

# Reporting for Billers (now also including PCC EHR)

Benjamin Brandt  
Subject Matter Expert / Consultant

# About this Course

## Who Should be Responsible for Oversight?

Anyone who handles money attributed to the practice should have responsibility for oversight of the practice's finances in the context of their own job. This means that anyone from the front desk collecting payments, to nurses keeping vaccine inventory, to charge posting employees, to certified coders, to billing or office managers, to practice owners all have a reason to learn about financial reporting.

Because responsibilities and frequency differ by role within the office, the following course will be broken down by reports that specifically assist billers or the billing department.

In this course, we'll cover daily, weekly, monthly, quarterly, and yearly reporting suggestions as well as the best reporting tools available to meet your goals.

# Part 1: Daily Reporting

## Huddle Sheets

Originally created as a clinical report for providers and nurses, the Huddle Sheet report is highly customizable and can be valuable for your billing team as well. You can customize the report to remove clinical columns (like Appointment Provider) and add information for billers, like Home or Billing Account information, Outstanding Personal Balance, and phone numbers. Your staff can use it proactively to contact families about their balance before arrival or keep a printed copy by the front desk to track which patients need to pay a past balance during check in.

:: Appointment Time ^	:: Patient Name	:: Appointment Reason	:: Appointment Provider	:: Patient Primary Insurance Policy	:: Eligibility Verification Status	:: Home Account First Phone	:: Billing Account Flags	:: Outstanding Personal Balance
9:30am	Troutman, Dara	Problem	Mark Williams, M.D.	Capital Blue Cross \$15 OV&WC-Other	Demographics Needed	802-555-0167		\$75.00
10:00am	Peterson, Audrey "Arra"	Asthma Recheck	Mark Williams, M.D.	Health Assurance CCPP0 \$10	Insurance Needed	802-555-0120		\$98.00
10:30am	Joyner, Ian	18mo Well Visit	Elizabeth Mary Casey, MD	Capital Blue Cross \$10 OV&WC-Other	See Notes	802-555-0128		\$379.50
11:00am	Whitehead, Heather	4mo Well Visit	Mark Williams, M.D.	Highmark PPO Blue \$15	See Billing	802-555-0128		\$383.00
11:45am	Bricker, Kevin L.	Recheck	Mark Williams, M.D.	Health Assurance CCPP0 \$20	Validated	802-555-0166		\$85.00
1:30pm	Nakamura, T. Joshua	Problem	Mark Williams, M.D.	Keystone HealthPlan \$10/20	Validated	802-555-0164		\$0.00
2:00pm	Jones Jr., Daryl "DD" Donald	ADD Annual Visit	Mark Williams, M.D.	Keystone HealthPlan \$15/25	Validated	802-555-0140		\$15.00
2:30pm	Gardner, Grace	Recheck	Mark Williams, M.D.	Capital Blue Cross \$10 OV&WC-Other	See Billing	802-555-0126	Billing Problem	\$363.00
2:45pm	Miller, Aaron	Recheck	Mark Williams, M.D.	Highmark Classic Blue	See Notes	802-555-0178	Coordination of Benefits	\$182.20
3:15pm	Mirabal, Jimmie	4mo Well Visit	Mark Williams, M.D.	~MAMSII/Alliance \$20 Box 3234	Validated	802-555-0186		\$70.00
3:30pm	Verdon, Robert J	12mo Well Visit	Elizabeth Mary Casey, MD	Capital Blue Cross \$10 OV&WC-Other	Validated	802-555-0100		\$30.00
4:15pm	Meyers II., Melissa "Cody" Ryan	Recheck	Mark Williams, M.D.	Highmark PPO Blue \$15	Insurance Needed	802-555-0149		\$(32.00)
4:15pm	Marrero, Jordan	3yr Well Visit	Elizabeth Mary Casey, MD	Keystone HealthPlan \$25	Validated	802-555-0181		\$0.00
4:30pm	Cassatt M.D, Jeremy "Chris" Katherine	18mo Well Visit	Mark Williams, M.D.	Health Assurance CCPP0 \$15		802-555-0154		\$(10.00)
								\$1,638.70

# Part 1: Daily Reporting

## Visits by Billing Status

The “Visits by Billing Status” report can empower employees who post charges and Office Managers trying to keep providers up-to-date on getting their encounters to the billing staff. You can review postings by day, week, or month to make sure nothing has fallen through the cracks and everything that was made ready by a provider has been fully posted.

Run the report and include the statuses of “Ready for Posting” and “New Items” to find encounters that need posting.

Office Managers who help their clinicians finish charts in a timely manner can run the report for the “Not Ready” Billing Status. This will reveal encounters that need to be finalized by the provider in order for a biller to post the charges.

### Visits by Billing Status

This report identifies visits that are waiting to be billed.

[Edit Categories](#) Billing, User Defined Category, Visit

**Provider**

[Edit](#) All Providers

**Appointment Date/Time**

Yesterday ▼ From 06/29/2025 📅 to 06/29/2025 📅

**Visit Reason**

[Edit](#) All Visit Reasons

**Location**

All Locations

**Billing Status**

All Billing Statuses

☐ Not Ready

☐ Ready for Posting

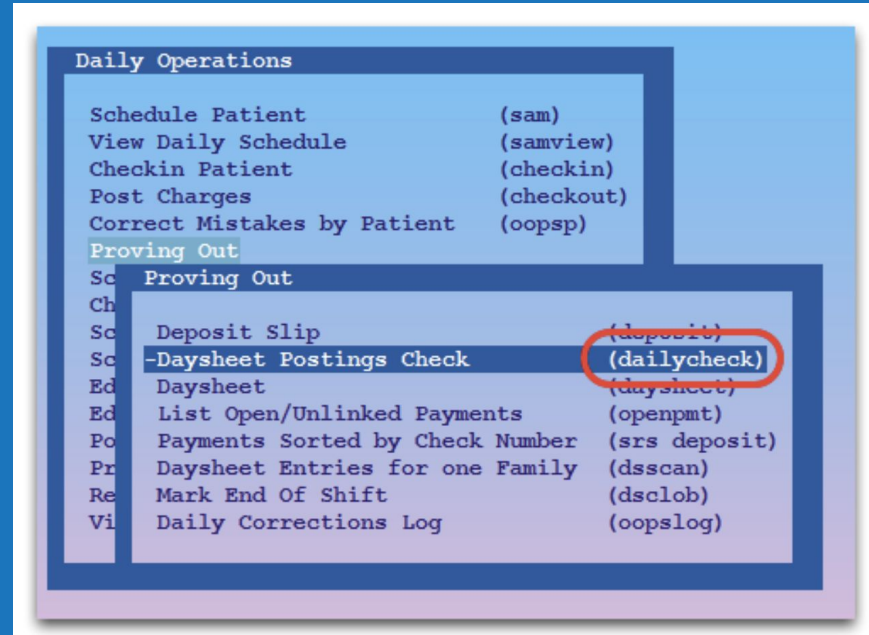
☐ Posted

☐ New Items

# Part 1: Daily Reporting

## Checking Posting Accuracy (dailycheck)

Dailycheck, an older Practice Management report, is used by managers or certified coders to double check all charge postings before claims are sent out to insurance for the day. It shows all posted charges and queued claims with CPTs, modifiers, and ICD-10 diagnoses, including their order. This report is a failsafe for practices that have a single point person that checks for accuracy. This report can be skipped if your charge posters do accuracy checking as part of their charge posting process.



