

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.



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



- Billing Oversight
- Productivity (charges, payments, visits, patients, RVUs)

Clinical



- Vaccine Inventory
- Orders
- Rx counts

Patient Experience



- # patients w/ portal access
- Phone enc response time
- Portal msg response time

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

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 adminis? Or screening codes? Or modifiers?”
 - Review before claims are submitted

Review Daily Charge Posting

DAILY CHECK

Include Charges:
 on

Place of Service:

Provider:

Report Detail:
 with

Sort Report by:

Send Report to:
 Screen
 Printer
 Interactive Screen

Select "Full" or "Brief" Report

Display EEF Items from PCC EHR

Review Daily Charge Posting

**Posted In
checkout**

**PCC EHR's
EEF Record**

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						

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

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)
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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

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

Encounters by Billing Status

Report Library

Encounters by Billing Status

Identify visits, phone notes, and portal messages which are waiting to be billed.

Edit Categories Billing

Encounter Date
Last 7 Days From 04/02/2020 to 04/09/2020

Provider
Edit All Providers

Location
All Locations Set the date range, provider, location, and billing status

Billing Status
Ready to Post, New Items

Back Customize Report Close Generate

- 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

Report Library

Encounters by Billing Status

Identify visits, phone notes, and portal messages which are waiting to be billed.

Encounter Date: From 04/02/2020 to 04/09/2020
Provider: All
Location: All
Billing Status: Ready to Post, New Items

Columns: 7 Displayed

All encounters are included in this report, including phone notes and portal messages

Encounter Date/Time	Patient Name	Encounter Type	Encounter Reason	Provider	Location	Billing Status
04/07/2020 10:00am	Flintstone, Pebbles	Visit	10yr - 11yr Well Visit	Mark Williams, M.D.	New NE	Ready to Post
04/08/2020 10:30am	Henderson, Rachel E.	Visit	Work exam	Kathleen W. Gomez, M.D.	Lake	Ready to Post
04/09/2020 8:00am	Mouse, Mickey	Visit	Sick Call	Elizabeth Mary Casey, MD	Lake	New Items
04/09/2020 10:19am	Hopkins, David	Phone Note	Phone Note	Fred Jones, M.D.	Winooski	Ready to Post
04/09/2020 10:30am	Haines, Taylor	Phone Note	Phone Note	Leonard McCoy, MD	Winooski	New Items
04/09/2020 10:30am	Carpenter, Colin Z	Phone Note	Rash	Beverly Crusher, MD	Winooski	New Items
04/09/2020 10:37am	Carpenter, Tamara	Phone Note	Cough	Beverly Crusher, MD	Winooski	Post
04/09/2020 10:44am	Carter, Leah E	Portal Message	test6	Beverly Crusher, MD	Winooski	Ready to Post
04/09/2020 11:00am	Koontz SR., Tiana "Taylor" Christine	Visit	Sick Call	Kathleen W. Gomez, M.D.	Lake	Ready to Post
04/09/2020 1:15pm	Zinn, Andrew J.	Visit	Sick Call	Elizabeth Mary Casey, MD	Lake	Ready to Post

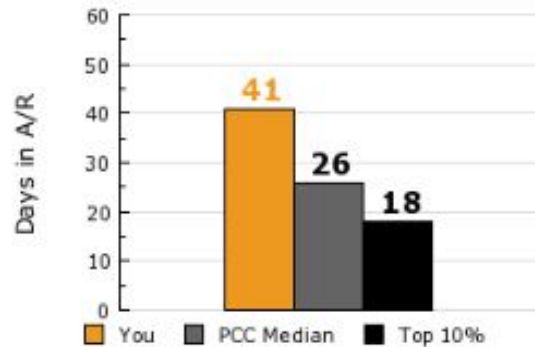
10 results

Report Library Back Export Close Print

If the phone note or portal message has a subject, that will appear in the Encounter Reason column

A/R Measure – A/R Days

How You Compare



Your Practice

41

PCC Client Median

26

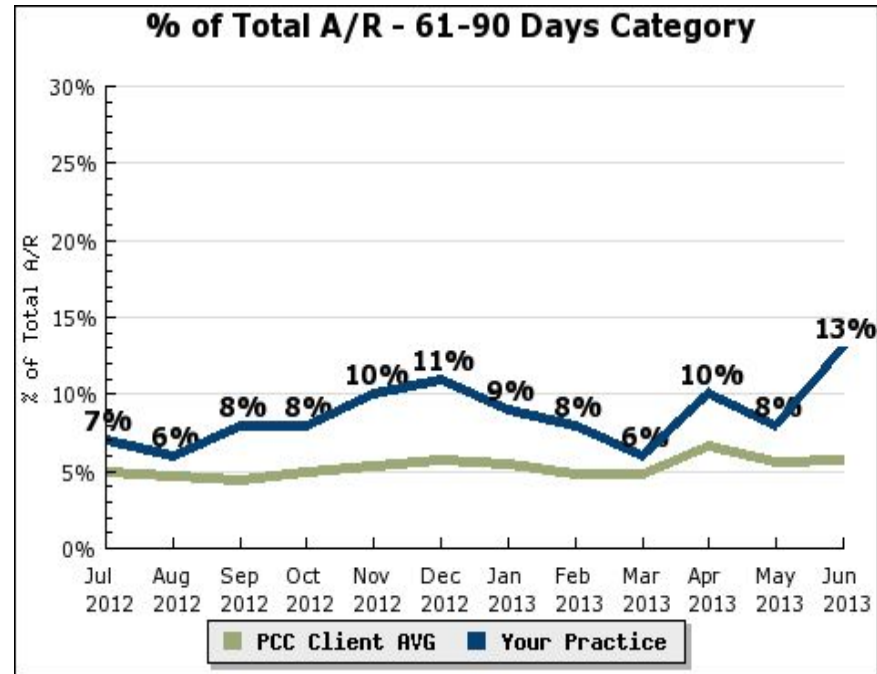
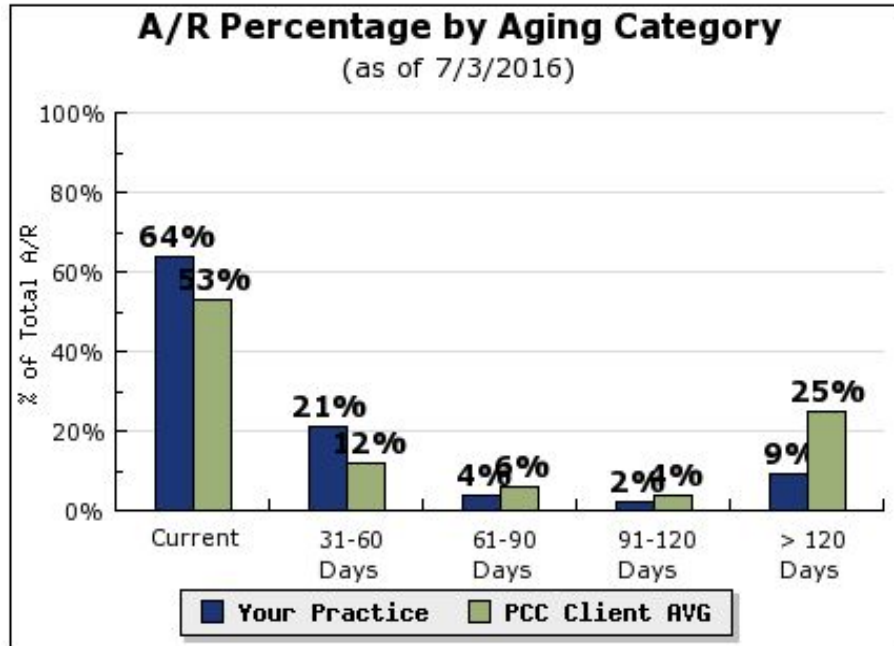
Top Performers

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

Other A/R Measures



- 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.

