Reporting for Billers (now also including PCC EHR)

Benjamin Brandt
Subject Matter Expert / Consultant

PCC Pediatric EHR Solutions

UC 2026

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 CCPPO $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 CCPPO $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.	~MAMSI/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 CCPPO $15		802-555-0154		$(10.00)
								$1,638.70

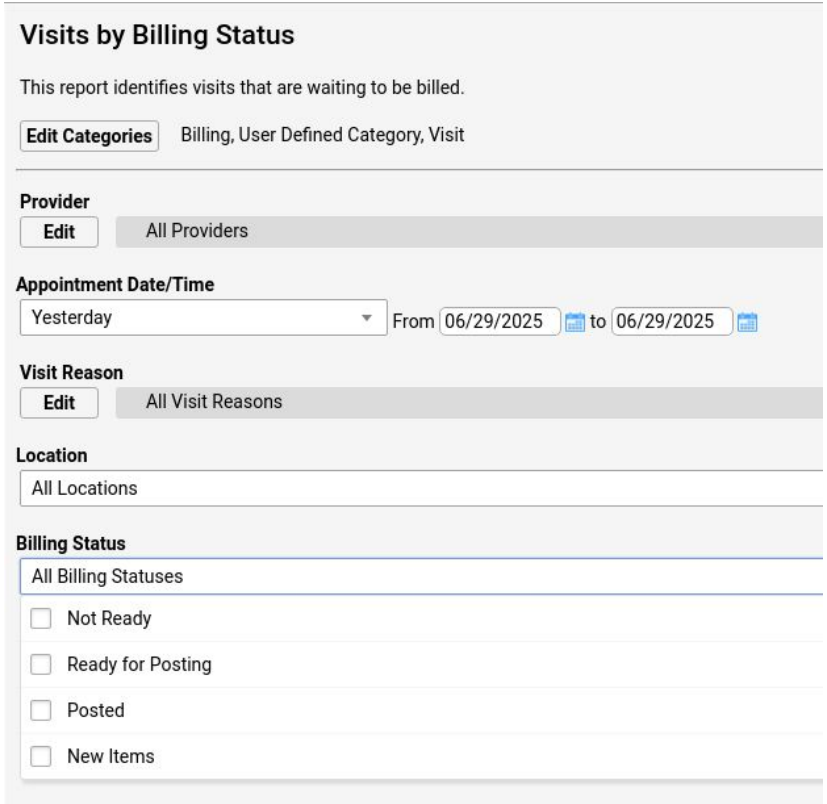
Part 1: Daily Reporting

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.

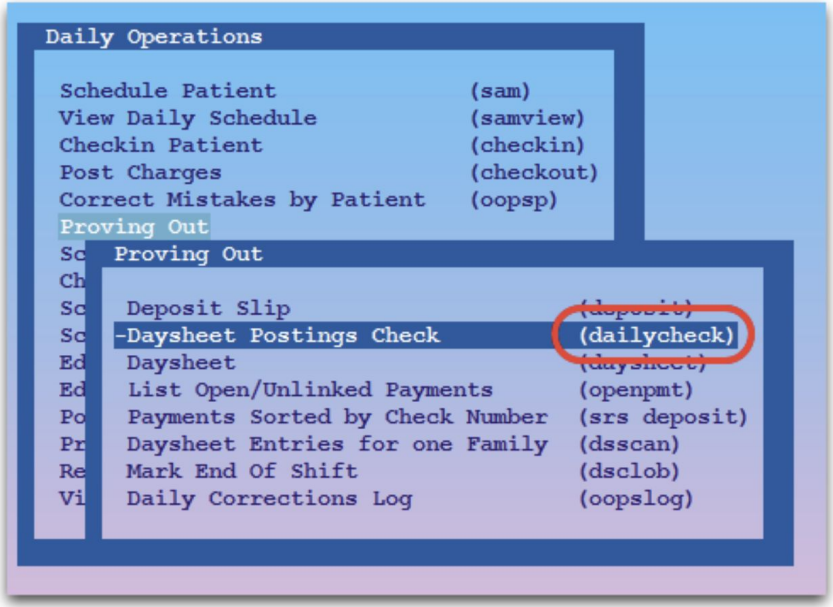
Office Managers who help their clinicians finish charts in a timely manner can run the report for the "Not Ready" Billing Status. This will reveal encounters that need to be finalized by the provider in order for a biller to post the charges.



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.



PCC Pediatric EHR Solutions

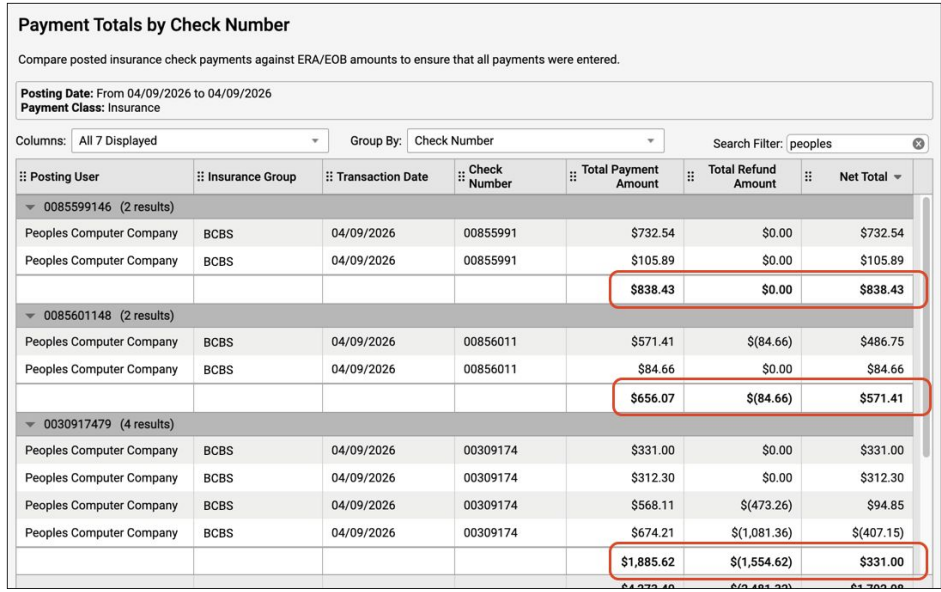
UC 2026

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.



