Financial Oversight Reporting for Strategists

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PCC Pediatric EHR Solutions

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Measures That Affect Financial Health

Productivity Measures

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

Billing and Coding Measures

Information necessary to oversee routine billing operations at your practice

Strategic Financial Measures

Information related to the long-term growth and ongoing business aspects of the practice. May be influenced by external mandates: PCMH, P4P, insurance contracts, etc.

Clinical Measures

Measures related to clinical care and population management that can have a profound impact on practice financial health

Measures That Affect Financial Health

We'll focus on these in this session

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Session Objectives

1. An understanding of EHR and PM productivity and strategic financial reports

2. A recognition of the areas of your practice that need the most oversight and ways you can address those areas

Which Oversight Reports Should I Run and How Often?

Here are just a few….

Frequency	Report	Purpose
Daily	Payment Reconciliation Report (EHR RL)	Reconcile today's payments with cash drawers and credit card totals
Weekly	Encounters by Billing Status (EHR RL)	Identify encounters that are not yet billed
Monthly	Total Charges and Payments by Provider and Month (EHR RL)	Calculate provider productivity for compensation
Quarterly	Per-Visit Analysis by Provider	Optimize clinician seasonal schedules

Full list of PCC Oversight reports:

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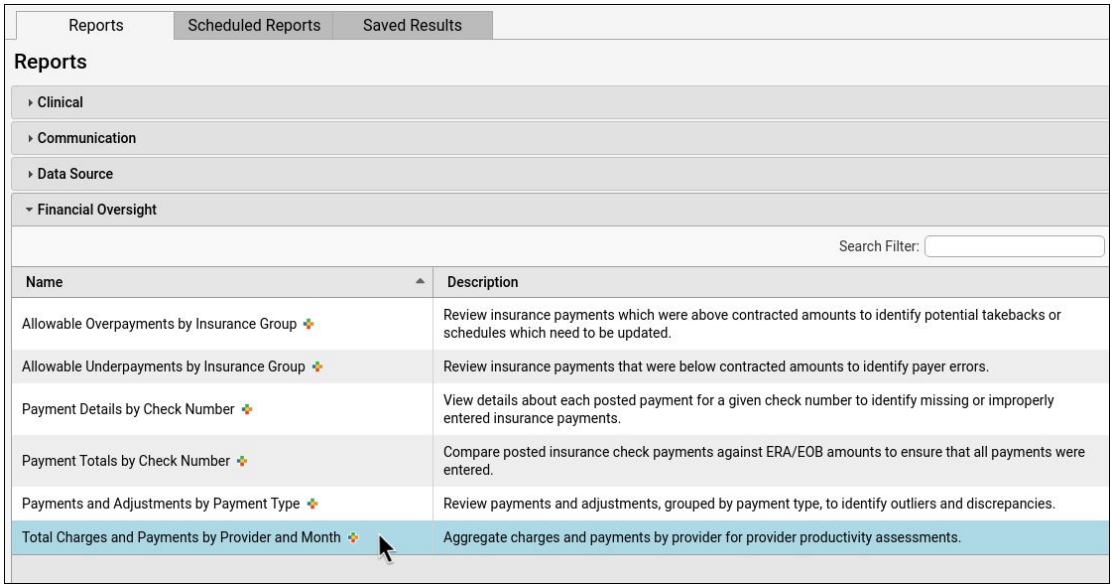
Why Track Productivity?

- Physician Compensation Models
- Budget Predictions
- Schedule Planning
- Strategic Planning

Productivity Reporting

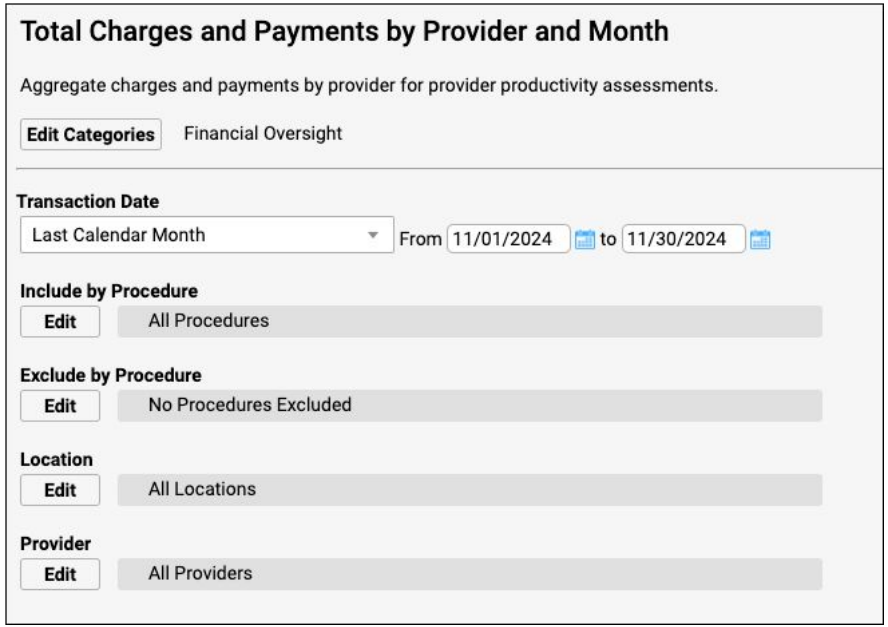
- Total Charges
- Total Payments
- Total RVUs (or Work RVUs)
- Total Visits
- Patient Panel Size

