Oversight Reporting

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Session Goals

1. An understanding of various operational and strategic oversight reports within PCC EHR and PCC PM
2. A recognition of the areas of your practice that need the most oversight and ways you can address those areas

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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 or Lab counts

Patient Experience

- # 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, Insurance contracts, 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

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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

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

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Billing Error Report

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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

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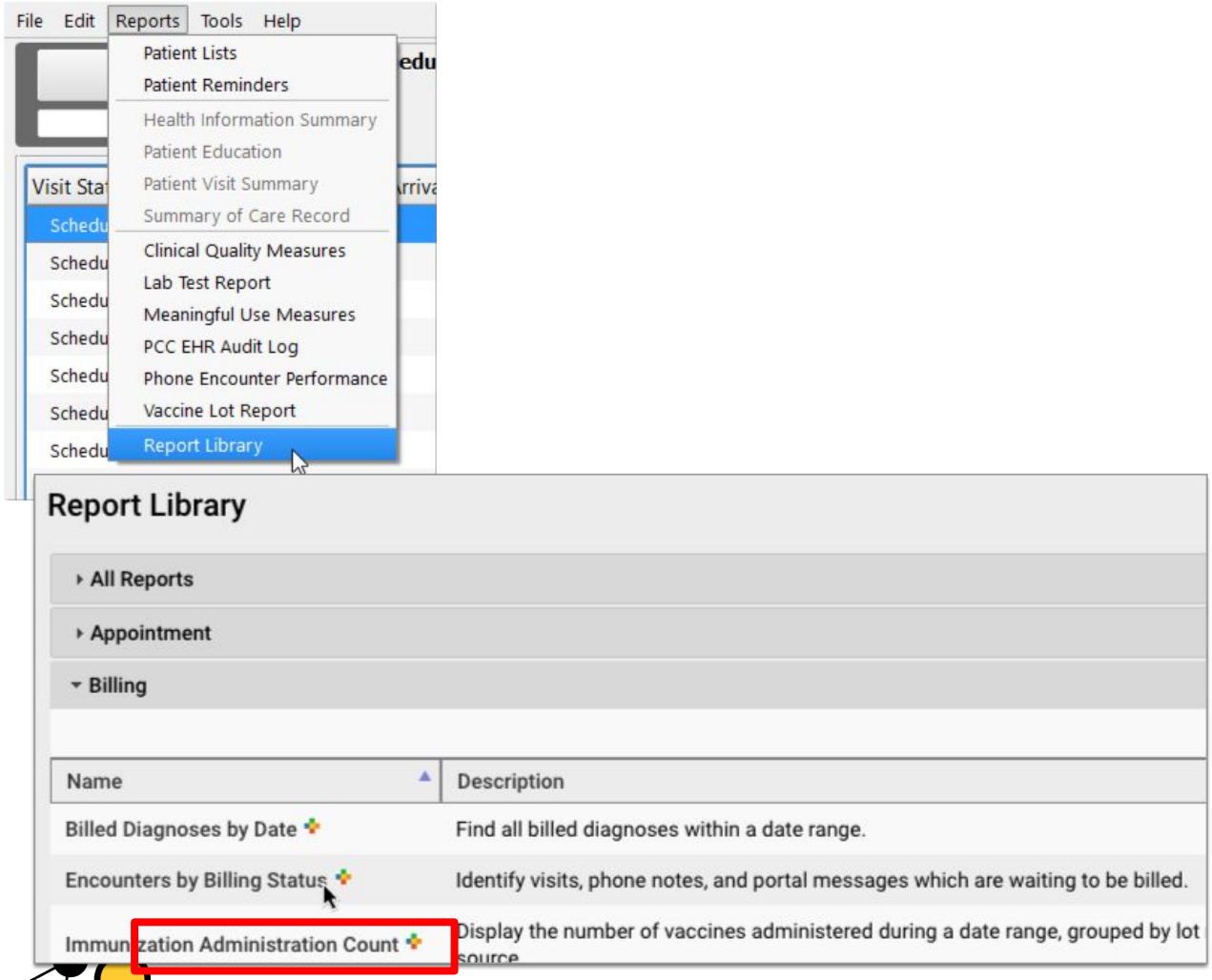
Encounters by Billing Status



- Use to find all visits not yet billed in EHR
- Or use to find visits billed in EHR but without charges posted

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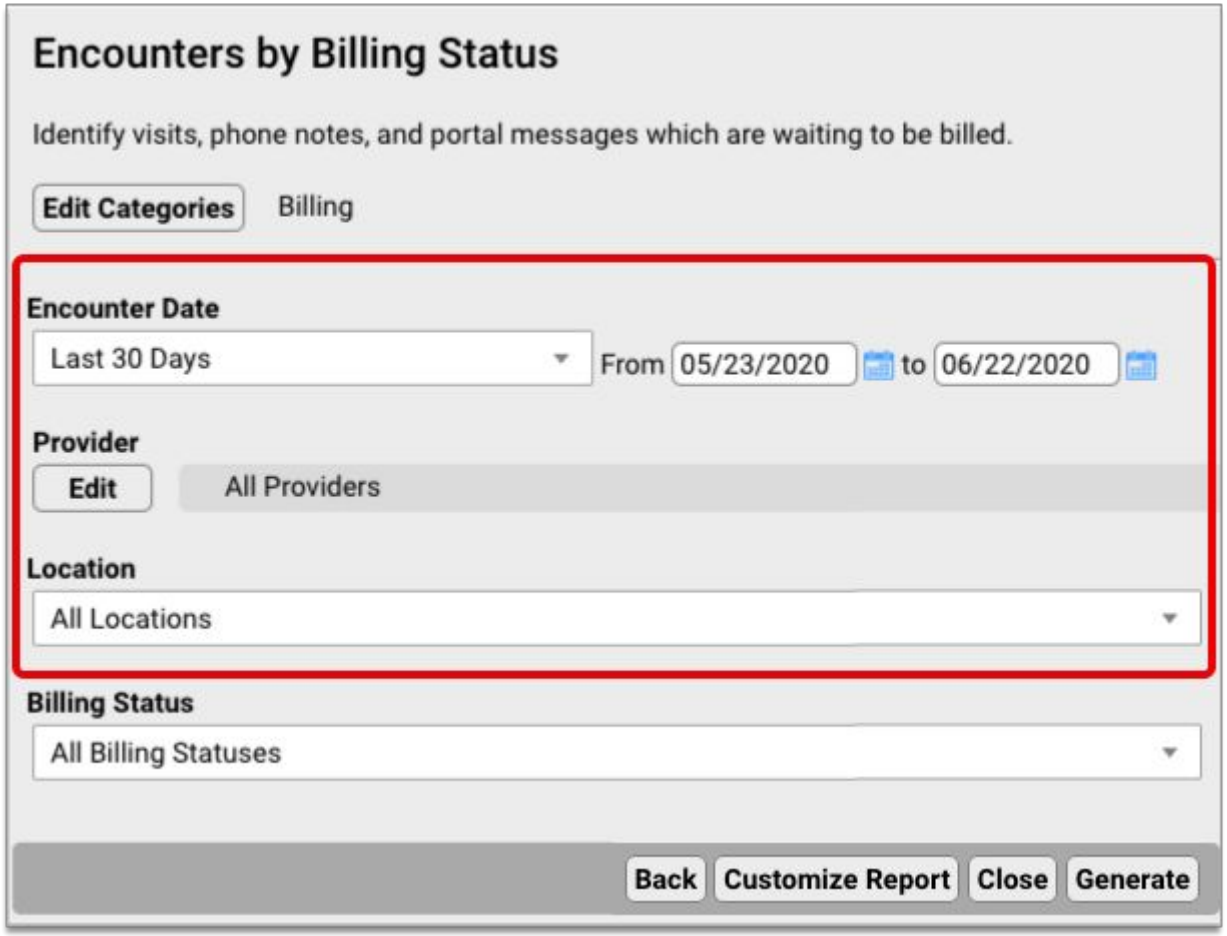
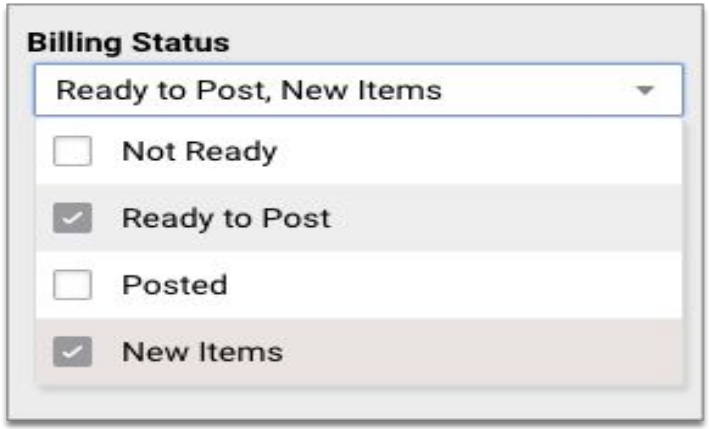
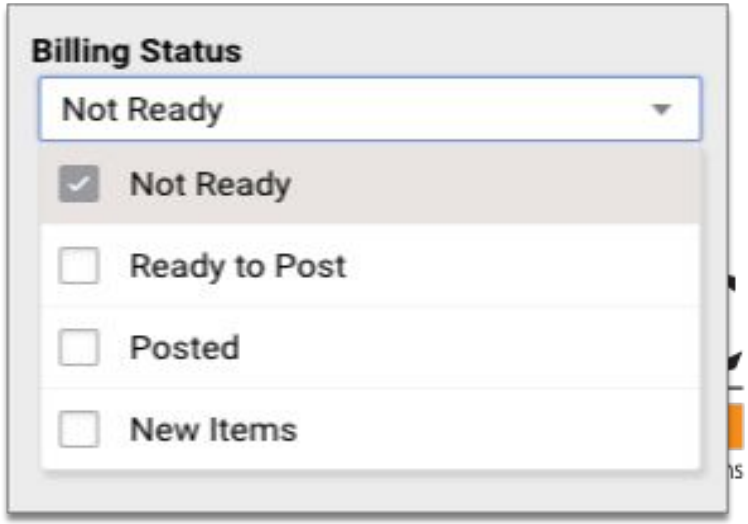
Encounters by Billing Status