Insurance Aging Summary

Insurance Billing & Collections	
Prepare/Submit Electronic Claims	(preptags/ECS)
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- 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 HMD	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 HMD	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

CARC Code: 1		
Description: Deductible Amount		
Ins Co Group Name	Count	CARC Amount
Aetna	2057	\$82,388.70
Aetna Cap	3	\$0.00
AmeriHealth	85	\$0.00
BC/BS Federal	67	\$456.32
BCBS Out of State	1617	\$49,277.44
Cigna HMD	6	\$333.15
Cigna PPO	1071	\$43,290.69
Empire BCBS	184	\$0.00
GHI	1	\$0.00
Horizon M/C	688	\$21,550.70
Horizon PPO	210	\$6,485.66
Magnacare	6	\$0.00
Multiplan	8	\$0.00
Other	5	\$0.00
Oxford	316	\$13,174.87
Private HealthCare Systems	27	\$0.00
Qual Care	260	\$155.00
Tricare	34	\$0.00
UHC Community Plan	3	\$0.00
United Healthcare	2299	\$89,679.70
	8947	\$306,792.23

CARC Summary Report pcc 07/11/2016 10:18:45			
CARC			
Code	Count	CARC Amount	Description
45	55086	\$2,805,410.70	Charge exceeds fee schedule/maximum allowable or contracted/L
1	8947	\$306,792.23	Deductible Amount
3	13147	\$205,471.50	Co-payment Amount
97	2196	\$55,370.92	The benefit for this service is included in the payment/allow
22	1201	\$44,275.17	This care may be covered by another payer per coordination of
234	1410	\$41,775.00	This procedure is not paid separately.
2	3294	\$13,394.54	Coinsurance Amount
27	299	\$9,375.00	Expenses incurred after coverage terminated.
31	71	\$6,440.00	Patient cannot be identified as our insured.
204	249	\$4,465.00	This service/equipment/drug is not covered under the patient'
242	21	\$2,105.00	Services not provided by network/primary care providers.
24	42	\$2,043.87	Charges are covered under a capitation agreement/managed care
119	293	\$1,678.08	Benefit maximum for this time period or occurrence has been r
33	11	\$1,440.00	Insured has no dependent coverage.
140	13	\$1,100.00	Patient/Insured health identification number and name do not
29	15	\$740.00	The time limit for filing has expired.

- 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)?

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

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)

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)

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

Provider Production

Provider charges, payments, adjustments (daysheet)								
Service Provider Name	Non Service Charges	Service Charges	Adj	Cash	Check	Credit Card	Refund	Total Pmts
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”

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

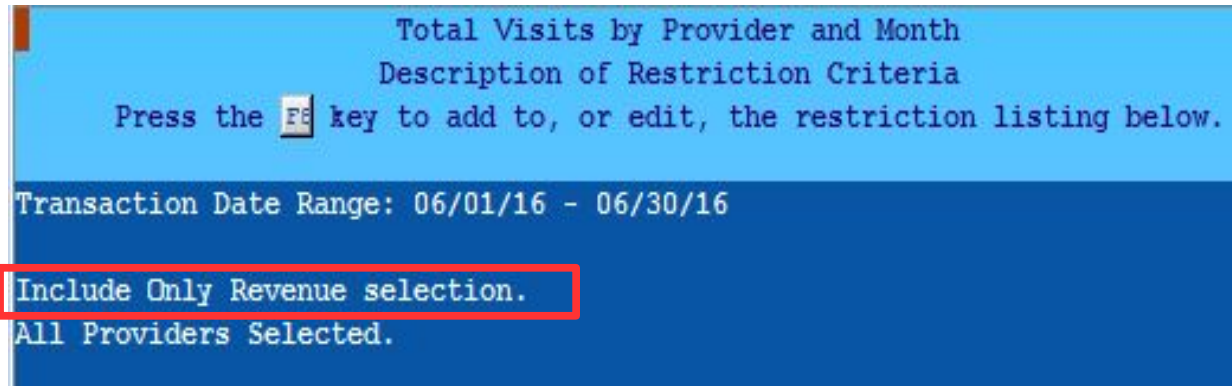
Criteria for this report run.

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 showing are for the visits and charges being reported

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

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

Missed Appointments

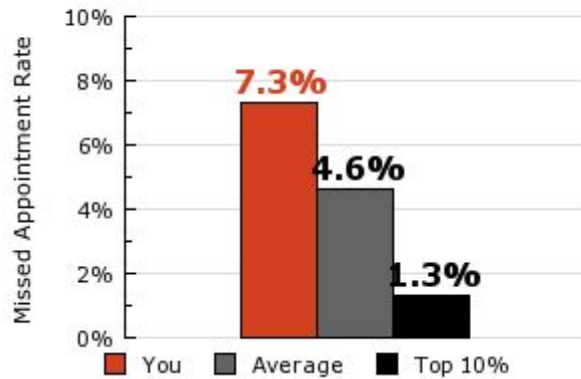
Appointment Totals by Status	
Appt Current Status	Number of Appts
Chg Posted	358
Missed	8
Cancelled	52
Checked In	19
	437

- srs Scheduling Reports - “Appointment Totals by Status”
- Missed Appointment Rate = $\# \text{ Missed} / (\# \text{ Total} - \# \text{ Cancelled})$
- Remember to mark appointments as “missed” (use inquire)

Missed Appointment Rate Benchmark

How You Compare

[View Comparison By Provider](#)



Your Practice

7.3%

PCC Client Average

4.6%

(Missed Appointment Rate)