Provider Productivity Reporting



- 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



Can restrict and subtotal this report by:

- Provider
- Location / Place of Service
- Procedure Group
    - May want to exclude vaccines, labs, etc from provider productivity

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 remittance
- 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.

The Date Dilemma

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

The Date Dilemma

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Should I report on payments in PCC by:

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

Use Transaction Dates for Payment Reporting

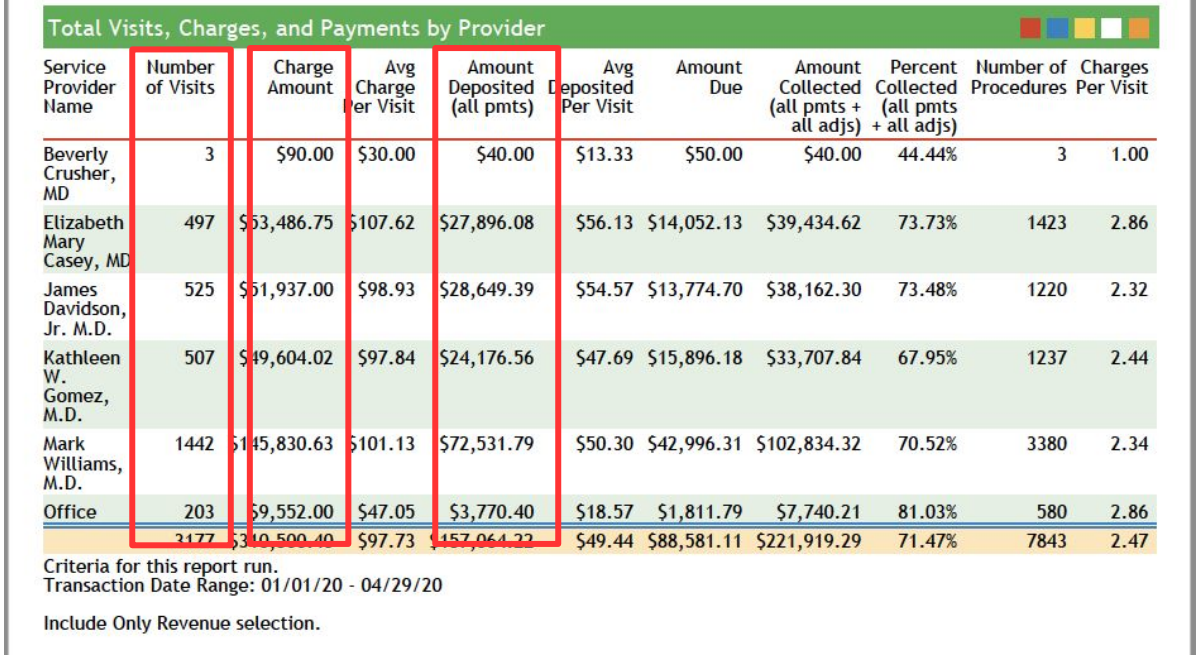
- **Warning!** Reporting payments by posting date can inflate payment totals with this report
- Previously posted payments that are “relinked” are treated as “re-posted payments”

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

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	$340,500.40	$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

