

Financial Oversight Reporting

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Product Owner

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

Billing Oversight

Information necessary to oversee routine billing operations at your practice



- Claim errors
- Payment Reconciliation
- 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

Which Oversight Reports Should I Run and How Often?

[PCC Oversight reports to run daily, weekly, monthly, quarterly, an yearly](#)



Daily

REPORT TITLE	PURPOSE	WHERE TO FIND
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Custom Huddle Sheet	Identify overdiagnosis	
Visits by Billing Status	Ensure today's coding	
Daily Check	Review coding	
Payment Reconciliation Report	Reconcile today's payments	
Daysheet Postings Check	Review change	

Weekly

REPORT TITLE	PURPOSE	WHERE TO FIND
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Monthly

Copay Collection Ratio		
Need Corrections		
Claim and Billing Error Report		
Encounters by Billing Status		

REPORT TITLE	PURPOSE	WHERE TO FIND
Detailed A/R Summary Report	Track your A/R trends	Practice Vitals Dashboard (PCC EHR)
Insurance Aging Report	Review A/R summary by payor	Practice Management

Quarterly

REPORT TITLE	PURPOSE	WHERE TO FIND
Daysheet Totals by Posting Month (Wide Style)		
Daysheet Totals by Provider	Revenue per Visit by Payor	Evaluate income by insurance group Practice Management - SRS
Total Visits, Charges, and Payments by Provider	Revenue per visit with/without imms/location adjusted	Evaluate average visit income Practice Vitals Dashboard (PCC EHR)
	Patient Population	Measure practice growth or contraction Practice Vitals Dashboard (PCC EHR)



Routine Billing Oversight Reports

Review Charge Posting/Coding

- Are providers or billing staff missing any screening, vaccine, or other charges?
- Spot-check posted visits in EHR

None	UNDES	8:55am Merritt Zachary	02/03/08 M	10yr - 11yr Well visit	Crusner	Ready to Post	Crusner, Williams
w/Provider	4	END visit	10:00am Addington Abigail	01/20/10 F	Sick Call	Williams	Posted Williams
w/Nurse	3	END	11:42am Baker, Jr. Zachary "Zach" Troy	02/16/15 M	10yr - 11yr Well Visit	Crusner	

Procedures							Primary: BCBS OOA	
Procedures	Units	Price	Insurance	Ins Due	Ins Adj	Pers Due	Discount	Source
<input checked="" type="checkbox"/> 99392 PE Well Child 1-4 Years ▶ Dx: 1) Z00.129 2) L30.9	1		Primary					Electronic Encounter Form
<input checked="" type="checkbox"/> 96110-59 MCHAT ▶ Dx: 1) Z00.129	1		Primary					Screening (Completed)
<input checked="" type="checkbox"/> 96110-59 SWYC Screen ▶ Dx: 1) Z00.129	1		Primary					Screening (Completed)

Review Charge Posting/Coding

Daily Operations	
Schedule Patient	(sam)
View Daily Schedule	(samview)
Checkin Patient	(checkin)
Post Charges	(checkout)
Correct Mistakes by Patient	(oops)
Proving Out	
Sc Proving Out	
Ch	
Sc	
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 (opslog)

- Or use 'dailycheck' report in PM to review a full day's worth of posted visits and look for errors

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						

Review Claims That Need Correction

Submission **Needs Correction (6)** Log Holds Delay

Claims - Needs Correction

The claims below could not be submitted and require one or more corrections.

Status: Needs Correction Search Filter:

Claim Status	Patient	Date of Service	Insurance Plan	Reason
Needs Correction	Hostettler, Amanda (PCC# 2482)	11/01/19	Aetna PPO \$0	The policy "Aetna PPO \$0" is not active for the date(s) of service.
Needs Correction	Flintstone, Pebbles (PCC# 3336)	04/01/16	Aetna HDHP	The policy "Aetna HDHP" is not active for the date(s) of service.
Needs Correction	Orlando, Rodger Growth (PCC# 4017)	04/18/19	Aetna HDHP	The policy's certificate number has fewer than 2 characters.
Needs Correction	Flintstone, Dino (PCC# 3335)	11/01/19	Aetna HDHP	The policy "Aetna HDHP" is not active for the date(s) of service.
Needs Correction	Flintstone, Pebbles (PCC# 3336)	11/16/19	Aetna HDHP	The policy "Aetna HDHP" is not active for the date(s) of service.
Needs Correction	Orlando, Rodger Growth (PCC# 4017)	02/23/23	Aetna HDHP	The policy's certificate number has fewer than 2 characters.

Validate Delete Claim Close Open

Review this regularly to fix problems that are holding up claims from being submitted

Review Unresolved Claim Rejections

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

Encounters by Billing Status

The screenshot shows a software interface with a 'Reports' menu open. The 'Report Library' is displayed, showing a list of reports. The 'Encounters by Billing Status' report is highlighted with a red box. The report is described as identifying visits, phone notes, and portal messages waiting to be billed.