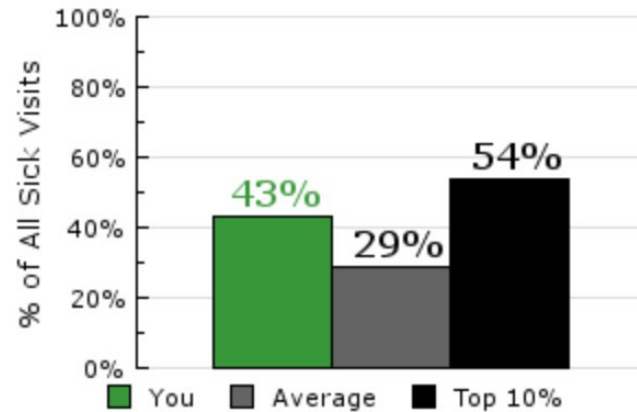
Top Performers

1.3%

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

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

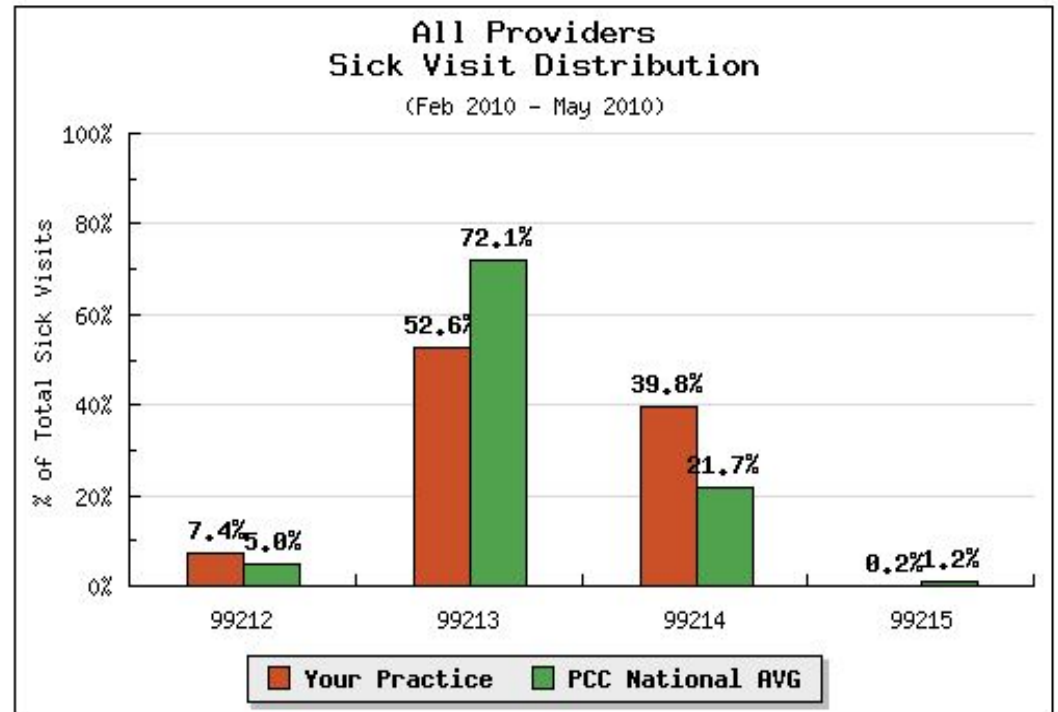
2010

Choose Provider

All Providers

Choose any Provider

Generate Graph



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

Print Version



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



Patient Age Distribution

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

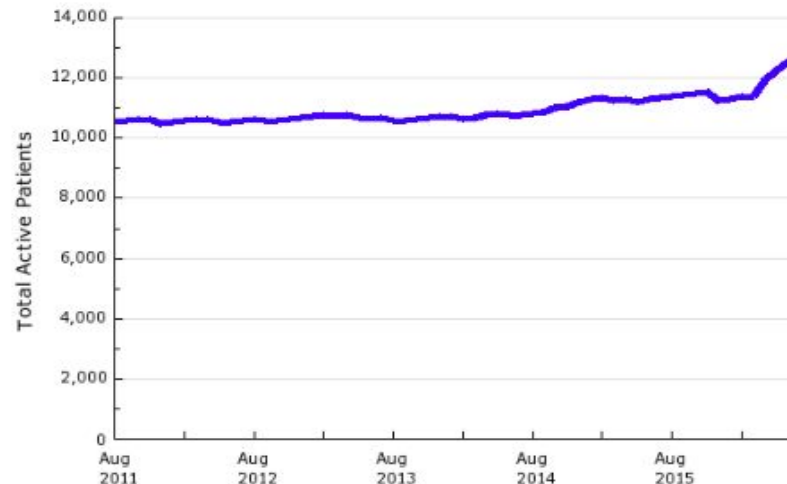
Age Range	Active Patient Count
Under 15 Months	835
15 Months - 36 Months	1,108
3 - 6 Years	2,362
7 - 11 Years	2,902
12 - 21 Years	5,366

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

Clinical and Patient Experience Oversight Reporting



Phone Encounter Response Time

The screenshot shows the PCC EHR interface. The 'Reports' menu is open, and 'Phone Encounter Performance' is selected. Below it, a 'Phone Encounter Performance' dialog box is displayed, titled 'Select Criteria for Phone Encounter Performance'. The dialog includes fields for 'Time between' (12:00am and 11:59pm), 'Dates from' (04/21/13 to 04/26/13), and a list of 'Tasks'. The 'Call Back Needed' task is selected in the list. Red arrows point to the time and date fields and the task list, with the text 'Select time frame and task or tasks'.

Arrival	Time	Last
	9:45am	Farkas
	10:00am	Capone
	11:00am	Sowers

- 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

The screenshot shows a software window titled "Phone Encounter Performance" with a subtitle "View Phone Encounter Performance". It displays a report for "PCC Pediatric Test Associates" generated on 5/09/13 at 10:57am. The report covers times between 12:00am and 11:59pm from 4/21/13 to 4/26/13 for the task "Call Back Needed". There were 6 phone encounters. A table lists the following data:

Call Taken	Task Completed	Response Time	Patient
4/25/13 9:00am	4/25/13 2:17pm	5h 16m	Okamoto, Alexia PCC# 1233
4/25/13 9:15am	4/25/13 9:21am	6m	Arndt, Brian PCC# 1284
4/25/13 9:27am	4/25/13 11:29am	2h 1m	Buchinsky, Catherine PCC# 948
4/25/13 10:44am			Padrone, Shaquana PCC# 132
4/25/13 11:11am	4/25/13 1:33pm	2h 21m	Farkas, Quinn J. PCC# 1803
4/25/13 12:22pm			Lahan, Jordan PCC# 2091