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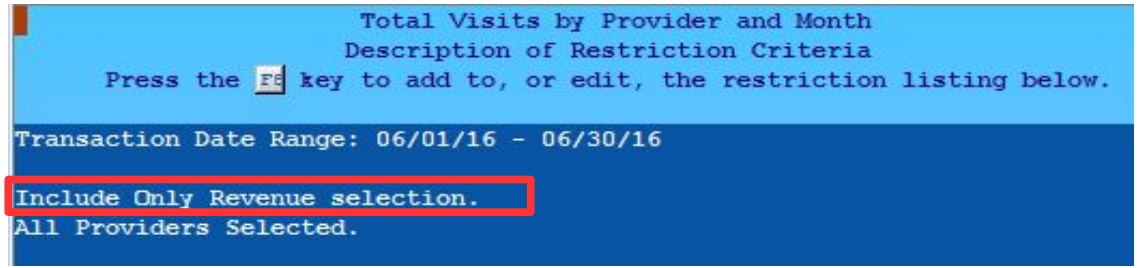
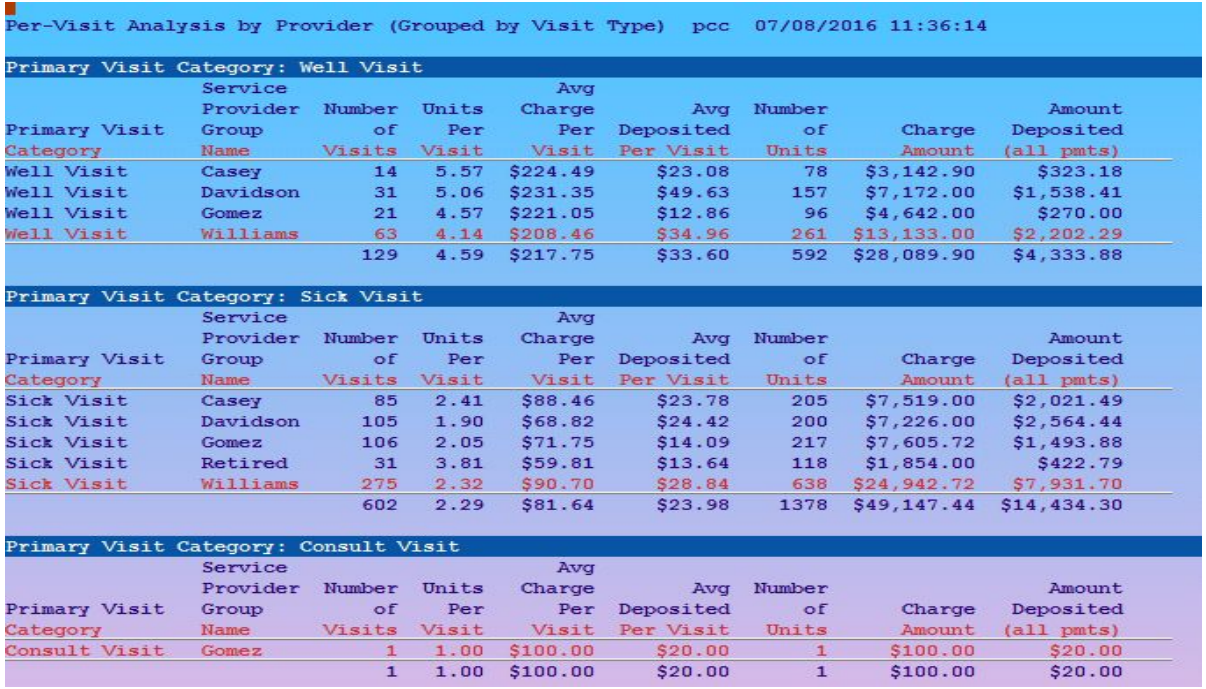
Don’t Count Fees as Visits



- 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

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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