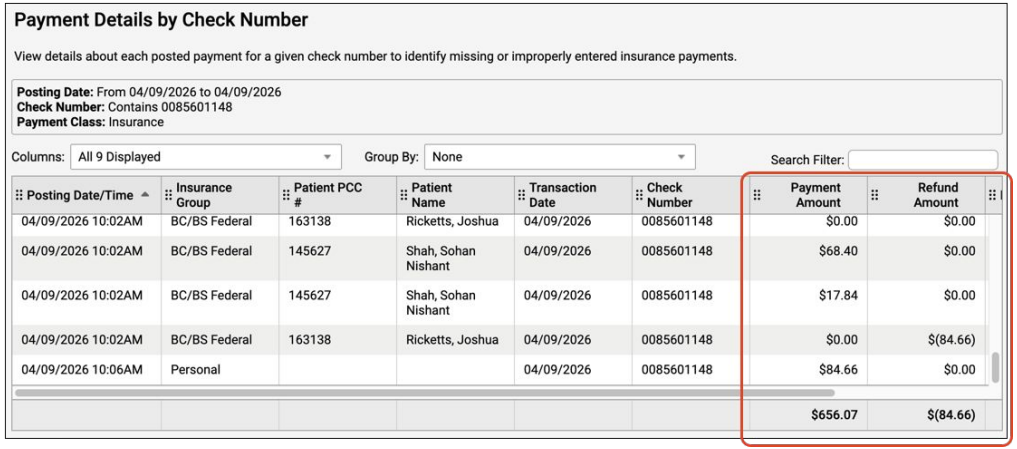
Payment Totals by Check Number

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

Posting Date: From 04/09/2026 to 04/09/2026
Payment Class: Insurance

Columns: All 7 Displayed | Group By: Check Number | Search Filter: peoples

Posting User	Insurance Group	Transaction Date	Check Number	Total Payment Amount	Total Refund Amount	Net Total
0085599146 (2 results)						
Peoples Computer Company	BCBS	04/09/2026	00855991	$732.54	$0.00	$732.54
Peoples Computer Company	BCBS	04/09/2026	00855991	$105.89	$0.00	$105.89
				$838.43	**$0.00**	**$838.43**
0085601148 (2 results)						
Peoples Computer Company	BCBS	04/09/2026	00856011	$571.41	$(84.66)	$486.75
Peoples Computer Company	BCBS	04/09/2026	00856011	$84.66	$0.00	$84.66
				$656.07	**$(84.66)**	**$571.41**
0030917479 (4 results)						
Peoples Computer Company	BCBS	04/09/2026	00309174	$331.00	$0.00	$331.00
Peoples Computer Company	BCBS	04/09/2026	00309174	$312.30	$0.00	$312.30
Peoples Computer Company	BCBS	04/09/2026	00309174	$568.11	$(473.26)	$94.85
Peoples Computer Company	BCBS	04/09/2026	00309174	$674.21	$(1,081.36)	$(407.15)
				$1,885.62	**$(1,554.62)**	**$331.00**



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 04/09/2026 to 04/09/2026
Check Number: Contains 0085601148
Payment Class: Insurance

Columns: All 9 Displayed | Group By: None | Search Filter:

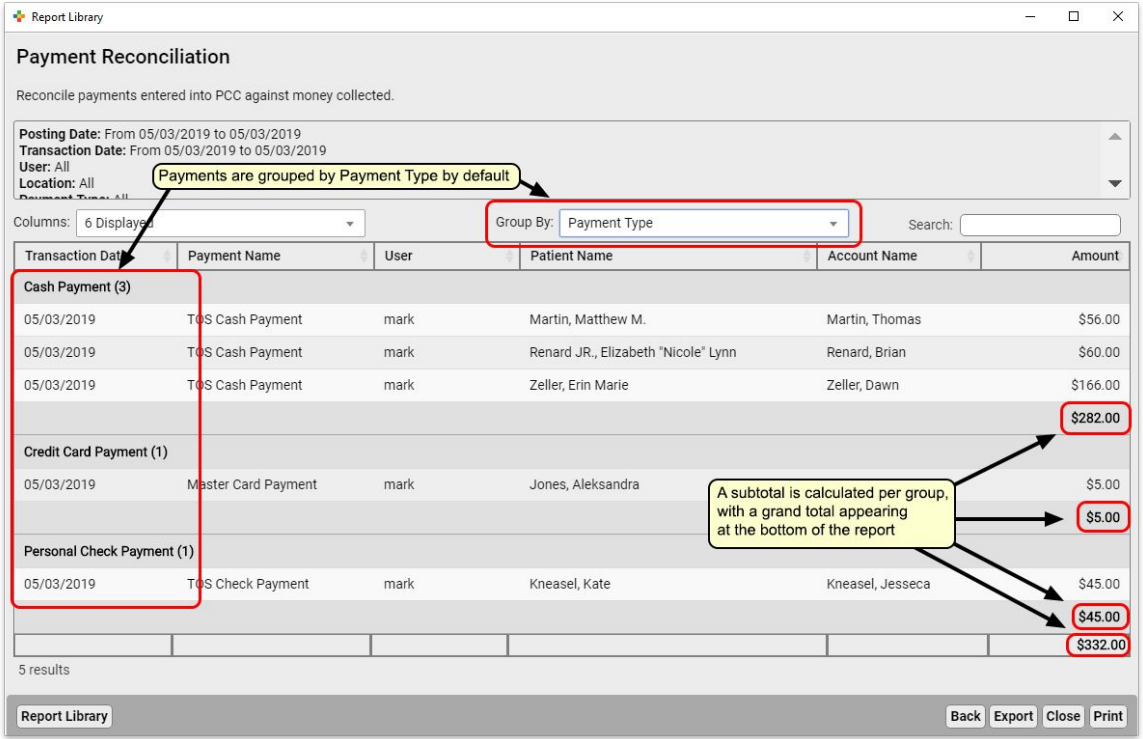
Posting Date/Time	Insurance Group	Patient PCC #	Patient Name	Transaction Date	Check Number	Payment Amount	Refund Amount
04/09/2026 10:02AM	BC/BS Federal	163138	Ricketts, Joshua	04/09/2026	0085601148	$0.00	$0.00
04/09/2026 10:02AM	BC/BS Federal	145627	Shah, Sohan Nishant	04/09/2026	0085601148	$68.40	$0.00
04/09/2026 10:02AM	BC/BS Federal	145627	Shah, Sohan Nishant	04/09/2026	0085601148	$17.84	$0.00
04/09/2026 10:02AM	BC/BS Federal	163138	Ricketts, Joshua	04/09/2026	0085601148	$0.00	$(84.66)
04/09/2026 10:06AM	Personal			04/09/2026	0085601148	$84.66	$0.00
						$656.07	**$(84.66)**

PCC Pediatric EHR Solutions

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.



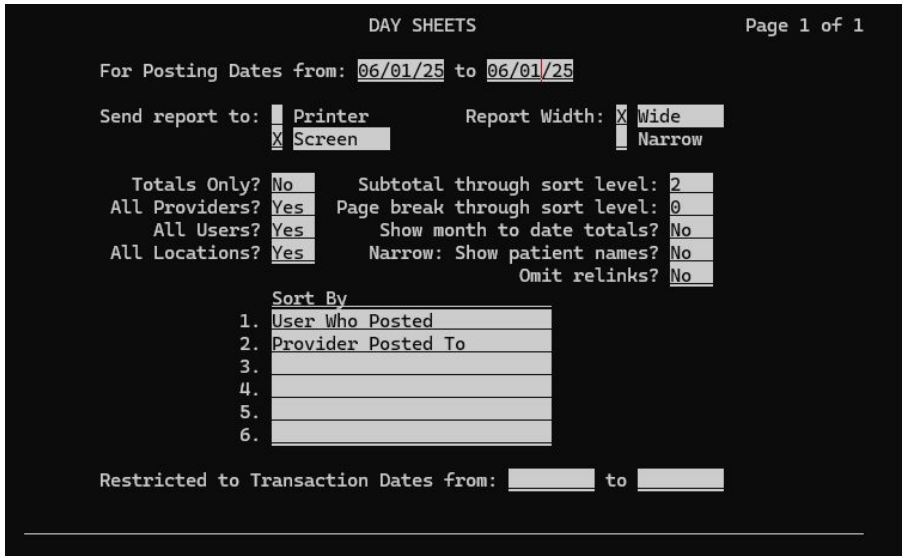
PCC Pediatric EHR Solutions

UC 2026

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.