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
- Run at least weekly

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

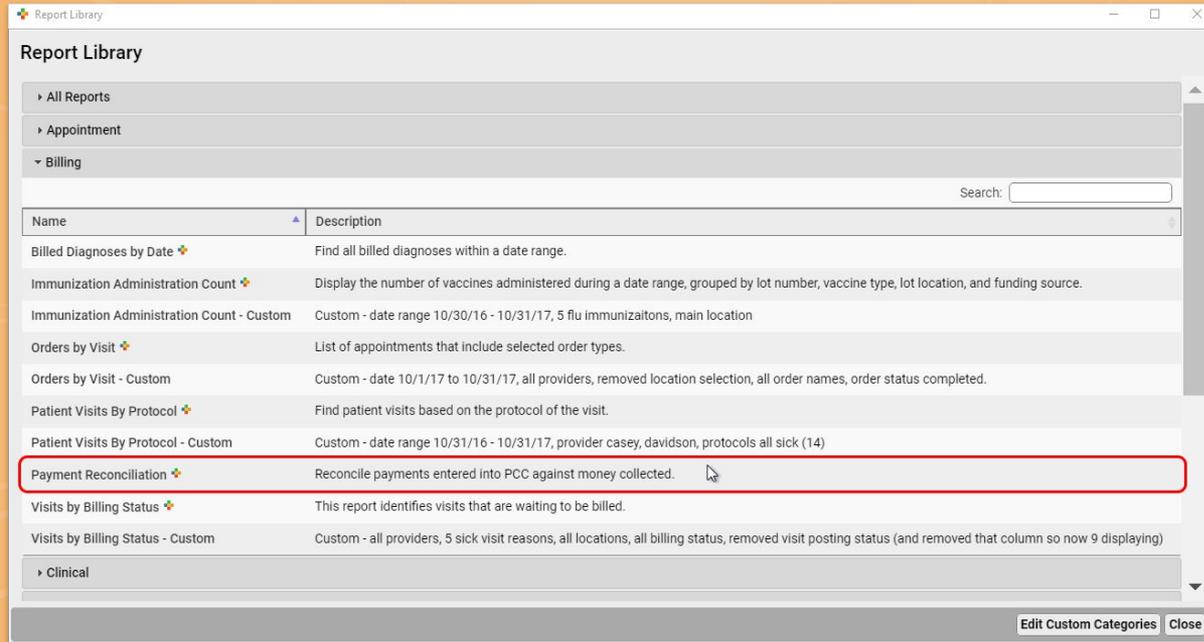
5 results

Report Library Back Export Close Print

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



Payment Reconciliation - Front Office



The screenshot shows a software window titled "Report Library" with a search bar and a list of reports. The "Billing" category is expanded, and the "Payment Reconciliation" report is highlighted with a red box. The report description is "Reconcile payments entered into PCC against money collected." Other reports include "Billed Diagnoses by Date", "Immunization Administration Count", "Orders by Visit", "Patient Visits By Protocol", and "Visits by Billing Status".

Name	Description
Billed Diagnoses by Date	Find all billed diagnoses within a date range.
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
Orders by Visit	List of appointments that include selected order types.
Orders by Visit - Custom	Custom - date 10/1/17 to 10/31/17, all providers, removed location selection, all order names, order status completed.
Patient Visits By Protocol	Find patient visits based on the protocol of the visit.
Patient Visits By Protocol - Custom	Custom - date range 10/31/16 - 10/31/17, provider casey, davidson, protocols all sick (14)
Payment Reconciliation	Reconcile payments entered into PCC against money collected.
Visits by Billing Status	This report identifies visits that are waiting to be billed.
Visits by Billing Status - Custom	Custom - all providers, 5 sick visit reasons, all locations, all billing status, removed visit posting status (and removed that column so now 9 displaying)

Reconcile front desk payments on a daily basis

Payment Reconciliation - Front Office

Report Library

Payment Reconciliation

Reconcile payments entered into PCC against money collected.

Posting Date: From 05/03/2019 to 05/03/2019
Transaction Date: From 05/03/2019 to 05/03/2019
User: All
Location: All
Payment Type: All

Columns: 6 Displayed

Group By: Payment Type

Transaction Date	Payment Name	User	Patient Name	Account Name	Amount
Cash Payment (3)					
05/03/2019	TOS Cash Payment	mark	Martin, Matthew M.	Martin, Thomas	\$56.00
05/03/2019	TOS Cash Payment	mark	Renard JR., Elizabeth "Nicole" Lynn	Renard, Brian	\$60.00
05/03/2019	TOS Cash Payment	mark	Zeller, Erin Marie	Zeller, Dawn	\$166.00
					\$282.00
Credit Card Payment (1)					
05/03/2019	Master Card Payment	mark	Jones, Aleksandra		\$5.00
					\$5.00
Personal Check Payment (1)					
05/03/2019	TOS Check Payment	mark	Kneasel, Kate	Kneasel, Jesseca	\$45.00
					\$45.00
					\$332.00

5 results

Report Library

Back Export Close Print

Payments are grouped by Payment Type by default

A subtotal is calculated per group, with a grand total appearing at the bottom of the report

Payment Reconciliation - Insurance Billers

Payment Totals by Check Number

User who Posted	Ins Group Name	Transaction Date	Check Number	Ins Pmt	Ins Adj	Personal Pmt	Personal Adj
root	BCBS	06/02/24	012603323	\$195.00	\$0.00	\$0.00	\$0.00
root	Green Leaf Insurance	06/02/24		\$0.00	\$0.00	\$0.00	\$0.00
root	Keystone HealthPlan	06/02/24	01797970	\$40.00	\$0.00	\$0.00	\$0.00
root	Capital Blue Cross	06/02/24	012603323	\$16.76	\$0.00	\$0.00	\$0.00
root	Capital Blue Cross	06/02/24	100580000	\$2,451.19	\$0.00	\$0.00	\$0.00
root	Highmark Blue Shield	06/02/24	012603323	\$3,118.89	\$0.00	\$0.00	\$0.00
root	Retired Insurance Plans	06/02/24	012603323	\$2,381.73	\$0.00	\$0.00	\$0.00
				\$8,203.57	\$0.00	\$0.00	\$0.00

Criteria for this report run.

