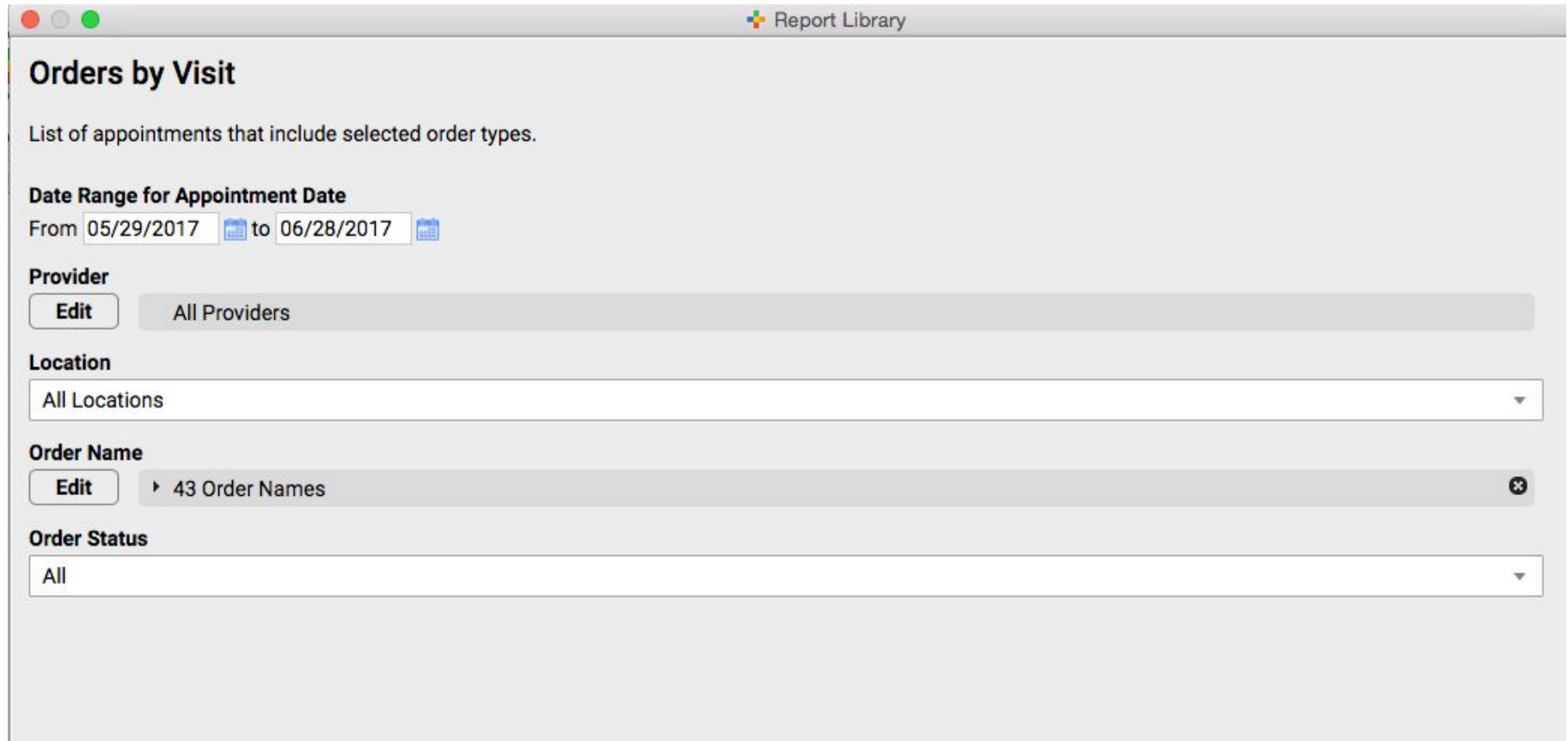
Number of prescriptions issued during a specified date range listed by provider.