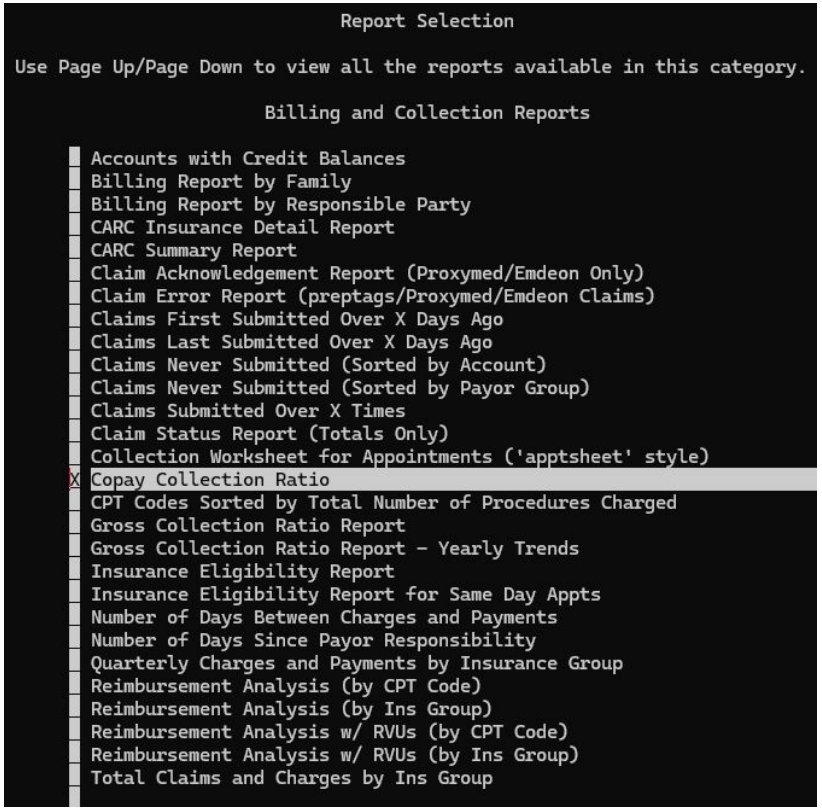


Part 2: Weekly Reporting

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.)