Find encounters that are ready to post or have new items



Find encounters that clinicians forgot to make ready for billing



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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 05/20/2020 to 06/19/2020
Provider: All
Location: All
Billing Status: Ready to Post, New Items

Columns: 7 Displayed Group By: None Search:

Encounter Date/Time	Patient Name	Encounter Type	Encounter Reason	Provider	Location	Billing Status
05/31/2020 9:30am	Trott, Lauren	Visit	Problem	Mark Williams, M.D.	New NE	Ready to Post
05/31/2020 2:00pm	Cederstrom, Kristian	Visit	8yr - 9yr Well Visit	Mark Williams, M.D.	New NE	Ready to Post
05/31/2020 2:30pm	Cederstrom, Chris	Visit	10yr - 11yr Well Visit	Mark Williams, M.D.	New NE	Ready to Post
06/19/2020 9:00am	Karper, Allison L.	Visit	Sick Call	Mark Williams, M.D.	New NE	New Items
06/19/2020 9:00am	Karper, Allison L.	Visit	Sick Call	Mark Williams, M.D.	New NE	Ready to Post

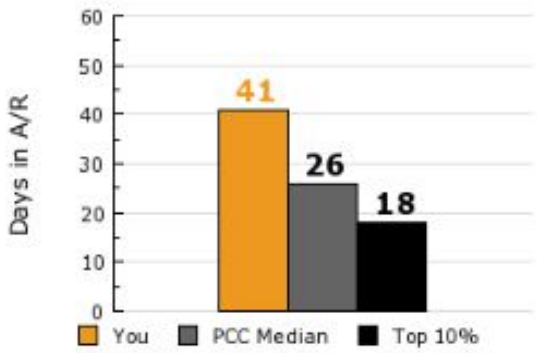
Print or export the results, then use the list to find and bill outstanding charges

5 results

Report Library Back Export Close Print

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

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Other A/R Measures

Recommendations

Persistent monitoring of your personal and insurance A/R status is vitally important for the health of your practice. PCC provides a plethora of valuable services to assist your practice in maintaining a healthy A/R. Here are some specific suggestions:

- Improve your personal collections by involving the front-office staff. The easiest (and most successful) time to collect on personal balances is in-person, when the family is in for an appointment. PCC's checkin program includes eligibility details along with a "Balance and Copay" screen designed to assist with collecting on current and past balances.
- PCC's ECS and eligibility services include access to archived carrier acknowledgment and payor rejection reports via our ecsreports program. Close monitoring of these reports will allow you to identify claim rejections right away for timely follow-up and inquiries.
- For further assistance with improving your practice A/R, contact PCC's support team at 800-722-1082 or support@pcc.com.

For more details about your current A/R status, please refer to the Detailed A/R Summary Report.

Related Tools

- Detailed A/R Summary Report

- A detailed A/R summary report can be accessed as a "Related Tool" within any Dashboard A/R measure

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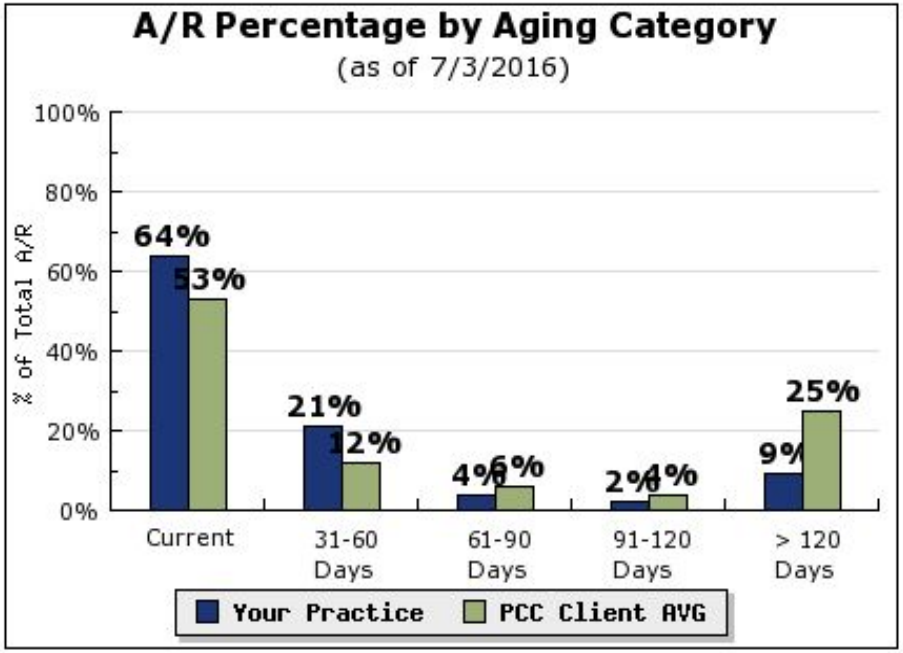
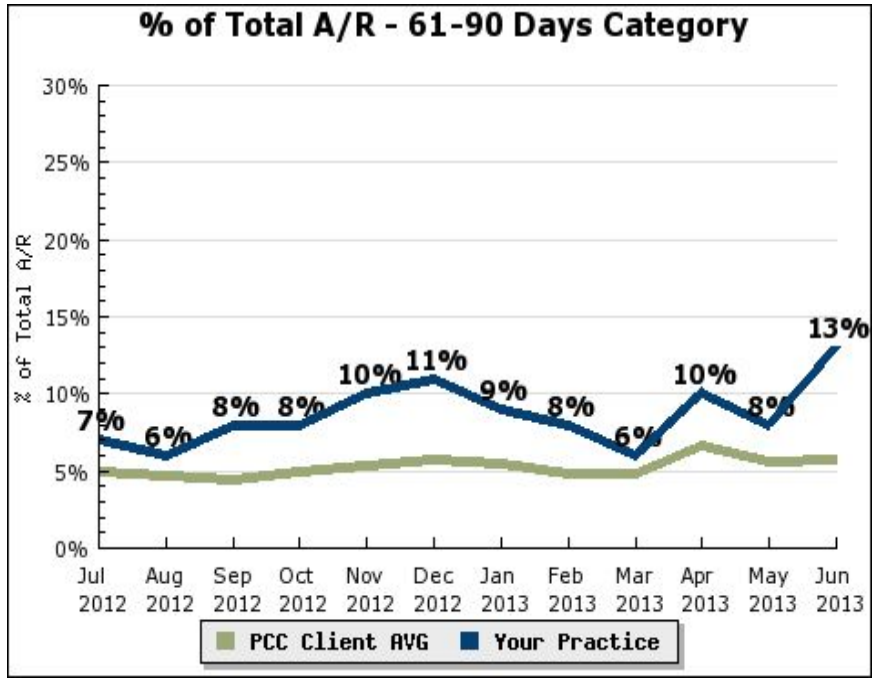
Other A/R Measures





- 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.