Transaction Date Range: 06/02/24 - 06/02/24

Payment Class:
Insurance

Payment Detail by Check Number (in Posting Order)

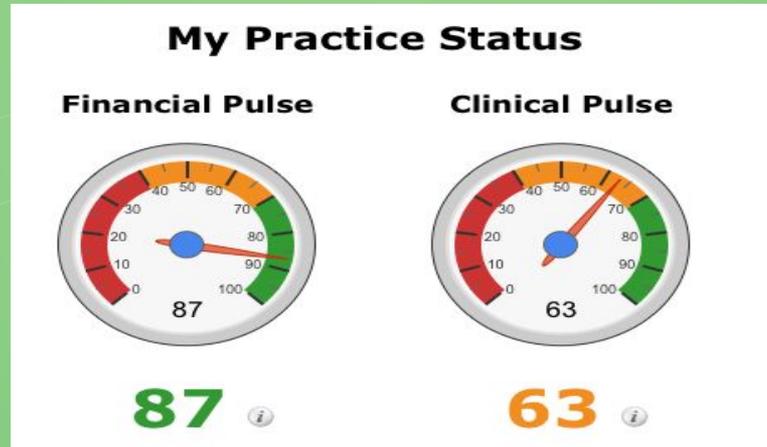
Check Number: 100580000

Ins Group Name	Pat Name	Pat First Name	Pat Last Name	Transaction Date	Check Number	Ins Pmt	Personal User who Pmt Posted
Capital Blue Cross	758			06/02/24	100580000	\$0.00	root
Capital Blue Cross	828			06/02/24	100580000	\$249.46	root
Capital Blue Cross	835			06/02/24	100580000	\$36.59	root
Capital Blue Cross	967			06/02/24	100580000	\$83.65	root
Capital Blue Cross	984			06/02/24	100580000	\$543.24	root
Capital Blue Cross	1025			06/02/24	100580000	\$92.36	root
Capital Blue Cross	1238			06/02/24	100580000	\$59.59	root
Capital Blue Cross	1355			06/02/24	100580000	\$36.59	root
Capital Blue Cross	1467			06/02/24	100580000	\$0.00	root
Capital Blue Cross	1647			06/02/24	100580000	\$36.59	root
Capital Blue Cross	1682			06/02/24	100580000	\$99.79	root
Capital Blue Cross	1730			06/02/24	100580000	\$72.98	root
Capital Blue Cross	1747			06/02/24	100580000	\$112.31	root
Capital Blue Cross	1865			06/02/24	100580000	\$60.00	root
Capital Blue Cross	1921			06/02/24	100580000	\$76.59	root
Capital Blue Cross	2007			06/02/24	100580000	\$79.00	root
Capital Blue Cross	2051			06/02/24	100580000	\$0.00	root
Capital Blue Cross	2346			06/02/24	100580000	\$83.18	root

Coming soon: EHR report versions of these!

PCC Dashboard

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



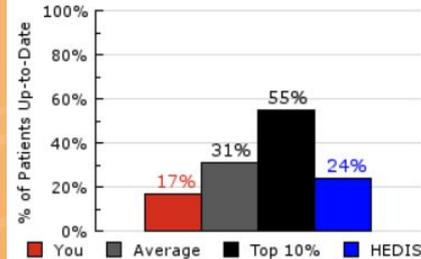
PCC Dashboard Basics

- One login for each practice
 - access via EHR Reports menu
- 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

17%

PCC Client Average

31%

Top Performers

55%

HEDIS[®] Commercial HMO

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



- 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.

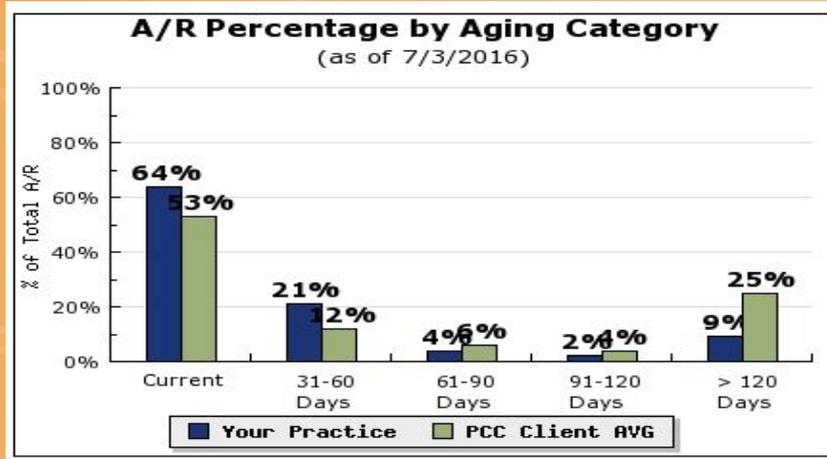
For more details about your current A/R status, please refer to the [Detailed A/R Summary Report](#).

Related Tools

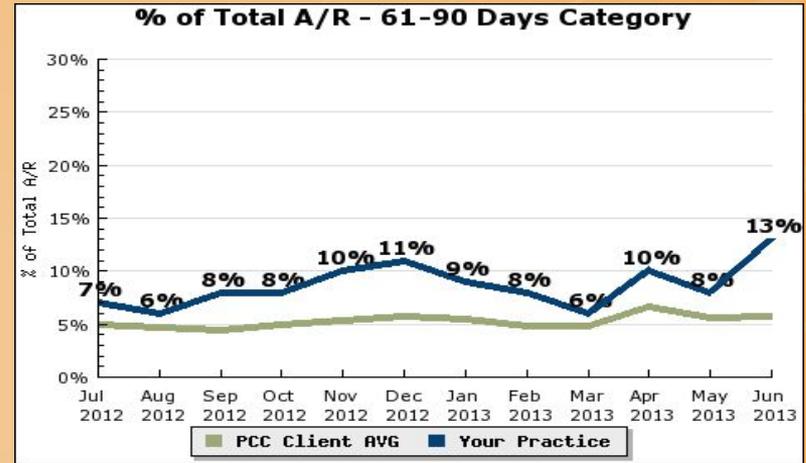
- [Detailed A/R Summary Report](#)
- 

- 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)