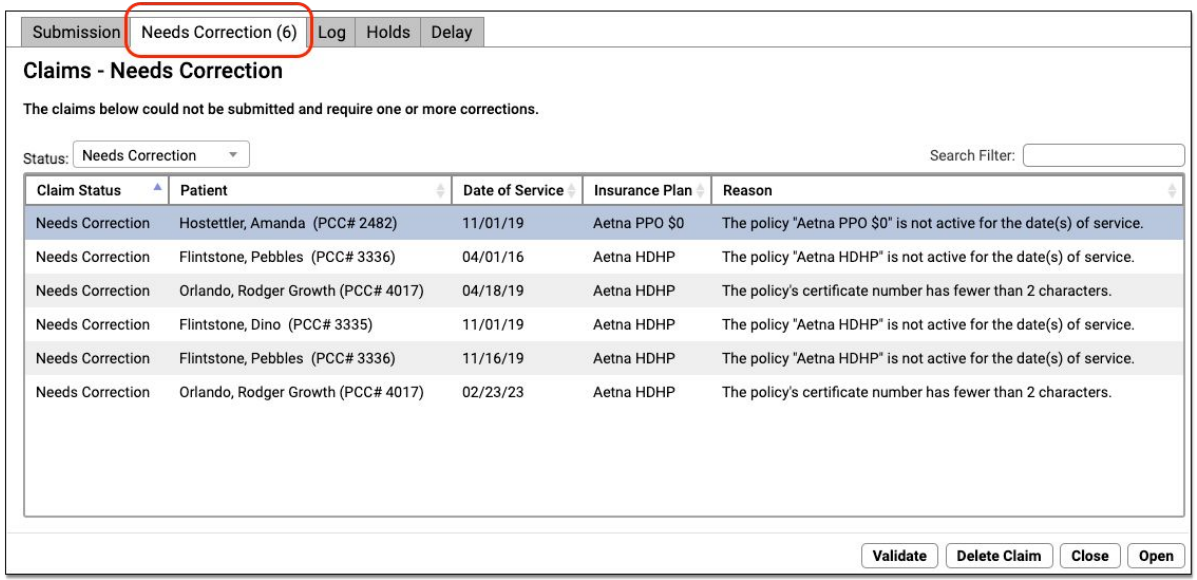
PCC Pediatric EHR Solutions

UC 2026

Part 2: Weekly Reporting

Claims that Need Correction

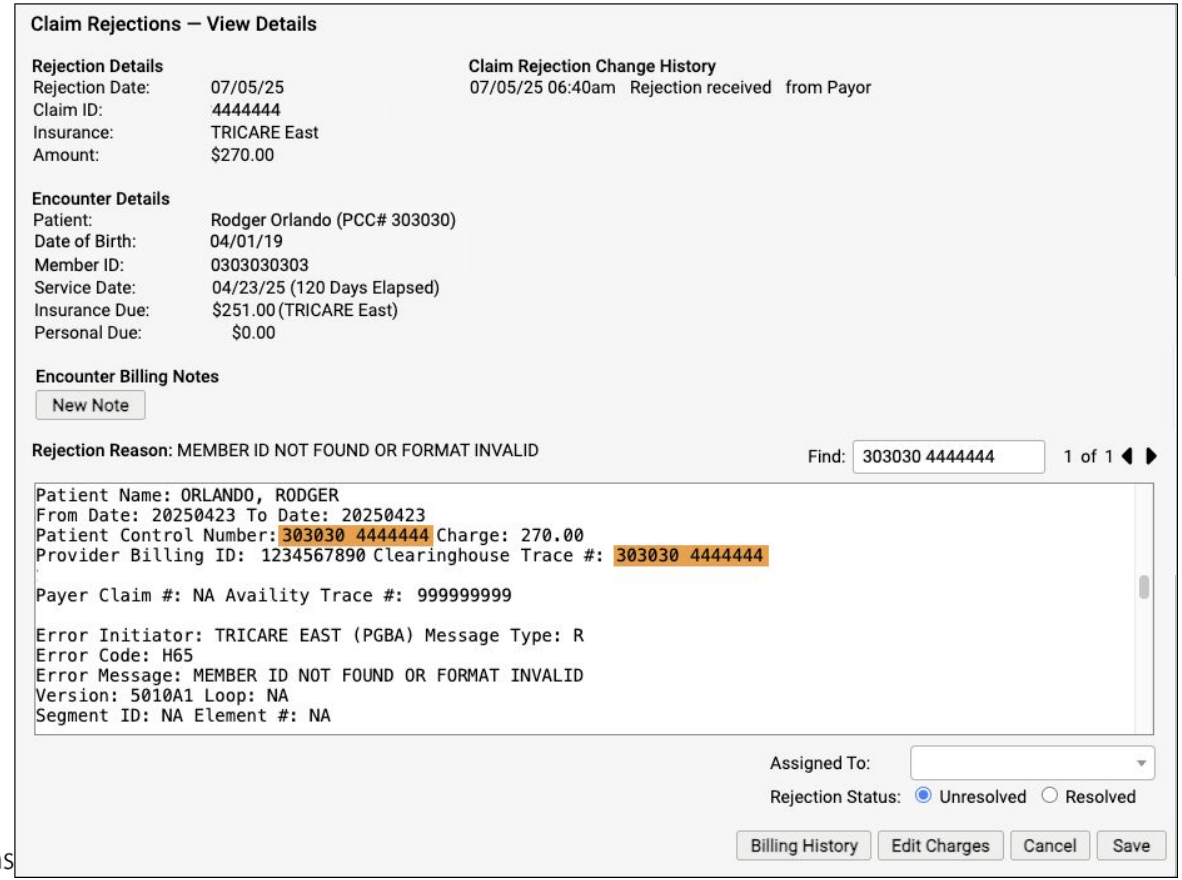
Some claims fail PCC's scrubbing when you process your claims. PCC has eliminated the need for reporting on these claims with a dedicated worklist that shows all claims currently in a "Needs Correction" state under the Needs Corrections tab in the Claims Tool in the EHR.



Part 2: Weekly Reporting

Claim Rejections

The claim rejection worklist is found under insurance balances and lets you see any claim rejected at the clearinghouse or payor level. After reviewing the rejection and making corrections you will mark the claim and remove it from your worklist.



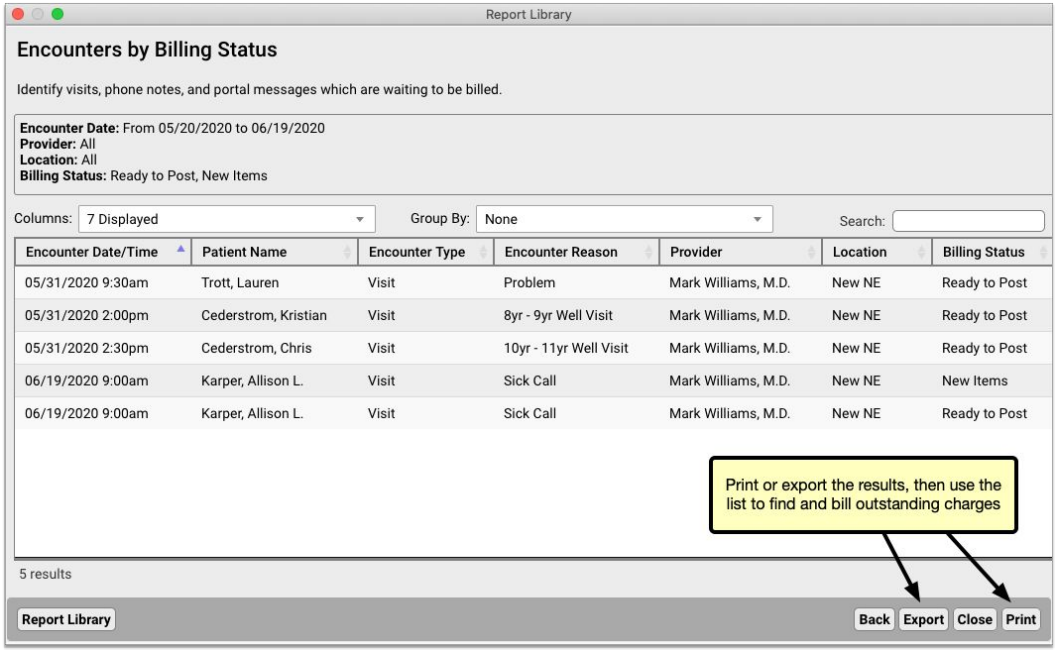
PCC Pediatric EHR Solutions

UC 2026

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.



PCC Pediatric EHR Solutions

UC 2026

Part 3: Monthly Reporting

Accounts Receivable

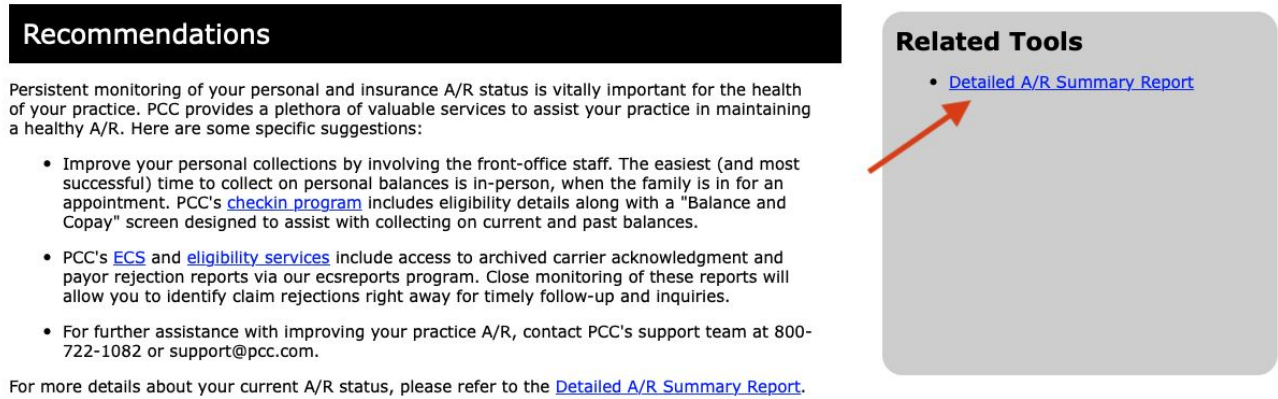
Most offices work their accounts receivable in a daily or weekly manner to make sure they are paid promptly for the work they have done. For this class, we'll discuss A/R reporting in the context of monthly reporting. We will discuss the dashboard A/R reporting which updates monthly, the insurance aging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