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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

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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

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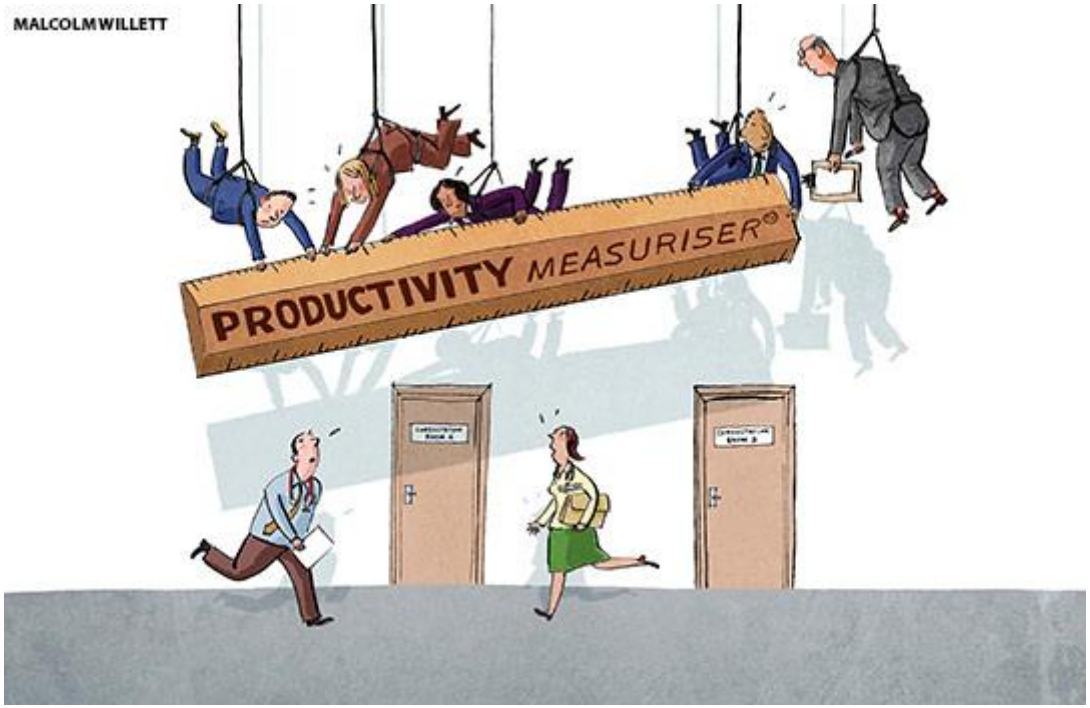
Productivity Reporting



- Identify practice or provider productivity in terms of **charges**, **payments**, **visits**, **RVUs**
- E&M visit coding
- New patient volume

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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

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”

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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

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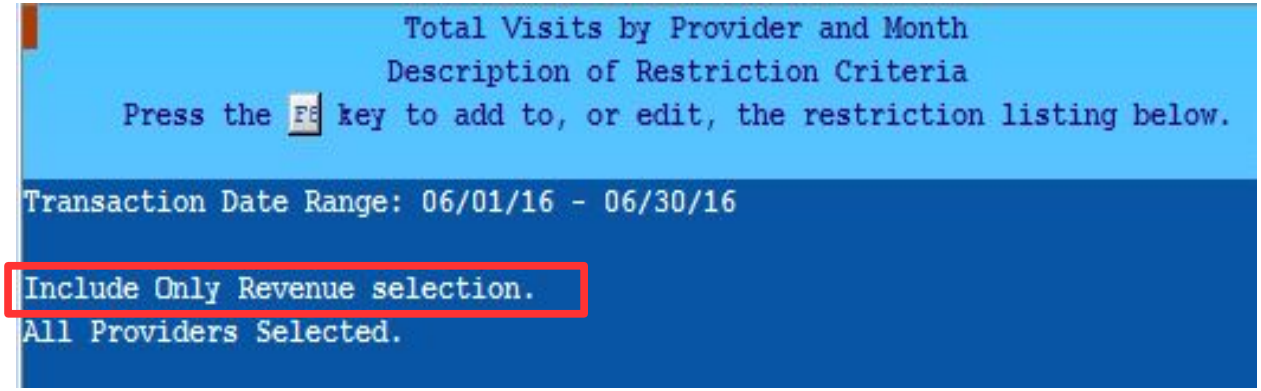
Include Only 'Revenue' Visits



- 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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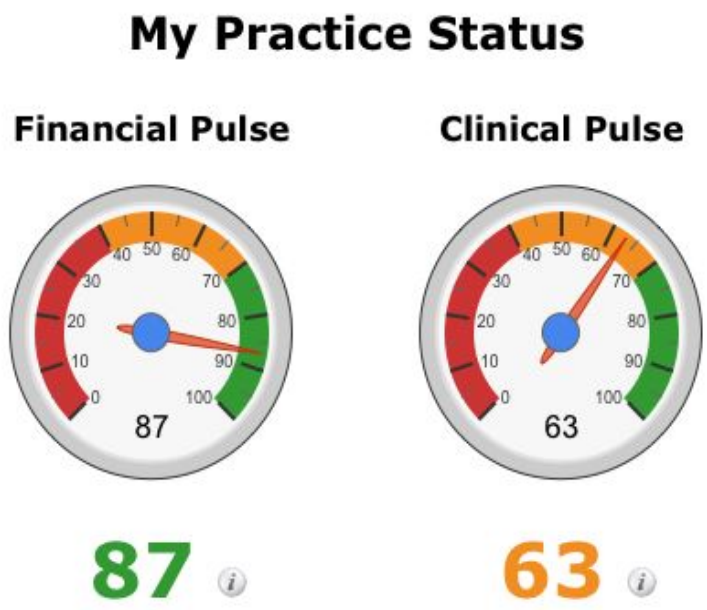
PCC Dashboard

"...a tool to inform all PCC clients of their financial and clinical health, based on relative performance in a variety of areas."



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PCC Dashboard Basics

- One login for each practice
  - access via EHR Reports menu
  - or access via https://dashboard.pcc.com
- Data collected on the first Saturday of every month. Loaded into production a few days after that
- Pediatric-specific benchmarks

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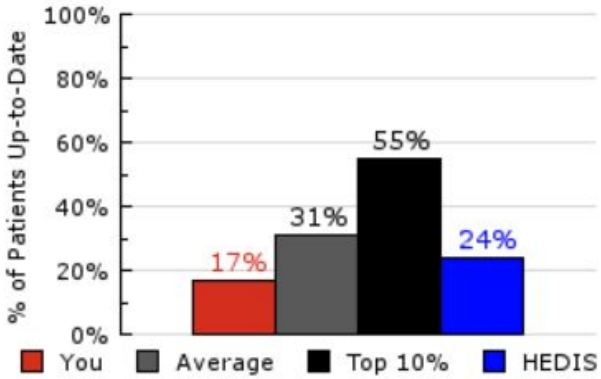
Benchmarks

- PCC AVG and "Top Performers" (90th percentile)
- HEDIS benchmarks

How You Compare



Your Practice	PCC Client Average	Top Performers	HEDIS® Commercial HMO
17%	31%	55%	24%

(% of active patients 13 years old up-to-date)

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PCC Dashboard Scoring

- Over 20 measures are calculated and scored based on your relative performance
- Prioritized list of results on home page

My Dashboard Priorities

Top Priorities

Score	Measure
22	Sick-to-Well Visit Ratio
36	Immunization Rates - HPV
37	A/R Days

Next Priorities

Score	Measure
37	Missed Appointment Rate
45	Immunization Rates - Influenza
58	Pricing
61	Immunization Rates - Influenza (Asthma)
62	Well Visit Rates - Patients 12-21 Years
73	Well Visit Rates - Patients 3-6 Years
75	A/R Over 60 Days Old
78	ADD/ADHD Patient Followup
82	Well Visit Rates - Patients 15-36 Months
82	Well Visit Rates - Patients 7-11 Years
95	E&M Coding Distribution
97	A/R 60-90 Days Old
98	Well Visit Rates - Patients Under 15 Months
99	Diagnoses-per-Visit
100	Coding Expertise
100	Revenue-per-Visit
100	Revenue-per-Visit (Without Imms)
100	RVUs-per-Visit

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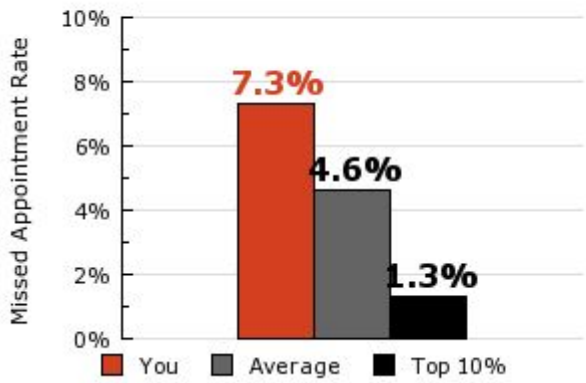
Missed Appointment Rate Benchmark

How You Compare

View Comparison By Provider



Your Practice	PCC Client Average	Top Performers
7.3%	4.6%	1.3%
	(Missed Appointment Rate)	

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

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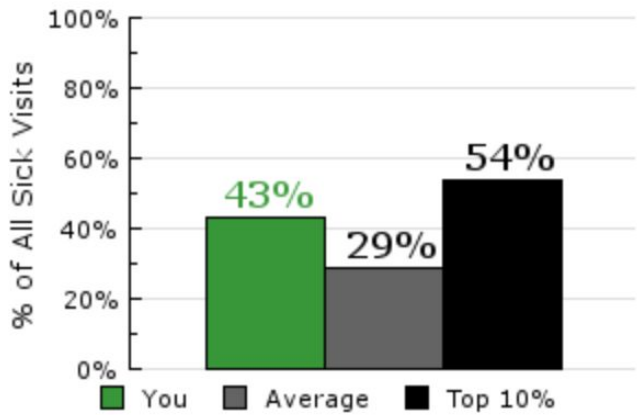
Dashboard E&M Visit Coding