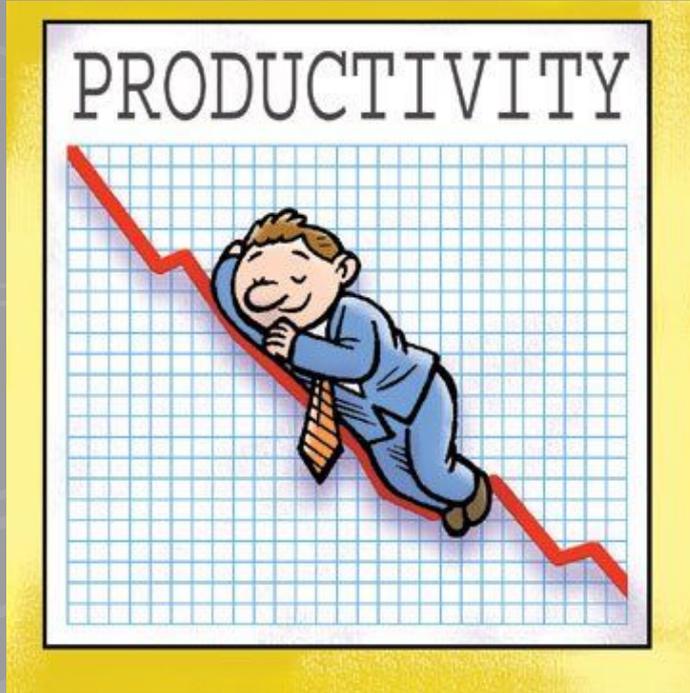
- Monitor % of A/R in each aging category for each insurance group

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%			
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

Productivity Reporting



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

Transaction vs Posting Dates

Transaction Date

- For charges, this is the date of service
- For payments, this is the date attributed to the payment.
 - For insurance payments, this is typically the date of the check
 - For other payments, it's the date entered by the user

Posting Date

- For charges and payments, this is the system-generated date of physical posting into the system. A PCC user cannot change a posting date.

Transaction vs Posting Dates

Situation: It's the end of the month, and I'm trying to reconcile payments deposited into my bank account for a given month with payments entered into PCC for that month.

Should I report on payments in PCC by:

- a) Posting date only
- b) Transaction date only
- c) Both posting date and transaction date

Transaction vs Posting Dates

Situation: It's the end of the month, and I'm trying to reconcile payments deposited into my bank account for a given month with payments entered into PCC for that month.

Should I report on payments in PCC by:

- a) Posting date only
- b) Transaction date only (when running an srs payment-based report)**
- c) Both posting date and transaction date (when running an srs daysheet report)**

Example: EOM Payment Reconciliation

Use the “Daysheet Totals by Posting Month” report in srs Proving Out Reports category to see **payments attributed to the month of May 2024.**

Posting Month →

Some May payments were posted into PCC in June →

Daysheet Totals by Posting Month (Wide Style)							
Month	Non Service Charges	Service Charges	Adj	Cash	Check	Credit Card	Refund
2024/05	\$25,128.29	\$892,645.05	\$460,853.93	\$1,142.45	\$406,688.44	\$61,759.41	\$-1,869.18
2024/06	\$60.00	\$47,027.05	\$55,947.45	\$0.00	\$39,768.22	\$210.14	\$0.00
	\$25,188.29	\$939,672.10	\$516,801.38	\$1,142.45	\$446,456.66	\$61,969.55	\$-1,869.18

Criteria for this report run.
Posting Date Range: 05/01/24 - 06/21/24 ← The payments could be posted into PCC anytime since 5/1/24 (go through today's date)...

Includes Relinked Payments and Adjustments

Transaction Date selection.
Range is between 05/01/24 and 05/31/24. ← ... but I only want to see payments dated or attributed to May

Coming Soon: Easier Productivity Reports!

Report Library

Customize Report - Preview

Total Charges and Payments by Provider, Month, and Procedure Group

Aggregate charges and payments by provider for provider productivity assessments.

Transaction Date: From 06/01/2024 to 06/30/2024
Include by Procedure: All
Exclude by Procedure: None
Provider: All

Columns: All 6 Displayed Group By: Provider

Provider	Transaction Month	Procedure Group			Refund Amount
Alfred Woodward, M.D. (1)					
Alfred Woodward, M.D.	2024-06	Office Visits			(\$0.00)
			\$0.00	\$0.00	\$0.00
Beverly Crusher, MD (1)					
Beverly Crusher, MD	2024-06	Office Visits	\$90.00	\$40.00	(\$0.00)
			\$90.00	\$40.00	\$0.00
Elizabeth Mary Casey, MD (19)					
Elizabeth Mary Casey, MD	2024-06	Supplies	\$41.00	\$46.05	(\$0.00)
Elizabeth Mary Casey, MD	2024-06	Medications	\$0.00	\$0.00	(\$0.00)
Elizabeth Mary Casey, MD	2024-06	Office Visits	\$5,092.90	\$4,117.70	(\$0.00)
Elizabeth Mary Casey, MD	2024-06	Medical Procedures	\$706.00	\$242.04	(\$0.00)
Elizabeth Mary Casey, MD	2024-06	E/M - Newborn Care	\$390.00	\$0.00	(\$0.00)
Elizabeth Mary Casey, MD	2024-06	Well Child Care	\$1,296.00	\$946.81	(\$0.00)
Elizabeth Mary Casey, MD	2024-06	E/M - Hospital Care	\$0.00	\$112.58	(\$0.00)
			\$80,483.76	\$52,353.11	\$0.00

83 results

Back Cancel Save Save As



Customize your output to get more detail!