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

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Orders by Visit

Use this to generate a report of any order type generated within a date range

Orders by Visit

Can show referrals, screenings, medical procedures, radiology, labs ordered with associated tasks

Strategic Oversight Reporting

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.
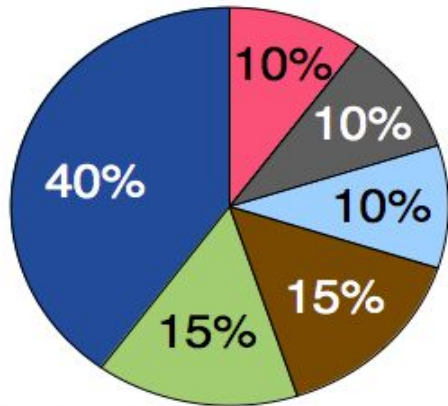
Measures that relate to goal of
Healthy Practice

- Dashboard Financial Pulse

- Revenue-per-Visit

- Revenue-per-CPT

- Pricing

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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

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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

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Revenue-per-Visit

How You Compare

$ Deposited per-patient-visit

$200 | $150 | $100 | $50 | $0

$145 (You) — $134 (Average) — $164 (Top 10%)
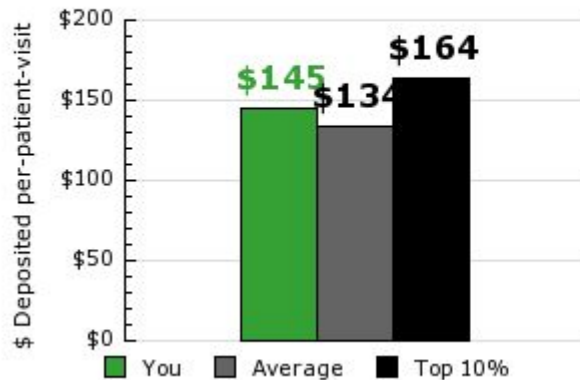
Your Practice $145

PCC Client Average $134

Top Performers $164

(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

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Revenue-per-Visit by Payor

srs Visit Reports → Per Visit Analysis By Payor ('activity' style)"

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
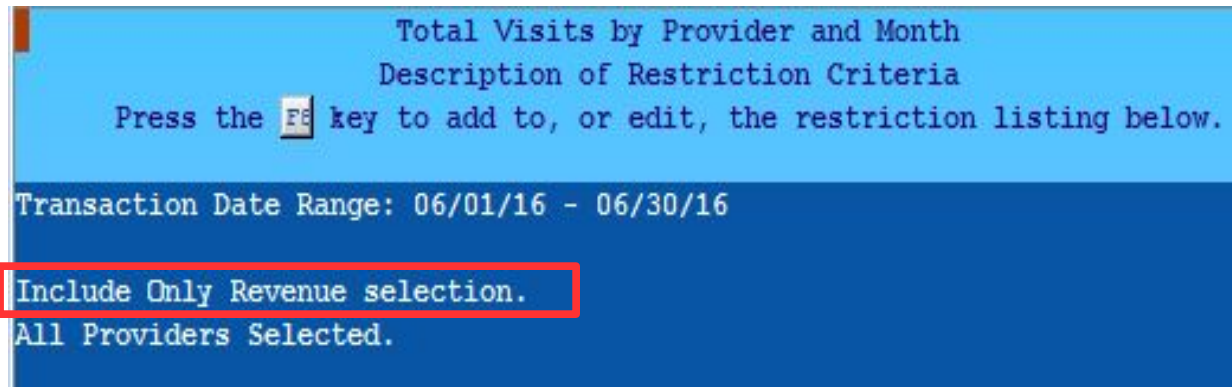
- Non-Revenue Services such as no-show or form fees can inflate total visits. If you bill these, restrict the report to include only revenue services

- Add restriction criteria of "VISIT Include Only Revenue Charges." This will report accurate visit totals

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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?

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Payment Analysis by CPT Code

srs RVU Reports → Reimbursement Analysis w/RVU (by CPT Code)

- 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.

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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!

