

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
- Unbilled encounters
- Payment Reconciliation
- Allowable underpayments
- 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, and yearly



Daily

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

Weekly

REPORT TITLE	PURPOSE	WHERE TO FIND
Copay Collection Ratio		

Monthly

REPORT TITLE	PURPOSE	WHERE TO FIND
Need Corrections		
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
Insurance Accounts Receivable Detail		
Claim and Billing Error Report		
Encounters by Billing Status		

Quarterly

REPORT TITLE	PURPOSE	WHERE TO FIND
Daysheet Totals by Posting Month (Wide Style)		
Revenue per Visit by Payor	Evaluate income by insurance group	Practice Management - SRS
Revenue per visit with/without immis/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

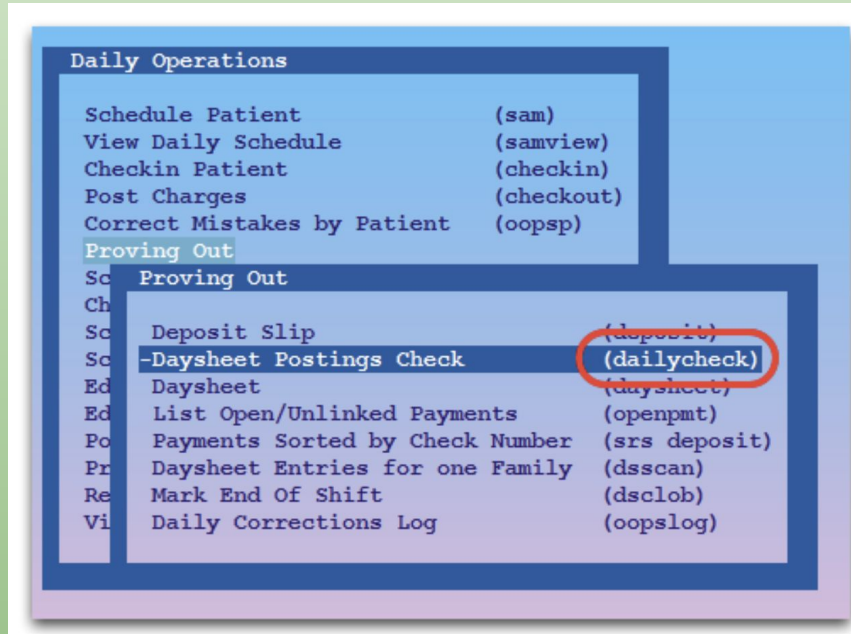
Review Charge Posting/Coding

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

Gone		UNDEP	8:55am Merritt	Zachary	02/03/08 M	10yr - 11yr Well Visit	Crusher	Ready to Post	Crusher, W
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	Crusher		

Procedures								Primary: BCBS OOA	
Procedures	Units	Price	Insurance	Ins Due	Ins Adj	Pers Due	Discount	Source	
✓ 99392 PE Well Child 1-4 Years ► Dx: 1) Z00.129 2) L30.9	1		Primary					Electronic Encounter Form	
✓ 96110-59 MCHAT ► Dx: 1) Z00.129	1		Primary					Screening (Completed)	
✓ 96110-59 SWYC Screen ► Dx: 1) Z00.129	1		Primary					Screening (Completed)	

Review Charge Posting/Coding



- 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

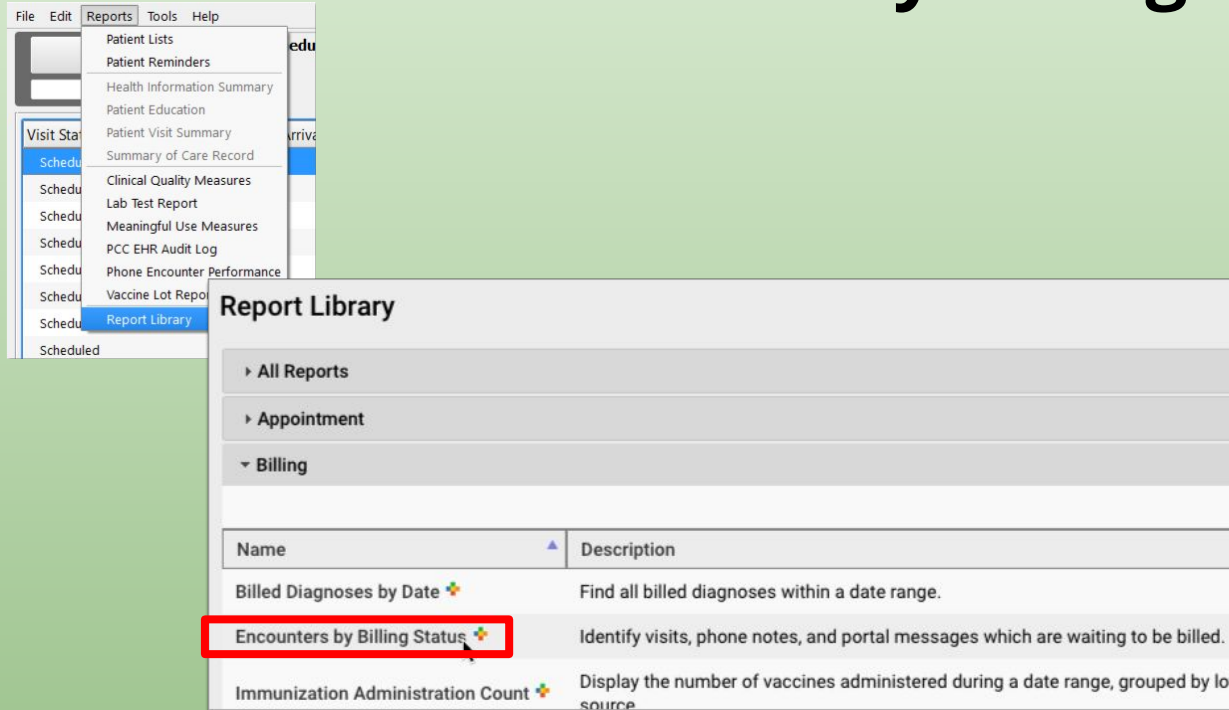
Review this regularly to fix problems that are holding up claims from being submitted