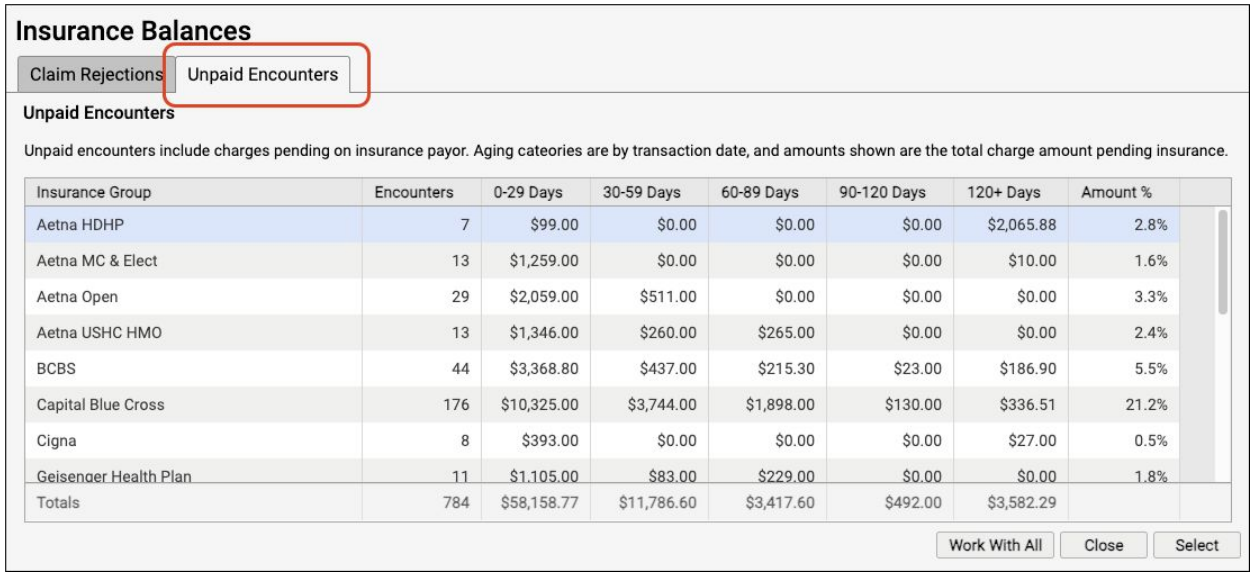
Each of these three reports lead to a related tool giving you access to your Detailed A/R Summary Report. Here you can see visualizations of trends, including: Provider by Month, YOY Changes by Each Month, Current Average Days a charge remains in Accounts Receivable, A/R Days Trends by Month, Current 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.



Part 3: Monthly Reporting

Insurance Balances

The Insurance Balances tool 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 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.”

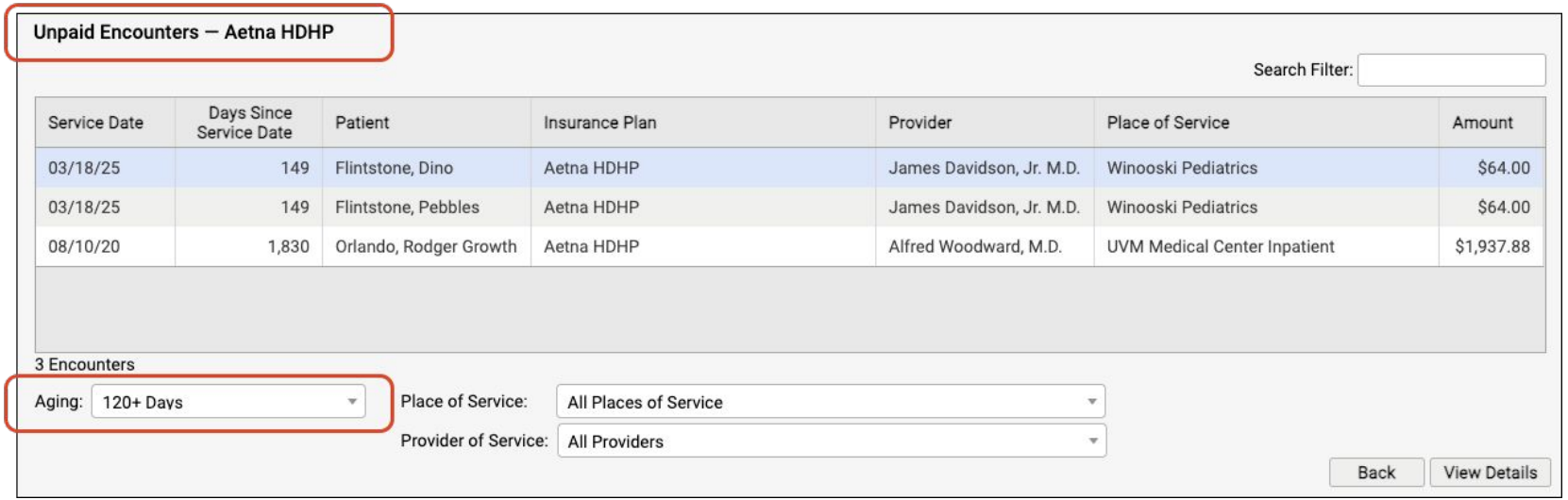


Insurance Group	Encounters	0-29 Days	30-59 Days	60-89 Days	90-120 Days	120+ Days	Amount %
Aetna HDHP	7	$99.00	$0.00	$0.00	$0.00	$2,065.88	2.8%
Aetna MC & Elect	13	$1,259.00	$0.00	$0.00	$0.00	$10.00	1.6%
Aetna Open	29	$2,059.00	$511.00	$0.00	$0.00	$0.00	3.3%
Aetna USHC HMO	13	$1,346.00	$260.00	$265.00	$0.00	$0.00	2.4%
BCBS	44	$3,368.80	$437.00	$215.30	$23.00	$186.90	5.5%
Capital Blue Cross	176	$10,325.00	$3,744.00	$1,898.00	$130.00	$336.51	21.2%
Cigna	8	$393.00	$0.00	$0.00	$0.00	$27.00	0.5%
Geisenger Health Plan	11	$1,105.00	$83.00	$229.00	$0.00	$0.00	1.8%
Totals	784	$58,158.77	$11,786.60	$3,417.60	$492.00	$3,582.29	

Part 3: Monthly Reporting

Insurance Balances Details

Insurance Balances also allows you to see details to key in on individual charges that have yet to be paid. This 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.



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**

PCC Pediatric EHR Solutions

UC 2026

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.

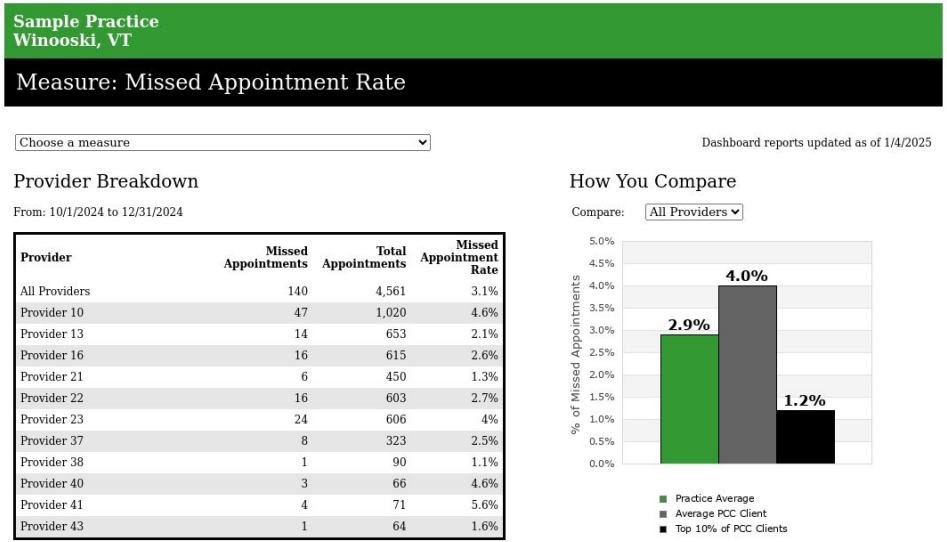
PCC Pediatric EHR Solutions

UC 2026

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.