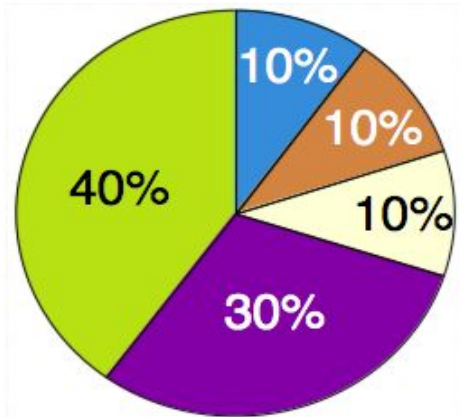# Measures that relate to goal of
Healthy Patients

- Well visit rates

- Immunization rates

- Screening rates

- Chronic disease management (ADHD, Asthma, Obesity, etc)

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Clinical Pulse

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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.

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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

- **Use "Preventive Care Recall" report in EHR Report Library for current list of patients who are overdue**

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

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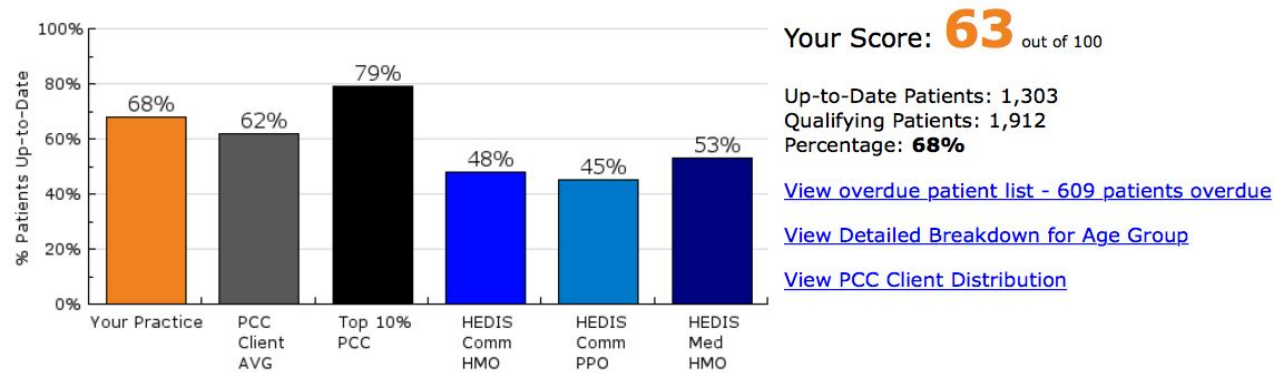
% of Patients Up-to-Date on Well Visits
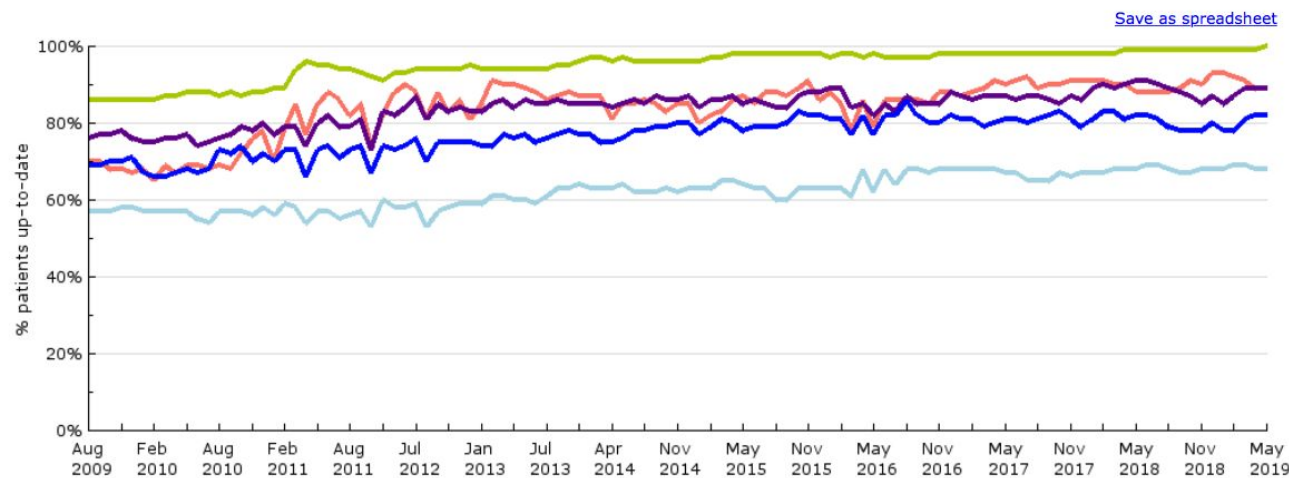
- Data was recently consolidated to one page