Provider Visits

Total Visits, Charges, and Payments by Provider

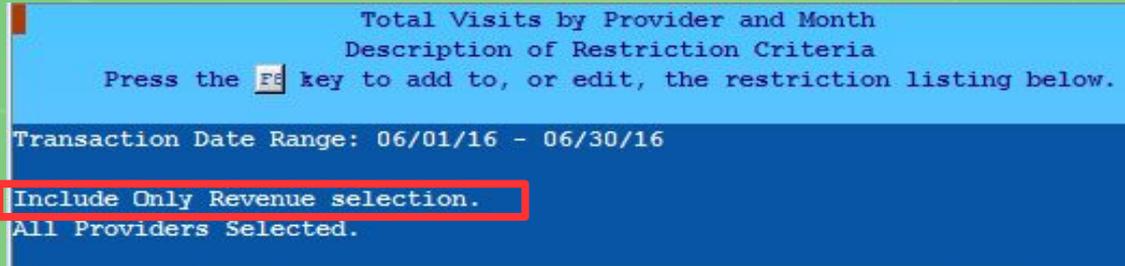
Service Provider Name	Number of Visits	Charge Amount	Avg Charge Per Visit	Amount Deposited (all pmts)	Avg Deposited Per Visit	Amount Due	Amount Collected (all pmts + all adjs)	Percent Collected (all pmts + all adjs)	Number of Procedures	Charges Per Visit
Beverly Crusher, MD	3	\$90.00	\$30.00	\$40.00	\$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 and charges you see are those **attributed to the visits** 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 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 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 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

Visit Categories

- Categories defined for sick, well, consult, hospital, counseling, vaccine only, telephone, portal/email, telemedicine, and misc
- Based on CPT codes within the visit
- Well and sick codes on same day? This is categorized as a well visit

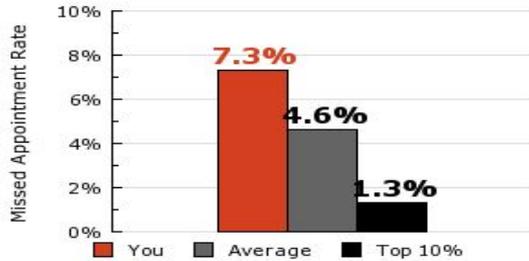
Productivity Reports Demo in PCC PM

- 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%

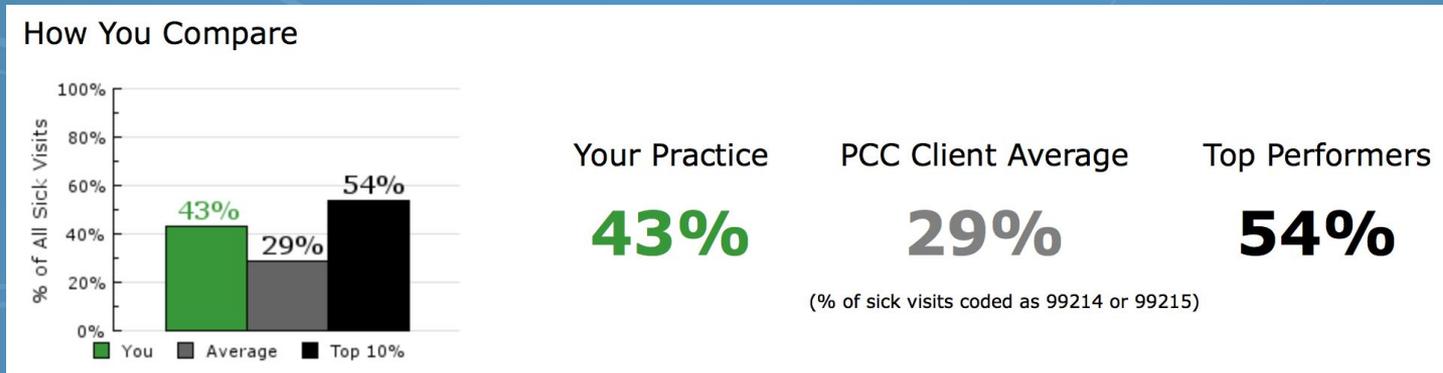
(Missed Appointment Rate)

Top Performers

1.3%

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

Dashboard E&M Visit Coding



- 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:

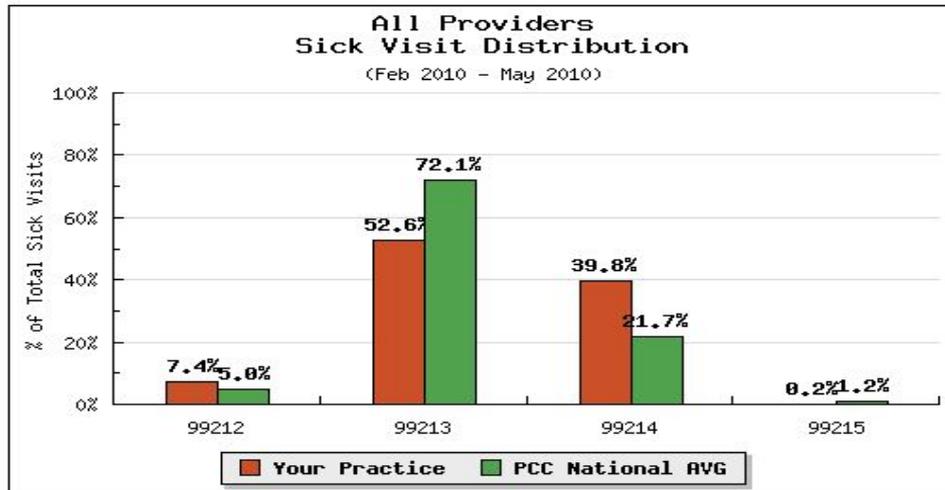
February 2010 to: May 2010

Choose Provider

All Providers

Choose any Provider

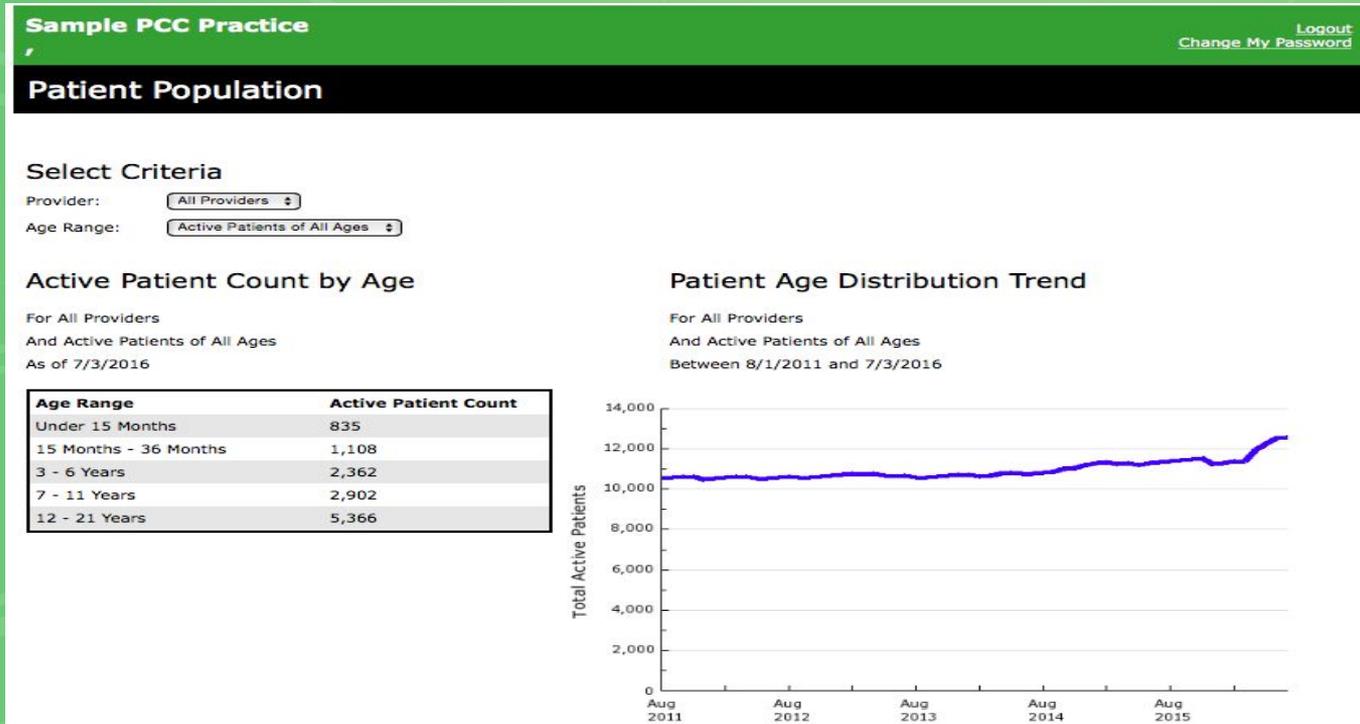
Generate Graph



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

Print Version

How Many Active Patients Do I Have?



- 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

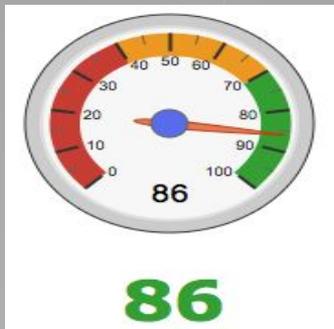
- srs Clinical Reports - "New Patients by Visit Type"
- Based on new patient billed visit codes: 99381-99387, 99201-99205, 99431-99433, 99460-99461, 99463

Strategic Oversight Reporting

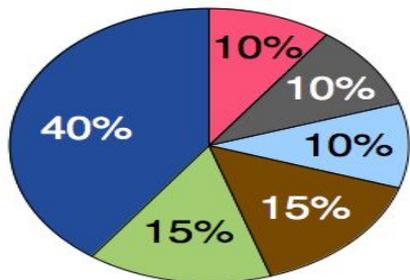
Information related to the long-term growth and ongoing business aspects of the practice. May be influenced by external mandates: PCMH, Pay-for-Performance, Insurance Contracts, etc



Financial Pulse



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.

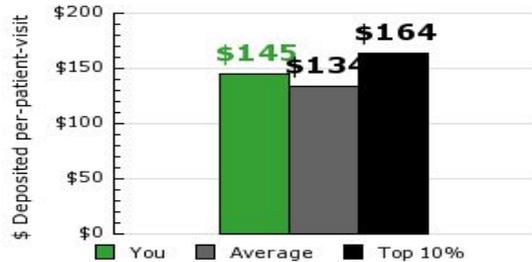
Revenue Analysis

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

(amount deposited per-patient-visit)