# Part 1: Daily Reporting

## Payment Totals & Payment Details by Check Number

For staff posting ERAs and checks from insurance companies into PCC, these reports help reconcile check values. In the Report Library, run the Payment totals by check number and get your daily totals for each check posted by each user.

If a check does not match what you entered into PCC, you can use the “Payment Details by Check Number” report to see patient level detail of each payment put into the system from an individual check, helping you find and correct any entry mistakes or missed patients.

### 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 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

# Part 1: Daily Reporting

## Payment Reconciliation Report

If you handle any payments made by families, whether cash, check, credit card, or portal payment, you should balance out at the end of the day. Use the Report Library report "Payment Reconciliation" to review details of all payments that you collected for the day and compare it against your cash box and receipts.

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:

Payments are grouped by Payment Type by default

Transaction Date	Payment Name	User	Patient Name	Account Name	Amount
<b>Cash Payment (3)</b>					
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
					<b>\$282.00</b>
<b>Credit Card Payment (1)</b>					
05/03/2019	Master Card Payment	mark	Jones, Aleksandra		\$5.00
					<b>\$5.00</b>
<b>Personal Check Payment (1)</b>					
05/03/2019	TOS Check Payment	mark	Kneasel, Kate	Kneasel, Jesseca	\$45.00
					<b>\$45.00</b>
					<b>\$332.00</b>

5 results

Report Library Back Export Close Print

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

# Part 1: Daily Reporting

## Daysheet Postings Check (daysheet)

PCC tracks all revenue and receipts entered into your system by user and account. The daysheet report in Practice Management can be used by an overseeing entity, such as management, to see every entry and deletion from an entire day at your practice including service and non-service charges, adjustments, cash, check, credit cards, and non-service fees or refunds.

DAY SHEETS

Page 1 of 1

For Posting Dates from: 06/01/25 to 06/01/25

Send report to: ☐ Printer ☒ Screen

Report Width: ☒ Wide ☐ Narrow

Totals Only? ☐ No

Subtotal through sort level:

All Providers? ☒ Yes

Page break through sort level:

All Users? ☒ Yes

Show month to date totals? ☐ No

All Locations? ☒ Yes

Narrow: Show patient names? ☐ No

Omit relinks? ☐ No

Sort By

1. User Who Posted

2. Provider Posted To

3.

4.

5.

6.

Restricted to Transaction Dates from:  to

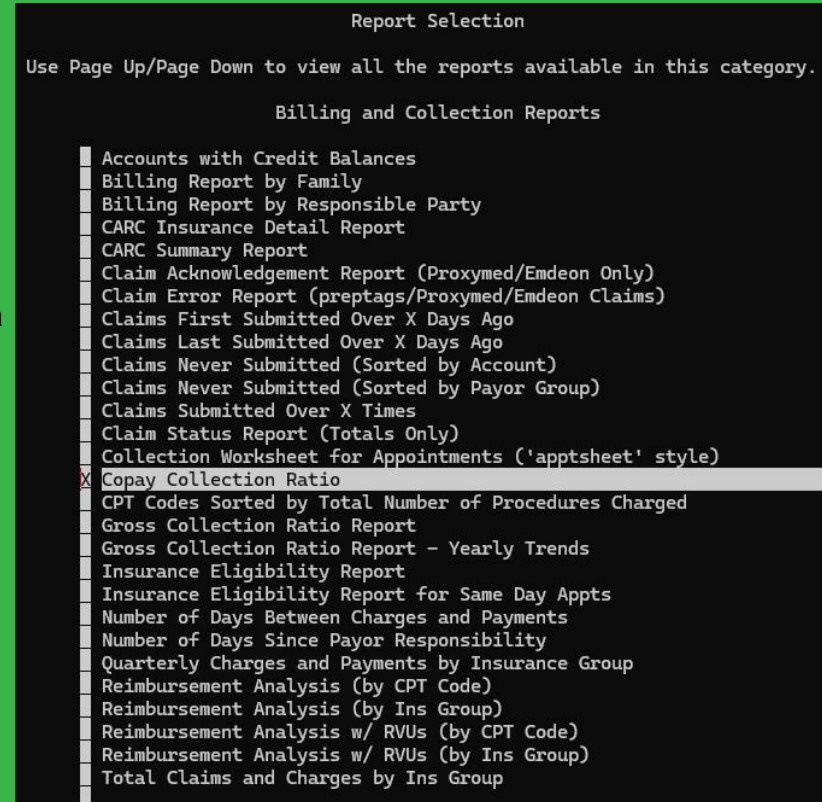


# Part 2: Weekly Reporting

## Copay Collection Ratio

In Practice Management under the Smart Report Suite, you can report on how well your front desk collects co-pays before a visit.

You can run this at the start of a new work week or at the end of the week before a new week starts to assess copay collection. (If you run the report for a longer date range, it will be inaccurate as the family often pays for a co-pay via the portal or a personal bill after their visit, increasing the score of your front desk's efficiency.)



# Part 2: Weekly Reporting

## Claims that Need Correction

Some claims fail PCC's scrubbing when you process your claims. PCC has eliminated the need for reporting on these claims with a dedicated worklist that shows all claims currently in a "Needs Correction" state under the Needs Corrections tab in the Claims Tool in the EHR.

Submission	Needs Correction (6)	Log	Holds	Delay
<b>Claims - Needs Correction</b>				
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				

# Part 2: Weekly Reporting

## Claim and Billing Error Report

Found in Practice Management under the Smart Report Suite, the Claim and Billing Error report will display every charge with a current billing status of rejection or error, organized by insurance group. This is your first line of defense against missing timely filing deadlines as it will indicate that insurance never accepted the claim into their adjudication system. PCC will replace this report with a new Claim Rejections worklist later in 2025.

Responsible Party Group: BCBS									
Current Billing Status: Tagsplit Error/Rejection									
Acct	Acct Last Name	Acct First Name	Pat	Pat First Name	Date of Current Billing Status	Current Billed Message	Transaction Date	Charge Amount	Amount Due
1984	Jones	Erica	3338	Paul	06/25/25	Claim (from BCBS) to Error	06/23/25	\$60.00	\$60.00
5014	Orlando	Orlando J	4019	Jasper	06/25/25	Claim (from BCBS) to Error	06/07/25	\$130.00	\$130.00
5014	Orlando	Orlando J	4019	Jasper	06/25/25	Claim (from BCBS) to Error	06/07/25	\$110.00	\$110.00
5014	Orlando	Orlando J	4019	Jasper	06/25/25	Claim (from BCBS) to Error	06/07/25	\$160.00	\$160.00
5014	Orlando	Orlando J	4019	Jasper	06/25/25	Claim (from BCBS) to Error	06/07/25	\$300.00	\$287.00
5014	Orlando	Orlando J	4019	Jasper	06/25/25	Claim (from BCBS) to Error	06/07/25	\$100.00	\$98.00
0			0					\$860.00	\$845.00
0			0					\$860.00	\$845.00

# Part 2: Weekly Reporting

## Encounters by Billing Status:

The “Visits by Billing Status” report only finds scheduled “in the office” visits on your schedule. The “Encounters by Billing Status” includes nurse advice calls, telemedicine, billed patient portal encounters, and non-service administrative encounters such as forms fees, newborn hospital rounds, or missed appointment fees.