Provider RVUs

Total RVUs By Provider (With Work RVU breakdown) pcc 05/27/2026 10:16:37

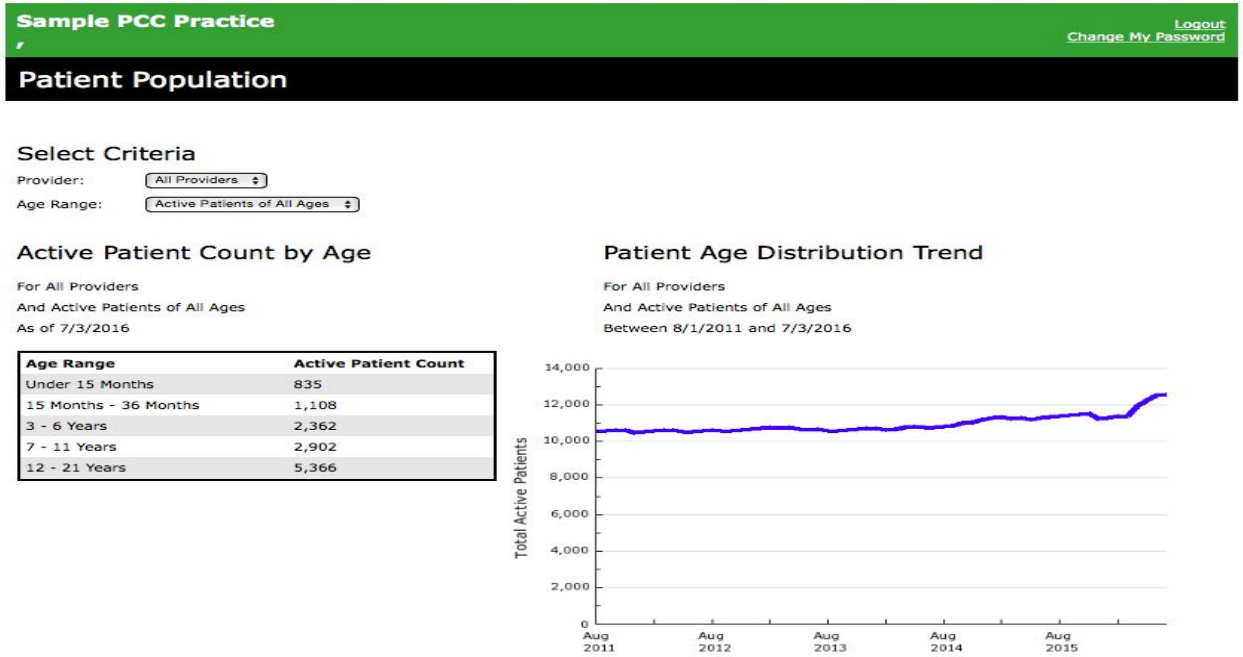
Service Provider Group Name	RVU Practice Expense Total	RVU Work Total	RVU Malpractice Total	Total Number of RVUs	Charge Amount	Amount Deposited (all pmts)
Williams	717.71	636.25	22.26	1376.27	$43,829.57	$10,822.27
Retired	38.08	10.62	0.47	49.16	$2,196.82	$506.79
Gomez	224.98	200.11	6.89	431.99	$14,498.72	$1,919.44
Davidson	224.23	197.56	6.62	428.44	$15,361.00	$4,252.97
Casey	217.35	189.68	6.74	413.79	$13,899.90	$2,639.67
	1422.36	1234.22	42.97	2699.66	$89,786.01	$20,141.14

Criteria for this report run.
Transaction Date Range: 03/01/26 - 03/31/26
RVU Multiplier: %140
RVU Zipcode: 05404
RVU Database Year: 2026
Budget Neutrality Adjustment: No

RVU Practice FACF: $24.05 (72 percent of Medicare)
RVU Medicare FACF: $33.40

- Srs RVU Reports → Total RVUs by Provider (With Work RVUs)
- Excludes productivity for immunizations, labs, and other CPT codes without an RVU value
- Eliminate productivity variability due to payor mix

Measuring Practice Growth



- Dashboard → Patient Population
- Monitor total active patient trends for the practice or individual PCPs

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New Patient Count

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 Revenue Analysis

- Are you leaving $ on the table with low pricing?
- Are you doing your homework before insurance negotiations?
- How quickly is your practice growing?

Revenue-per-Visit

How You Compare

Your Practice	PCC Client Average	Top Performers
$154	$190	$244
	(amount deposited per-patient-visit)	

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

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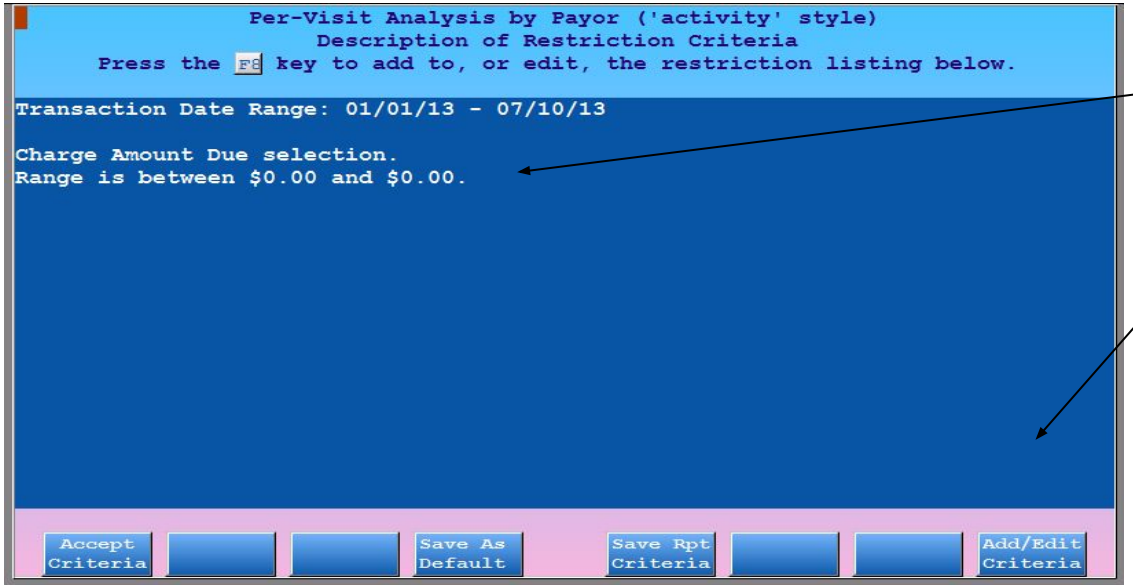
Revenue-per-Visit by Payor

