

Financial Oversight Reporting

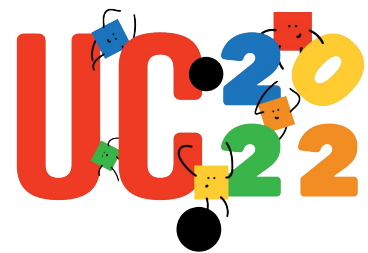
Tim Proctor - tim@pcc.com

Project Manager and Product Owner



Agenda

- Financial Oversight Reporting
1:15-2:15
- Clinical Oversight Reporting
2:30-3:30
- Oversight Reporting Workshop
3:45-4:45



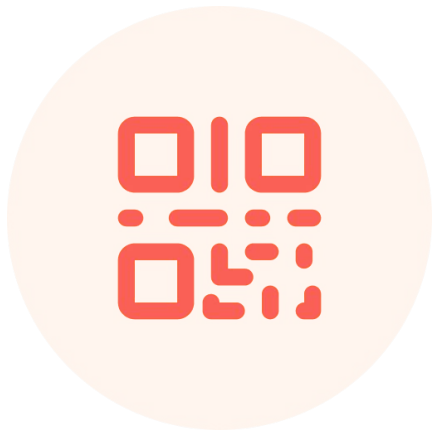
Session Goals

1. An introduction to various operational and strategic financial 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



slido

Which financial reports are most important to your practice?



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#6923348**



① Start presenting to display the joining instructions on this slide.

slido



Which financial reports are most important to your practice?



① Start presenting to display the poll results on this slide.

Billing Oversight

Information necessary to oversee routine billing operations at your practice



- Charge posting review
- Claim errors
- Unbilled encounters
- Accounts Receivable

Productivity

Information necessary to oversee business productivity. Sometimes also used for physician compensation modeling



- Visits
- Charges
- Payments
- RVUs
- E&M Coding
- Active Patients
- New Patients

Strategic Financial 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.



- Revenue-per-Visit
- Revenue-per-CPT
- Pricing Analysis



Routine Billing Oversight Reports



Review Charge Posting/Coding

- PCC dailycheck program
 - Can identify whether providers or billing staff are missing any charges
 - An experienced coder should run this, though preferably not the person posting charges
 - Can answer questions like: “Did we miss any vaccine admins? Or screening codes? Or modifiers?”
 - Review before claims are submitted



Review Daily Charge Posting

Daily Operations	
Schedule Patient	(sam)
View Daily Schedule	(samview)
Checkin Patient	(checkin)
Post Charges	(checkout)
Correct Mistakes by Patient	(oopsp)
Proving Out	
Sc Proving Out	
Ch	
Sc Deposit Slip	(deposit)
Sc -Daysheet Postings Check	(dailycheck)
Ed Daysheet	(daysheet)
Ed List Open/Unlinked Payments	(openpmt)
Po Payments Sorted by Check Number	(srs deposit)
Pr Daysheet Entries for one Family	(dsscan)
Re Mark End Of Shift	(dsclob)
Vi Daily Corrections Log	(oopslog)



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 (pretags/Proxymed/Emdeon Claims ONLY)