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

# Part 3: Monthly Reporting

## Accounts Receivable

Most offices work their accounts receivable in a daily or weekly manner to make sure they are paid promptly for the work they have done. For this class, we'll discuss A/R reporting in the context of monthly reporting. We will discuss the dashboard A/R reporting which updates monthly, the insurance aging report which separates your A/R into 30 day “buckets,” and the insurance accounts receivable detail report which billers use to actively work unpaid claims.

# Part 3: Monthly Reporting

## Detailed A/R Summary Report

In the Practice Vitals Dashboard under the Financial Pulse section there is a weighted measure for A/R. It is made up of three reports: A/R Days, A/R Over 60 Days Old, and A/R 60-90 Days Old.

Each of these three reports lead to a related tool giving you access to your Detailed A/R Summary Report. Here you can see visualizations of trends, including: Provider by Month, YOY Changes by Each Month, Current Average Days a charge remains in Accounts Receivable, A/R Days Trends by Month, Current Percentage of A/R in each 30 day bucket, Current Total A/R in the 60-90 Day Category, Current Percentage of Personal Vs Insurance A/R, and a Monthly Trend of Percentage of Total Personal A/R.

### 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](mailto: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](#)

# Part 3: Monthly Reporting

## Insurance Aging Report

The Insurance Aging Report is a Practice Management report that gives you a current snapshot of where you stand with all A/R and how much of it is in each category of Current, 30-60, 60-90, 90-120, and Over 120 Days. This is broken down by Insurance Group and percentages are displayed for total A/R for each group and your practice's A/R for each aging bucket. Billers working unpaid claims can use this as their base report to find the largest categories of money that are also in the most danger of reaching a timely filing status rejection and then work those “buckets” using the Insurance Accounts Receivable Detail Report.

PCC plans to replace this report with a new Unpaid Encounters worklist later in 2025.

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						

# Part 3: Monthly Reporting

## Insurance Accounts Receivable Detail Report

Found in Practice Management, the Insurance Accounts Receivable Detail Report is used by billers to key in on individual charges that have yet to be paid. This report will give you results by insurance plan and can be filtered to only include results based on Insurance Group, Date Range, or Place of Service, and can also display encounter billing notes and the billing history of a charge.

PCC plans to replace this report with a new Unpaid Encounters worklist later in 2025.

INSURANCE ACCOUNTS RECEIVABLE DETAIL

Send report to: ☐ Printer  
☐ Screen  
☒ Interactive Screen  
☐ Mailbox

Age of Receivables: ☐ 30 or more days old  
☒ from 60 to 89 days old  
☐ for dates from 02/21/24 through 10/02/23

All Insurances?	No	Extra Information To Show:	
All Servicing Providers?	Yes	Show Other ID ?	No
All Places of Service?	Yes	Show School ?	No
Include Personal Charges?	No	Show Note ?	Yes
Show Visit Notes?	Yes	Show Old PM ID #?	No
Show Billing History?	No		
List Insurances with no pending charges?	No		
Suppress page breaks when printing?	No		



# Part 3: Monthly Reporting

## Total Charges & Payments by Provider & Month:

This simple report in the report library will default to the last calendar month and give you an aggregate of all charges from each provider's work and all payments that came in related to any work done previously. It is a good overview report to track production, where you can see payments and true revenue that each clinician brings into the business for outstanding charges paid in a month.

Total Charges and Payments by Provider and Month				
Aggregate charges and payments by provider for provider productivity assessments.				
Transaction Date: From 06/30/2024 to 06/30/2025				
Columns: All 5 Displayed		Group By: Provider		
Provider	Transaction Month	Total Charges	Total Payments	Refund Amount
Elizabeth Mary Casey, MD (13 results)				
Elizabeth Mary Casey, MD	2025-02	\$7,776.00	\$7,650.75	\$0.00
Elizabeth Mary Casey, MD	2024-10	\$12,562.00	\$8,335.26	\$0.00
Elizabeth Mary Casey, MD	2024-08	\$13,544.00	\$10,060.17	\$0.00
Elizabeth Mary Casey, MD	2025-06	\$10,583.30	\$6,275.82	\$0.00
Elizabeth Mary Casey, MD	2024-07	\$11,742.16	\$6,979.27	\$0.00
Elizabeth Mary Casey, MD	2024-11	\$11,266.30	\$8,254.52	\$0.00
Elizabeth Mary Casey, MD	2024-12	\$9,265.00	\$0.00	\$0.00
Elizabeth Mary Casey, MD	2025-03	\$12,151.84	\$8,664.41	\$0.00
Elizabeth Mary Casey, MD	2025-05	\$14,136.31	\$10,302.66	\$0.00
Elizabeth Mary Casey, MD	2024-09	\$10,703.32	\$6,199.06	\$0.00
Elizabeth Mary Casey, MD	2025-04	\$16,090.30	\$8,246.43	\$0.00
Elizabeth Mary Casey, MD	2025-01	\$16,803.00	\$10,534.48	\$0.00
Elizabeth Mary Casey, MD	2024-06	\$0.00	\$63.00	\$0.00
		\$146,623.53	\$91,565.83	\$0.00

# Part 3: Monthly Reporting

## Total Visits, Charges, and Payments by Provider

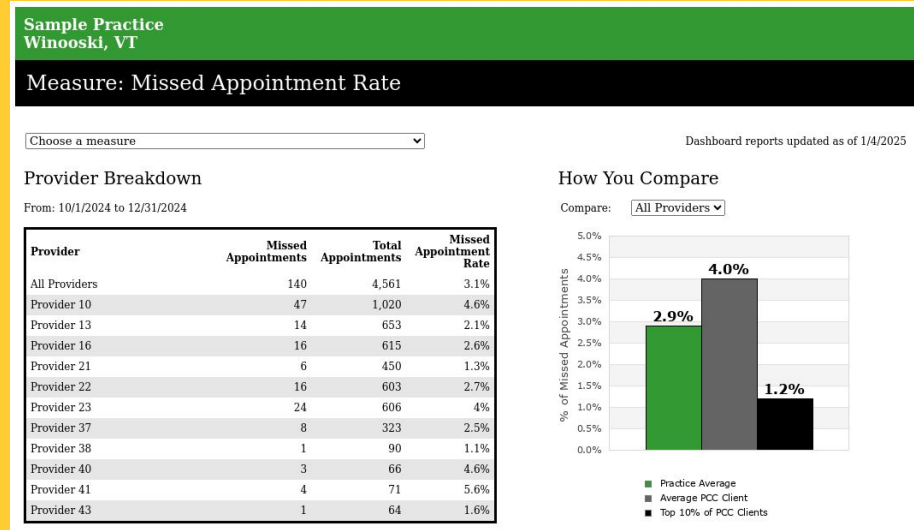
This productivity report is found in the Smart Report Suite. It shows you production based on historical factors and shows you how much outstanding money needs to be accounted for to finish out any outstanding charges. It will immediately give you an average charge and average procedures per visit by dividing the charge and procedures rendered by the number of total visits. You can see the current average deposited amount per visit, as well as the amount and percentage collected. This should help you estimate how much of the remaining payments you may receive for each provider based on what is still due. When no money is outstanding, a provider's "Percent Collected" will be equal to 100%.

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.										

# Part 3: Monthly Reporting

## Missed Appointment Rate

The Missed Appointment Rate found in the Dashboard shows the percentage of appointments at your practice that were missed. Missed appointments represent revenue loss and delayed patient care, along with stress and anxiety caused by uncertain schedules and the extra work involved with trying to fill empty slots at the last minute. The missed appointment rate is calculated by adding all missed appointments for the past three months and dividing by the number of total appointments during that time (excluding canceled and deleted appointments). These numbers can help you calculate missed revenue, if you do not collect missed appointment fees. This can also be used to calculate revenue reductions based on your total revenue per visit subtracted from your missed appointment fee, as filling a slot would have generated more money than the fee.