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



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

Revenue-per-Visit by Payor

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

Done | Jump to Top | Jump to Bottom | Send To... | Search Pattern

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

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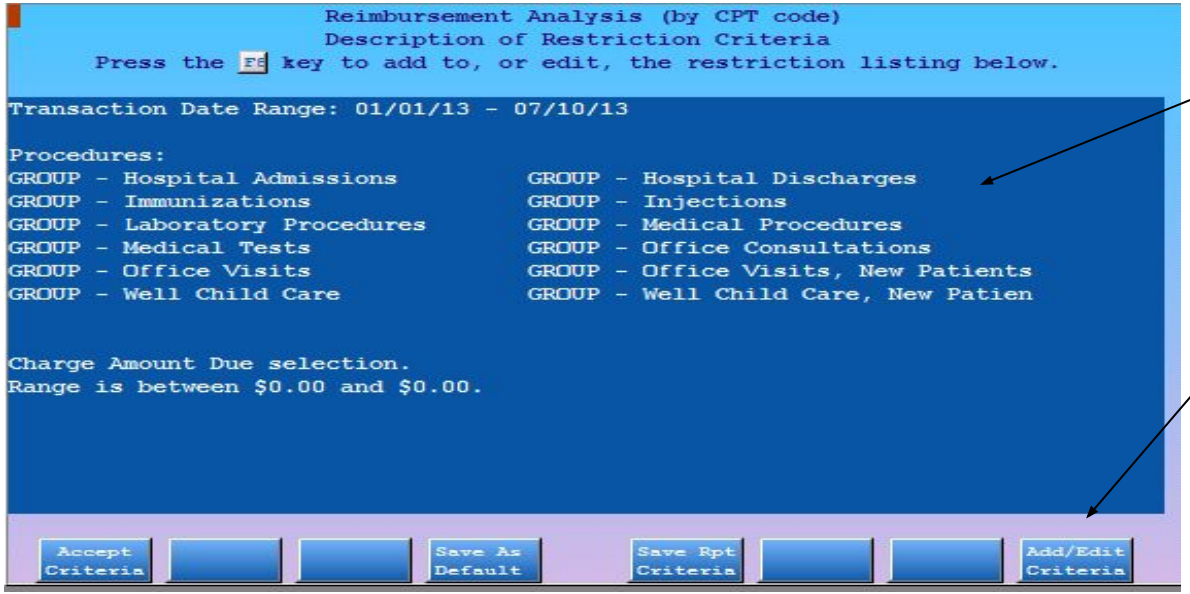
Spot Stagnant Pricing

srs RVU Reports → Reimbursement Analysis w/RVU (by CPT Code)



- When prompted, select your most common procedure groups
- Press <F8> to add restriction criteria of "CHARGE Amount Due for Visit" and specify $0 to $0. This ensures you are only looking at paid charges.

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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	Prevnar 13	Aetna	2	$260.00	$259.00
90670	Prevnar 13	BS	3	$260.00	$257.99
90670	Prevnar 13	Cigna	5	$260.00	$253.60
90670	Prevnar 13	UHC	4	$260.00	$257.99
90670	Prevnar 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!