How You Compare



Your Practice	PCC Client Average	Top Performers
43%	**29%**	**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

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

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Dashboard E&M Visit Coding

Choose Date Range

Enter Visit Start Date: **Enter Visit End Date:**

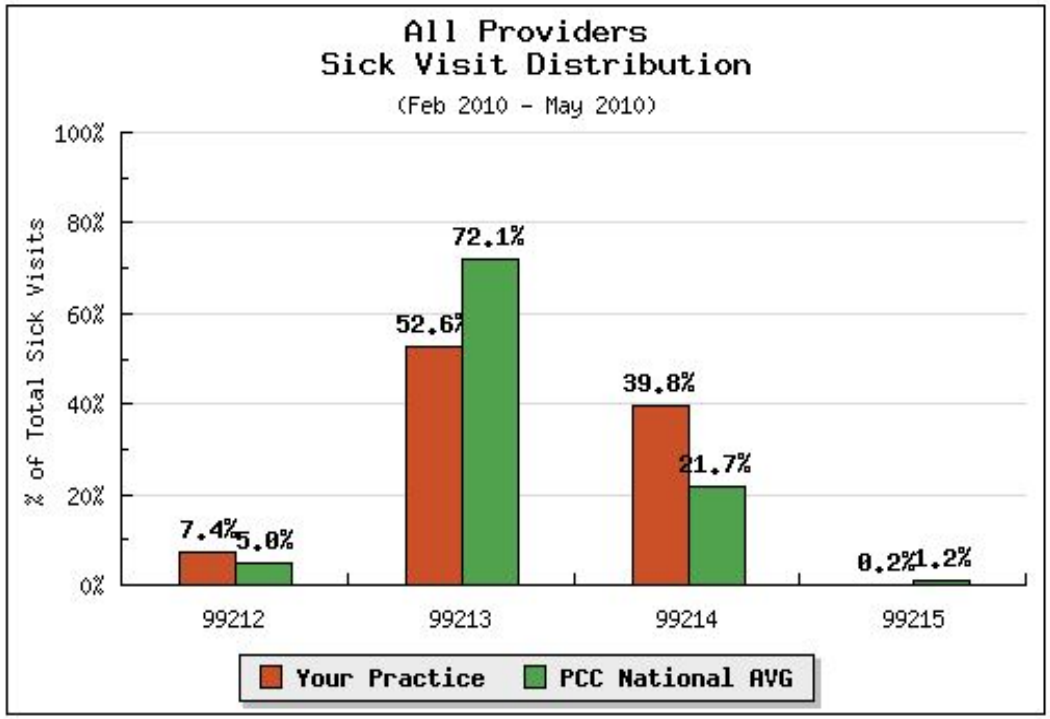
February 2010 to: May 2010

Choose Provider

All Providers

Choose any Provider

Generate Graph



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

Print Version

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How Many Active Patients Do I Have?

Sample PCC Practice

Logout
Change My Password

Patient Population

Select Criteria

Provider: All Providers

Age Range: Active Patients of All Ages

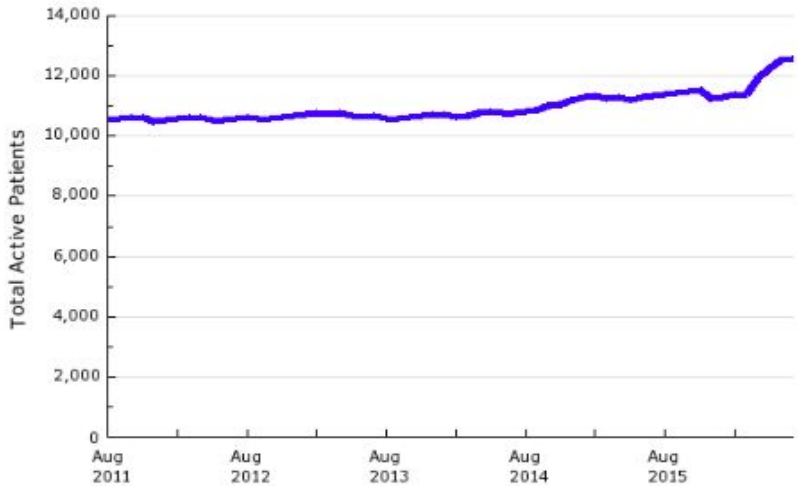
Active Patient Count by Age

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

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How Many New Patients Do I Have?

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 new patient billed visit codes: 99381-99387, 99201-99205, 99431-99433, 99460-99461, 99463

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Clinical and Patient Experience Oversight Reporting

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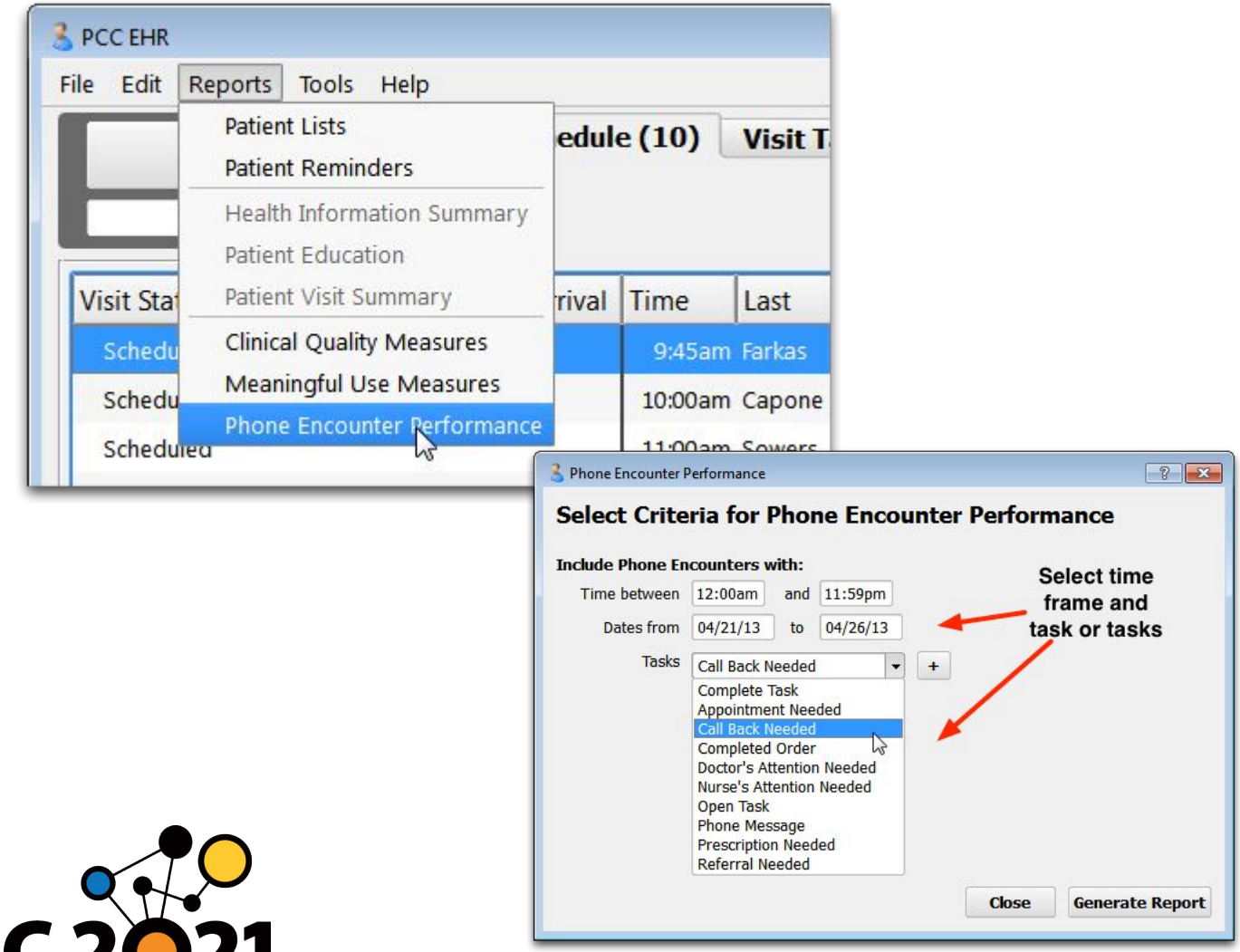
Phone Encounter Response Time



- 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)

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Phone Encounter Response Time

Phone Encounter Performance

View Phone Encounter Performance

PCC Pediatric Test Associates

Generated on 5/09/13 10:57am

Times between 12:00am and 11:59pm
Dates from 4/21/13 to 4/26/13
and Task "Call Back Needed"

Phone Encounters: 6

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

Save as File | Back | Close

- Optionally display user who took phone call, user who completed task, and other information

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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

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of Portal Users

Report Library

Patients with Portal Users

Find all patients who are linked to Patient Portal users.