# Part 3: Monthly Reporting

## Appointments

The "Appointments" report in the Report Library is a Data Source Report. Data Source Reports are large reports with lots of criteria that you can use to build more targeted reports. For example, you can use this report to filter appointments to only show you the status of "Missed." If your workflow includes marking an appointment as missed and then canceling it or changing the appointment reason after a missed appointment fee is applied, this would help you find any missed appointments that have yet to be charged fees.

### Appointments

Data source for building appointment-focused reports.

Edit Categories Appointment, Data Source

#### Appointment Day of Week

All Appointment Day of Weeks

#### Time Range for Appointment

From  to

#### Appointment Provider

Edit All Appointment Providers

#### Appointment Location

All Appointment Locations

#### Appointment Reason

Edit All Appointment Reasons

#### Appointment Visit Type

All Appointment Visit Types

#### Appointment Status

☒ Missed

☐ Scheduled

☒ Missed

☐ Canceled

☐ Arrived

# Part 3: Monthly Reporting

## Payments and Adjustments by Payment Type

The Payments and Adjustments by Payment Type report found in the Report Library will give you an overview of your monthly reductions to A/R, whether by payment or by adjusting off charges. Payments in PCC are separated out by a “Payment Class” such as Cash, Check, Credit Card, Insurance, or Adjustment. Each class is broken out by “Payment Type”. This is a great report to show what has been written off for the month. Some examples of adjustment types include: Courtesy, Approved by Physician, Sent to Collections, Unrecoverable, Timely Filing, Collection Agency Fee, TOS Discount, and Insurance Adjustment.

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
		\$662,270.16

# Part 3: Monthly Reporting

## Allowable Over/Under Payments by Payor Group and Check

The Allowable Over/Under Payments by Insurance Group and Check reports found in the Report Library give you an overview of your monthly discrepancies related to allowable fee schedules loaded into your system. Any time an insurance underpays your fee schedule (or overpays because of a non-communicated pay increase) this report will pick up the discrepancy, regardless of whether the insurance reported them as being paid at the fee schedule rate (CARC 45).

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

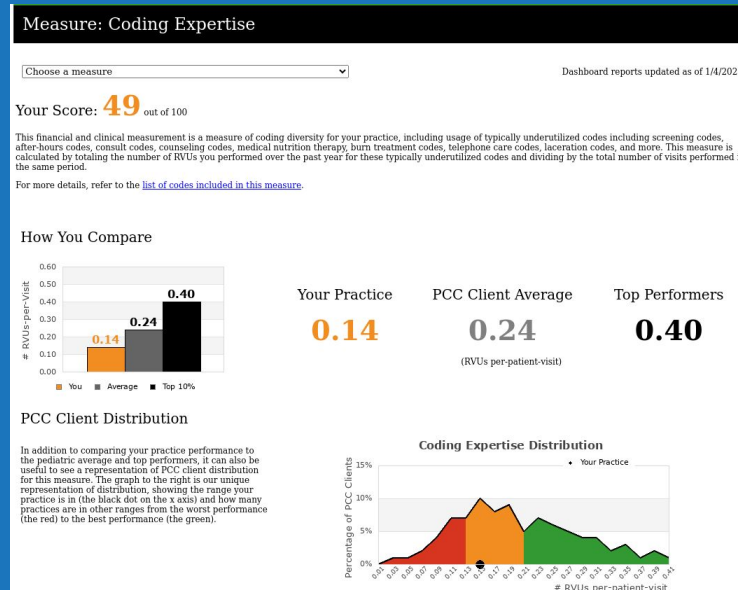
Columns: 10 Displayed      Group By: Insurance Group at Time of Service      Search Filter:

:: 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			

# Part 4: Quarterly Reporting

## Coding Expertise

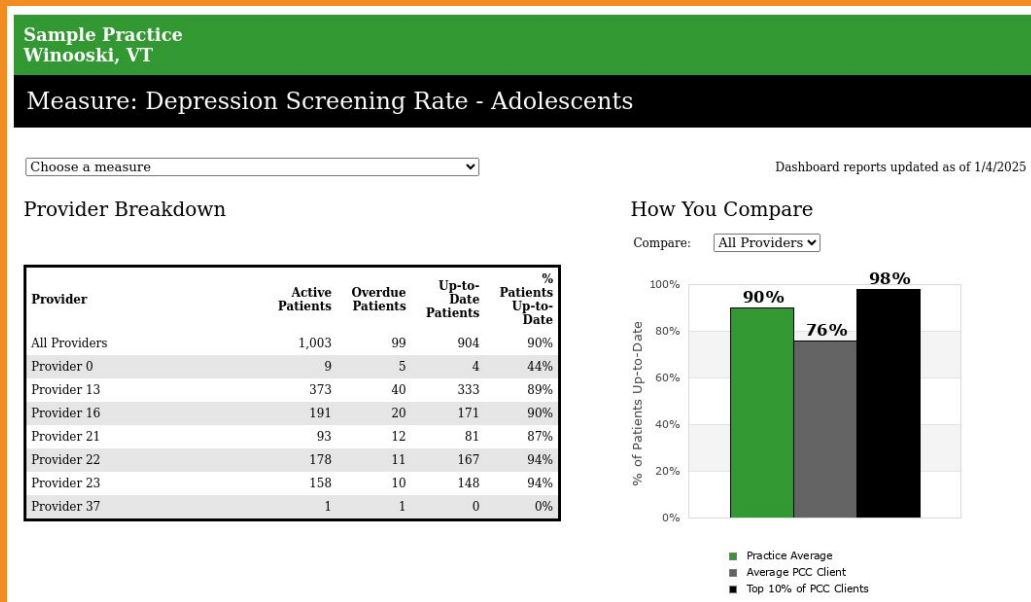
Found in the Practice Vitals Dashboard, the Coding Expertise Report shows your office's effectiveness at using underutilized codes. These codes usually increase your income and are often missed or forgotten by practices. They include but are not limited to: After Hours Codes, Counseling, Burn Treatment, Chronic Care Management, Circumcisions, Screenings, Foreign Body Removal, Laceration Care, Nutrition, Consultations, Orthopedics, Telemedicine, and Wart Removal codes.



# Part 4: Quarterly Reporting

## Depression & Developmental Screening Rates

The AAP recommends a structured depression screening during well visits for adolescents between the ages of 12 and 21. The Practice Vitals Dashboard can track children that had a well visit in the past year and had at least one screening billed in that time.