Optional Columns to Display: None - display standard report columns only

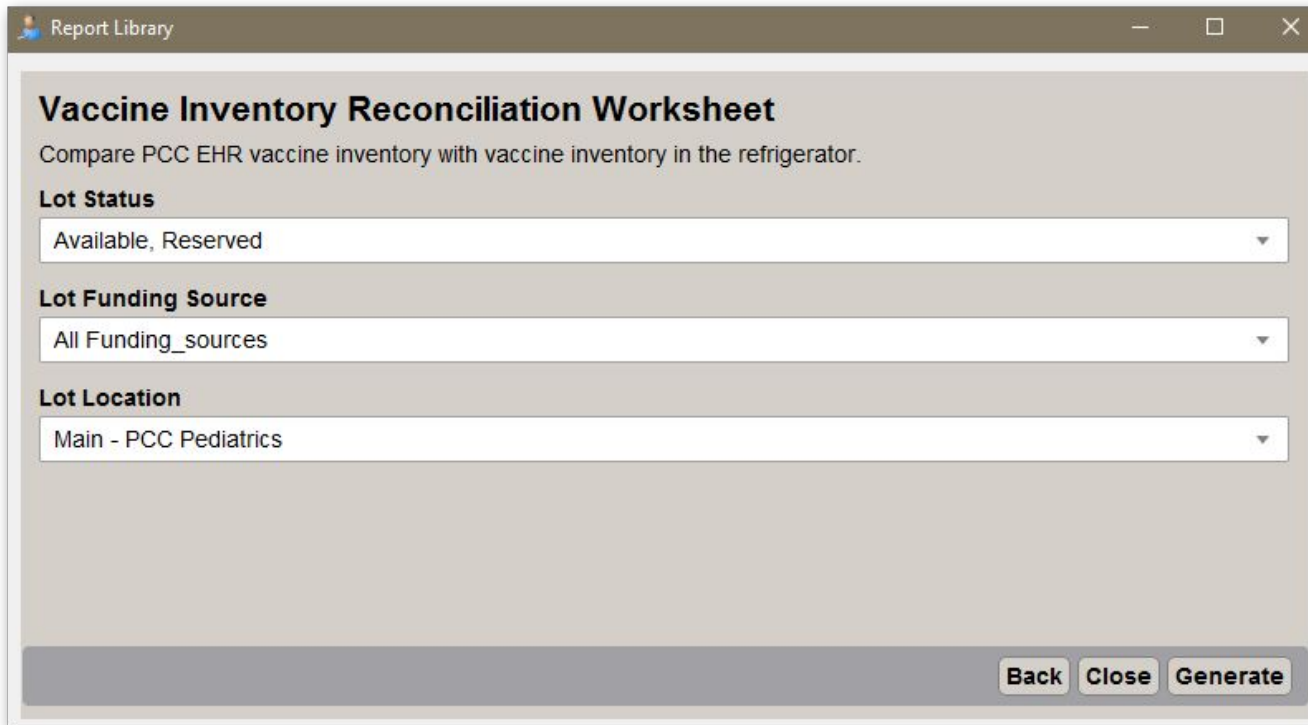
Buttons: Save as File, Back, Close

Portal Message Response Time

Report Library	
Report Name ▲	Description
Patients Linked to a Portal User	List of patients linked to a portal user.
Portal Activity for Patient	Find portal activity for a specific patient.
Portal Activity for Portal User	Find the portal activity for a specific portal user.
Portal Message Response Time	Time between the receipt of a portal message and the response.
Portal User List	List of portal users including creation date and date of last activity.
Portal Users By Appointment Date	List of appointments and associated patients and portal users.
Portal Users Linked to a Patient	Find all portal users linked to a patient. This report can be used to determine who has records.

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

Vaccine Inventory Reconciliation



The screenshot shows a web application window titled "Report Library" with a sub-header "Vaccine Inventory Reconciliation Worksheet". Below the sub-header is a descriptive sentence: "Compare PCC EHR vaccine inventory with vaccine inventory in the refrigerator." There are three dropdown menus: "Lot Status" with the value "Available, Reserved", "Lot Funding Source" with the value "All Funding_sources", and "Lot Location" with the value "Main - PCC Pediatrics". At the bottom right of the form are three buttons: "Back", "Close", and "Generate".

- 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

Vaccine Inventory Reconciliation Worksheet
Compare PCC EHR vaccine inventory with vaccine inventory in the refrigerator.

Lot Status: Available, Reserved
Lot Funding Source: All
Lot Location: Main

Columns: All 8 Displayed

Search Field: [Empty]

Immunization (CVX)	Lot Number	Lot Status	Lot Funding Source	Lot Location	Expected Inventory	Actual Inventory	Difference
DTaP (20)	C3141AA	Available	Private funds	Main	6		
Hepatitis A (83)	3458dge	Available	Other funds	Main	-2		
Hepatitis B (08)	268646487665	Available	Unspecified funds	Main	-4		
HiB (49)	UB56792	Available	State funds	Main	-1		
HiB (49)	UB56789	Available	State funds	Main	43		

Showing 1 to 19 of 19 entries

Print this report

Print

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

Prescription Count by Provider

Identify generic vs brand name Rx volume for each provider

Report L

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

Report Library

Prescription Count by Provider

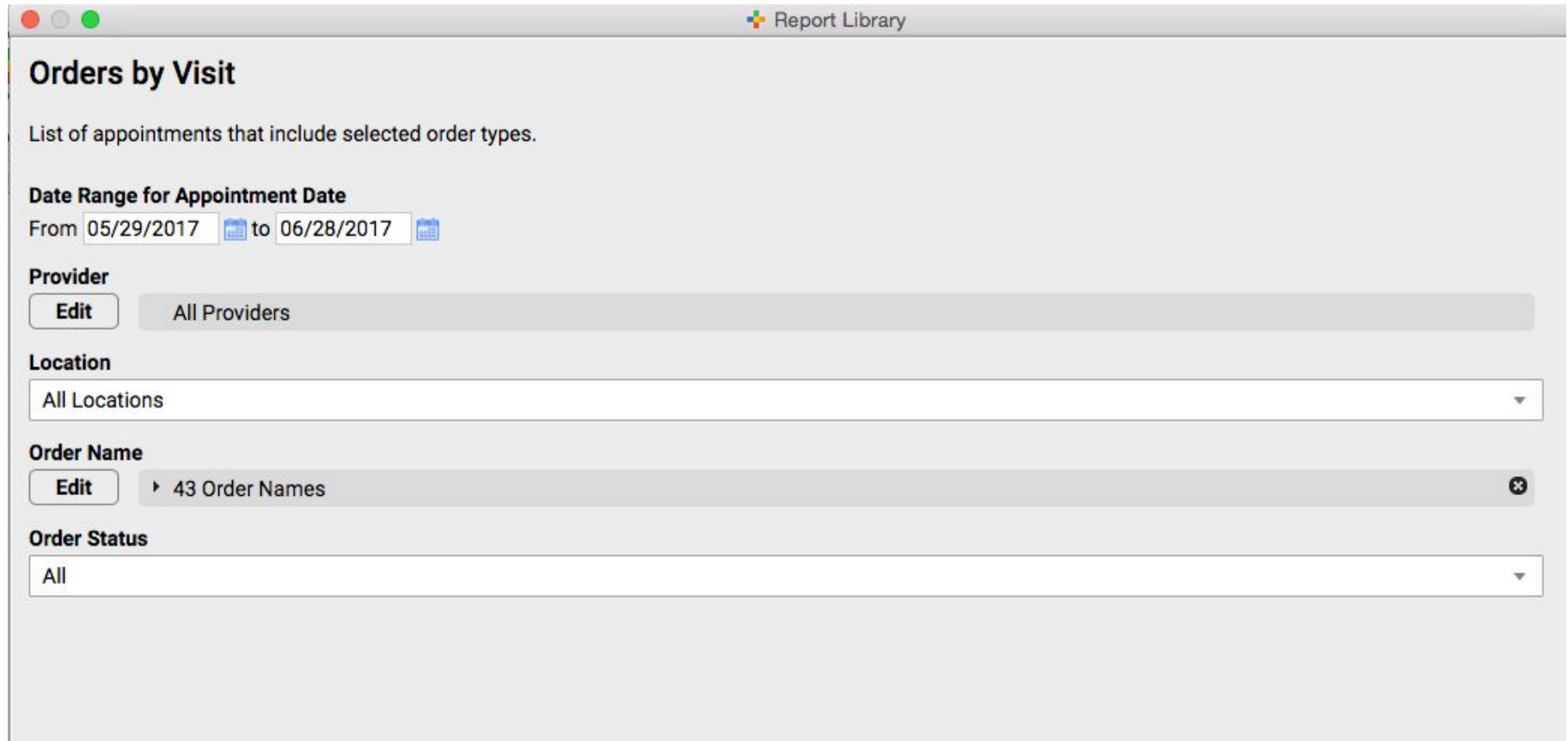
Number of prescriptions issued during a specified date range listed by provider.