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 image shows a screenshot of an EHR system's interface. On the left, a menu bar includes 'File', 'Edit', 'Reports', 'Tools', and 'Help'. The 'Reports' menu is open, displaying a list of report categories: Patient Lists, Patient Reminders, Health Information Summary, Patient Education, Patient Visit Summary, Summary of Care Record, Clinical Quality Measures, Lab Test Report, Meaningful Use Measures, PCC EHR Audit Log, Phone Encounter Performance, Vaccine Lot Report, and Report Library. The 'Report Library' option is highlighted. Below this, a 'Report Library' window is open, showing a list of reports. The 'Billing' category is expanded, revealing three reports: 'Billed Diagnoses by Date', 'Encounters by Billing Status' (highlighted with a red box), and 'Immunization Administration Count'. Each report entry includes a name, a description, and a small icon.

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

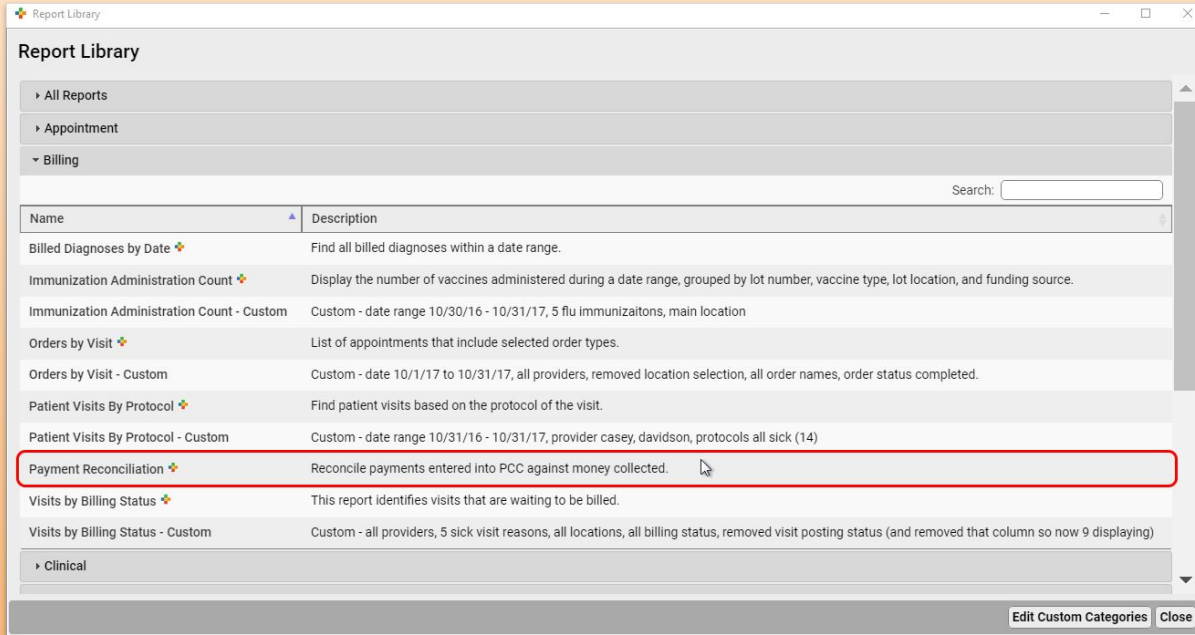
Print

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

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Pediatric EHR Solutions

Payment Reconciliation - Front Office



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

Columns: 6 Displayed

Group By: Payment Type

Search:

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

Run the “Payment Totals by Check Number” report to compare the posted payments with your ERA or EOB...

Reports

Scheduled Reports

Saved Results

Reports

Financial Oversight

Search Filter:

Name	Description
Allowable Overpayments by Insurance Group	Review insurance payments which were above contracted amounts to identify potential takebacks or schedules which need to be updated.
Allowable Underpayments by Insurance Group	
Payment Details by Check Number	
Payment Totals by Check Number	
Payments and Adjustments by Payment Type	

Payment Totals by Check Number

Compare posted insurance check payments against ERA/EOB amounts to ensure that all payments were entered.

Posting Date: From 01/17/2025 to 01/17/2025

Payment Class: Insurance

Columns: All 5 Displayed

Group By: None

:: Posting User	:: Insurance Group	:: Transaction Date	:: Check Number	:: Total Payment Amount
Althea Beagley	CIGNA	01/17/2025	1234567	\$80.00
Althea Beagley	HealthyKids HMO	01/17/2025	09877665	\$64.00
Althea Beagley	HealthyKids HMO	01/17/2025	1234567	\$40.00

Payment Reconciliation - Insurance Billers

...if posted payment totals don't match ERA or EOB, use the "Payment Detail by Check Number" report filtered on check number

Reports	
Reports	Scheduled Reports Saved Results
Financial Oversight	
Search Filter: <input type="text"/>	
Name	Description
Allowable Overpayments by Insurance Group	Review insurance payments which were above contracted amounts to identify potential takebacks or schedules which need to be updated.
Allowable Underpayments by Insurance Group	Review insurance payments that were below contracted amounts to identify payer errors.
Payment Details by Check Number	View details about each posted payment for a given check number to identify missing or improperly entered insurance payments.
Payment Totals by Check Number	Compare posted payment totals to ERA or EOB totals to identify missing or improperly entered insurance payments.

Payment Details by Check Number

View details about each posted payment for a given check number to identify missing or improperly entered insurance payments.