- "Under 15 months" age group updated to exclude patients whose 1st visit was >6 weeks after birth

% 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

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Immunization Rates

Measure	Qualifying Patients	Up-to-Date Patients	% Up-to-Date	% Change (3 mo.)
Immunization Rates - Adolescents	254	51	20%	Insufficient Data
Immunization Rates - HPV (Patients 13-17 Years)	1,119	651	58%	-2.8% ⬇
Immunization Rates - HPV (Patients 13 Years)	254	92	36%	-5.0% ⬇
Immunization Rates - Influenza *	4,741	3,093	65%	0.6% ⬆
Immunization Rates - Influenza (Asthma) *	451	301	67%	-4.3% ⬇
Immunization Rates - Meningococcal	1,119	1,088	97%	0.2% ⬆
Immunization Rates - Patients 2 Years Old	317	241	76%	-0.1% ⬇
Immunization Rates - Tdap	1,119	1,080	97%	0.7% ⬆

- Patients with "Inactive" flags (on patient or guarantor record) are omitted

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Childhood Immunization Rates
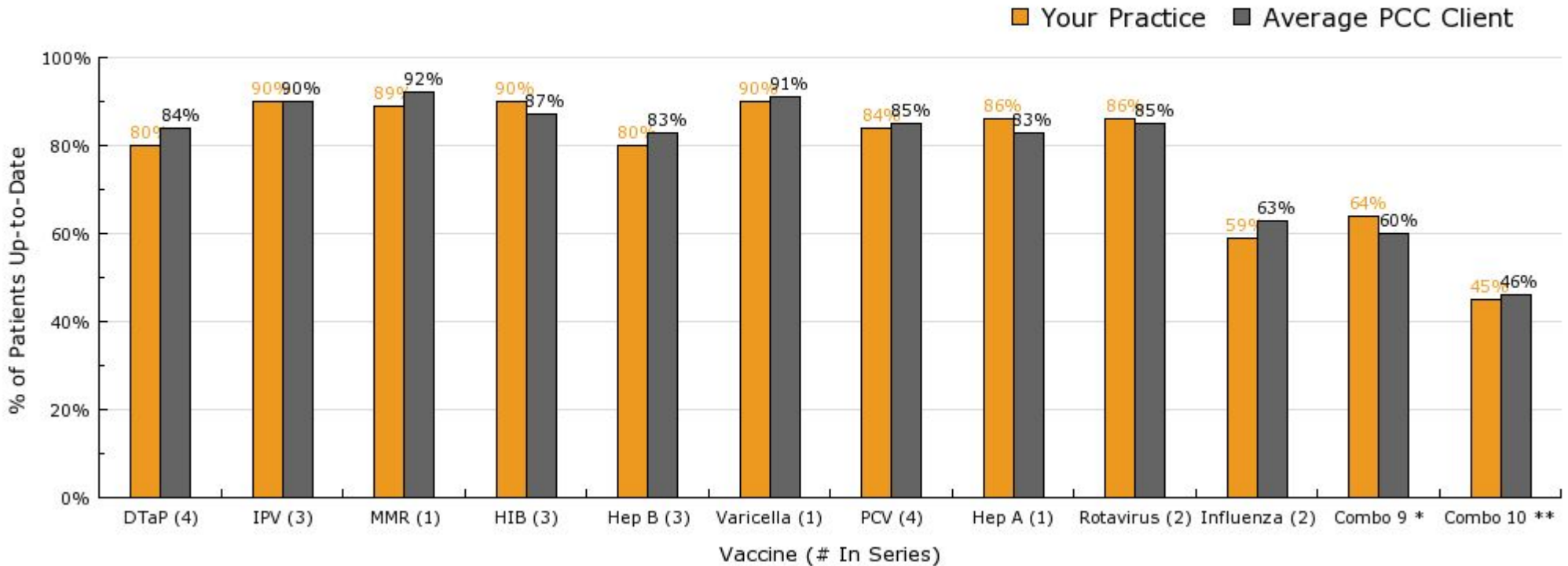
Adolescent Immunization Rates
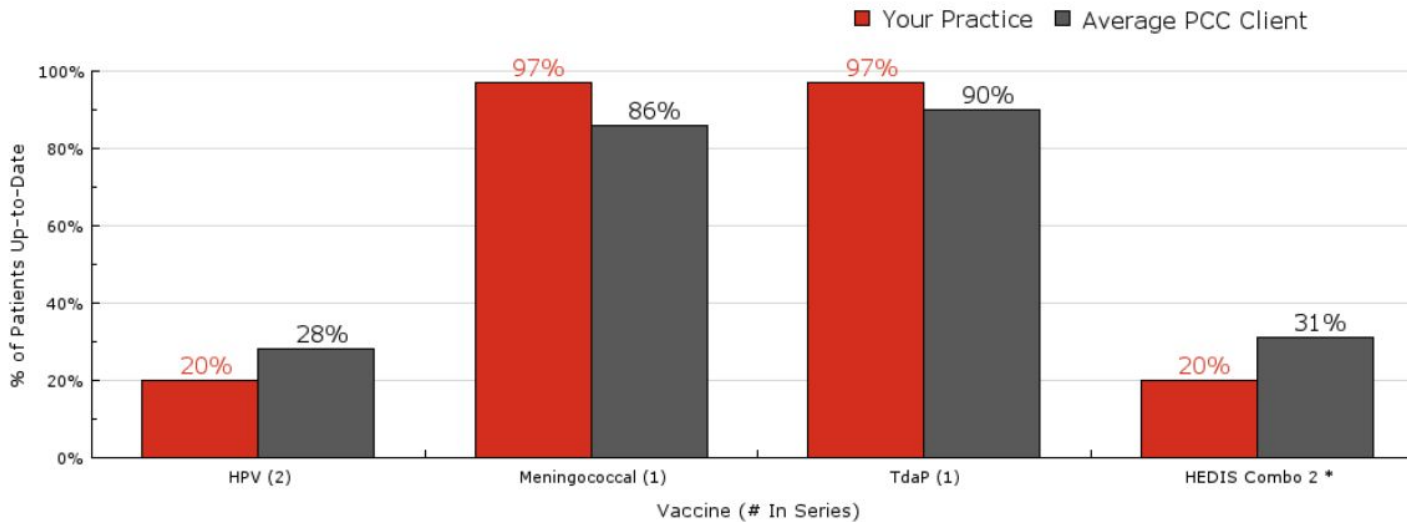
- Includes PCC and HEDIS benchmarks

Identify Patients Overdue for Vaccines

# Identify Patients Overdue for Vaccines

Screening Rates

- 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)