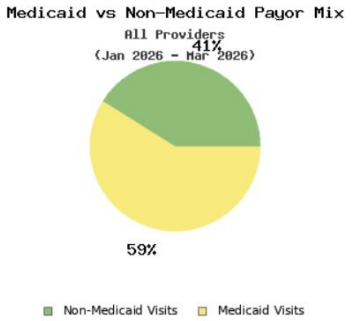
Payor Mix Analysis

Enter Visit Start Date: January 2026 to: **Enter Visit End Date:** March 2026 **Choose Provider:** All Providers Generate Graph

Payor Mix - All Providers

(January 2026 - March 2026)

Insurance Group	Medicaid?	Percent of Total Visits	Percent of Total $ Charged	Percent of Total $ Deposited
Peachstate	Yes	18.1%	16.3%	15.2%
BCBS	No	17.2%	18.4%	26.7%
Amerigroup	Yes	15.4%	13.2%	13.5%
Medicaid	Yes	12%	11.2%	9%
Caresource	Yes	11.6%	12.4%	9.4%
Cigna	No	5.2%	6.3%	6.7%
UHC	No	4.7%	4.5%	5.7%
Self Pay	No	4.6%	5.5%	3.7%
Aetna	No	4.4%	4.1%	4.1%
Tricare	No	2.5%	3.4%	2.9%
Other	Yes	1.9%	1.9%	1.4%
Ambetter	No	1.8%	2.3%	1.3%
Personal	No	0.5%	0.4%	0.6%
Newborn	No	0.2%	0.4%	0%



Note:

Insurance Groups are flagged as Medicaid based on configuration within your "Insurance Companies" table in Partner. An individual insurance plan is flagged as "Medicaid" if the question "Is this a Medicaid plan?" is set to "Yes" in your Insurance Companies table in `ted`. If an insurance plan is flagged as Medicaid then the Insurance Group assigned to that plan will be flagged as Medicaid. If you suspect that an Insurance Group is incorrectly flagged (or not flagged) as Medicaid, please contact PCC Support for assistance with making the appropriate configuration changes.

Accessible via “Related Tools” section for any Revenue-per-Visit measure in the Dashboard

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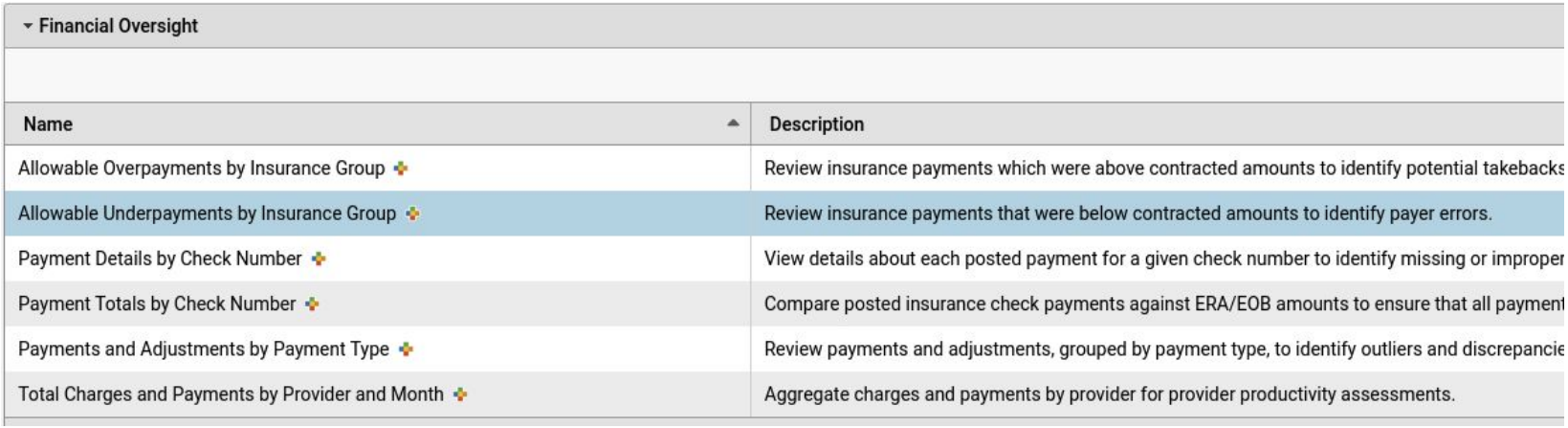
Allowable Underpayment Reporting