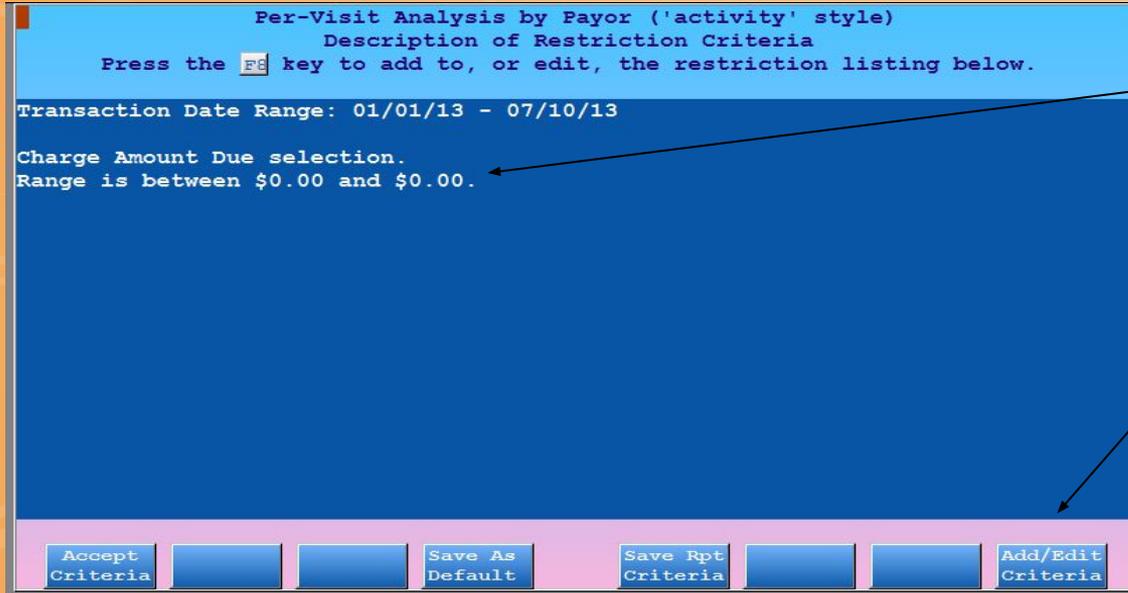
Top Performers

\$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.

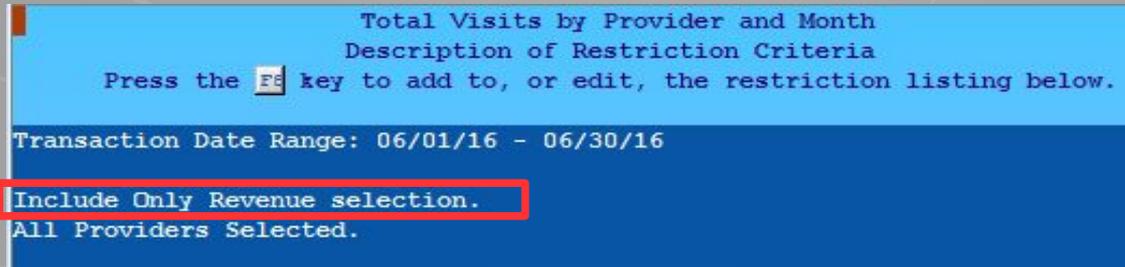
Transaction Date Range: 01/01/13 - 07/10/13

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 HMD	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 HMD	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

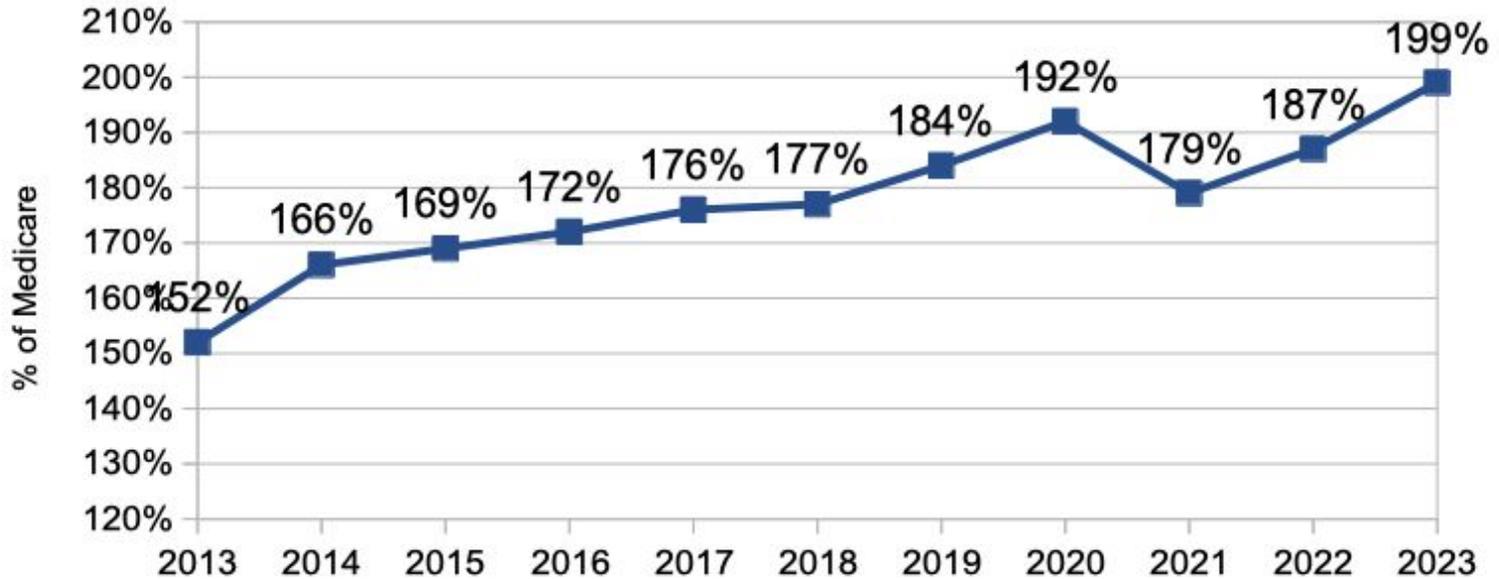
Compare "AVG Deposited Per Visit" among payors. Which are your best and worst payors?