Edit Categories Patient, Patient Portal

Portal Status

With Portal User

Exclude by Patient Flag

Edit

6 Patient Flags Excluded
Deceased
Dismissed
Inactive
Out Of Town Visitor
Transferred
Transferred to Adult MD

Portal Status

With Portal User
All
With Portal User
Without Portal User
Out Of Town Vis
Transferred

- Track how many active patients are with or without a portal user attached
- Filter on patient flag to exclude inactive patients

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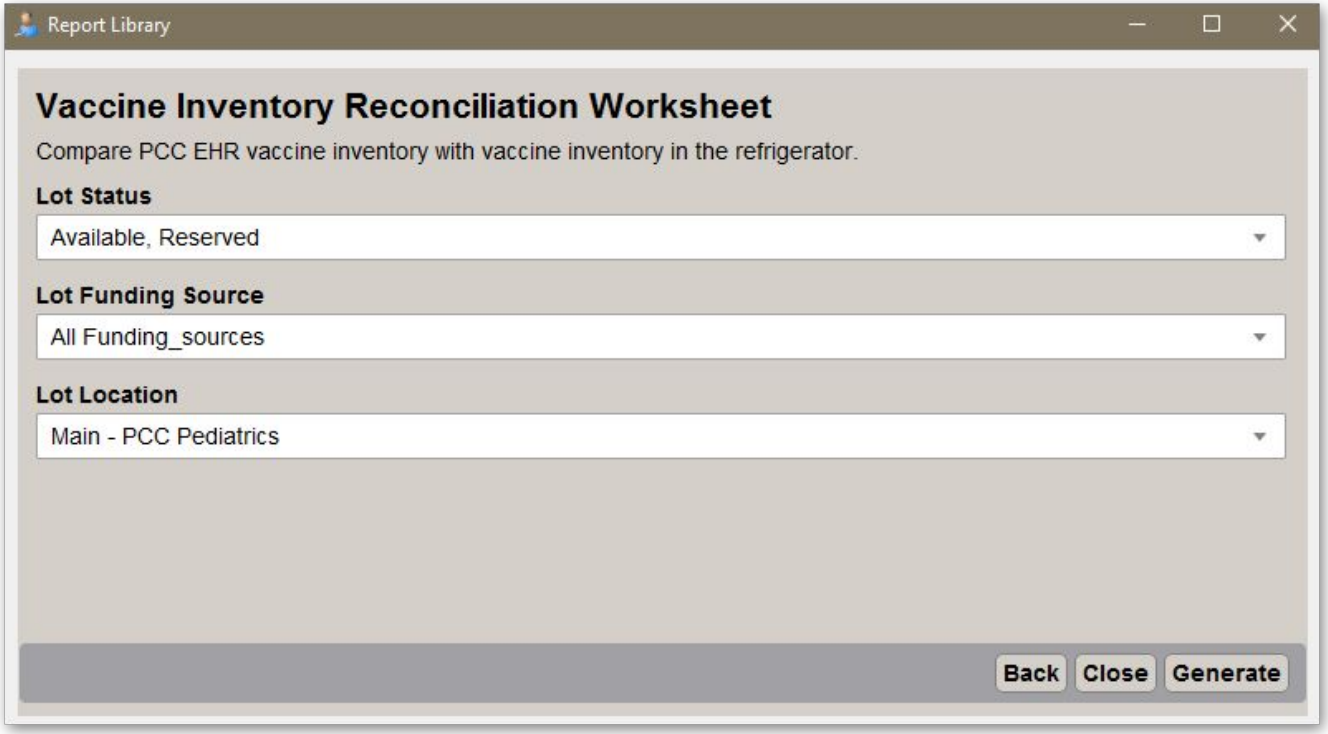
Vaccine Inventory Reconciliation



- Use to compare vaccine inventory in PCC EHR to what you actually have in the fridge
- Must be using PCC vaccine inventory features

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Vaccine Inventory Reconciliation

Report Library

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

These fields are left empty

Columns: All 8 Displayed

Search Fi

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		

Print this report

Previous 1 Next

Showing 1 to 19 of 19 entries

Show 50 entries

Report Library Back Export Close Print

[Documentation on PCC's Vaccine Inventory Management Tools]

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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 encounters with selected order types

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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 inlcude 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

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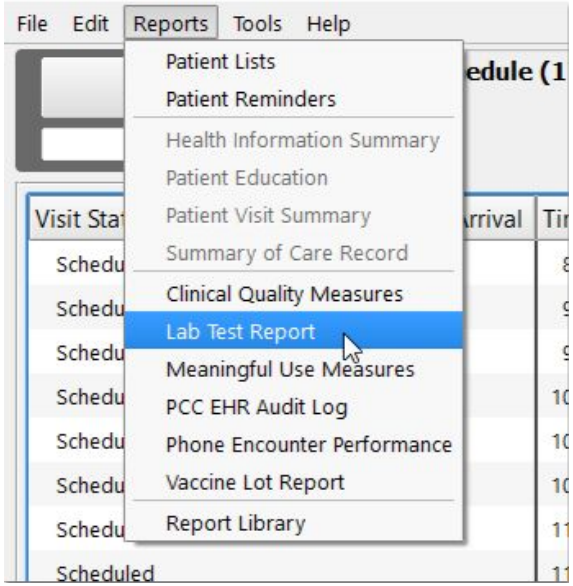
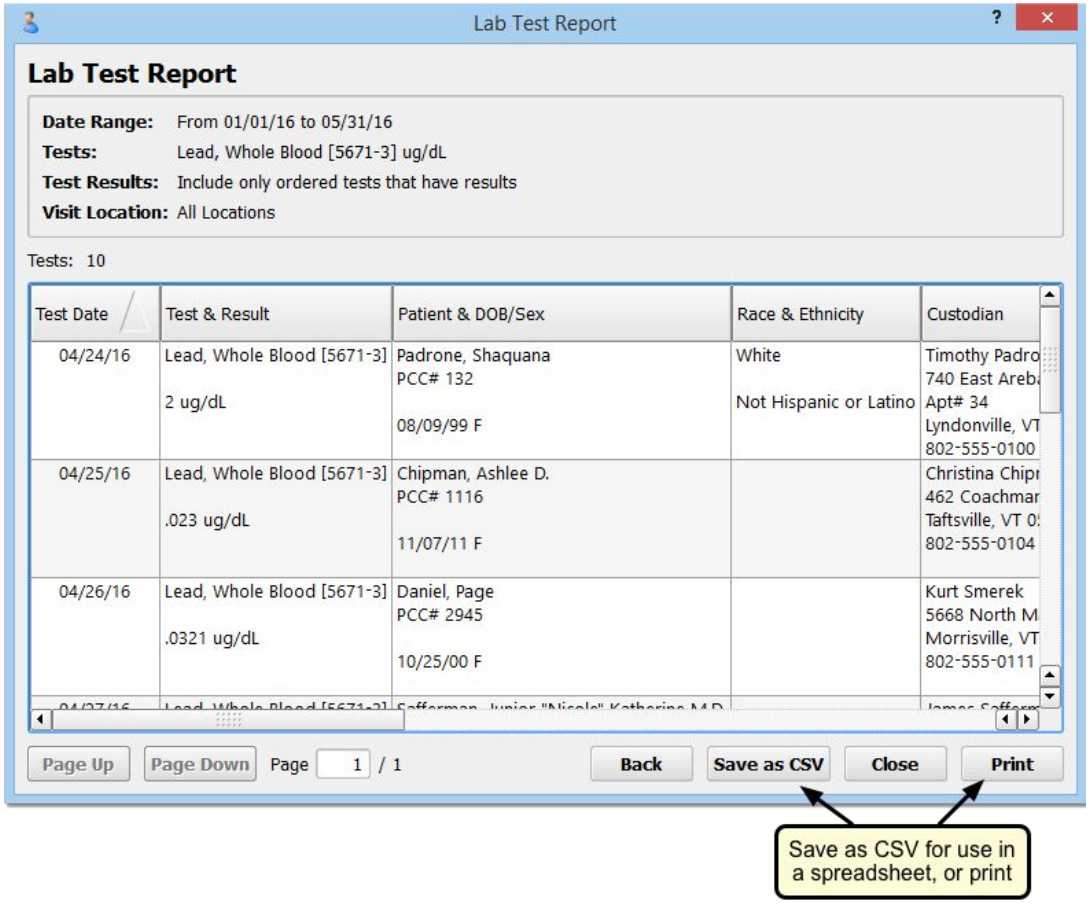
Lab Order Report