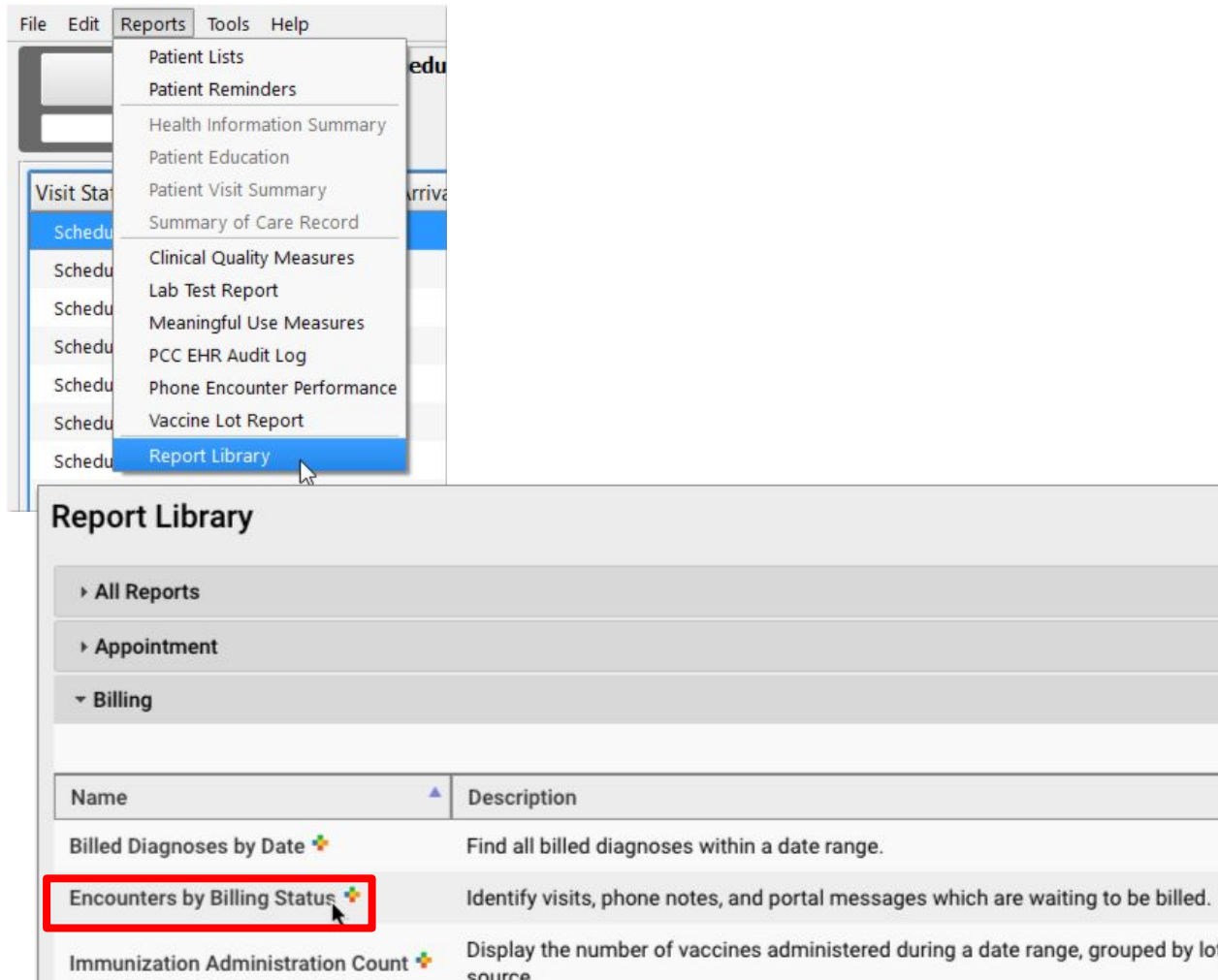
Acct	Acct Last Name	Acct First Name	Pat	Pat First Name	Date of Current Billing Status	Current Billing Status	Current Billed Message	Transaction Date	Charge Amount	Amount Due
-	-	-	-	-	-	-	Error	-	-	-
1094	Miller	Lance E	2169	Cunigue	07/02/16	Tagsplit Error/Rejection	Claim (from Retired Insurance Plans) 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



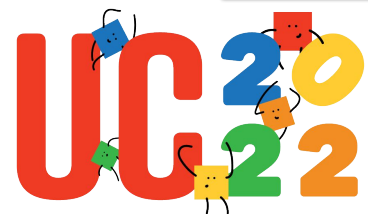
Encounters by Billing Status



The screenshot shows a software interface with a menu bar (File, Edit, Reports, Tools, Help) and a 'Report Library' window. The 'Reports' menu is open, listing various report types. The 'Report Library' window displays a table of reports with columns for 'Name' and 'Description'. The 'Encounters by Billing Status' report is highlighted with a red box.

Name	Description
Billed Diagnoses by Date	Find all billed diagnoses within a date range.
Encounters by Billing Status	Identify visits, phone notes, and portal messages which are waiting to be billed.
Immunization Administration Count	Display the number of vaccines administered during a date range, grouped by lot source.