Posting Date: From 01/17/2025 to 01/17/2025

Check Number: Contains 12345

Payment Class: Insurance

Columns: 6 Displayed

Group By: None

Transaction Date	Insurance Group	Check Number	Patient Name	Payment Amount	Posting User
01/17/2025	Private Insurance	1234567	Powell, Brian	\$80.00	Althea Beagley
01/17/2025	Health Assurance	1234567	Pearsol, Brady	\$15.00	Althea Beagley
01/17/2025	Health Assurance	1234567	Pearsol, Brady	\$25.00	Althea Beagley

Allowable Underpayment Reporting

▼ Financial Oversight	
Name	Description
Allowable Overpayments by Insurance Group	Review insurance payments which were above contracted amounts to identify potential takebacks
Allowable Underpayments by Insurance Group	Review insurance payments that were below contracted amounts to identify payer errors.
Payment Details by Check Number	View details about each posted payment for a given check number to identify missing or improper
Payment Totals by Check Number	Compare posted insurance check payments against ERA/EOB amounts to ensure that all payment
Payments and Adjustments by Payment Type	Review payments and adjustments, grouped by payment type, to identify outliers and discrepancies
Total Charges and Payments by Provider and Month	Aggregate charges and payments by provider for provider productivity assessments.

- Review insurance payments that were below or above expected allowable amount
- Must store and maintain allowables in Practice Mgt via Insurance Configuration -> allowedit

Allowable Underpayment Reporting

Allowable Overpayments by Insurance Group									
Review insurance payments which were above contracted amounts to identify potential takebacks or schedules which need to be updated.									
Posting Date: From 04/03/2024 to 12/03/2024 Deviation from Allowable Amount: Overpayment Insurance Group at Time of Service: Aetna Payment Class: Insurance									
Columns: 10 Displayed Group By: Insurance Group at Time of Service Search Filter:									
:: Transaction Date ^	:: Patient Name	:: Check Number	:: Linked Charge Procedure Code	:: Linked Charge Amount	:: Linked Charge Allowable Amount	:: Payment Amount	:: Linked Charge Total Personal Payments	:: Linked Charge Amount Due	:: Deviation from Allowable Amount
▼ Aetna (19263 results)									
07/28/2023	Smith, Samantha	12344567	90744	\$50.00	\$26.14	\$31.05	\$0.00	\$0.00	\$4.91
07/28/2023	Smith, Samantha	12344567	99391-25	\$210.00	\$96.28	\$102.00	\$0.00	\$0.00	\$5.72
09/22/2023	Jackson, Jacob	60979848975	99395-25	\$250.00	\$116.92	\$122.00	\$0.00	\$0.00	\$5.08
01/23/2024	Jackson, Jacob	60979848975	90460	\$50.00	\$24.84	\$0.00	\$0.00	\$50.00	\$25.16
01/23/2024	Morgan, Milan	293875678	99173-59	\$38.00	\$3.45	\$0.00	\$0.00	\$38.00	\$34.55
01/23/2024	Cartwright, Carrie	9238578976	99393-25	\$200.00	\$100.56	\$0.00	\$0.00	\$200.00	\$99.44
03/08/2024	Roberts, Reginald	489754	92587-59	\$100.00	\$51.96	\$52.02	\$0.00	\$0.00	\$0.06
03/08/2024	Roberts, Reginald	489754	99173-59	\$38.00	\$3.45	\$4.16	\$0.00	\$0.00	\$0.71
				\$2,425,266.00		\$1,053,161.91			

- View individual payments and deviation from stored allowable amount for specified CPT code and insurance

Review Payment and Adjustment Trends

Data Source	
Financial Oversight	
Search Filter: <input type="text"/>	
Name	Description
Payment Details by Check Number - custom	View details about each posted payment for a given check number to identify missing or improperly entered insurance payments.
Payment Totals by Check Number	Compare posted insurance check payments against ERA/EOB amounts to ensure that all payments were entered.
Payment Totals by Check Number - custom	Compare posted insurance check payments against ERA/EOB amounts to ensure that all payments were entered.
Payments and Adjustments by Payment Type	Review payments and adjustments, grouped by payment type, to identify outliers and discrepancies.
Total Charges and Payments by Provider and Month	Aggregate charges and payments by provider for provider productivity assessments.

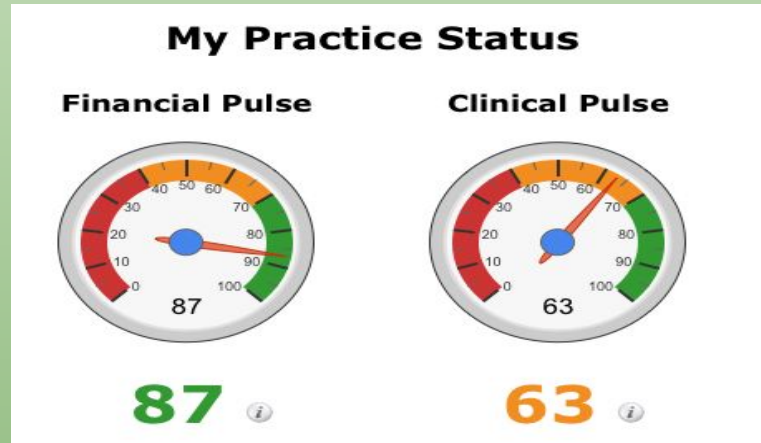
Review Payment and Adjustment Trends

Payments and Adjustments by Payment Type		
Review payments and adjustments, grouped by payment type, to identify outliers and discrepancies.		
Transaction Date: From 01/01/2024 to 12/04/2024		
Columns: All 3 Displayed	Group By: Payment Class	
Payment Type	Payment Class	Total Payment Amount
Adjustment (5 results)		
Adjustment	Adjustment	\$529.85
Bad Debt	Adjustment	\$1,082.62
Insurance Adjustment	Adjustment	\$148,020.03
Medicaid Adjustment	Adjustment	\$40,458.74
TOS Discount	Adjustment	\$42.00
		\$190,133.24
Insurance (18 results)		
Auto Ins. Payment	Insurance	\$86.87
Bad Debt Adjustment	Insurance	\$8.88
		\$662,270.16

- What are my trends in “Bad Debt” adjustments? By user? By Month? Etc
- What are my payment trends for incentive or other payment trends?