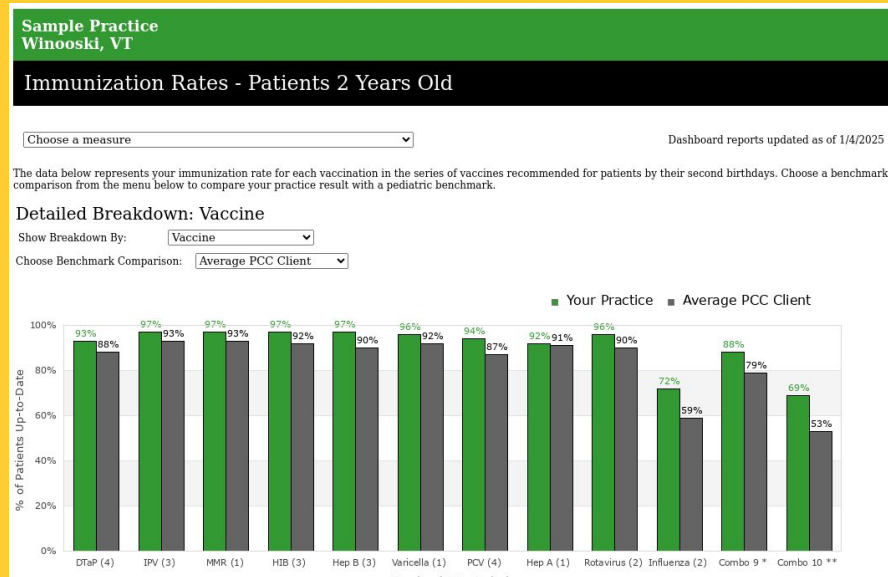




# Part 4: Quarterly Reporting

## Immunization Rates for Children at 2 Years Old

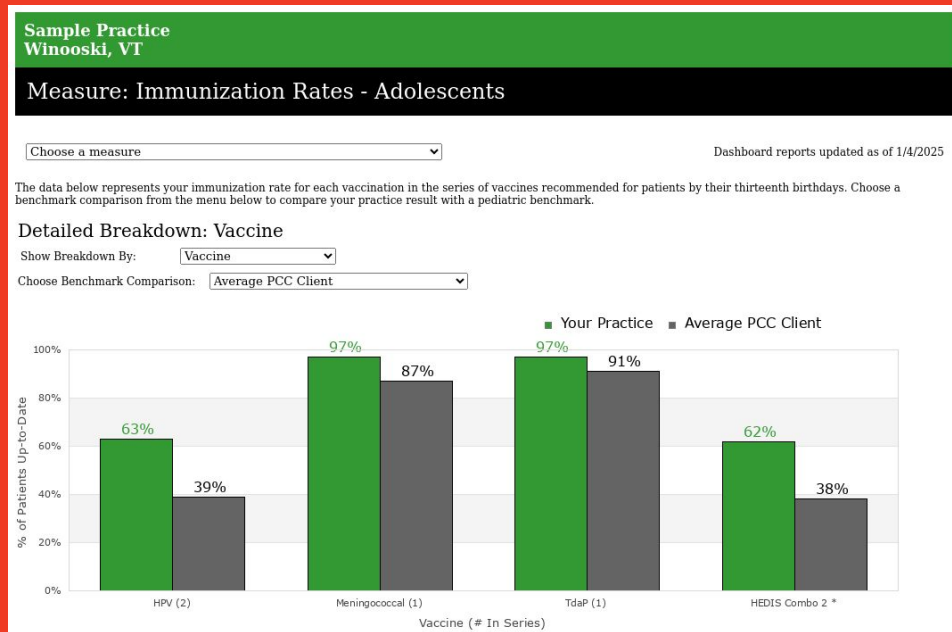
The cost of immunizations and administration fees have a large impact on a pediatric practice due to their upfront costs. The breakdown of whether 2 year olds are up to date on their vaccinations can be found in The Practice Vitals Dashboard. Viewing the details by vaccine can show you a patient list of each vaccine and the children who were overdue the last time the dashboard was updated. This can help with recall to make sure all your children are on schedule with their vaccines and that you're not paying extra for vaccines to be stored that should be getting used.



# Part 4: Quarterly Reporting

## Immunization Rates for Adolescents

Like immunizations for children at two years old, adolescents also have an increasing amount of reliance on vaccines. This report assesses if 13 year olds are up to date on their series of tetanus, diphtheria, TdaP, meningococcal, and HPV. Like the 2 year version, you can see a detailed breakdown of overdue patients to get them in for these vaccines and finish out their series.



# Part 5: Yearly Reporting

## Pricing

Use the RVU reports found in PM under the Smart Report Suite to calculate your annual price increases. The Reimbursement Analysis w/ RVUs (by CPT Code) report will help you meet a base minimum price per procedure. Sort this data based on your actual payments and increase pricing once a year based on what your highest paying insurance reimburses for each CPT code. If you would like to see a deeper dive into pricing please join me in Emerald II on Friday at 10:15am.

Title: Reimbursement Analysis w/ RVUs (by CPT Code)													
Procedure Code Set	Procedure Name	Ins Group at Time of Service	Units	Number of Valid RVU Units	Total Number of RVUs	Avg RVU Per Unit	Avg Charge Amount	Avg Deposited	Avg Deposited as Percent of MCare FACE	RVU Medicare FAF at 250%	RVU Medicare FAF at 250%	Charge Amount	Amount Deposited (all prnts)
99391	PE Under 1 Year	Personal/No Insurance	8	8	24	3	\$240.00	\$132.66	137.90%	\$96.20	\$240.51	\$1,920.00	\$1,061.28
99391	PE Under 1 Year	Other	23	23	68	3	\$240.00	\$119.42	124.14%	\$96.20	\$240.51	\$5,520.00	\$2,746.71
99391	PE Under 1 Year	BCBS	240	240	714	3	\$239.83	\$171.85	178.64%	\$96.20	\$240.51	\$57,560.00	\$41,243.76
99391	PE Under 1 Year	Cigna	40	40	119	3	\$240.00	\$120.13	124.88%	\$96.20	\$240.51	\$9,600.00	\$4,805.20
99391	PE Under 1 Year	UHC	20	20	59	3	\$240.00	\$129.88	135.01%	\$96.20	\$240.51	\$4,800.00	\$2,597.53
99391	PE Under 1 Year	Molina	40	40	119	3	\$240.00	\$111.96	116.39%	\$96.20	\$240.51	\$9,600.00	\$4,478.51
99391	PE Under 1 Year	Aetna	7	7	21	3	\$240.00	\$134.49	139.80%	\$96.20	\$240.51	\$1,680.00	\$941.43
99391	PE Under 1 Year	Medicaid	9	9	27	3	\$240.00	\$71.43	74.25%	\$96.20	\$240.51	\$2,160.00	\$642.88
99391			387	387	1151	3	\$239.90	\$151.21	0.00%	\$0.00	\$0.00	\$92,840.00	\$58,517.30
Procedure	Procedure Name	Ins Group at Time of Service	Units	Number	Total Number	Avg RVU	Avg Charge	Avg Deposited	Avg Deposited	RVU Medicare	RVU Medicare	Charge Amount	Amount Deposited
99391.25	Modified PE under 1 year	Personal/No Insurance	12	12	36	3	\$210.83	\$145.87	151.64%	\$96.20	\$240.51	\$2,530.00	\$1,750.49
99391.25	Modified PE under 1 year	Other	66	66	196	3	\$214.47	\$119.98	124.72%	\$96.20	\$240.51	\$14,155.00	\$7,918.42
99391.25	Modified PE under 1 year	BCBS	3	3	9	3	\$218.33	\$0.00	0.00%	\$96.20	\$240.51	\$655.00	\$0.00
99391.25	Modified PE under 1 year	Cigna	312	312	928	3	\$220.19	\$171.42	178.19%	\$96.20	\$240.51	\$68,700.00	\$53,482.78
99391.25	Modified PE under 1 year	UHC	72	72	214	3	\$216.39	\$120.34	125.10%	\$96.20	\$240.51	\$15,580.00	\$8,664.72
99391.25	Modified PE under 1 year	Molina	30	30	89	3	\$217.50	\$139.53	145.04%	\$96.20	\$240.51	\$6,525.00	\$4,185.87
99391.25	Modified PE under 1 year	Aetna	41	41	122	3	\$220.49	\$116.28	120.87%	\$96.20	\$240.51	\$9,040.00	\$4,767.42
99391.25	Modified PE under 1 year	Medicaid	15	15	45	3	\$210.33	\$134.49	139.80%	\$96.20	\$240.51	\$3,155.00	\$2,017.35
99391.25	Modified PE under 1 year	Personal/No Insurance	12	12	36	3	\$217.08	\$72.94	75.82%	\$96.20	\$240.51	\$2,605.00	\$875.26
99391.25			563	563	1674	3	\$218.37	\$148.60	0.00%	\$0.00	\$0.00	\$122,945.00	\$83,662.31
Procedure	Procedure Name	Ins Group at Time of Service	Units	Number	Total Number	Avg RVU	Avg Charge	Avg Deposited	Avg Deposited	RVU Medicare	RVU Medicare	Charge Amount	Amount Deposited
99392	PE 1-4 Year	Personal/No Insurance	5	5	16	3	\$245.00	\$177.59	173.53%	\$102.34	\$255.86	\$1,225.00	\$687.96
99392	PE 1-4 Year	Other	21	21	66	3	\$245.00	\$129.03	126.08%	\$102.34	\$255.86	\$5,145.00	\$2,709.59
99392	PE 1-4 Year	BCBS	166	166	525	3	\$245.00	\$186.18	181.92%	\$102.34	\$255.86	\$40,670.00	\$30,905.37
99392	PE 1-4 Year	Cigna	28	28	89	3	\$245.00	\$127.81	124.89%	\$102.34	\$255.86	\$6,860.00	\$3,578.68
99392	PE 1-4 Year	UHC	21	21	66	3	\$245.00	\$150.45	147.01%	\$102.34	\$255.86	\$5,145.00	\$3,159.48
99392	PE 1-4 Year	Molina	29	29	92	3	\$245.00	\$119.74	117.01%	\$102.34	\$255.86	\$7,105.00	\$3,472.60
99392	PE 1-4 Year	Aetna	9	9	28	3	\$245.00	\$149.30	145.89%	\$102.34	\$255.86	\$2,205.00	\$1,343.70
99392	PE 1-4 Year	Medicaid	16	16	51	3	\$245.00	\$67.95	66.40%	\$102.34	\$255.86	\$3,920.00	\$1,087.20
99392			295	295	933	3	\$245.00	\$159.81	0.00%	\$0.00	\$0.00	\$72,275.00	\$47,144.58