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



Encounters by Billing Status

Encounters by Billing Status

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

[Edit Categories](#) Billing

Encounter Date
Last 30 Days From 05/23/2020 to 06/22/2020

Provider
[Edit](#) All Providers

Location
All Locations

Billing Status
All Billing Statuses

[Back](#) [Customize Report](#) [Close](#) [Generate](#)

Find encounters that are ready to post or have new items

Billing Status

Ready to Post, New Items

Not Ready

Ready to Post

Posted

New Items

Find encounters that clinicians forgot to make ready for billing

Billing Status

Not Ready

Not Ready

Ready to Post

Posted

New Items



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

5 results

Report Library Back Export Close Print

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



PCC Dashboard

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

My Practice Status

Financial Pulse



87 i

Clinical Pulse



63 i



PCC Dashboard Basics

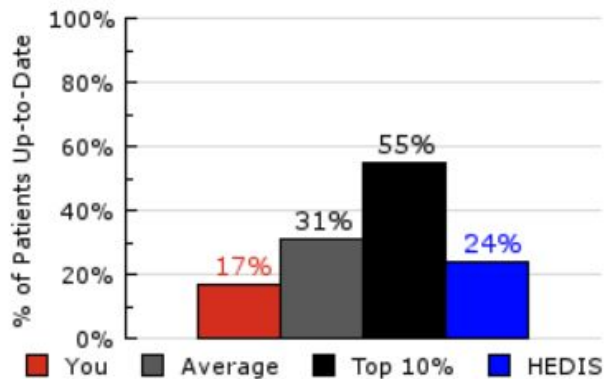
- One login for each practice
 - access via EHR Reports menu
 - or access via <https://dashboard.pcc.com>
- Data collected on the first Saturday of every month. Loaded into production a few days after that
- Pediatric-specific benchmarks
- Clinical measures accurate right away for new PCC clients. Financial measures accurate about 6-8 months post go-live



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)



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

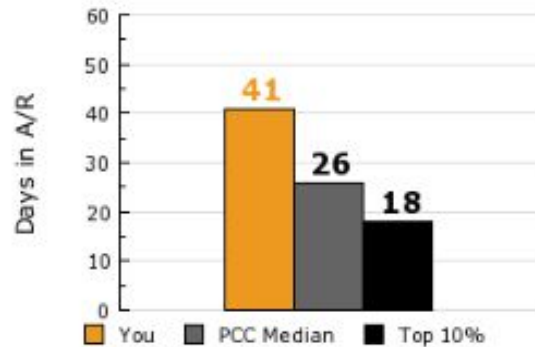
Next Priorities

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



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



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

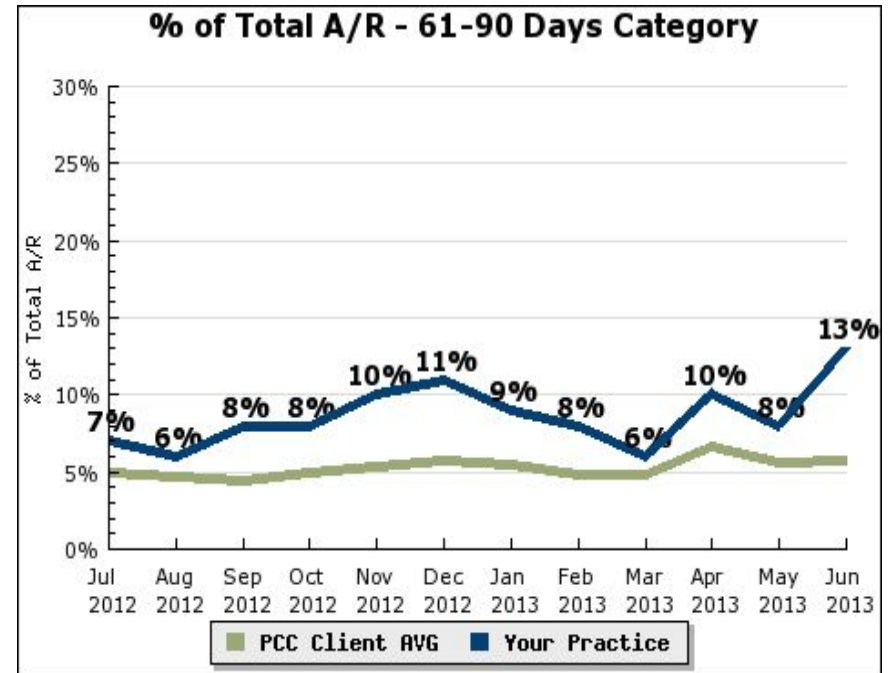
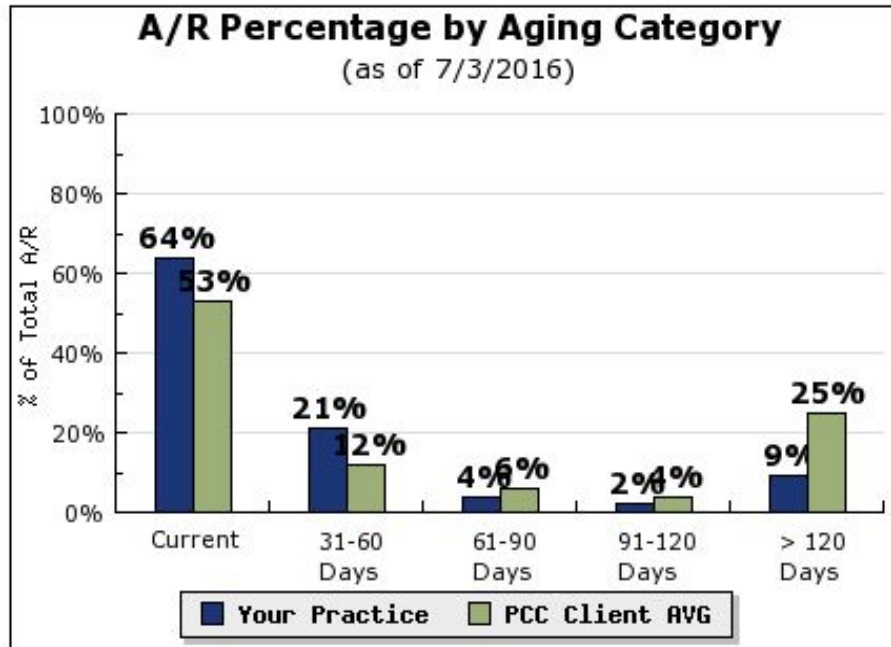
- [Detailed A/R Summary Report](#)