PCC Dashboard

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



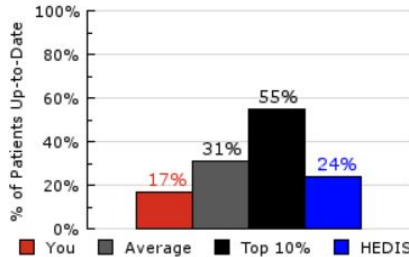
PCC Dashboard Basics

- 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.

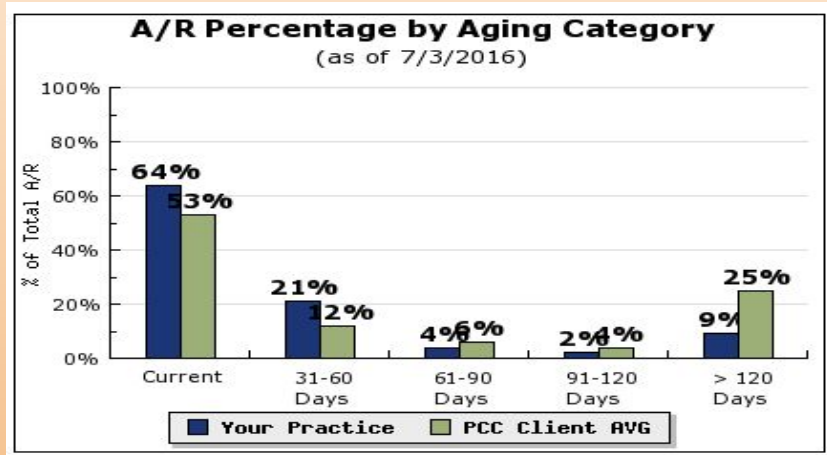
For more details about your current A/R status, please refer to the [Detailed A/R Summary Report](#).

Related Tools

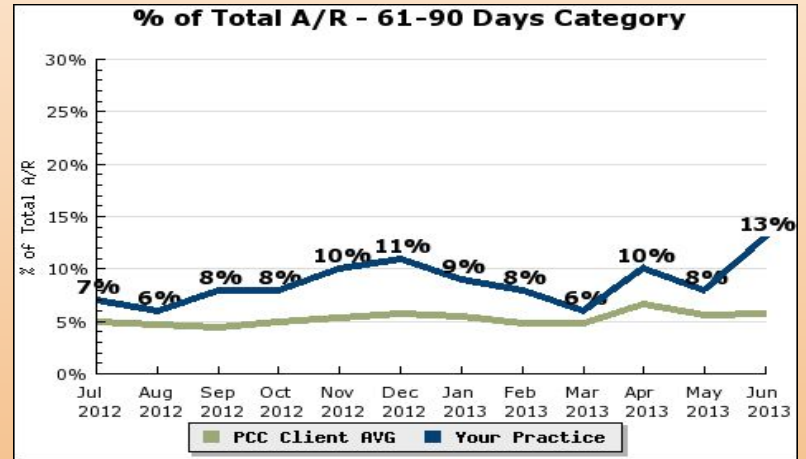
- [Detailed A/R Summary Report](#)
- 

- 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	(oops)
Correct Mistakes by Account	(oops)
Edit Accounts	(fame)
Edit Patients	(notjane)
Resubmit Claims	(maketags)
List Patients by Insurance Company	(listins)

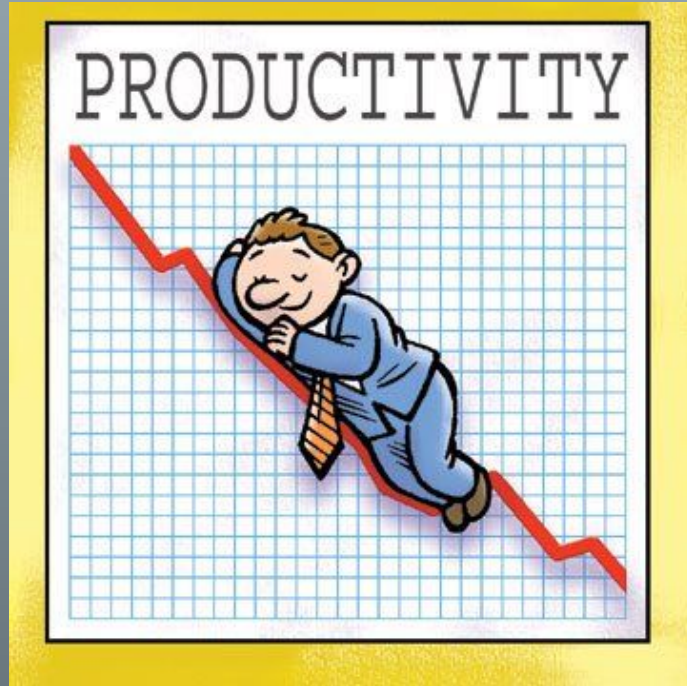
- Monitor % of A/R in each aging category for each insurance group

Insurance Aging Summary

Insurance Company Aging Report - All Providers							07/08/16
Ins Group	Current	30-59	60-89	90-119	120+	Total	Percent
Personal	10,266	4,650	2,047	2,164	62,137	81,265	52%
Medicaid	0	0	0	0	46	46	0%
Aetna USHC HMO	1,346	260	265	0	0	1,871	1%
Aetna MC & Elect	1,259	0	0	0	0	1,259	1%
Aetna HDHP	15	0	0	0	128	143	0%
Aetna Open	2,029	511	0	0	0	2,540	2%
BCBS	2,533	437	215	23	122	3,331	2%
Capital Blue Cross	10,164	3,706	1,898	130	336	16,234	10%
Geisenger Health Plan	1,105	83	229	0	0	1,417	1%
Health America	4,883	651	125	0	15	5,674	4%
Health Assurance	7,164	204	50	0	260	7,678	5%
HealthPass	89	89	0	0	0	179	0%
Green Leaf Insurance	2,410	894	0	178	0	3,482	2%
Keystone HealthPlan	1,975	180	259	53	248	2,715	2%
Miscellaneous Insurance	220	500	0	0	0	720	0%
HealthyKids HMO	371	597	100	0	332	1,400	1%
Private Insurance	2,948	794	101	0	0	3,843	2%
Cigna	393	0	0	0	27	420	0%
Highmark Blue Shield	16,387	1,845	0	72	0	18,304	12%
Retired Insurance Plans	1,464	997	175	36	55	2,727	2%
Total	67,025	16,398	5,465	2,656	63,706	155,251	
Percentage	43%	11%	4%	2%	41%		
Criteria for this report run.							
By Payor date, As of 07/07/16							
Insurance Company Aging Report - All Providers							
Total Aging	155,251						
Personal Credits across entire practice	8,383						