# Part 5: Yearly Reporting

## Immunization Rates for Yearly Influenza

Like immunizations for children, flu shots can determine a lot about waste and income. You need to know how much stock of a yearly flu to purchase, how much freezer space you need, and how to distribute the shot with as little waste as possible. You also need to assess yearly trends and see if other locations, such as pharmacies, are “taking a bite” out of your population year over year. Like other immunization reporting, this can be found in the Practice Vitals Dashboard.

Sample Practice  
Winooski, VT

Measure: Immunization Rates - Influenza

Choose a measure

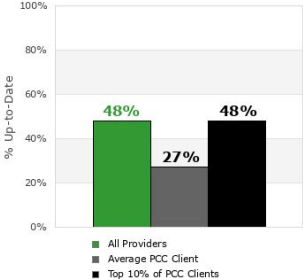
Dashboard reports updated as of 1/4/2025

Detailed Breakdown: Primary Care Provider

Primary Care Provider	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Providers	2,758	1,424	1,334	48%
Provider 0	71	40	31	44%
Provider 13	992	472	520	52%
Provider 16	355	200	155	44%
Provider 2	2	2	0	0%
Provider 21	202	123	79	39%
Provider 22	664	341	323	49%
Provider 23	470	244	226	48%
Provider 37	2	2	0	0%

How You Compare

Compare: All Providers



# Part 5: Yearly Reporting

## Accounts with Credit Balances

Credits, by their very nature, deflate your total A/R. It is important to eliminate them as often as you can. For most practices this is often not evaluated as a co-pay or double payment here or there often gets eaten up at the next visit. Some do not come in often enough to use up credits so it is important to get this money back to the families and correct your A/R. You can do this with the Accounts with Credit Balances report in the Smart Report Suite.

PCC plans to replace this report with a Personal Balances worklist later in 2025.

Accounts with Credit Balances pcc 06/30/2025 15:02:54

Acct	Acct Last Name	Acct First Name	Unapplied Past Credits	Acct Last Date of Service	Acct Last Pmt
1838	Fohringer	John	\$-4,141.72		10/26/24
590	Mcintyre	Willis	\$-630.81		10/25/24
828	Lanshe	Michael	\$-434.09		
823	Vella	Blair C	\$-275.00		
1118	Faherty	John H.	\$-237.09		10/24/24
1610	Hayes	Douglas	\$-172.20	02/28/25	05/28/25
1141	Sherman	Barbara	\$-154.41	12/25/24	02/05/25
158	Arnold, Jr.	Gregory	\$-137.20		05/13/21
1884	Lane	David	\$-125.00	04/22/23	04/22/23
1388	Jackson	Ebony	\$-124.00	11/22/24	07/11/24
1326	Baker	Patrick	\$-107.40	04/13/25	05/14/25
1113	Smalls	John	\$-100.00	05/24/25	06/02/25
1485	Almaayoof	Roslyn	\$-88.13		10/23/24
436	Theodore	Michael	\$-87.00	06/21/25	06/21/25
296	Romberger	Mark	\$-80.67	02/14/25	05/27/23
1776	Fomby	John T.	\$-77.00	06/04/25	06/04/25
77	Ritterhaus	Timothy	\$-75.00	09/25/22	09/25/22
1615	Cake	Richard A.	\$-71.20	05/28/24	06/21/24
1859	Carroll	Lida	\$-70.40	12/25/24	01/01/25
1175	Kylor	Brenda	\$-60.00	06/22/25	06/22/25
1938	Plouse	Deborah	\$-58.75		
1801	Kepner	Erick	\$-49.00	10/04/24	10/04/24
1156	Donnelly	Mustafa	\$-47.00	04/23/25	10/09/24
62	Ihli	Gilian	\$-45.10	06/21/25	03/22/25
932	Arndt	Matt	\$-45.00	05/24/25	09/18/24
1255	Baird	Roger R.	\$-44.41	06/06/25	06/06/25
1841	Rice	David	\$-38.00		
790	Rothermel	Jeffrey	\$-35.00		12/29/18
1192	Butler	Robert	\$-33.00	05/24/24	05/09/24
644	Meyers	Michelle	\$-32.00	06/21/25	06/06/25
187	Gasper	Bruce	\$-31.00	08/24/19	06/28/19
1934	Barton	Michael	\$-30.24	01/08/20	06/24/23
1298	Smith	Steven	\$-30.00	06/08/25	06/08/25
1490	Singer	Joseph	\$-30.00	06/08/25	05/07/25
1734	Elsis	Jimmy	\$-30.00	05/04/25	05/04/25
671	Beltz	Christopher	\$-26.81	02/20/23	07/16/23
1243	Smuts	Douglas	\$-24.00	07/04/19	06/18/19
171	Wise	Eric	\$-20.00	06/19/25	04/11/25
992	Stratis	Gregory	\$-20.00	04/21/24	04/21/24
744	Smith	Bonnie	\$-20.00	09/11/19	01/26/24
802	Hetzer	John	\$-20.00	05/18/25	05/18/25
864	Herr	Michael A.	\$-20.00	05/14/25	05/14/25
1844	Firoozmand	Nancy	\$-20.00	06/07/23	06/07/23
953	Everitt	Karen	\$-20.00	10/07/24	10/27/24

# Part 5: Yearly Reporting

## Gross Collection Ratio Report

The Gross Collection Ratio Report - Yearly, found in the Smart Report Suite, shows total charges and collections for each insurance group, organized by year. The report shows results by percentage so that you can see what percentage of each insurance group's charges end up as deposits. This can help you assess if certain insurance groups are paying more consistently and at higher rates, or are paying less and are more difficult to work with year over year.