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



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)
Print Paper Claims	(HCFA)
Post Insurance Payments by Patient	(pip)
Insurance Aging Report	(insaging)
List Old/Pending Charges	(inscoar)
View Archived Claim Reports	(ecsreports)
Billing Error Report	(srs)
Claims Never Submitted	(srs)
Claims Last Submitted > X days ago	(srs)
Claims First Submitted > X days ago	(srs)
Correct Mistakes by Patient	(oopsp)
Correct Mistakes by Account	(oops)
Edit Accounts	(fame)
Edit Patients	(notjane)
Resubmit Claims	(maketags)
List Patients by Insurance Company	(listins)

- Monitor % of A/R in each aging category for each insurance group



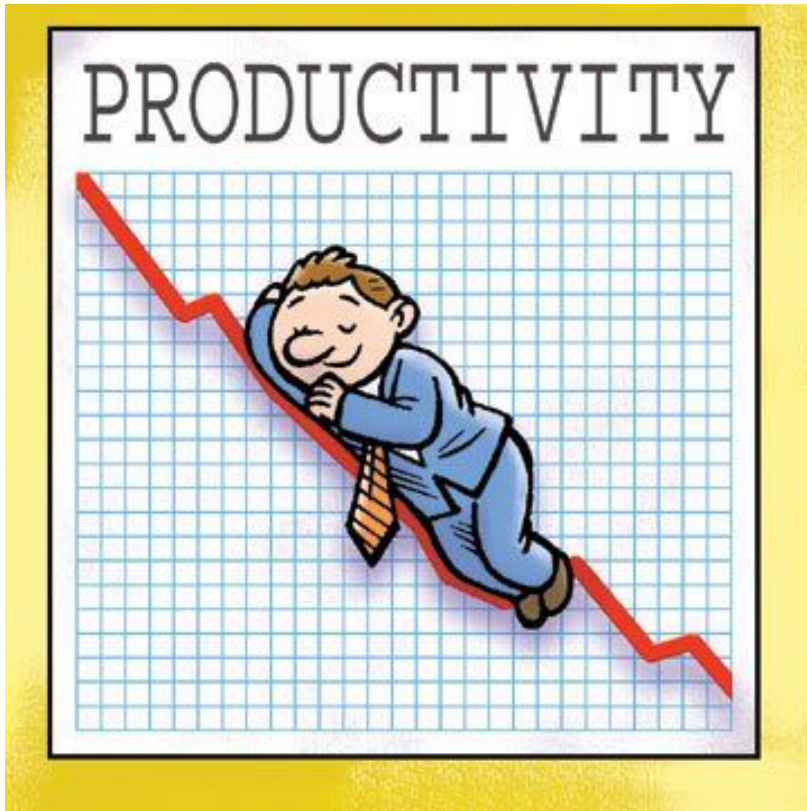
Insurance Aging Summary

Insurance Company Aging Report - All Providers		07/08/16						
Ins Group	Current	30-59	60-89	90-119	120+	Total	Percent	
Personal	10,266	4,650	2,047	2,164	62,137	81,265	52%	
Medicaid	0	0	0	0	46	46	0%	
Aetna USHC 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%			
<u>Criteria for this report run.</u>								
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