- Generally most useful to run by "Payor Date" (date payor became responsible for the A/R)
- Compare % of A/R for each insurance group
- Monitor total A/R and total credits for the practice

Productivity Reporting



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

Provider Productivity Reporting

Reports	
Scheduled Reports	
Saved Results	
Reports	
› Clinical	
› Communication	
› Data Source	
▼ Financial Oversight	
Search Filter: <input type="text"/>	
Name	Description
Allowable Overpayments by Insurance Group	Review insurance payments which were above contracted amounts to identify potential takebacks or schedules which need to be updated.
Allowable Underpayments by Insurance Group	Review insurance payments that were below contracted amounts to identify payer errors.
Payment Details by Check Number	View details about each posted payment for a given check number to identify missing or improperly entered insurance payments.
Payment Totals by Check Number	Compare posted insurance check payments against ERA/EOB amounts to ensure that all payments were entered.
Payments and Adjustments by Payment Type	Review payments and adjustments, grouped by payment type, to identify outliers and discrepancies.
Total Charges and Payments by Provider and Month	Aggregate charges and payments by provider for provider productivity assessments.

- Monthly charges, payments, and refunds
- Use this report for:
 - Charge or payment totals for provider compensation
 - Reconciling PCC payments to bank deposits

Provider Productivity Reporting

Total Charges and Payments by Provider and Month

Aggregate charges and payments by provider for provider productivity assessments.

Edit Categories Financial Oversight

Transaction Date

Last Calendar Month ▼ From 11/01/2024 📅 to 11/30/2024 📅

Include by Procedure

Edit All Procedures

Exclude by Procedure

Edit No Procedures Excluded

Location

Edit All Locations

Provider

Edit All Providers

Can restrict and subtotal this report by:

- Provider
- Location
- Procedure Group

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.

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**
- c) Both posting date and transaction date

Provider Productivity Reporting Demo

- Customize in various ways:
 - By location for multi-location practices
 - By procedure group to separate provider charges or payments for Immunizations or other procedure types
 - Show service charges vs non-service charges
 - Run by posting date instead of transaction date

Provider Visits

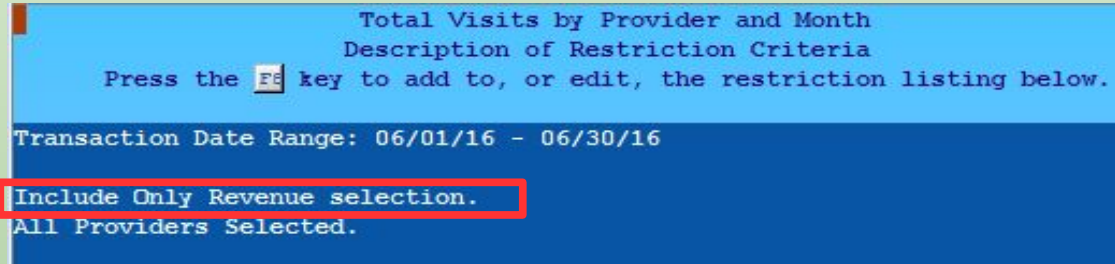
Total Visits, Charges, and Payments by Provider										
Service Provider Name	Number of Visits	Charge Amount	Avg Charge Per Visit	Amount Deposited (all pmts)	Avg Deposited Per Visit	Amount Due	Amount Collected (all pmts + all adjs)	Percent Collected (all pmts + all adjs)	Number of Procedures	Charges 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 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

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

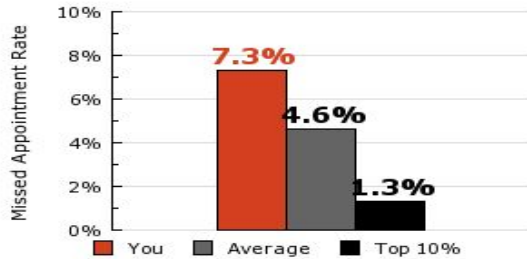
Productivity Reports Demo in PCC PM

- 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%

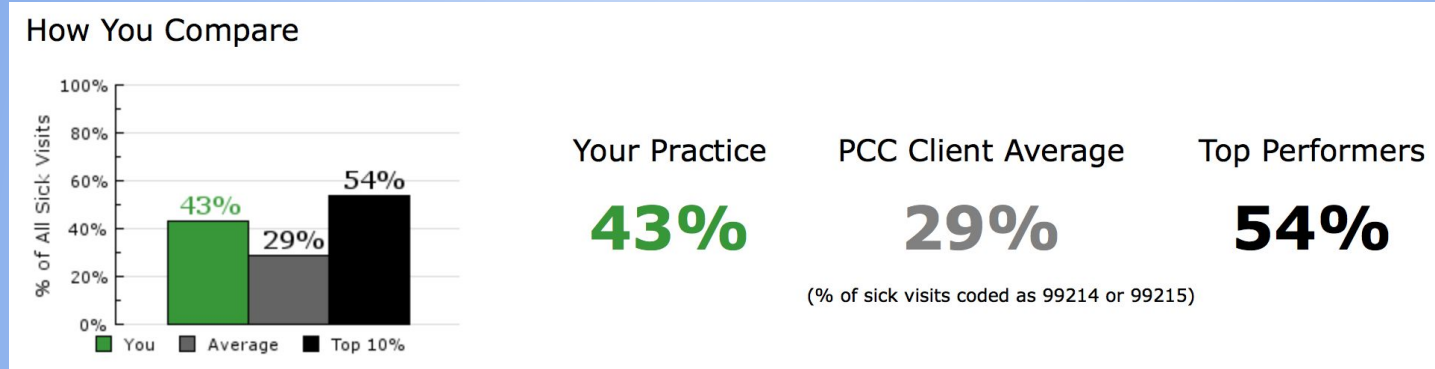
(Missed Appointment Rate)