Sample Practice
Winooski, VT

Measure: Missed Appointment Rate

Choose a measure

Dashboard reports updated as of 1/4/2025

Provider Breakdown

From: 10/1/2024 to 12/31/2024

Provider	Missed Appointments	Total Appointments	Missed Appointment Rate
All Providers	140	4,561	3.1%
Provider 10	47	1,020	4.6%
Provider 13	14	653	2.1%
Provider 16	16	615	2.6%
Provider 21	6	450	1.3%
Provider 22	16	603	2.7%
Provider 23	24	606	4%
Provider 37	8	323	2.5%
Provider 38	1	90	1.1%
Provider 40	3	66	4.6%
Provider 41	4	71	5.6%
Provider 43	1	64	1.6%

How You Compare

Compare: All Providers

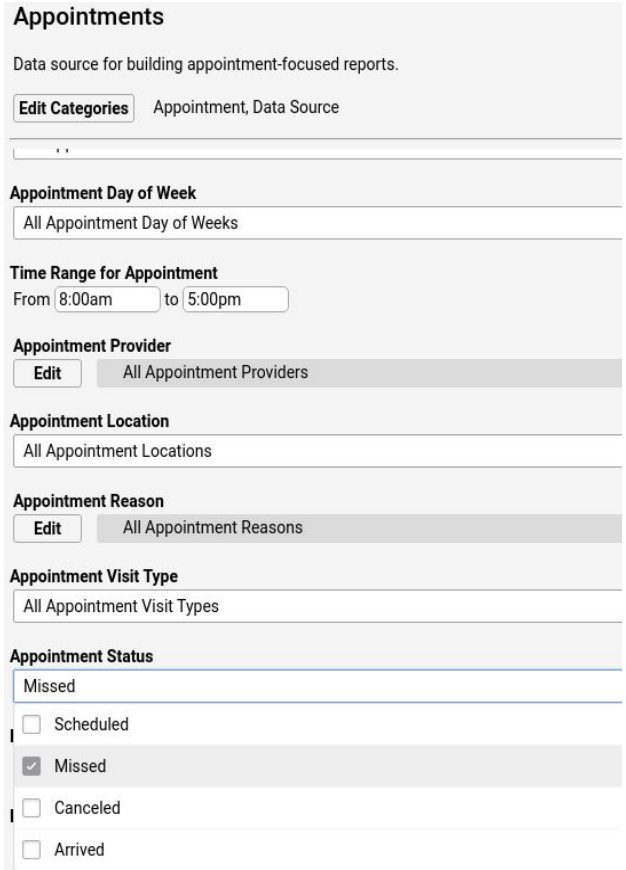
PCC Pediatric EHR Solutions

UC 2026

Part 3: Monthly Reporting

Appointments

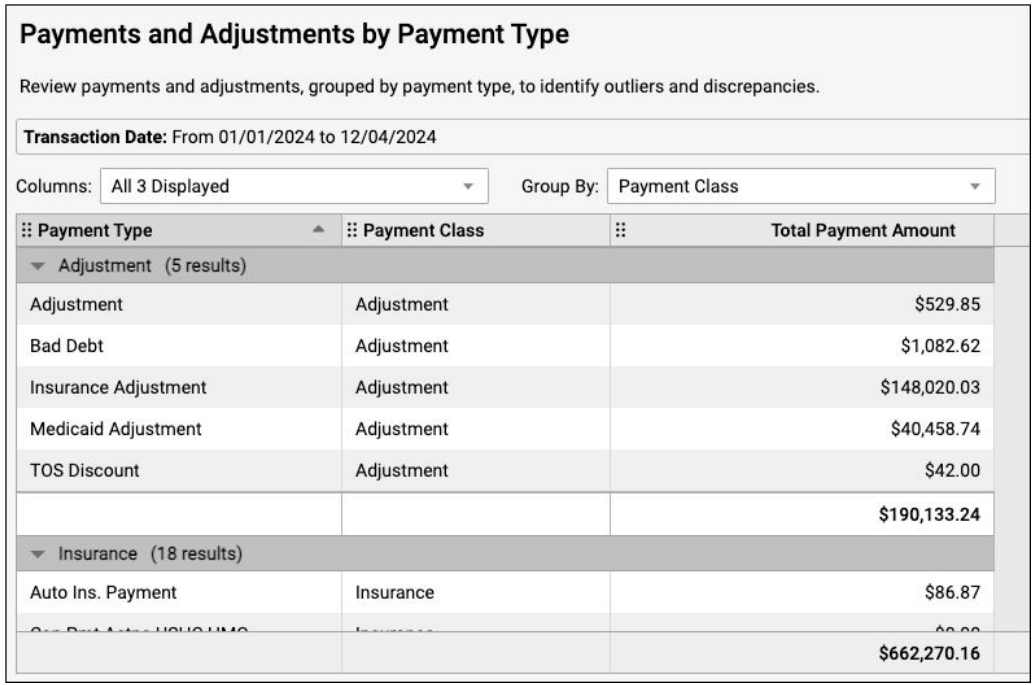
The "Appointments" report in the Report Library is a Data Source Report. Data Source Reports are large reports with lots of criteria that you can use to build more targeted reports. For example, you can use this report to filter appointments to only show you the status of “Missed.” If your workflow includes 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.



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

PCC Pediatric EHR Solutions

UC 2026

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

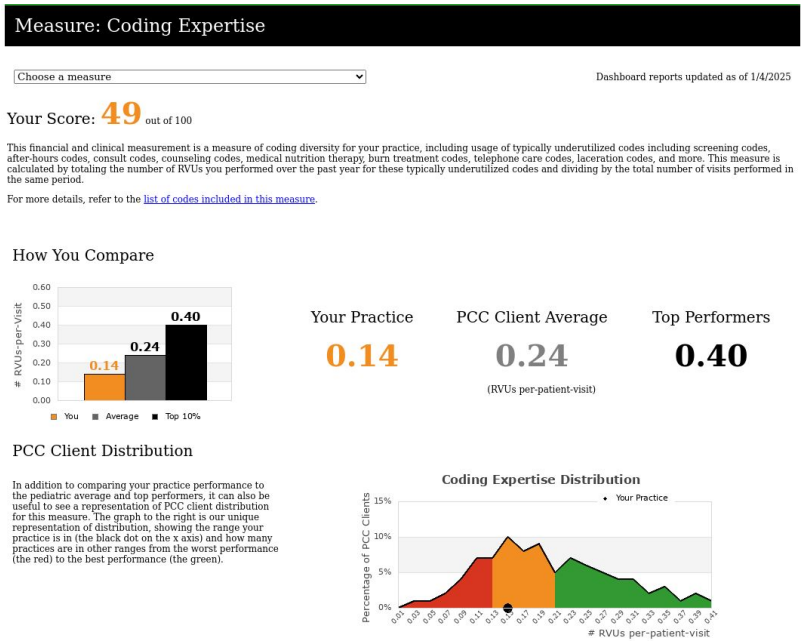
Columns: 10 Displayed | Group By: Insurance Group at Time of Service | Search Filter:

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.