Productivity Reporting



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

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

- “Custom/Homegrown” report example
- 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
- Includes payments **attributed to the visits and charges** being reported



Include Only 'Revenue' Visits

```
Total Visits by Provider and Month
Description of Restriction Criteria
Press the F8 key to add to, or edit, the restriction listing below.

Transaction Date Range: 06/01/16 - 06/30/16

Include Only Revenue selection.
All Providers Selected.
```

- 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, Immunization, and other visit types by provider



Productivity Reports Demo in PCC PM

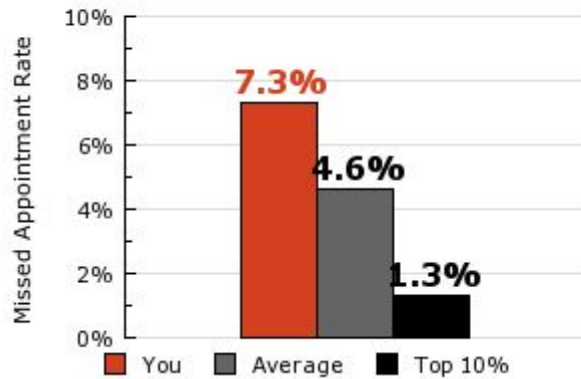
- Total Visits, Charges, and Payments by Provider
- Per Visit Analysis by Provider (Grouped by Visit Type)



Missed Appointment Rate Benchmark

How You Compare

[View Comparison By Provider](#)



Your Practice

7.3%

PCC Client Average

4.6%

Top Performers

1.3%

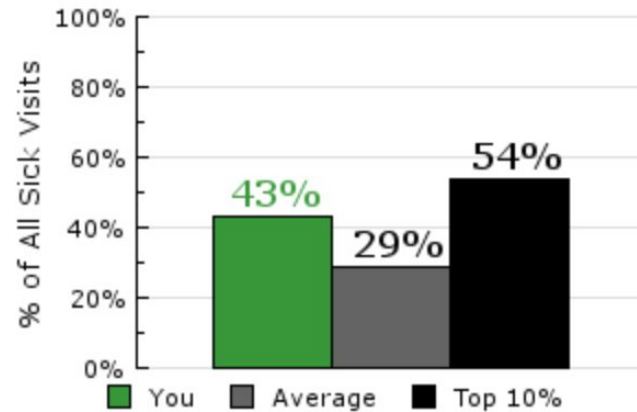
(Missed Appointment Rate)