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: February 2010 to: May 2010

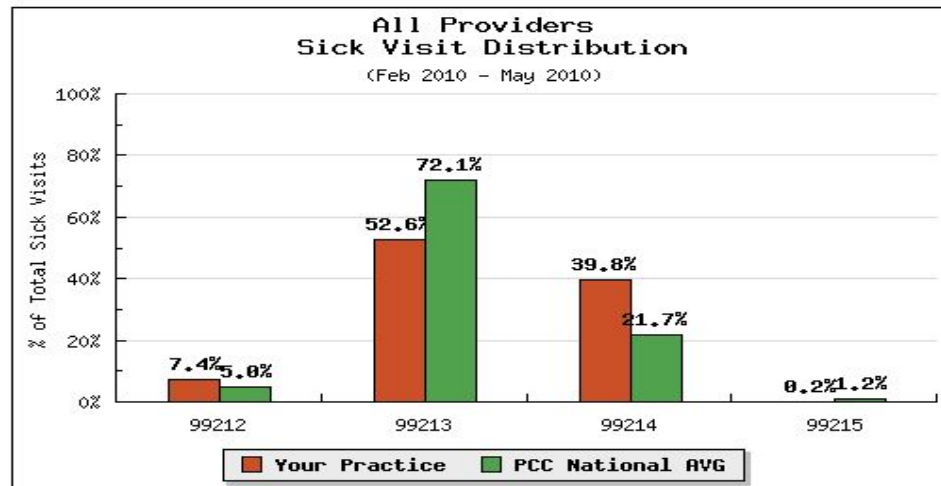
Enter Visit End Date:

Choose Provider

All Providers

Generate Graph

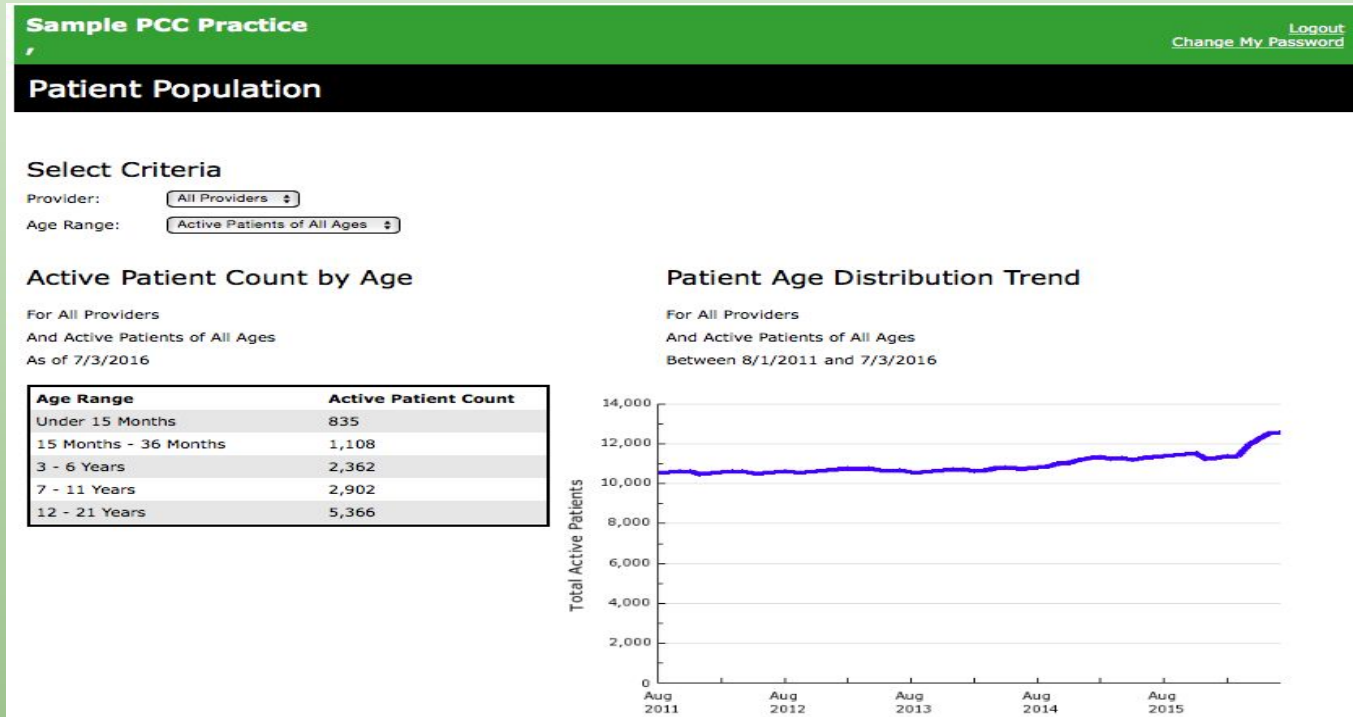
Choose any Provider



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

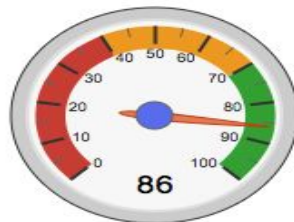
- srs Clinical Reports - "New Patients by Visit Type"
- Based on new patient billed visit codes: 99381-99387, 99201-99205, 99431-99433, 99460-99461, 99463