Weight Assessment and Counseling
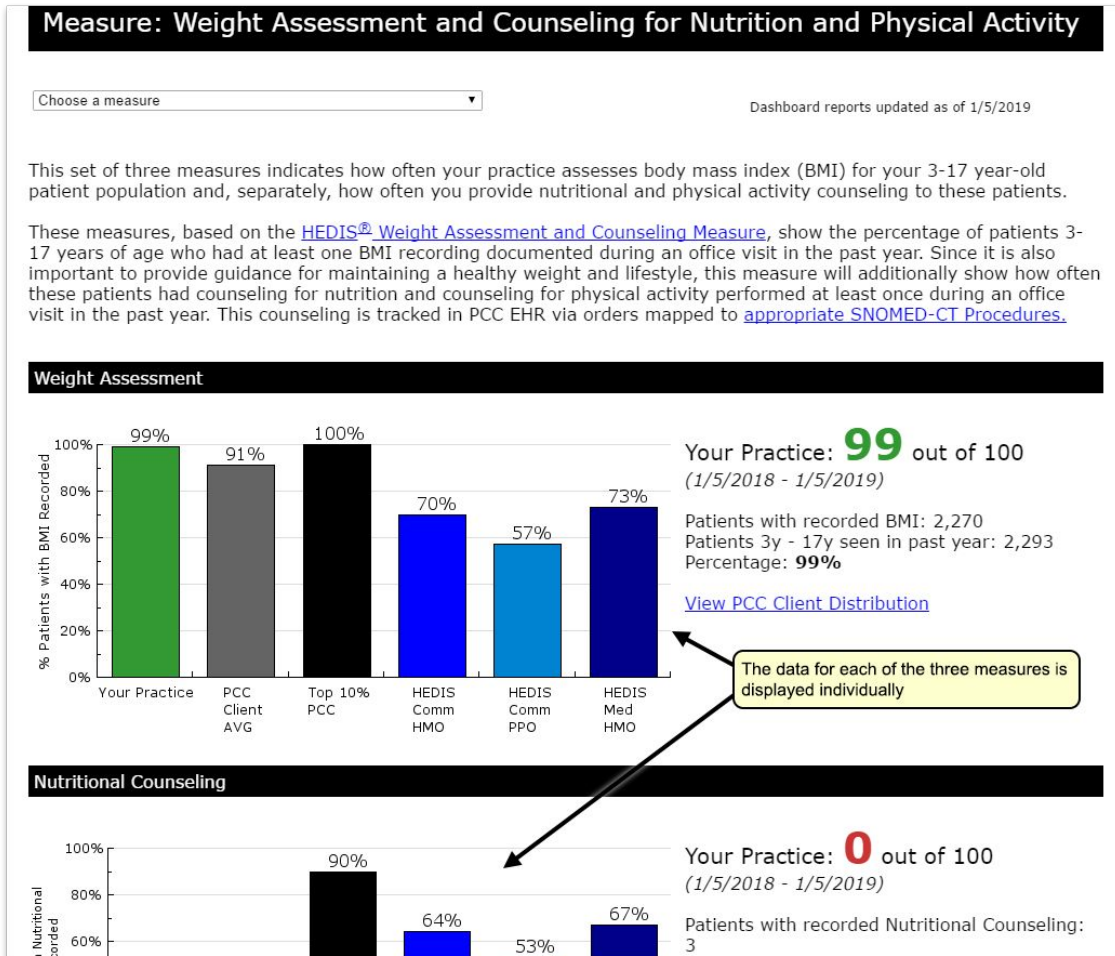
- For patients 3-17 years old, measure of how often the following are documented:
  - BMI
  - Nutritional counseling
  - Physical activity counseling
- Includes HEDIS benchmarks

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EHR Clinical Quality Measures (CQMs)
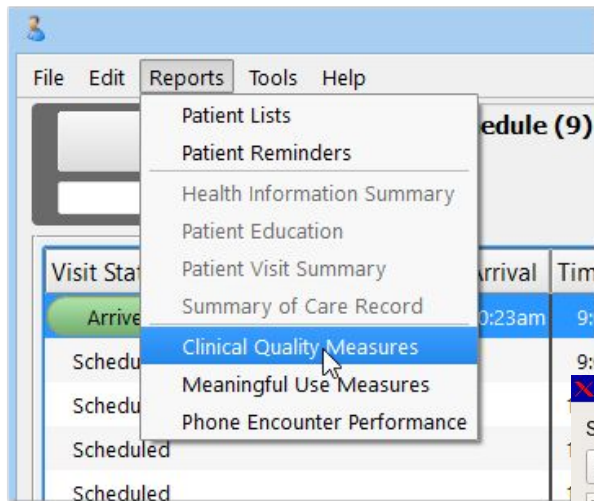
- Useful measure results related to Asthma and URI treatment, ADHD medication and follow-up, Chlamydia Screening