Gross Collection Ratio Report - Yearly Trends pcc 06/30/2025 15:05:12

Trans Year: 2024

Trans Year	Ins Group at Time of Service	Charge Amount	Amount Collected (all pmts + all adj)	Percent Collected (all pmts + all adj)	Amount Deposited (all pmts)	Percent Deposited (all pmts)	Total Adj (ins adj + pers adj)	Percent Total Adjusted
2024	Personal/No Insurance	\$3,994.02	\$3,994.02	100.00%	\$2,976.81	74.51%	\$1,018.01	25.49%
2024	Aetna USHC HMO	\$7,584.00	\$7,584.00	100.00%	\$3,127.60	41.24%	\$4,456.40	58.76%
2024	Aetna MC & Elect	\$4,390.00	\$4,390.00	100.00%	\$3,446.80	78.51%	\$943.20	21.49%
2024	BCBS	\$7,719.30	\$7,719.30	100.00%	\$5,976.75	77.43%	\$1,742.55	22.57%
2024	Geisenger Health Plan	\$7,660.00	\$7,660.00	100.00%	\$2,479.30	32.37%	\$5,180.70	67.63%
2024	Health America	\$17,998.02	\$17,998.02	100.00%	\$11,143.31	61.91%	\$6,854.71	38.09%
2024	Health Assurance	\$34,703.02	\$34,703.02	100.00%	\$23,016.72	66.32%	\$11,686.30	33.68%
2024	HealthPass	\$941.00	\$941.00	100.00%	\$806.49	85.71%	\$134.51	14.29%
2024	Green Leaf Insurance	\$5,060.00	\$5,060.00	100.00%	\$3,938.40	77.83%	\$1,121.60	22.17%
2024	Aetna Open	\$6,169.00	\$6,169.00	100.00%	\$3,841.27	62.27%	\$2,327.73	37.73%
2024	Keystone HealthPlan	\$11,166.00	\$11,166.00	100.00%	\$3,219.24	28.83%	\$7,946.76	71.17%
2024	Miscellaneous Insurance	\$970.00	\$970.00	100.00%	\$828.07	85.37%	\$141.93	14.63%
2024	Private Insurance	\$6,395.00	\$6,395.00	100.00%	\$5,416.85	84.70%	\$978.15	15.30%
2024	HealthyKids HMO	\$2,982.00	\$2,982.00	100.00%	\$2,333.22	78.24%	\$648.78	21.76%
2024	Cigna	\$2,754.00	\$2,754.00	100.00%	\$2,231.06	81.01%	\$522.94	18.99%
2024	Capital Blue Cross	\$53,332.43	\$53,332.43	100.00%	\$43,061.18	80.74%	\$10,271.25	19.26%
2024	Highmark Blue Shield	\$74,971.90	\$74,971.90	100.00%	\$57,014.20	76.05%	\$17,957.70	23.95%
2024	Retired Insurance Plans	\$14,216.67	\$14,216.67	100.00%	\$11,189.04	78.70%	\$3,027.63	21.30%
2024		\$263,006.36	\$263,006.36	100.00%	\$186,045.51	70.74%	\$76,960.85	29.26%

Trans Year: 2025

Trans Year	Ins Group at Time of Service	Charge Amount	Amount Collected (all pmts + all adj)	Percent Collected (all pmts + all adj)	Amount Deposited (all pmts)	Percent Deposited (all pmts)	Total Adj (ins adj + pers adj)	Percent Total Adjusted
2025	Personal/No Insurance	\$1,499.25	\$1,499.25	100.00%	\$1,216.87	81.17%	\$282.38	18.83%
2025	Aetna USHC HMO	\$13,351.02	\$13,351.02	100.00%	\$5,105.76	38.24%	\$8,245.26	61.76%
2025	Aetna MC & Elect	\$3,587.30	\$3,587.30	100.00%	\$2,675.69	74.59%	\$911.61	25.41%
2025	BCBS	\$10,704.00	\$10,704.00	100.00%	\$8,630.07	80.62%	\$2,073.93	19.38%
2025	Geisenger Health Plan	\$7,397.00	\$7,397.00	100.00%	\$1,843.65	24.92%	\$5,553.35	75.08%
2025	Health America	\$27,761.96	\$27,761.96	100.00%	\$17,102.78	61.61%	\$10,659.18	38.39%
2025	Health Assurance	\$38,015.30	\$38,015.30	100.00%	\$25,145.39	66.15%	\$12,869.91	33.85%
2025	HealthPass	\$137.00	\$137.00	100.00%	\$119.88	87.50%	\$17.12	12.50%
2025	Green Leaf Insurance	\$8,493.00	\$8,493.00	100.00%	\$6,324.26	74.46%	\$2,168.74	25.54%
2025	Aetna Open	\$9,335.00	\$9,335.00	100.00%	\$6,124.16	65.60%	\$3,210.84	34.40%
2025	Keystone HealthPlan	\$17,989.00	\$17,989.00	100.00%	\$4,085.30	22.71%	\$13,903.70	77.29%
2025	Miscellaneous Insurance	\$922.00	\$922.00	100.00%	\$688.83	74.71%	\$233.17	25.29%
2025	Private Insurance	\$9,410.78	\$9,410.78	100.00%	\$7,354.62	78.15%	\$2,056.16	21.85%
2025	HealthyKids HMO	\$3,092.00	\$3,092.00	100.00%	\$2,393.58	77.41%	\$698.42	22.59%
2025	Cigna	\$5,517.22	\$5,517.22	100.00%	\$4,488.57	81.36%	\$1,028.65	18.64%
2025	Capital Blue Cross	\$60,504.27	\$60,504.27	100.00%	\$47,498.16	78.50%	\$13,006.11	21.50%
2025	Highmark Blue Shield	\$94,117.15	\$94,117.15	100.00%	\$73,908.05	78.53%	\$20,209.10	21.47%
2025	Retired Insurance Plans	\$15,529.44	\$15,529.44	100.00%	\$12,231.75	78.76%	\$3,297.69	21.24%
2025		\$327,362.69	\$327,362.69	100.00%	\$226,937.37	69.32%	\$100,425.32	30.68%

0

\$590,369.05 \$590,369.05 100.00% \$412,982.88 69.95% \$177,386.17 30.05%



# Part 5: Yearly Reporting

## Payor Mix Analysis – Yearly Trends

Payor Mix Analysis, found in the Smart Report Suite, can help you judge the necessity of certain insurances. How much of your practice's income depends on a single payor? Do some insurance groups constitute a large percentage of your work done but a smaller percentage of your actual income? Are there insurances that you need to stop accepting, based on reimbursement, amount of patients, or difficulty working with claims? Do you have contract negotiations coming up where you may decide to drop an insurance?