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

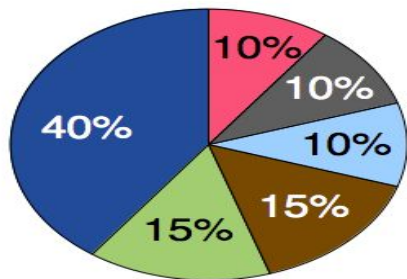


Financial Pulse



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

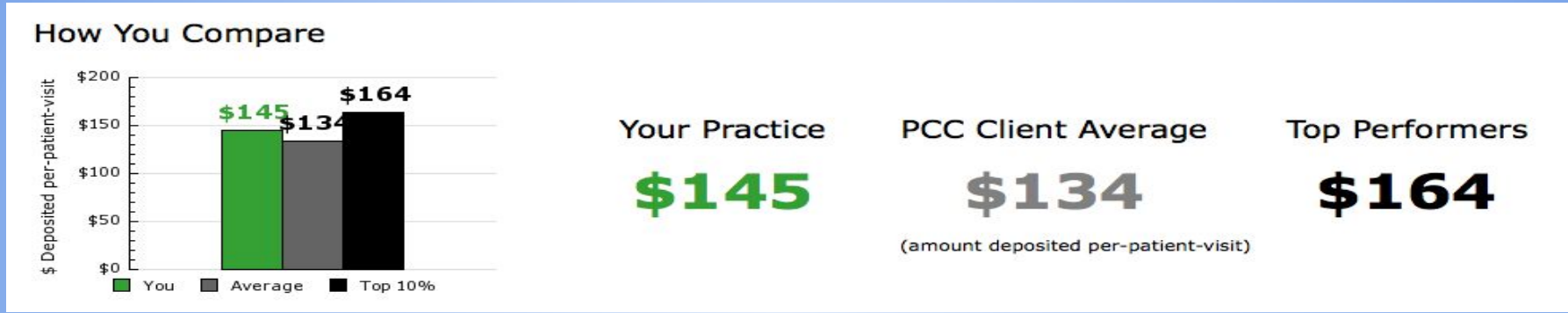
* Category includes multiple measures. See below.

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



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

Revenue-per-Visit by Payor

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

Per-Visit Analysis by Payor ('activity' style)
Description of Restriction Criteria
Press the **F8** key to add to, or edit, the restriction listing below.

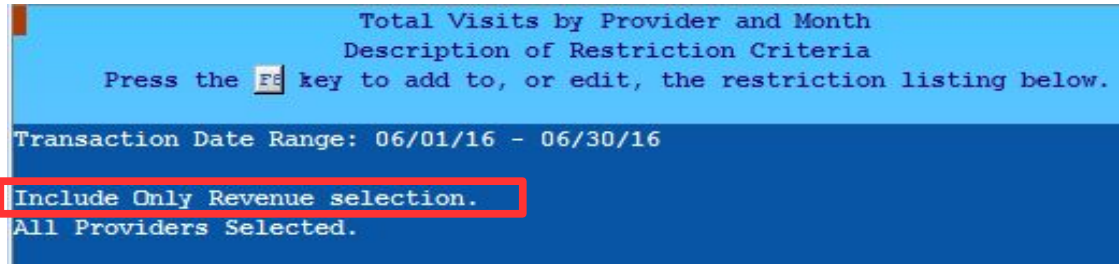
Transaction Date Range: 01/01/13 - 07/10/13

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

Accept Criteria Save As Default Save Rpt Criteria Add/Edit Criteria

Press <F8> to add restriction criteria of "VISIT Amount Due for Visit" and specify \$0 to \$0. This ensures you are only looking at paid visits.

Include Only 'Revenue' Visits



- Non-Revenue Services such as no-show or form fees can inflate total visits. If you bill these, restrict the report to include only revenue services
- Add restriction criteria of "VISIT Include Only Revenue Charges." This will report accurate visit totals

Revenue-per-Visit by Payor

Ins Group at Time of Service	Number of Visits	Charges Per Visit	Charge Per Visit	Avg Deposited Per Visit	Number of Procedures	Charge Amount	Amount Deposited (all pmts)
Personal/No Insurance	38	2.66	\$115.78	\$81.62	101	\$4,399.78	\$3,101.49
Aetna USHC HMO	99	2.76	\$100.41	\$34.35	273	\$9,941.02	\$3,401.00
Aetna MC & Elect	48	2.50	\$67.51	\$51.70	120	\$3,240.30	\$2,481.55
BCBS	140	2.24	\$89.49	\$73.59	314	\$12,529.00	\$10,302.31
Geisenger Health Plan	71	2.24	\$80.51	\$19.48	159	\$5,716.00	\$1,382.73
Health America	251	2.82	\$103.29	\$63.98	708	\$25,926.90	\$16,058.09
Health Assurance	542	2.50	\$90.47	\$59.23	1356	\$49,032.60	\$32,100.04
HealthPass	3	1.67	\$64.33	\$55.77	5	\$193.00	\$167.32
Green Leaf Insurance	105	2.52	\$83.15	\$61.42	265	\$8,731.00	\$6,448.73
Aetna Open	76	2.47	\$91.42	\$58.95	188	\$6,948.00	\$4,480.50
Keystone HealthPlan	177	2.66	\$97.11	\$23.24	470	\$17,188.00	\$4,113.14
Miscellaneous Insurance	10	2.20	\$73.50	\$61.67	22	\$735.00	\$616.66
Private Insurance	95	2.18	\$88.75	\$71.81	207	\$8,430.78	\$6,821.52
HealthyKids HMO	113	2.74	\$88.81	\$67.11	310	\$10,035.00	\$7,583.34
Cigna	52	3.10	\$114.66	\$92.28	161	\$5,962.22	\$4,798.49
Capital Blue Cross	668	2.40	\$85.77	\$69.00	1606	\$57,296.27	\$46,092.25
Highmark Blue Shield	731	2.37	\$89.24	\$72.77	1735	\$65,234.85	\$53,193.99
Retired Insurance Plans	252	2.40	\$83.25	\$65.83	605	\$20,979.44	\$16,589.90
Keystone Cap Clearing	1	1.00	\$5000.00	\$5000.00	1	\$5,000.00	\$5,000.00

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

Payment Analysis by CPT Code

rs 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.