PCC Pediatric EHR Solutions

UC 2026

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.

Sample Practice
Winooski, VT

Measure: Depression Screening Rate - Adolescents

Choose a measure

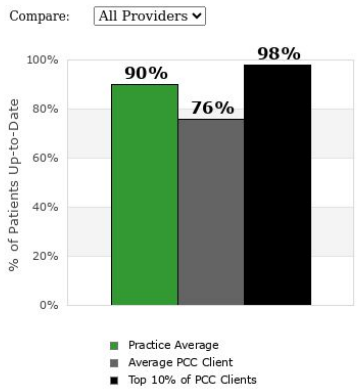
Dashboard reports updated as of 1/4/2025

Provider Breakdown

Provider	Active Patients	Overdue Patients	Up-to-Date Patients	% Patients Up-to-Date
All Providers	1,003	99	904	90%
Provider 0	9	5	4	44%
Provider 13	373	40	333	89%
Provider 16	191	20	171	90%
Provider 21	93	12	81	87%
Provider 22	178	11	167	94%
Provider 23	158	10	148	94%
Provider 37	1	1	0	0%

How You Compare

Compare: All Providers



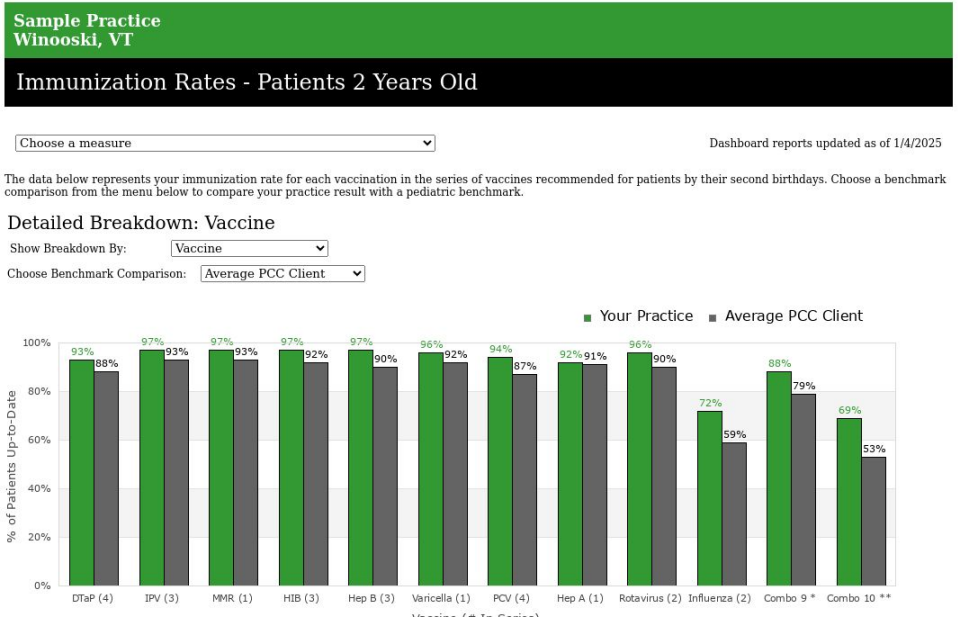
PCC Pediatric EHR Solutions

UC 2026

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.



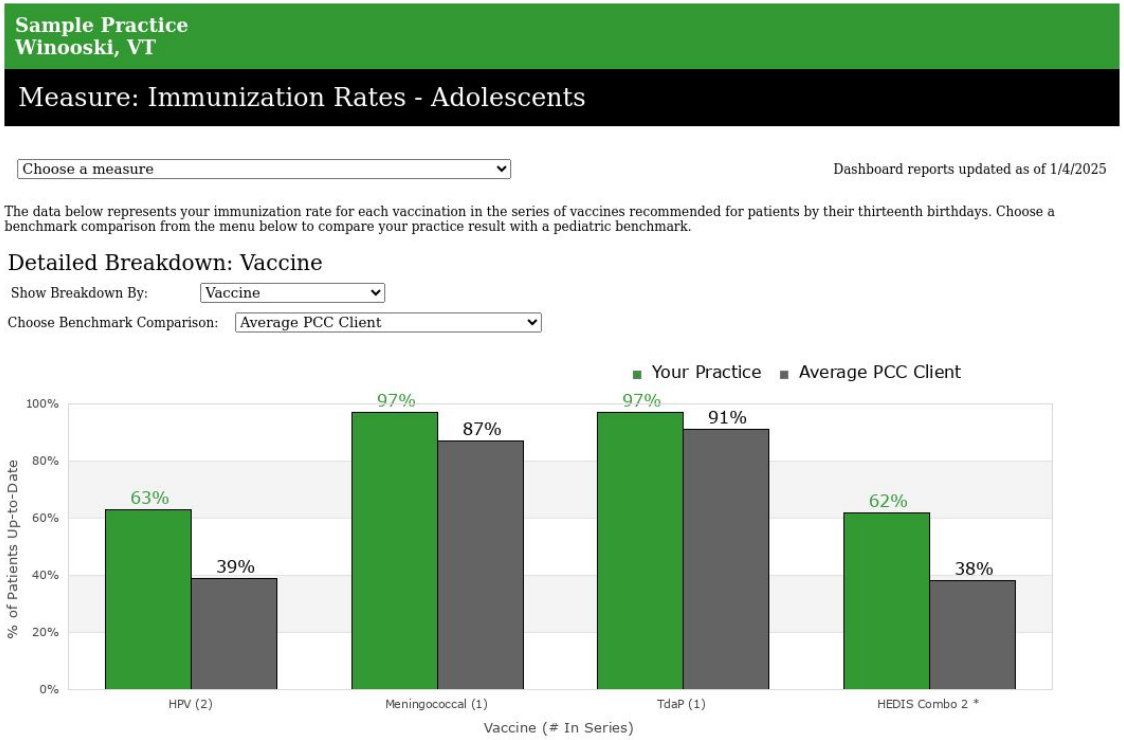
PCC Pediatric EHR Solutions

UC 2026

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.



PCC Pediatric EHR Solutions

UC 2026

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.