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, particularly with imm admins. When is the last time you have reviewed and updated your prices?
- Most insurance fee schedules are directly based on RVU values

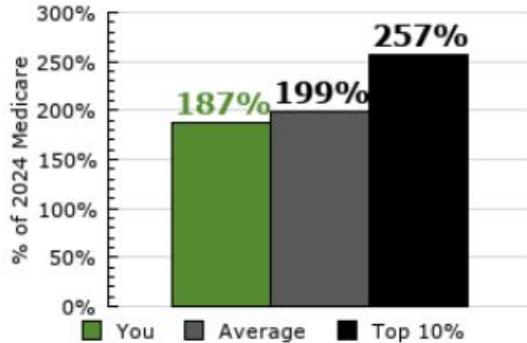
PCC Client Pricing Benchmark

Pricing Relative to Medicare



Pricing Benchmarks

How You Compare



Your Practice

187%

PCC Client Average

199%

Top Performers

257%

(percentage of Medicare Frequency Adjusted Conversion Factor)

Refer to PCC Dashboard for your pricing AVG and current benchmarks

Pricing Analysis

Pricing Analysis (RVU Report per Procedure)

Date Range: from 01/01/24 to 05/31/24

Database Year: 2024

RVU Multiplier: %140

Office Zip Code: 05401

Budget Neutrality Adjustment: No

Append report with full pricing guide? No
(Sending output to the screen with this option is advised as the listing will be quite lengthy).

- Use srs -> RVU Reports -> Pricing Analysis (RVU Report per Procedure)
- Use current year for database year
- Set RVU Multiplier to desired percentage

Pricing Analysis

Pricing Analysis (RVU Report per Procedure)

Procedure Code Set A	RVU Status Code	Units	Number of Valid RVU Units	Charge Amount	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	RVU Practice FCF \$28.64	RVU Medicare FCF	Avg Deposited as Percent of M/Care FCF	RVU Medicare FCF at 140%	RVU 140% Charge Difference	Underbilled Amount	Amount Deposited (all pmts)
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$48.00	\$60.64	\$72.04	66.63%	\$100.86	\$-158.58	\$-158.58	\$144.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$28.67	\$60.64	\$72.04	39.79%	\$100.86	\$-158.58	\$-158.58	\$86.00
99213	A	3	3	\$144.00	6.351	2.12	\$48.00	\$35.33	\$60.64	\$72.04	49.05%	\$100.86	\$-158.58	\$-158.58	\$106.00
99213	A	9	9	\$432.00	19.053	2.12	\$48.00	\$39.00	\$60.64	\$72.04	54.14%	\$100.86	\$-475.74	\$-475.74	\$351.00
99213	A	4	4	\$192.00	8.468	2.12	\$48.00	\$27.75	\$60.64	\$72.04	38.52%	\$100.86	\$-211.44	\$-211.44	\$111.00
99212-25	A	14	14	\$564.20	17.892	1.28	\$40.30	\$17.07	\$36.61	\$43.49	39.25%	\$60.88	\$-288.12	\$-288.12	\$238.97
99212	A	71	71	\$2,840.00	90.738	1.28	\$40.00	\$29.84	\$36.61	\$43.49	68.62%	\$60.88	\$-1,482.48	\$-1,482.48	\$2,118.93
99211	A	517	517	\$10,320.00	309.166	0.60	\$19.96	\$3.66	\$17.15	\$20.37	17.99%	\$28.52	\$-4,424.84	\$-4,424.84	\$1,894.60
99205	A	2	2	\$290.00	11.778	5.89	\$145.00	\$145.00	\$168.68	\$200.39	72.36%	\$280.55	\$-271.10	\$-271.10	\$290.00
99204	A	10	10	\$950.00	47.54	4.75	\$95.00	\$68.50	\$136.17	\$161.77	42.34%	\$226.48	\$-1,314.80	\$-1,314.80	\$685.00
99203	A	39	39	\$2,574.00	122.07	3.13	\$66.00	\$38.03	\$89.65	\$106.50	35.71%	\$149.11	\$-3,241.29	\$-3,241.29	\$1,483.20
99173	N	3	3	\$30.00	0.258	0.09	\$10.00	\$0.00	\$2.46	\$2.93	0.00%	\$4.10	\$17.70	\$0.00	\$0.00
00075	N	1	0	\$200.00	0	N/A	\$200.00	\$200.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	\$200.00

↑
Your
AVG
Price

↑
Value at
given
multiplier

UC
2024

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 **F5** 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!

Which Oversight Reports Should I Run and How Often?

New PCC documentation of recommended oversight reports to run daily, weekly, monthly, quarterly, and yearly

Daily

REPORT TITLE	PURPOSE	WHERE TO FIND
Custom Huddle Sheet	Identify over/unders	
Visits by Billing Status	Ensure today's	
Daily Check	Review coding	
Payment Reconciliation Report	Reconcile today's	
Daysheet Postings Check	Review charge	

Weekly

REPORT TITLE	PURPOSE	WHERE TO FIND
Copay Collection Ratio		
Need Corrections		
Claim and Billing Error Report		
Encounters by Billing Status		

Monthly

REPORT TITLE	PURPOSE	WHERE TO FIND
Detailed A/R Summary Report	Track your A/R trends	Practice Vitals Dashboard (PCC EHR)
Insurance Aging Report	Review A/R summary by payor	Practice Management

Quarterly

REPORT TITLE	PURPOSE	WHERE TO FIND
Revenue per Visit by Payor	Evaluate income by insurance group	Practice Management – SRS
Revenue per visit with/without imms/location adjusted	Evaluate average visit income	Practice Vitals Dashboard (PCC EHR)
Patient Population	Measure practice growth or contraction	Practice Vitals Dashboard (PCC EHR)

slido



Which financial areas of your practice need more oversight?

- ① Click **Present with Slido** or install our [Chrome extension](#) to activate this poll while presenting.

Thank You!

- Clinical Oversight Reporting (Fri 7/19, 9:50-12:00)
- Reporting Drop-In Session (Fri 7/19, 1:15-2:15)

Reach out to PCC support for help with your specific report needs. PCC reporting is very customizable!

Tim Proctor
tim@pcc.com

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.