- 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

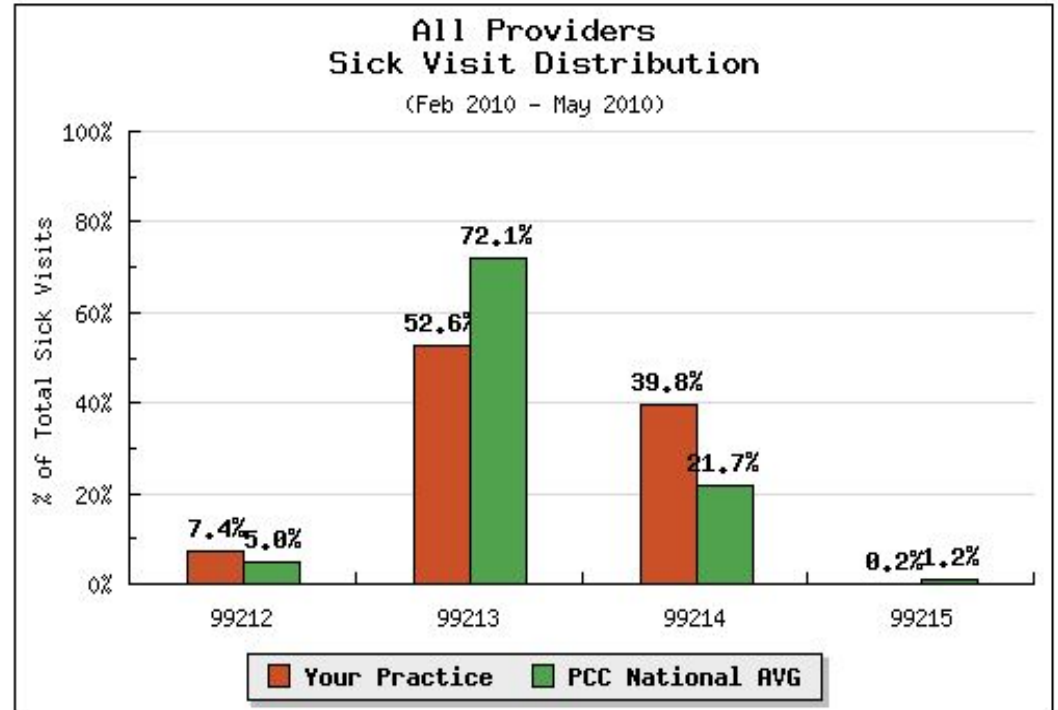
2010

Choose Provider

All Providers

Choose any Provider

Generate Graph



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

Print Version



How Many Active Patients Do I Have?

Sample PCC Practice Logout
Change My Password

Patient Population

Select Criteria

Provider:

Age Range:

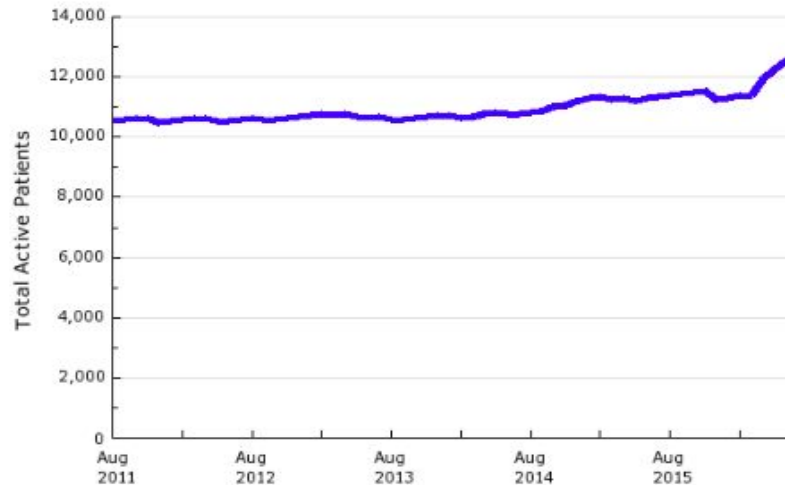
Active Patient Count by Age

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



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



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

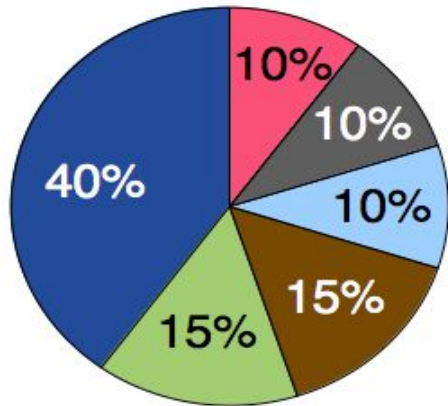


Financial Pulse



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.



Revenue Analysis

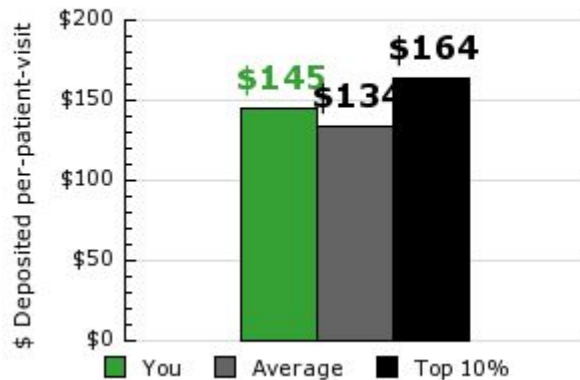
Why do it?