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

Orders by Visit



Report Library

Orders by Visit

List of appointments that include selected order types.

Date Range for Appointment Date
From 05/29/2017 to 06/28/2017

Provider
Edit All Providers

Location
All Locations

Order Name
Edit 43 Order Names

Order Status
All

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

Orders by Visit

Report Library

Orders by Visit

List of appointments that include selected order types.

Appointment Date: from 05/29/2017 to 06/28/2017
Provider: All
Location: All
Order Name: Referral - , Referral - Allergy / Immunology - Patient / Caregiver must call to schedule appointment with specialist. Once the appointment is scheduled, call our office 678-8333 and leave a detailed message in Referral Mail Box. Please include patient name, patient date of birth, name of specialist, and date and time of

Columns: All 11 Displayed Search Filter:

Appointment Date/Time	Order Name	Order Note	Order Status	Open Order Tasks	Provider	Location	Patient Name	Patient PCC#	Patient DOB	Patient
06/21/2017 11:30am	Audiology		Completed		Elizabeth Mary Casey, MD	Main - PCC Pediatrics	Tipton, Mattayha	2292	07/29/2013	F
06/22/2017 10:05am	Allergy/Asthma	Dr Eliza Burnham - 123 Wessex Dr, Colchester VT 05403, 802-888-4545	Ordered	Complete Task 06/22/2017 10:13am	Beverly Crusher, MD	Main - PCC Pediatrics	Quarry, Andrew	934	12/02/2009	M

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

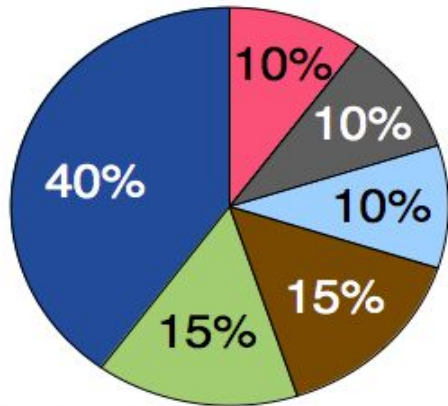
- Dashboard Financial Pulse
- Revenue-per-Visit
- Revenue-per-CPT
- Pricing

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

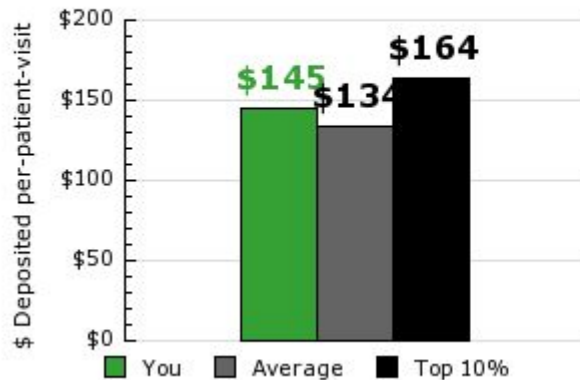
Revenue Analysis

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

Revenue-per-Visit

How You Compare



Your Practice

\$145

PCC Client Average

\$134

(amount deposited per-patient-visit)

Top Performers

\$164

- 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.

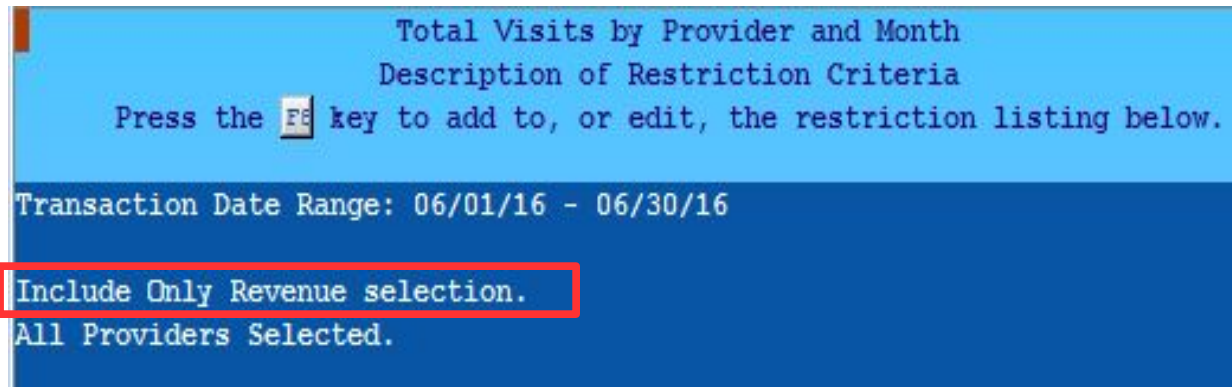
Transaction Date Range: 01/01/13 - 07/10/13

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



- 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 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

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.

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

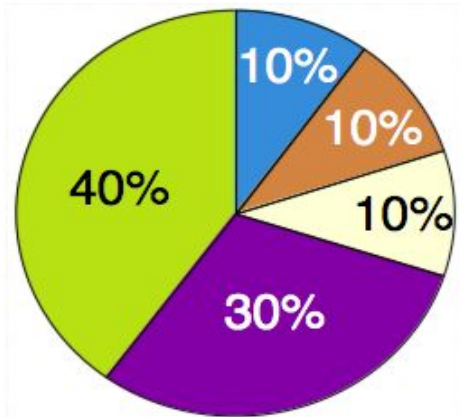
- Well visit rates
- Immunization rates
- Screening rates
- Chronic disease management (ADHD, Asthma, Obesity, etc)

Clinical Pulse



64

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.