Save as CSV for use in a spreadsheet, or print

Can be useful for COVID test reporting

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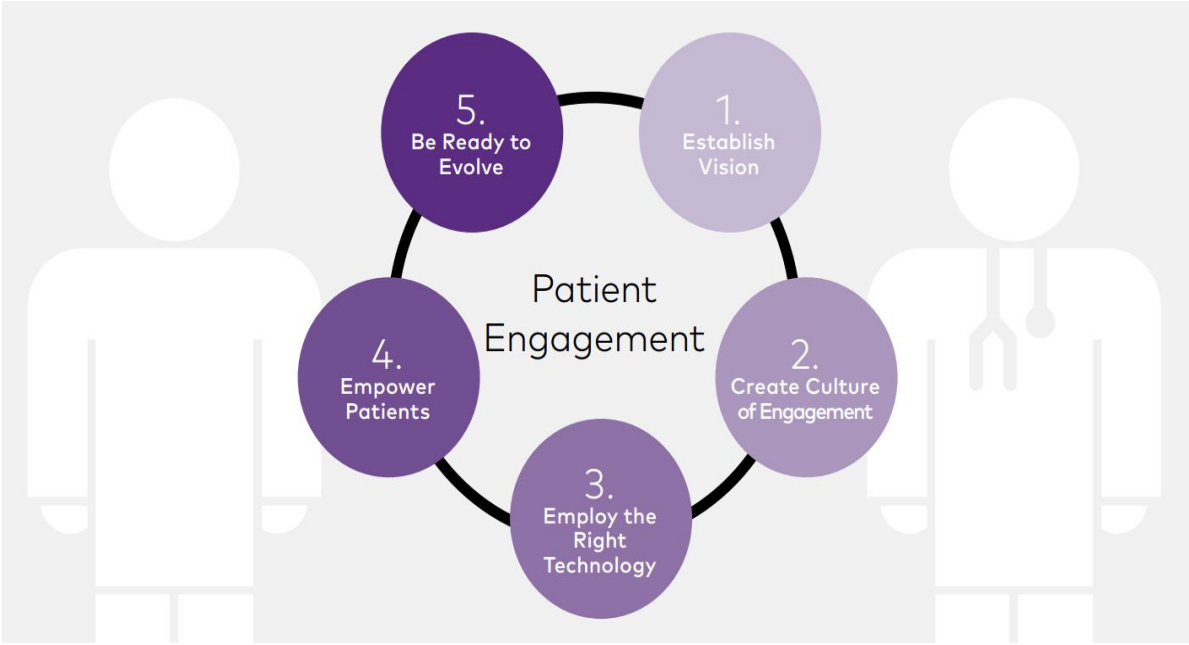
Strategic Oversight Reporting

Information related to the long-term growth and ongoing business aspects of the practice. May be influenced by external mandates: PCMH, Pay-for-Performance, Insurance Contracts, etc



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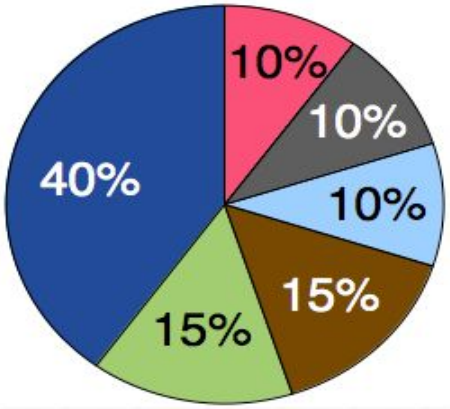
Financial Pulse

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.

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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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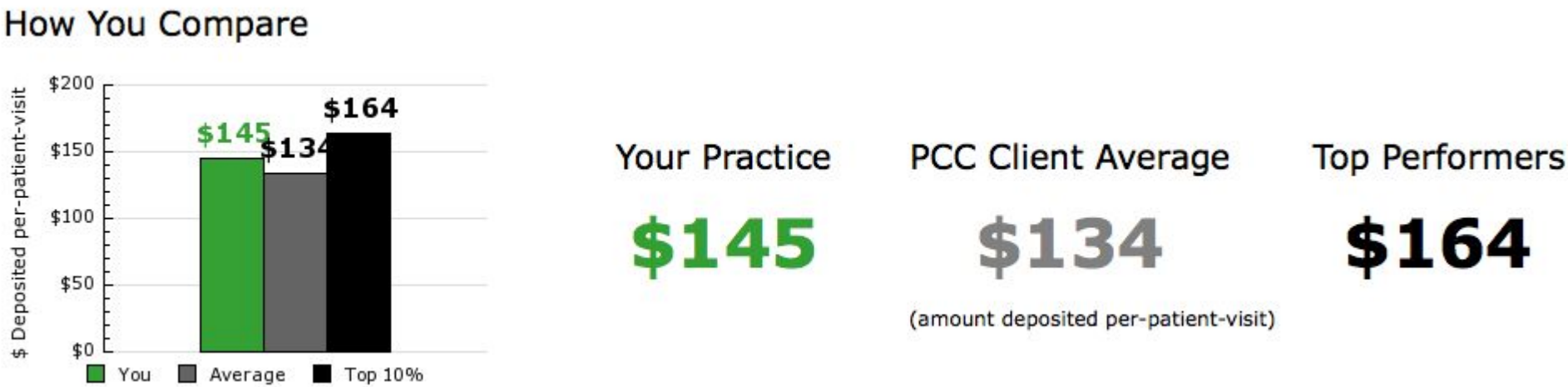
Revenue-per-Visit



- 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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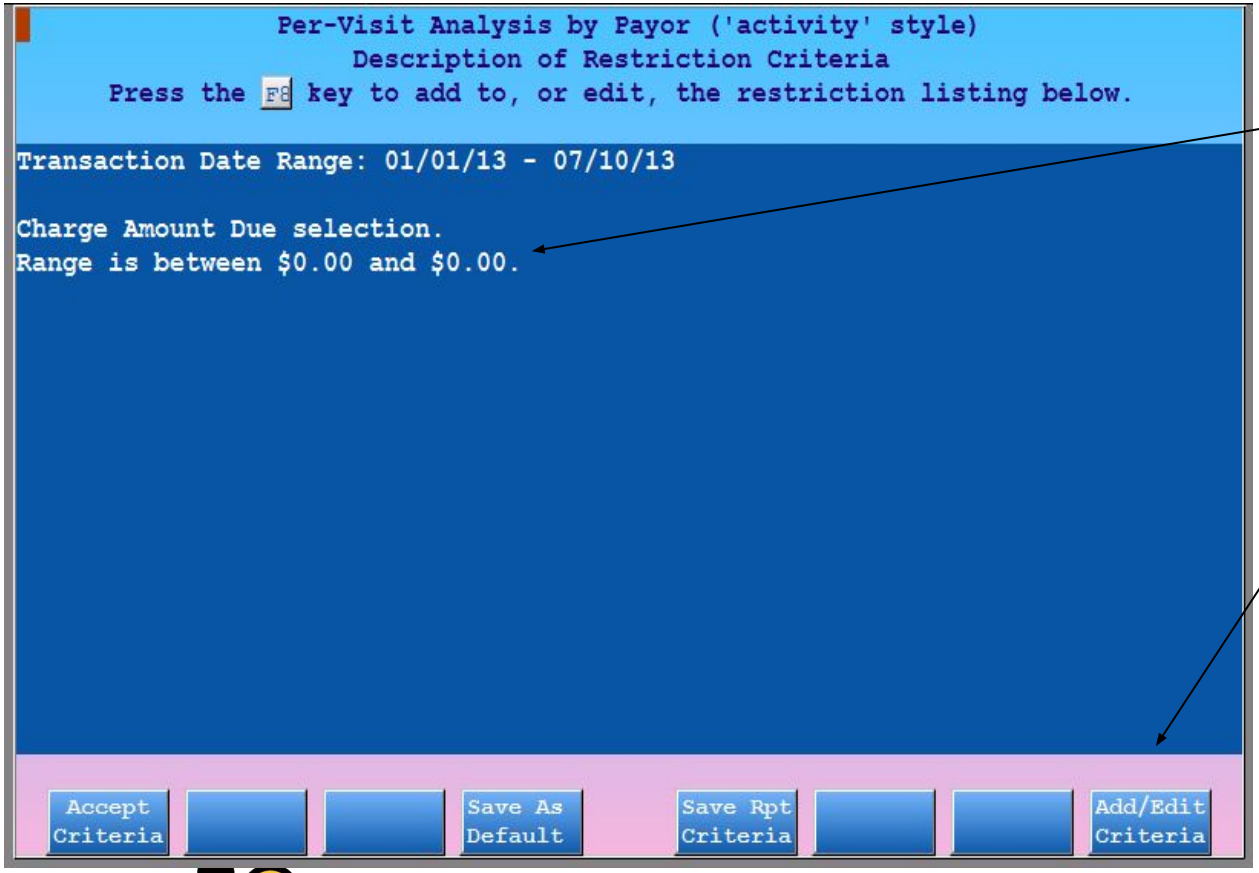
Revenue-per-Visit by Payor

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.