Title: Reimbursement Analysis w/ RVUs (by CPT Code)

Procedure Code Set A	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 FACF	RVU Medicare FACF	RVU Medicare FACF at 250%	Charge Amount	Amount Deposited (all pmts)
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	$887.96
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

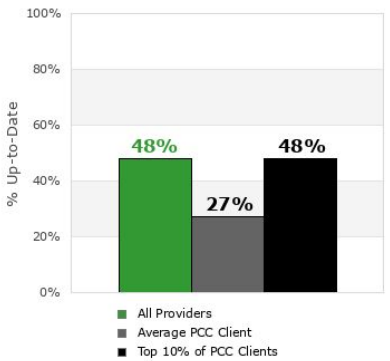
Dashboard reports updated as of 1/4/2025

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



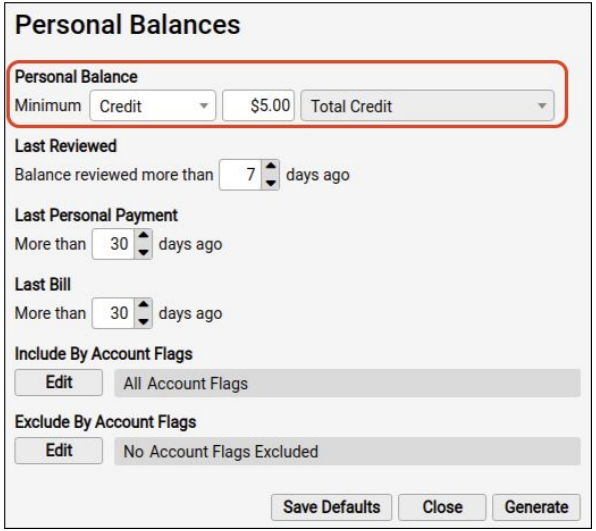
PCC Pediatric EHR Solutions

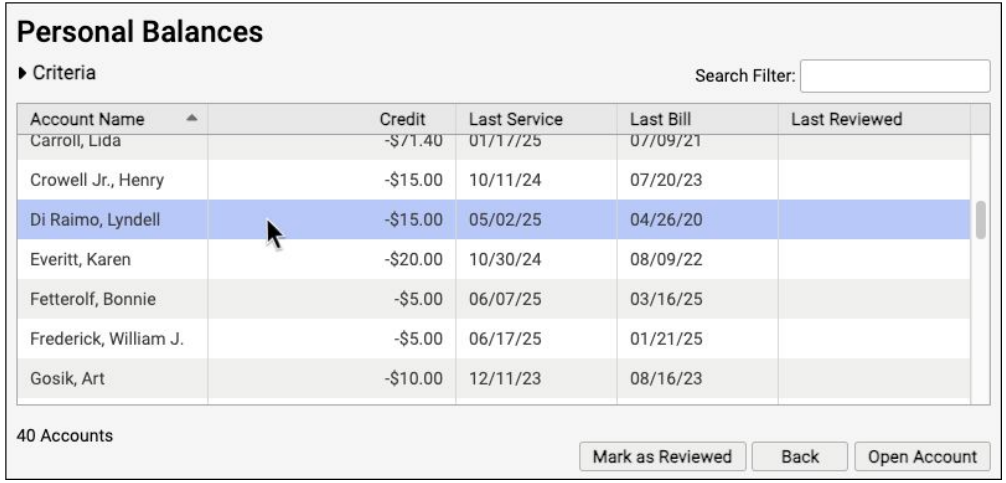
UC 2026

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 Personal Balances tool in the EHR.





PCC Pediatric EHR Solutions

UC 2026

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 adjs)	Percent Collected (all pmts + all adjs)	Amount Deposited (all pmts)	Percent Deposited (all pmts)	Total Adjs (ins adj + pers adj)	Percent Total Adjusted
2024	Personal/No Insurance	$3,994.02	$3,994.02	100.00%	$2,976.01	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 adjs)	Percent Collected (all pmts + all adjs)	Amount Deposited (all pmts)	Percent Deposited (all pmts)	Total Adjs (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%

PCC Pediatric EHR Solutions

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%

PCC Pediatric EHR Solutions

UC 2026

Part 5: Yearly Reporting

Table Configuration

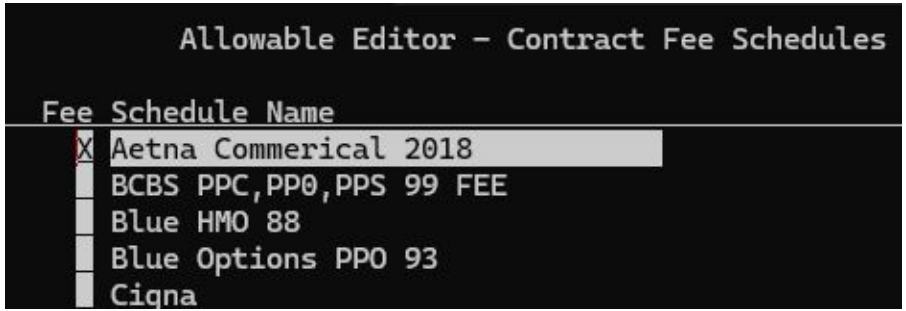
All reporting relies on tables in order to accurately reflect report output. Reviewing your major tables yearly can improve reporting, ensure proper pricing, assist with checking eligibility, and ensure proper tracking of adjustments. Several tables have moved to the EHR this year which make exporting 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	Aetna USHC HMO $0		Retired Insurance	Plans		0	No	No	No	ecsaetna	standard	Yes	No	Yes	None	60054	60054	06/23/2025 12:37:43 PM
2	Aetna Managed/Elect Generic		Retired Insurance	Plans		0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
11	Aetna USHC HMO $0 Generic		Retired Insurance	Plans		0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
12	Aetna Open Freedom Generic		Retired Insurance	Plans		0	No	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
13	Aetna MC Generic		Retired Insurance	Plans		0	Yes	No	No	ecsaetna	standard	No	No	No	None	60054	60054	06/23/2025 12:37:43 PM
17	Aetna USHC OF Box 2295 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	Aetna PPO 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 Box 3934	Aetna 3934	Retired Insurance	PO Box 3934, Aller		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	Aetna MC $10 Box 26098	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	Aetna MC $10 3541 Winchester	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	Aetna MC $15 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	Aetna MC $15 Box 3929	Aetna 3929	Retired Insurance	PO Box 3929, Aller		15	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
32	Aetna MC $10 Box 3932	Aetna 3932	Retired Insurance	PO Box 3932, Aller		10	Yes	No	No	ecsaetna	standard	Yes	No	No	None	60054	60054	06/23/2025 12:37:43 PM
33	Aetna MC $15 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	Aetna MC $10 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	Aetna MC $10 Box 129002	Aetna 1290	Retired Insurance	PO Box 129002, Sa		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.



PCC Pediatric EHR Solutions

UC 2026

Session Takeaways

1. **Reporting can be the responsibility of many staff members.**

2. **Report frequency changes based on if it involves a task or if it involves updating your financials.**

3. **Thinking about every aspect of reporting can help open opportunities to find where you can improve your revenue.**

PCC Pediatric EHR Solutions

UC 2026

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?