Procedure Code Set A	Procedure Name	Ins Group at Time of Service	Units	Avg Charge Amount	Avg Deposited
90621	MenB - Trumenba	Aetna	1	\$180.00	\$171.39
90621	MenB - Trumenba	UHC	1	\$180.00	\$173.19
90621	MenB - Trumenba	BC	1	\$180.00	\$180.00
90621			5	\$186.00	\$179.23
Procedure Code Set A	Procedure Name	Ins Group at Time of Service	Units	Avg Charge Amount	Avg Deposited
90670	Pevnar 13	Aetna	2	\$260.00	\$259.00
90670	Pevnar 13	BS	3	\$260.00	\$257.99
90670	Pevnar 13	Cigna	5	\$260.00	\$253.60
90670	Pevnar 13	UHC	4	\$260.00	\$257.99
90670	Pevnar 13	BC	5	\$260.00	\$260.00
90670			19	\$260.00	\$257.47

Are any insurance companies paying you at or near your charge amount?

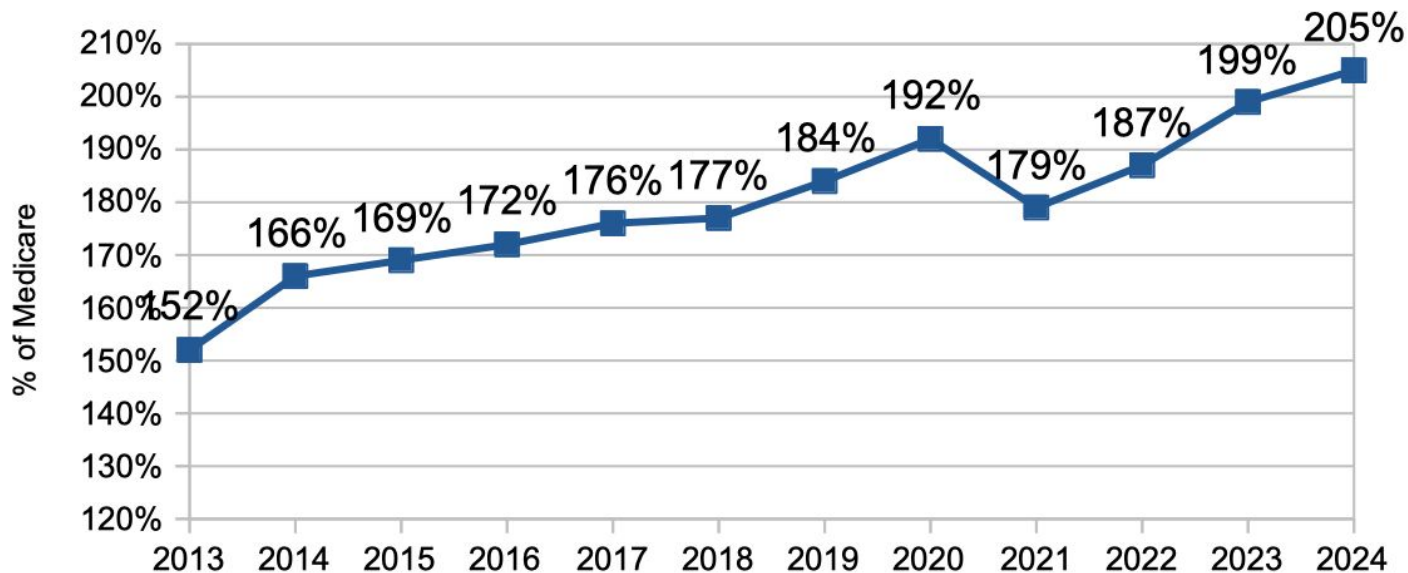
If so, it's time to raise prices!

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

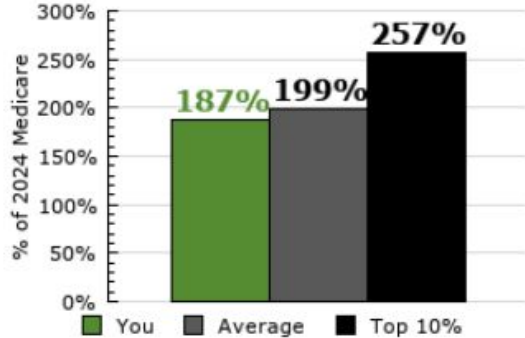
PCC Client Pricing Benchmark

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? ☒ (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 FAF at \$28.64	RVU Medicare FAF	Avg Deposited as Percent of Medicare FAF	RVU Medicare FAF 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
99075	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

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 overdiagnosis	
Visits by Billing Status	Ensure today's coding is accurate	
Daily Check	Review coding	
Payment Reconciliation Report	Reconcile today's charges	
Daysheet Postings Check	Review charges	

Weekly

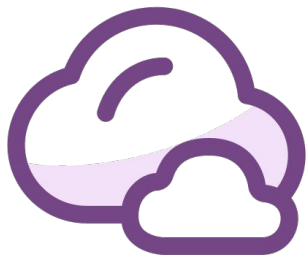
REPORT TITLE	PURPOSE	WHERE TO FIND
Copay Collection Ratio	Monitor copay collection	
Need Corrections	Identify and correct coding errors	
Claim and Billing Error Report	Identify and correct billing errors	
Encounters by Billing Status	Monitor encounter status	

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
Insurance Accounts Receivable Detail		

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 immrs/location adjusted	Evaluate average visit income
		Practice Vitals Dashboard (PCC EHR)
	Patient Population	Measure practice growth or contraction
		Practice Vitals Dashboard (PCC EHR)



Which financial areas at your practice need more oversight?



Thank You!

- Clinical Oversight Reporting (Fri 7/18, 10:15-12:00)
- Reporting Walk-In Clinic (Thu 7/17 and Fri 7/18, 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 app will be read aloud by moderator for the presenter to answer. Please post your questions now.