- 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

Top Performers

\$164

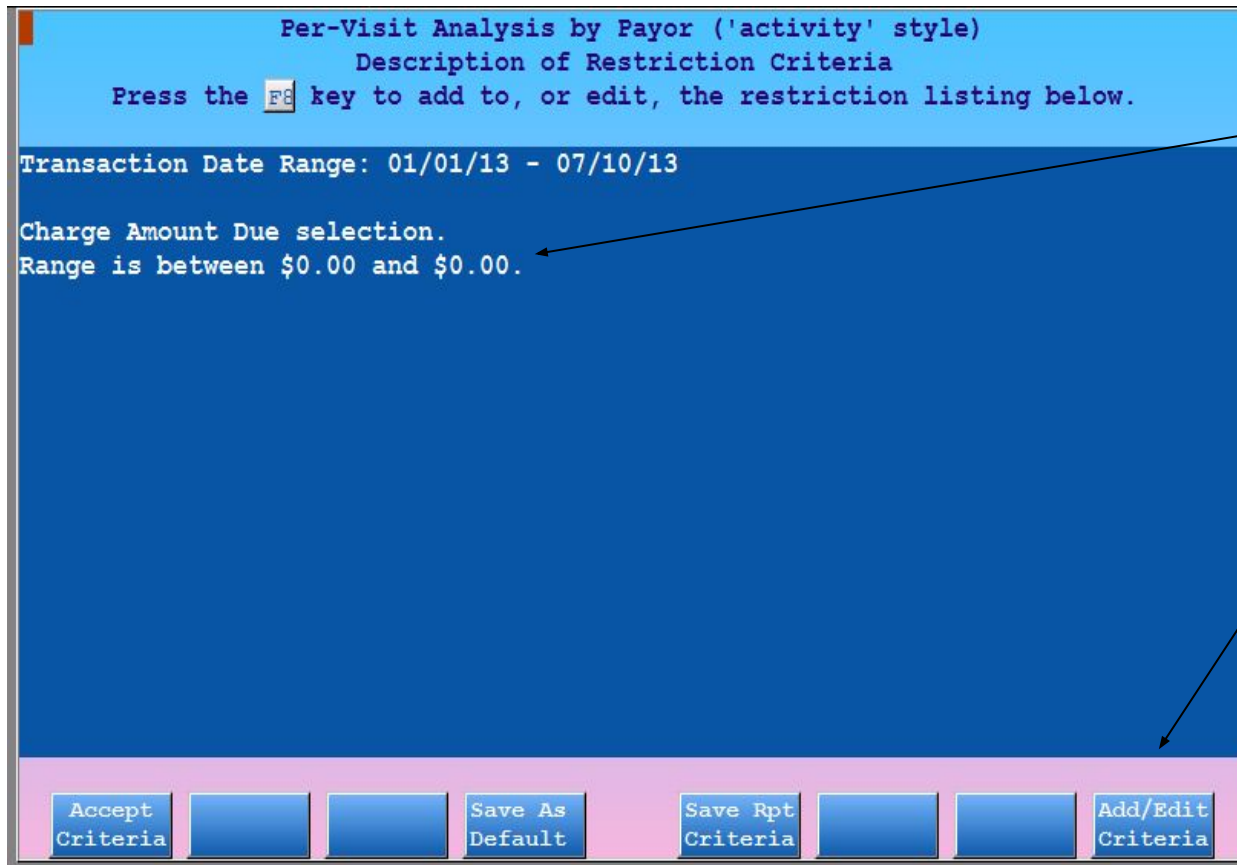
(amount deposited per-patient-visit)

- Measure of average dollars collected per patient visit.
- “Revenue” includes both insurance and personal payments (such as copays and deductibles.)
- Dashboard provides comparison with and without immunizations