Payor Mix Analysis pcc 06/30/2025 15:07:52								
Ins Group at Time of Service	Charge Amount	Amount Percent	Units	Units Percent	Total Number of RVUs	Total Number of RVUs Percent	Amount Deposited (all pmts)	Amount Deposited (all pmts) Percent
Personal/No Insurance	\$7,662.11	0.97%	177	0.85%	193.88	0.82%	\$4,528.67	0.99%
Aetna USHC HMO	\$26,071.02	3.29%	672	3.21%	706.94	3.00%	\$8,660.45	1.90%
Aetna MC & Elect	\$12,352.30	1.56%	378	1.81%	347.13	1.47%	\$7,276.09	1.60%
BCBS	\$30,471.83	3.85%	757	3.62%	850.33	3.60%	\$17,266.37	3.79%
Geisenger Health Plan	\$17,603.00	2.22%	450	2.15%	521.90	2.21%	\$4,409.95	0.97%
Health America	\$58,289.28	7.36%	1589	7.59%	1581.38	6.70%	\$31,532.69	6.91%
Health Assurance	\$92,327.76	11.66%	2401	11.47%	2910.31	12.34%	\$53,271.87	11.68%
HealthPass	\$1,752.00	0.22%	40	0.19%	77.03	0.33%	\$1,118.68	0.25%
Green Leaf Insurance	\$20,631.60	2.60%	536	2.56%	574.07	2.43%	\$11,369.45	2.49%
Aetna Open	\$22,276.00	2.81%	568	2.71%	631.16	2.68%	\$11,145.63	2.44%
Keystone HealthPlan	\$35,612.00	4.50%	1021	4.88%	1007.62	4.27%	\$7,526.54	1.65%
Miscellaneous Insurance	\$3,225.00	0.41%	77	0.37%	100.60	0.43%	\$1,817.17	0.40%
Private Insurance	\$27,870.08	3.52%	712	3.40%	758.71	3.22%	\$14,585.28	3.20%
HealthyKids HMO	\$8,572.30	1.08%	209	1.00%	233.13	0.99%	\$5,132.80	1.13%
Cigna	\$9,798.22	1.24%	256	1.22%	262.77	1.11%	\$6,991.17	1.53%
Capital Blue Cross	\$160,157.00	20.22%	4264	20.37%	4876.37	20.67%	\$102,868.74	22.55%
Highmark Blue Shield	\$220,459.47	27.83%	5862	28.01%	6737.22	28.56%	\$141,606.39	31.05%
Retired Insurance Plans	\$36,517.11	4.61%	952	4.55%	1207.79	5.12%	\$24,950.63	5.47%
Aetna HDHP	\$302.00	0.04%	7	0.03%	7.37	0.03%	\$60.00	0.01%
Medicaid	\$220.00	0.03%	3	0.01%	3.99	0.02%	\$0.00	0.00%
	\$792,170.08	100.00%	20931	100.00%	23589.70	100.00%	\$456,118.57	100.00%

# Part 5: Yearly Reporting

## Table Configuration

All reporting relies on tables in order to accurately reflect report output. Reviewing your major tables yearly can improve reporting, ensure proper pricing, assist with checking eligibility, and ensure proper tracking of adjustments. Several tables have moved to the EHR this year which make exporting them to a spreadsheet easy. These include your practice's Insurance Companies, Procedures, and Payment Types tables.

ID	Insurance Plan	Short Name	Insurance Group	Address	Phone	Copay Amount	Copay Office POS	Copay Hospital POS	Copay Per Procedure	Claim Batch	Rules File	Accept Assignment	Medicaid Plan	Capitated Plan	Allowable Schedule	Payor ID	Eligibility ID	Last Modification
1	HMO \$0 Aetna USHC Managed/Elect		Retired Insurance Plans			0	No	No	No	ecsaetna	standard	Yes	No	Yes	None	60054	60054	06/23/2025 12:37:43 PM
2	Generic Aetna USHC HMO \$0		Retired Insurance Plans			0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
11	Generic Aetna Open Freedom		Retired Insurance Plans			0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
12	Generic Aetna MC		Retired Insurance Plans			0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
13	Generic Aetna USHC OF Box 2295		Retired Insurance Plans			0	Yes	No	No	ecsaetna	standard	No	No	No	None	60054	60054	06/23/2025 12:37:43 PM
17	Gannett	Aetna 2295	Retired Insurance	PO Box 2295, Fort		0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
18	Aetna PPO \$10	Aetna	Aetna Open	PO Box 981106, El		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
19	Aetna PPO \$15	Aetna	Aetna Open	PO Box 981106, El		15	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
20	Aetna PPO \$10	Aetna	Retired Insurance	PO Box 981106, El		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
21	Aetna PPO \$10	Aetna	Retired Insurance	PO Box 981106, El		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
22	Aetna PPO \$10	Aetna	Retired Insurance	PO Box 981106, El		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
23	Aetna PPO \$10	Aetna	Retired Insurance	PO Box 981106, El		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
24	20% Box 2907	Aetna 2907	Retired Insurance	PO Box 2907, Loop		0	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
25	Aetna PPO	Aetna 9811	Retired Insurance	PO Box 981106, El		0	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
26	Aetna PPO \$15	Aetna 3934	Retired Insurance	PO Box 3934, Allen		15	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
27	Aetna PPO \$10	Aetna	Retired Insurance	PO Box 981106, El		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
28	Box 26098 Aetna MC \$10	Aetna 2609	Retired Insurance	PO Box 26098, Gre		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
29	Winchester Aetna MC \$15	Aetna 3541	Retired Insurance	3541 Winchester R		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
30	Box 9070	Aetna 9070	Retired Insurance	PO Box 9070, Tyler		15	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
31	Box 3929	Aetna 3929	Retired Insurance	PO Box 3929, Allen		15	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
32	Box 3932	Aetna 3932	Retired Insurance	PO Box 3932, Allen		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
33	Box 7064	Aetna 7064	Retired Insurance	PO Box 7064, Dove		15	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
34	Box 5569	Aetna 5569	Retired Insurance	PO Box 5569, Akro		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
35	Box 129002	Aetna 1290	Retired Insurance	PO Box 129002, Si		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM



# Part 5: Yearly Reporting

## Contract Fee Schedule Editor

The Contract Fee Schedule Editor (allowedit) allows you to add and update your fee schedules for reporting purposes. The Allowable Over/Under paid reports mentioned in monthly reporting rely on the amounts entered into your allowables tool in order to report if you are being paid correctly based on your contract. From this tool you can also review which insurance plans are using a specific fee schedule.

Allowable Editor - Contract Fee Schedules	
Fee Schedule Name	
<input checked="" type="checkbox"/>	Aetna Commerical 2018
<input type="checkbox"/>	BCBS PPC,PP0,PPS 99 FEE
<input type="checkbox"/>	Blue HMO 88
<input type="checkbox"/>	Blue Options PPO 93
<input type="checkbox"/>	Cigna

# Last Words

Interested in oversight courses at this year's PCC User's Conference? Join Tim Proctor on Thursday at 10:30am in Diamond I for Financial Oversight Reporting from the perspective of managing physicians or practice administrators.

Interested in a deeper dive into how the United States figures out baseline pricing for CPT codes and how to apply this to your own practice to keep your revenue as high as possible? Join me (Benjamin Brandt) on Friday at 10:15AM for Pricing for your Services.

Please fill out the course survey in the  
app

# What Questions Do You Have?