% 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

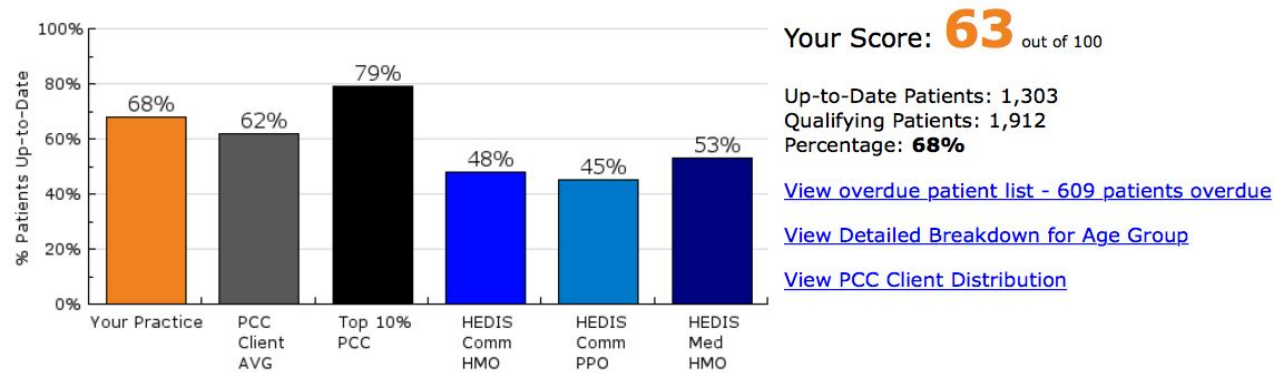
Exclude these patients from reports? Yes

- 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

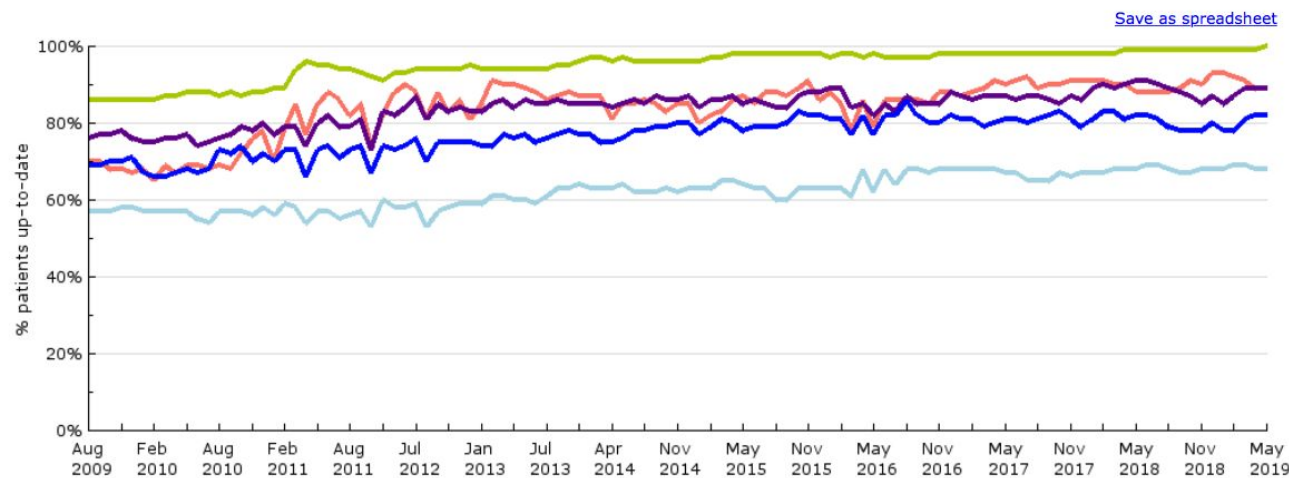
% of Patients Up-to-Date on Well Visits

Well Visit Rates - Patients 12-21 Years

This measure shows the percentage of all active patients between the ages of 12 years and 21 years who have received at least one well visit in the past year.



Your Practice Trends



- 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	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	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

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% ↑

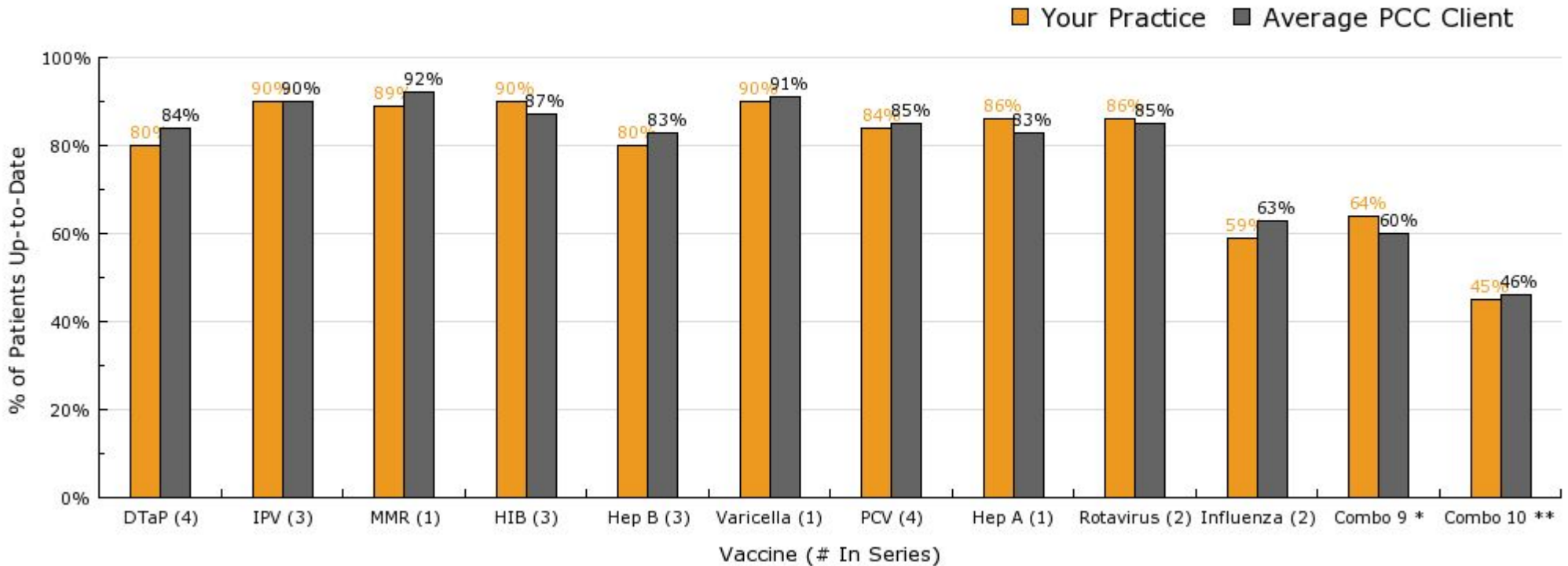
- Patients with “Inactive” flags (on patient or guarantor record) are omitted

Childhood Immunization Rates

Breakdown By Vaccine

Choose Benchmark Comparison:

Average PCC Client



Adolescent Immunization Rates

Measure: Immunization Rates - Adolescents

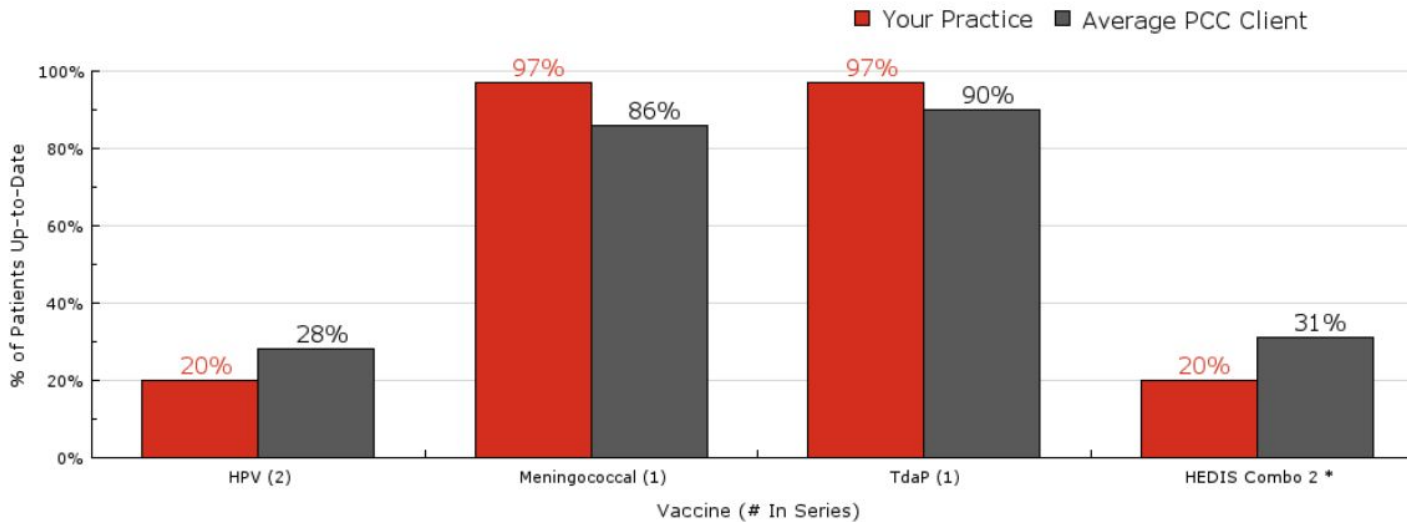
Choose a measure

Dashboard reports updated as of 6/1/2019

The data below represents your immunization rate for each vaccination in the series of vaccines recommended for patients by their thirteenth birthdays. Choose a benchmark comparison from the menu below to compare your practice result with a pediatric benchmark.

Breakdown By Vaccine

Choose Benchmark Comparison: Average PCC Client



- Includes PCC and HEDIS benchmarks

Identify Patients Overdue for Vaccines

Report Library

▸ Front Desk

▾ Immunization

Search:

Name	Description
Immunization Administration Count	Display the number of vaccines administered during a date range, grouped by lot number, vaccine type, lot location, and funding source.
Immunization Administration Count - Custom	Custom - date range 10/30/16 - 10/31/17, 5 flu immunizations, main location
Immunization Administration Details	View vaccine administration details for a given date range, including funding source, VFC eligibility, insurance policies and administering user.
Immunization Administration Details - Custom	Custom - date 10/30/16 - 10/31/17, 5 flu imms, all locations and users
Overdue Vaccine Recall	Find patients who are forecast to be due, or overdue, for specified vaccine families. This report requires immunization forecasting to be enabled.
Patient Immunization Administration Summary	Generate a list of patient vaccine histories for specified vaccines and number of administrations.
Patient Immunization Administration	Custom - removed exclude do-patient flag - removed age range selection 1 to 6 - photo - all imms

Identify Patients Overdue for Vaccines

Overdue Vaccine Recall

Find patients who are forecast to be due, or overdue, for specified vaccine families. This report requires immunization forecasting to be enabled.

Last Visit Date: From 09/11/2016 to 09/11/2019

Deceased Status: Not Deceased

Include by Patient Flag: All

Exclude by Patient Flag: None

Include by Account Flag: All

Columns: 4 Displayed

Group By: Vaccine Family

Search:

Patient Name	Dose #	Recommended Date	Past Due Date
Rotavirus (12)			
Bennett, Karis Jean	1	08/10/2019	09/10/2019
Case, Christen	1	08/03/2019	09/03/2019
Cheatham, Josiah J	1	07/22/2019	08/22/2019
Eichelberger, Chelsea J	1	08/09/2019	09/09/2019
Friedrich, Jeffrey	1	07/29/2019	08/29/2019
Gullett III., Jacob "Max" Christopher	1	07/24/2019	08/24/2019
Hoover M.D., Ian "Nate" Hope	1	09/09/2019	10/09/2019
Ludwig, Christophe	1	08/06/2019	09/06/2019
Morrison D.D.S., Adam "Jay" Boy	1	08/05/2019	09/05/2019
Reardon Sr., Shelly "David" NP	1	07/24/2019	08/24/2019
Stanson, Karen	1	07/29/2019	08/29/2019

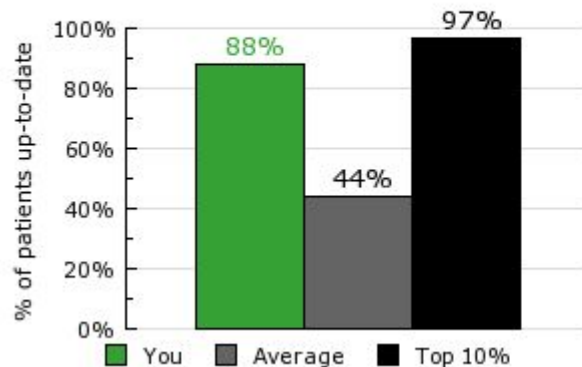
There may be 12 patients at my practice who are overdue for their Rotavirus vaccine

896 results

Screening Rates

How You Compare

[View Comparison By Provider](#)