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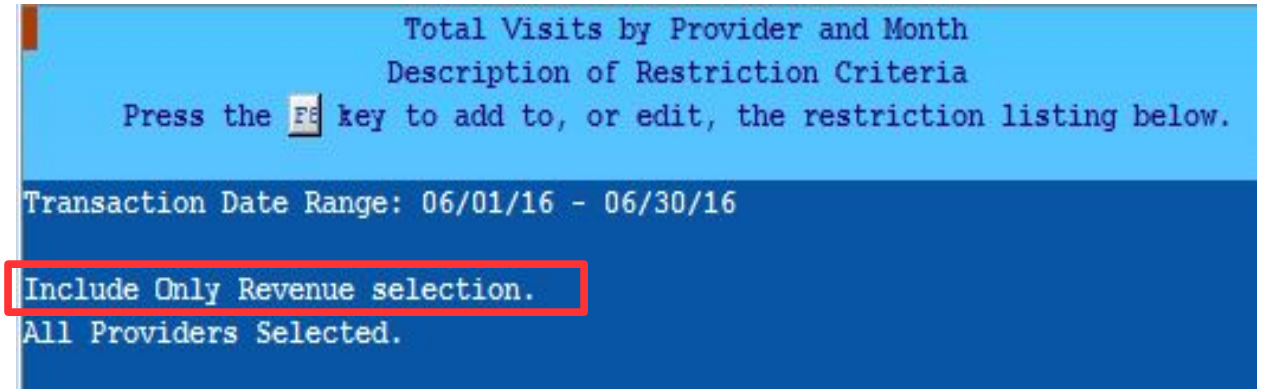
Include Only 'Revenue' Visits



- 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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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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Pricing Analysis

- Review all of your prices at least once every year
- Most CPT codes have RVU (Relative Value Unit) values, and they change every year
    - Significant RVU value increases in 2021! Have you reviewed your prices yet this year?
- Most insurance fee schedules are directly based on RVU values
- To learn more about pricing analysis, come to Chip's session on Thu 6/10 at 2pmET: "Setting Prices Fairly and Easily"

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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

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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!

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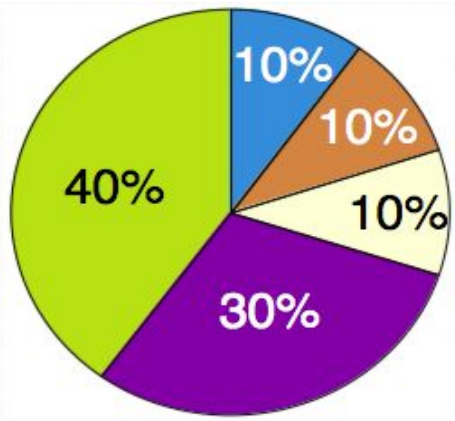
Clinical Pulse

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.

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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 the EHR Report Library for up-to-date recall lists of overdue patients

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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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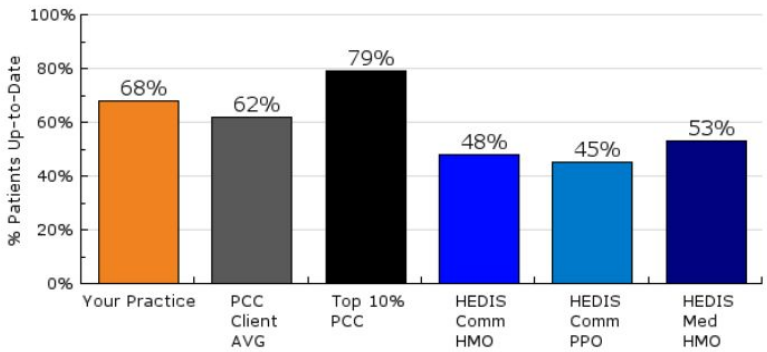
% of Patients Up-to-Date on Well Visits

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 Score: **63** out of 100

Up-to-Date Patients: 1,303
Qualifying Patients: 1,912
Percentage: **68%**

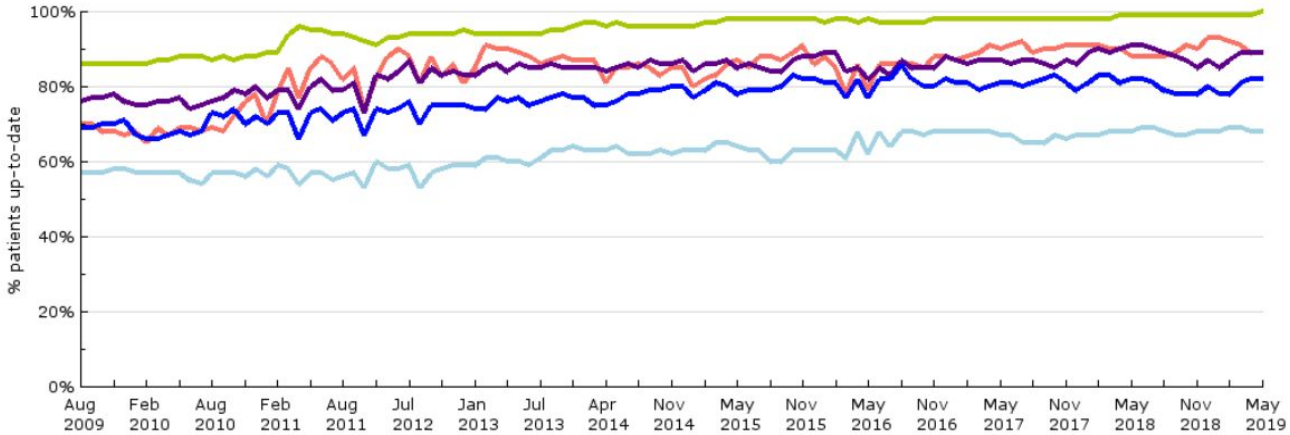
View overdue patient list - 609 patients overdue

View Detailed Breakdown for Age Group

View PCC Client Distribution

Your Practice Trends

Save as spreadsheet



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“Under 15 Months” Measure Explained

- Based on the standard HEDIS measure and counts active patients having 6 well visits before age 15mo.
- Denominator represents patients who turned 15 months old in the past year (currently 15-27 months old). **Not patients currently under 15 months old**
- If a patient misses the measure, they will continue to show as overdue for this measure until they turn 27 months of age
- Patients whose 1st visit was >6 weeks after birth are excluded as they likely won’t have a chance to get 6 well visits before 15mo.

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% 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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Patient Recall in the EHR

- Use the "Preventive Care Recall" report in the EHR Report Library for customized lists of patients who are overdue for well visit
- Create customized recall lists for different age groups with specific output columns
- Use PCC's Broadcast Messaging functionality within the EHR Report Library to easily reach out to patients who are overdue
  - No extra cost for PCC's Broadcast Messaging functionality
- Schedule recall lists to be generated for you on a regular basis

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Well Visit Recall

- Use EHR Report Library - Patient Recall -> “Preventive Care Recall”

- Restrict on:
  - Visit date (last 3 yrs to include active patients)
  - Exclude by Patient flag (exclude pats w/ any type of inactive flag)
  - Patient age (focus on specific age range)
  - Physical due date (all past dates through next 90 days)
  - Exclude by scheduled appointment (exclude all well visit appointment types over next 365 days)

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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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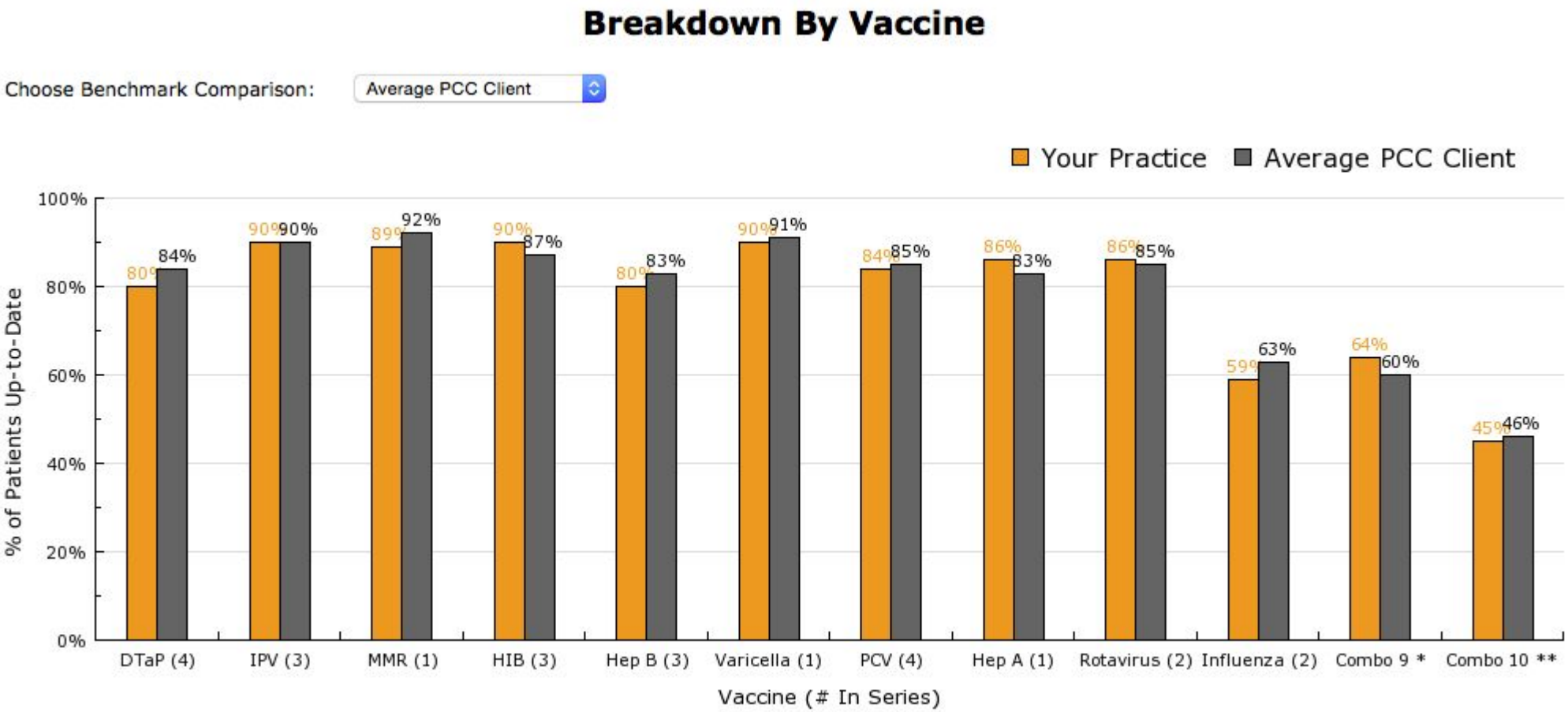
Childhood Immunization Rates