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

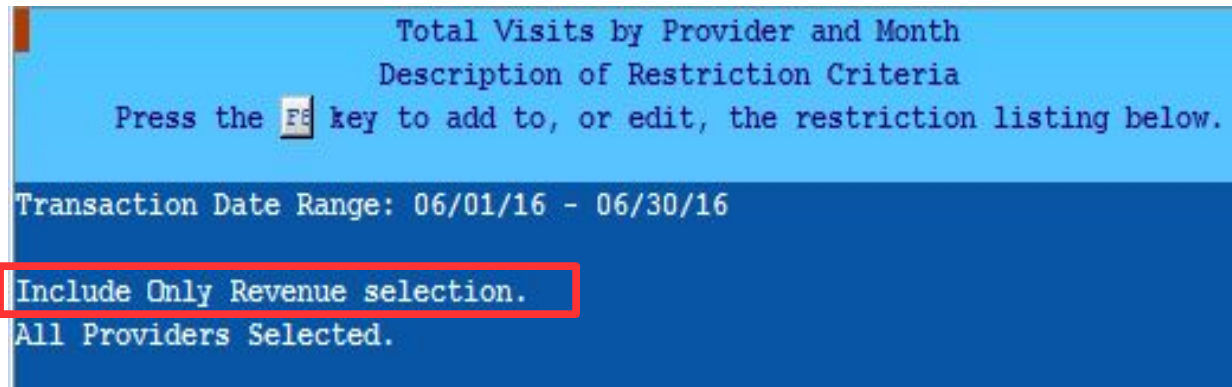
Charge Amount Due selection.
Range is between \$0.00 and \$0.00.

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?



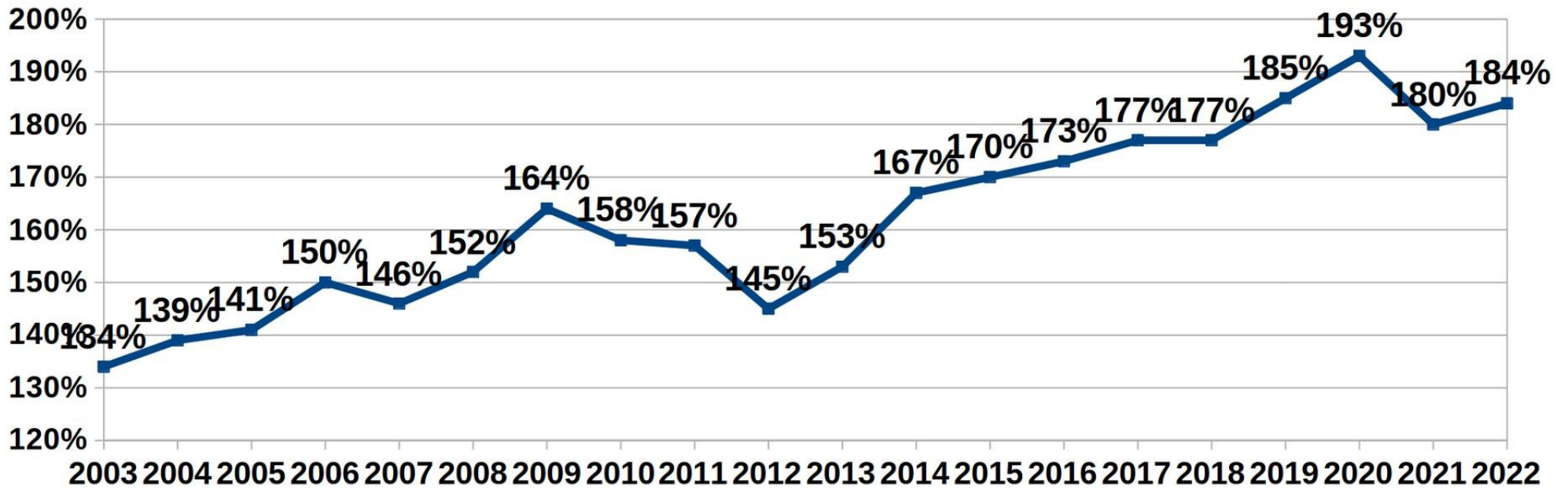
Pricing Analysis

- 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 recent years! When is the last time you have reviewed and updated your prices?
- Most insurance fee schedules are directly based on RVU values
- Imms Admin RVU changes coming in 2023 and they should have positive \$ impact!



PCC Client Pricing Benchmarks

Pricing Relative to Medicare



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

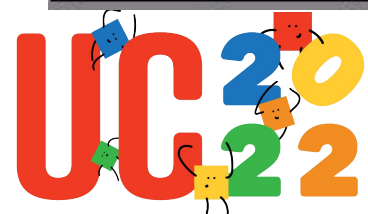
Procedures:

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!



Thank You!

- Reach out to PCC support for help with your specific report needs. PCC reporting is very customizable!
- What are the financial areas of your practice that need more oversight?



What Questions Do You Have?

Questions posted in the Socio will be read aloud by moderator for the presenter to answer. Please post your questions in Socio now.



Later Viewing

This and all other UC2022 course recordings will be available for later viewing through Socio and [PCC's YouTube Channel](#)