Your Practice

88%

PCC Client Average

44%

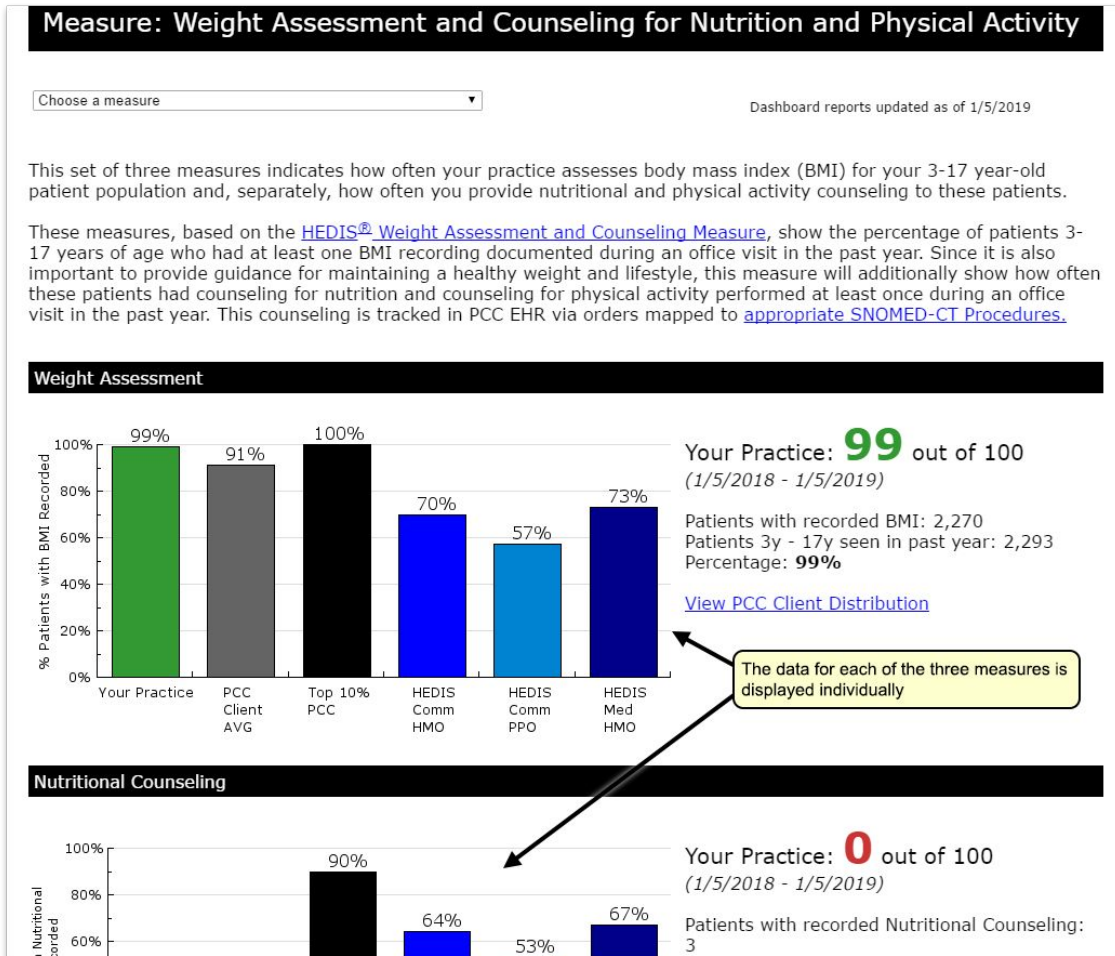
Top Performers

97%

(% of adolescents having one well visit and developmental screening in past year)

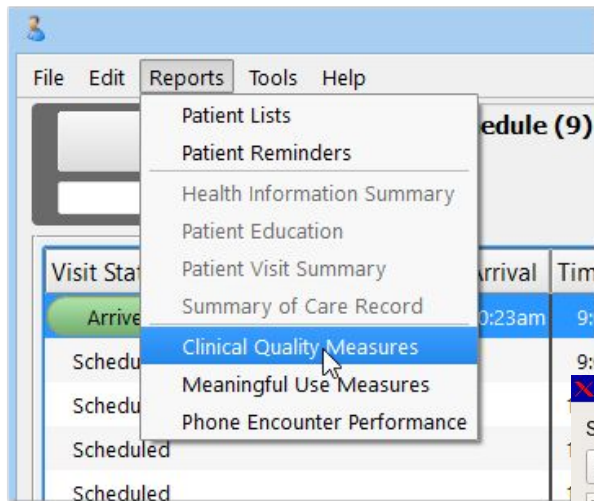
- Includes measure for active adolescents getting depression screening in past year or infants getting developmental screening between 6-12 months of age
- Based on billing codes (96127, 96110, G0444, or 99420 for adolescents) (96110, G0444, or 96127 for infants)
- Includes breakdown by provider (PCP)

Weight Assessment and Counseling

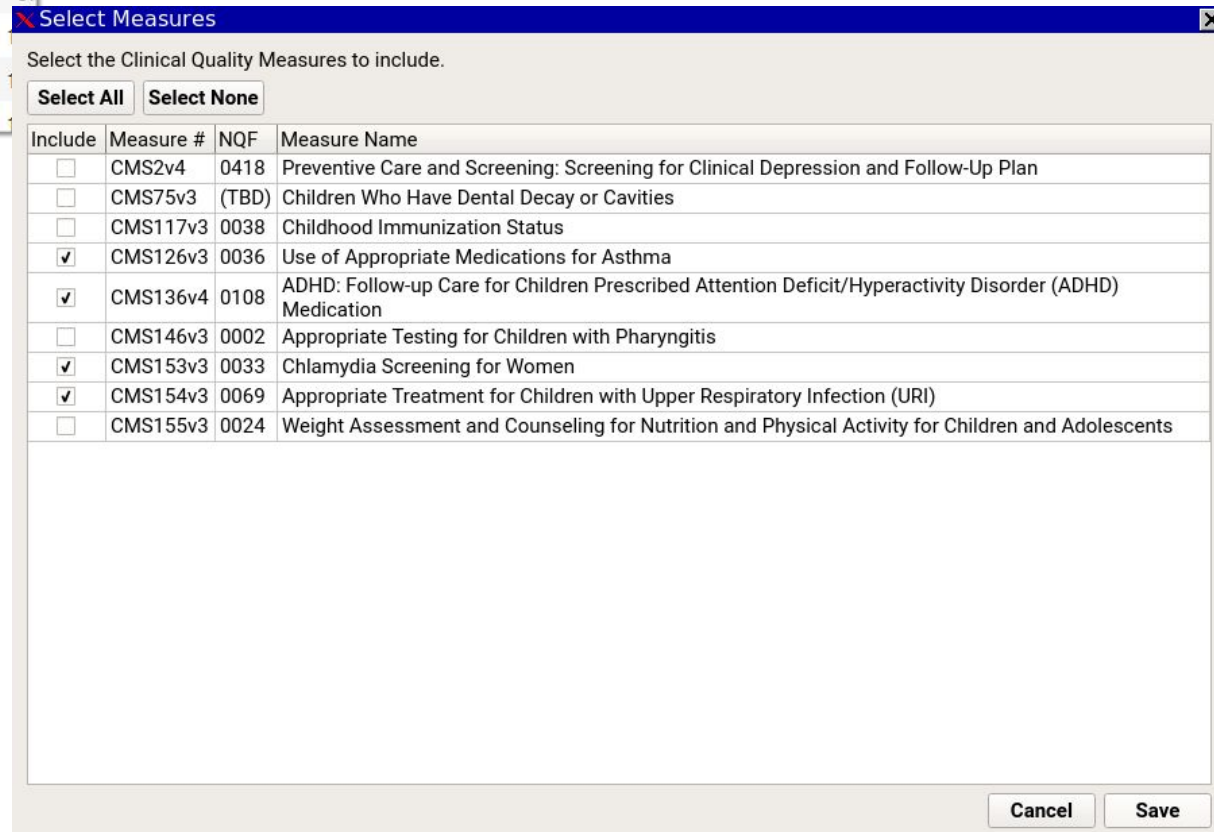


- For patients 3-17 years old, measure of how often the following are documented:
 - BMI
 - Nutritional counseling
 - Physical activity counseling
- Includes HEDIS benchmarks

EHR Clinical Quality Measures (CQMs)



- Useful measure results related to Asthma and URI treatment, ADHD medication and follow-up, Chlamydia Screening



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.