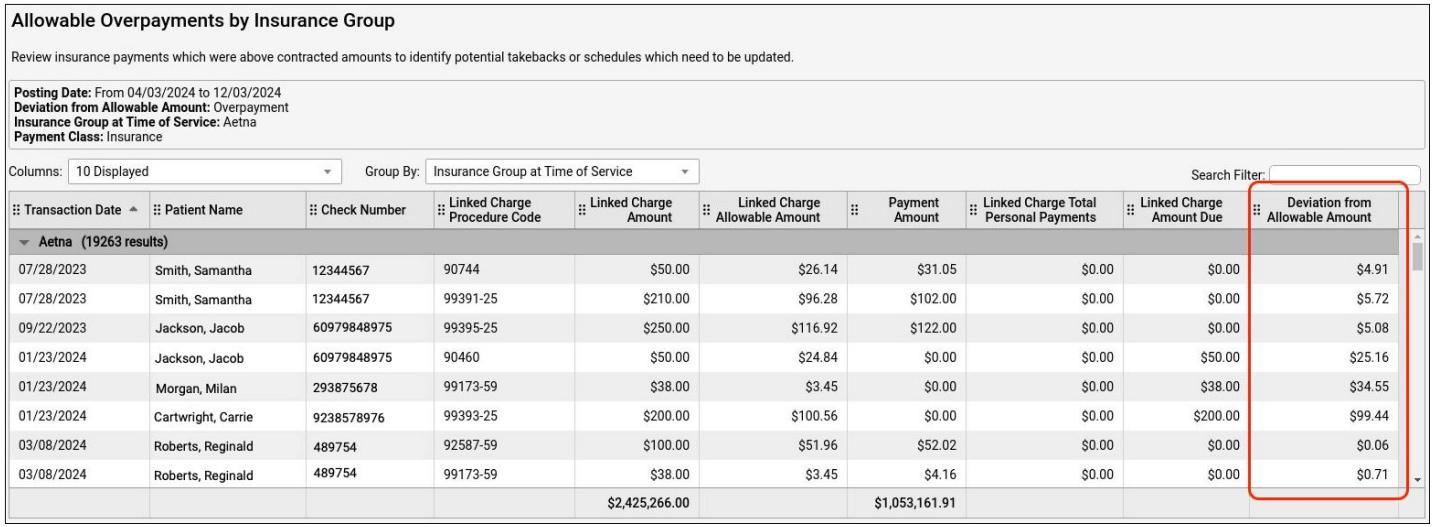


Financial Oversight

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 discrepancie
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

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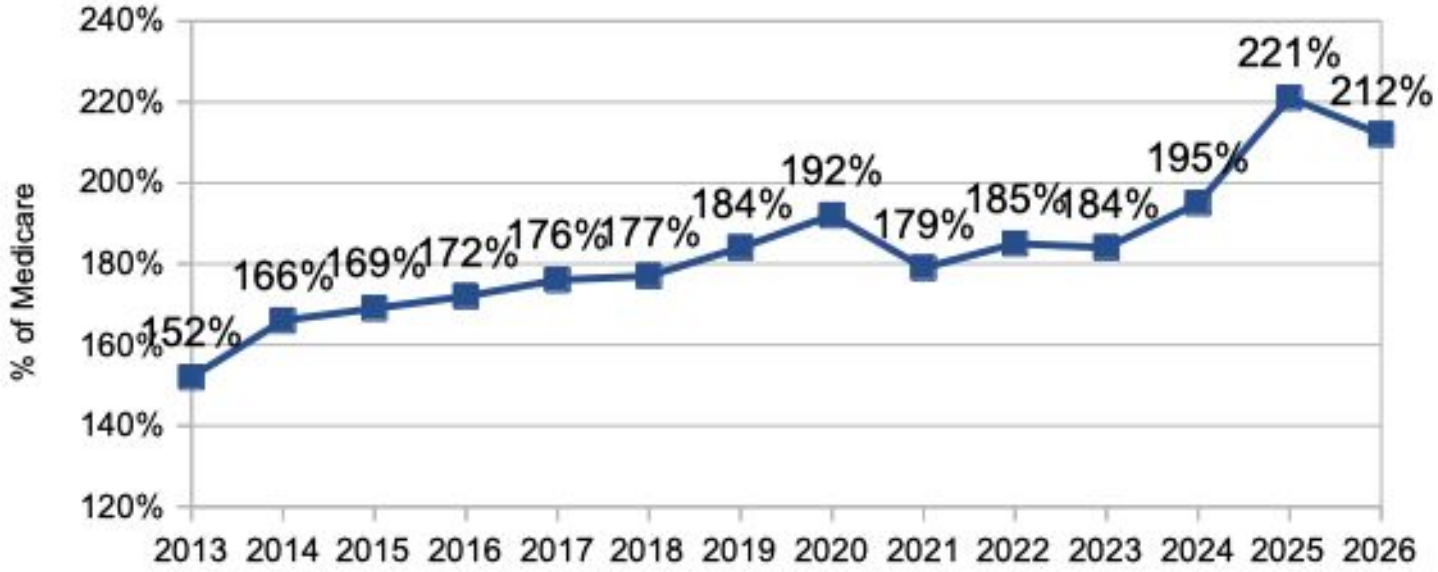
Pricing Analysis