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Adolescent Immunization Rates

Measure: Immunization Rates - Adolescents

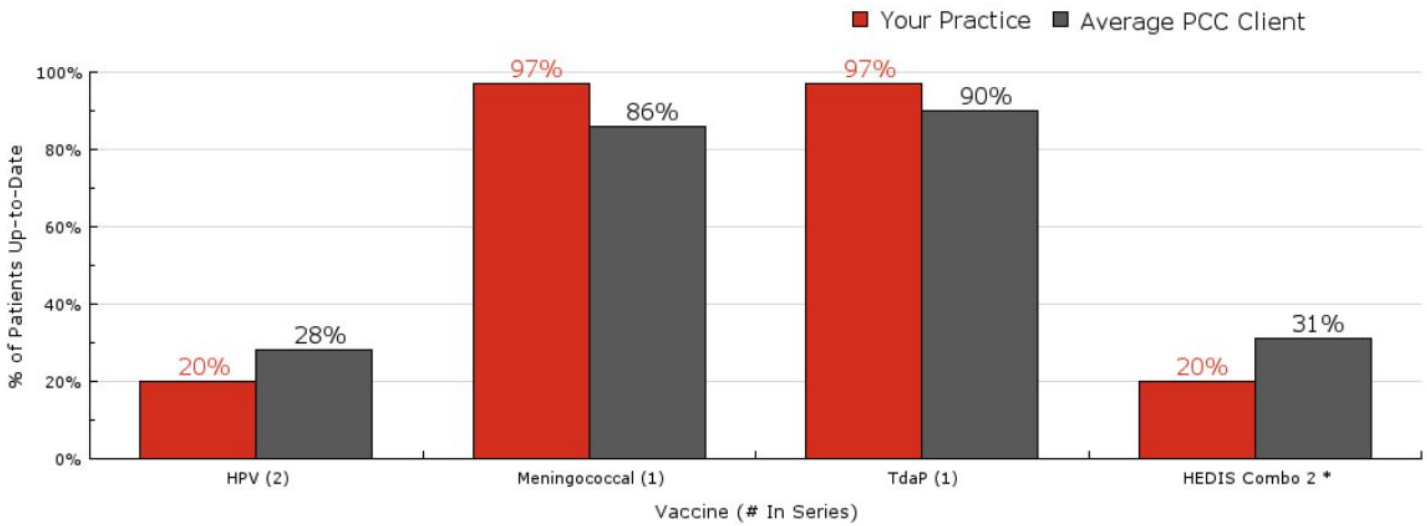
Choose a measure

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

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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 immunizaitons, 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 dnatient flag, removed age range selection, 1 to 6 shots, all imms

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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

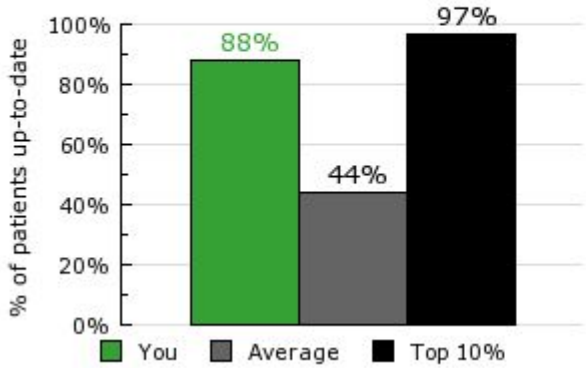
There may be 12 patients at my practice who are overdue for their Rotavirus vaccine

896 results

Depression and Developmental Screening Rates

How You Compare

View Comparison By Provider



Your Practice	PCC Client Average	Top Performers
88%	44%	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)

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Chronic Condition Recall

- Use EHR Report Library - Patient Recall -> “Chronic Condition Recall”

- Restrict on:
  - Visit date (last 3 yrs to include active patients)
  - Exclude by Patient flag (exclude pats w/ any type of inactive flag)
  - Patient age (focus on specific age range)
  - Clinical Diagnosis (include pats w/ specified diagnosis)
  - Exclude by scheduled appointment (exclude all appointment types over next 365 days)
  - Exclude by charges (exclude patients having any charge billed in past X months. If the patient was seen recently, they aren’t overdue)

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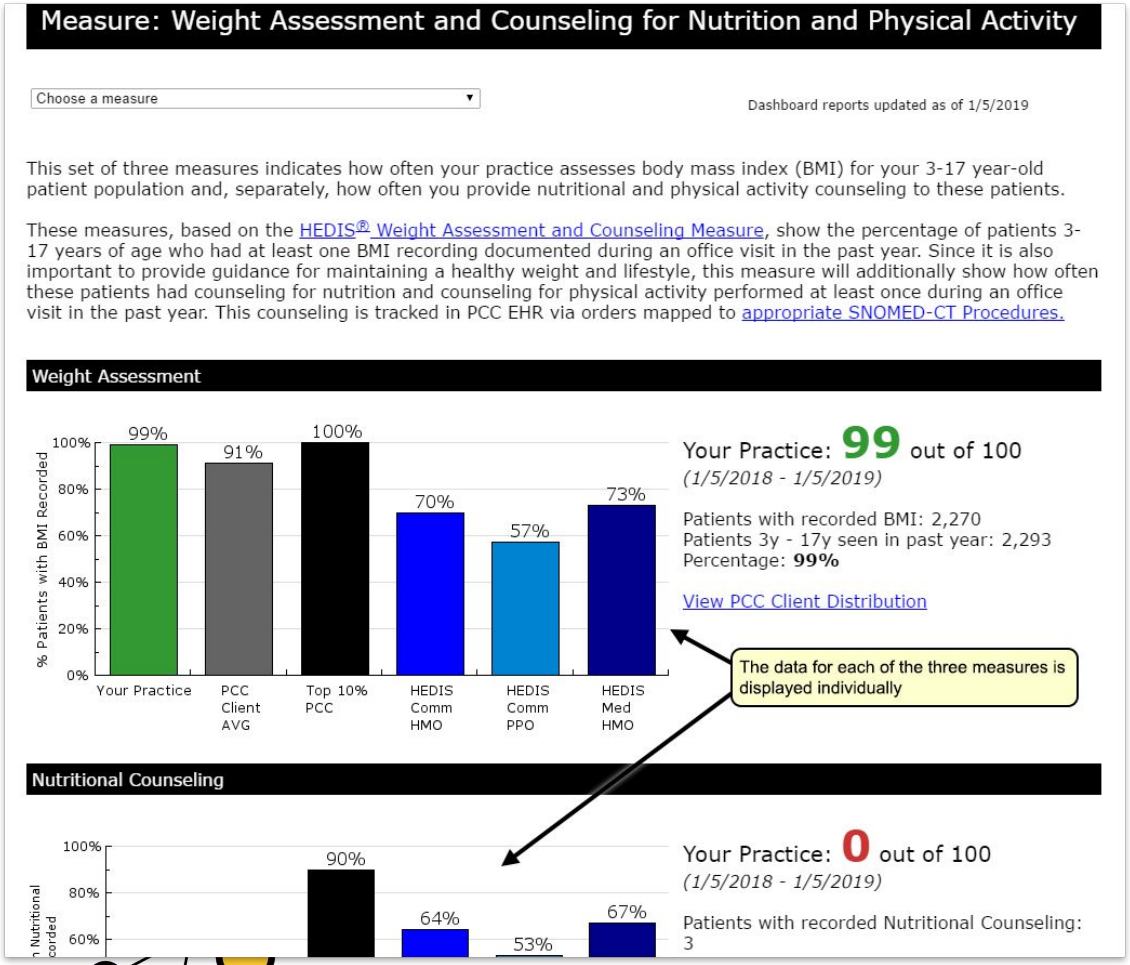
Weight Assessment and Counseling



- 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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Thank You!

- What are the areas of your practice that need more oversight?
- What oversight reports do you wish you had access to in PCC?

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