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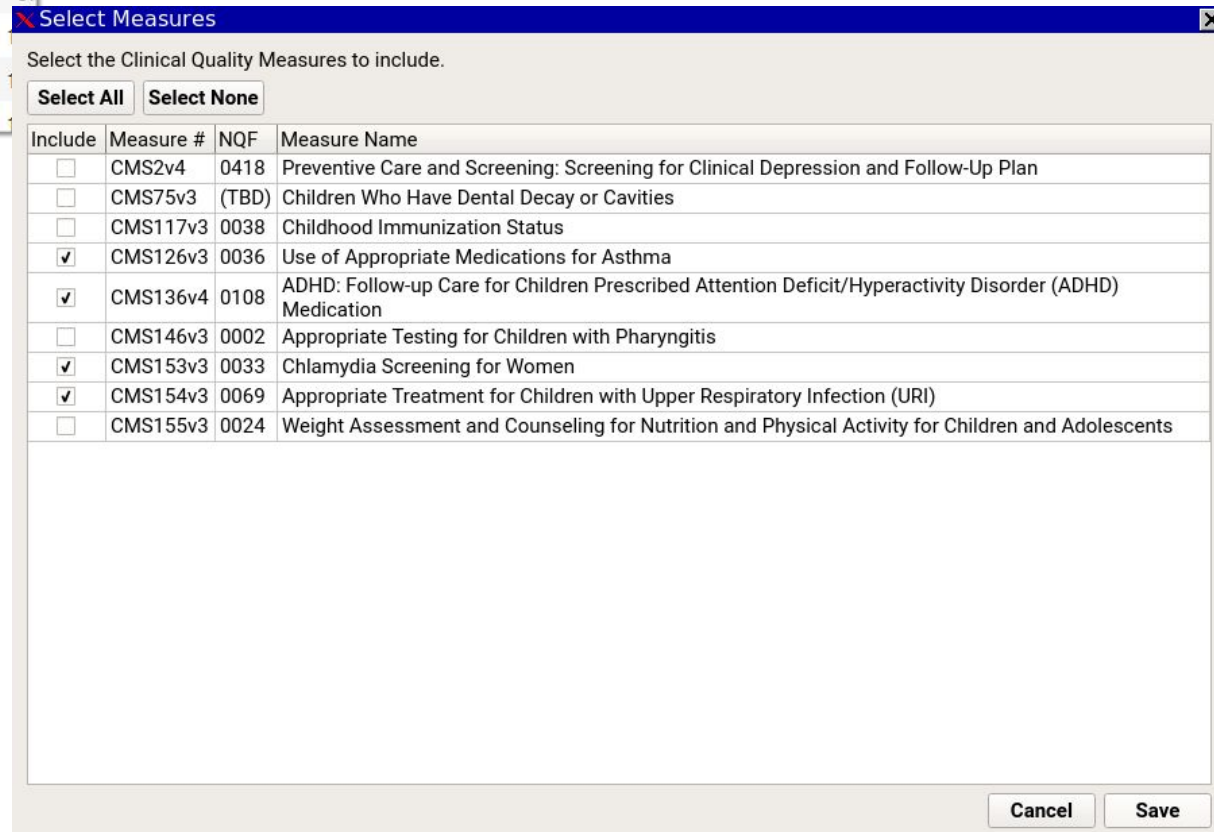
Session Takeaways

1. Explore your own reports and Dashboard results.

2. Identify operational and strategic areas that need extra focus.

3. Work with your CA to customize and refine these oversight reports.

What Questions Do You Have?

Questions posted in the Live Session channel of UC Chat will be read aloud by moderator for presenter to answer. Please post your questions in Live Session.

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