- Review all of your prices at least once every year
- Most CPT codes have RVU (Relative Value Unit) values, and they change every year
- Significant RVU value increases in 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



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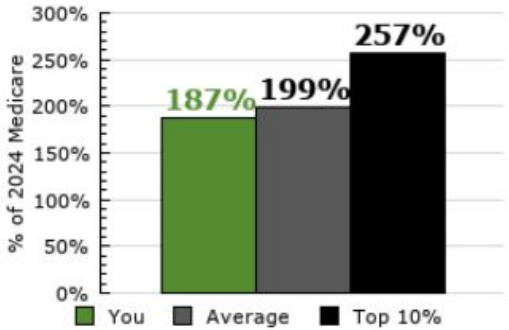
Pricing Benchmarks

How You Compare

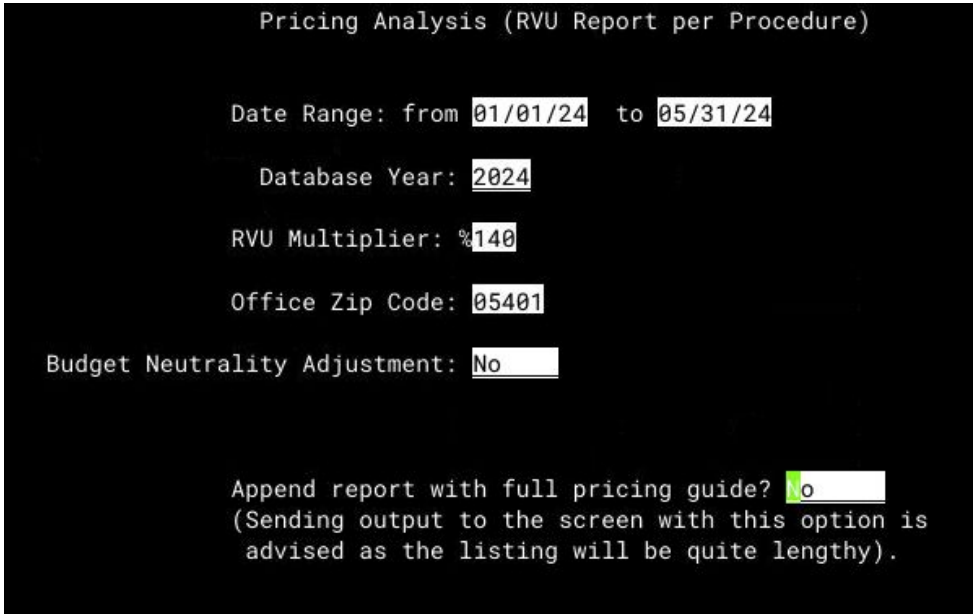


Your Practice	PCC Client Average	Top Performers
187%	199%	257%

(percentage of Medicare Frequency Adjusted Conversion Factor)

Refer to PCC Dashboard for your pricing AVG and current benchmarks

What is the Value at X% of Medicare



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

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 FACF $28.64	RVU Medicare FACF	Avg Deposited as Percent of MCare FACF	RVU Medicare FACF 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 multipler

PCC Pediatric EHR Solutions

UC 2026

Reporting for Billing Operations

Billing and Coding Measures

Information necessary to oversee routine billing operations at your practice

Routine Reporting for Billing Operations

When: Friday 7/17 - 10am-12:00pm

Who: Ben Brandt

Where: Diamond 1

Clinical Oversight Reporting

Clinical Measures

Measures related to clinical care and population management that can have a profound impact on practice financial health

Gauge, Germinate, Grow: Clinical Oversight Reporting for Strategists

When: Friday 7/17 - 10am-12:00pm

Who: Tim Proctor

Where: Diamond 2

PCC Pediatric EHR Solutions

UC 2026

Using Leading Metrics to Forecast Your Future

The Predictable Practice: Using Leading Metrics to Forecast Your Future

When: Friday 7/17 - 1:15 - 2:15

Who: Alex Meyer

Where: Amphitheater

PCC Pediatric EHR Solutions

UC 2026

Session Takeaways

An understanding of PCC reports to use for:

1. Measuring provider charge, payment, visit, and RVU productivity

2. Recognizing if I am leaving $ on the table

Please complete the course survey in the UC App.

PCC Pediatric EHR Solutions

UC 2026

Asking Questions:

Virtual attendees: Use the chat if you have a question that you want answered

In-person attendees: Go to the stationary microphone in your room.

CEUs:

You can request CEU codes for qualifying sessions using the form PCC shares out at the conclusion of the conference.

Do you have any questions?