

HIT-Byte: Financial Reporting Capabilities of Integrated Electronic Health Record Systems

October 22, 2015

Gathering Data from EHR Systems

- **All systems store an extensive amount of information**
 - Many filters and variables
 - Countless reporting capabilities
 - Can be daunting

Gathering Data from EHR Systems (cont.)

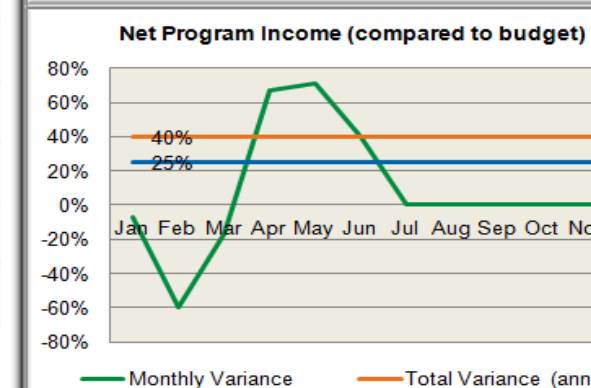
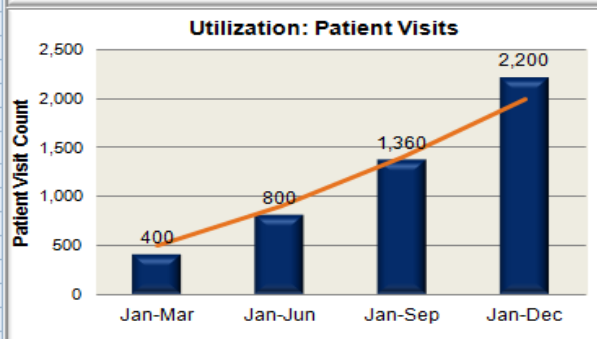
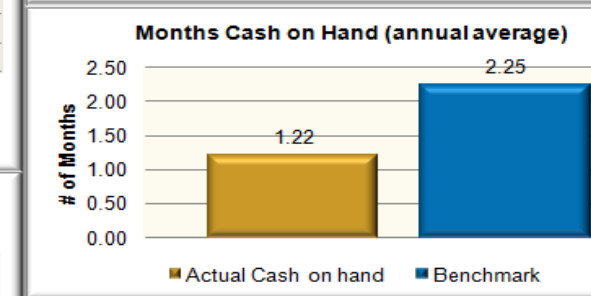
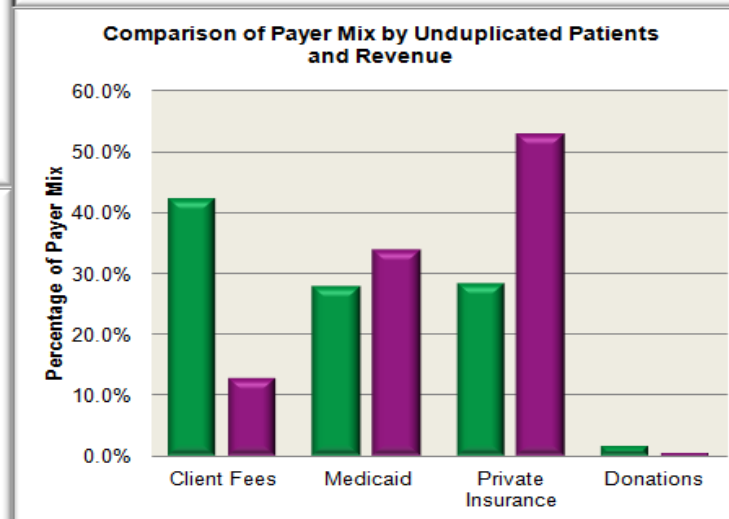
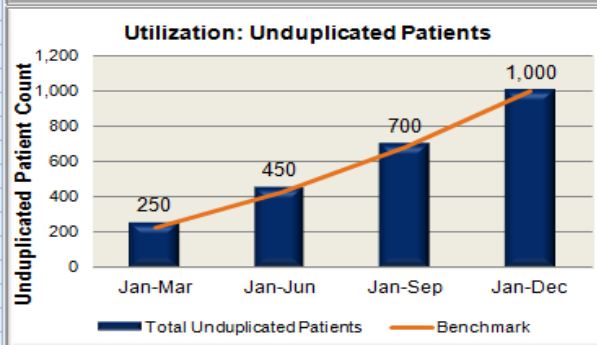
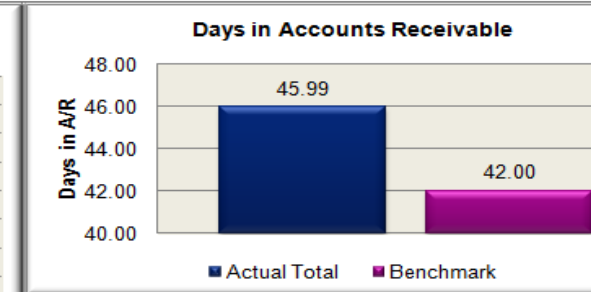
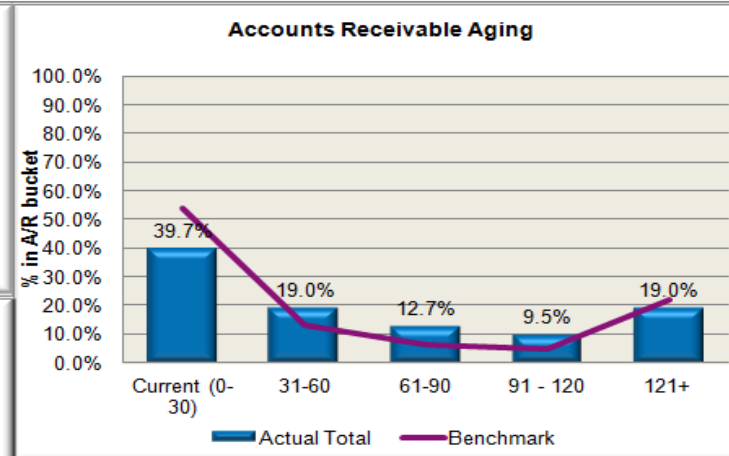
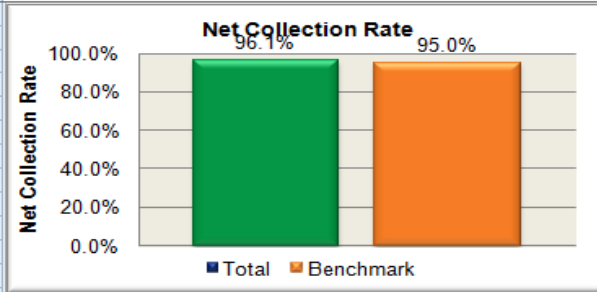
- ***Before running reports***
 - Be clear about **WHAT** is being measured
 - Be clear about **WHY** this data point is necessary
 - Choose appropriate Key Performance Indicators (KPI's) that are meaningful to your practice
- **Good, consistent data is necessary**
 - Important when tracking trends
 - Make notes about how data was filtered
 - Can be easily presented in a Dashboard format



FINANCIAL DASHBOARD

Click on a graph to visit the related KPI tab (note: numbers expressed as 0s on the blank graphs will populate once you have filled in the data points in the KPI tabs).

Scroll down to view numeric summary tables.



- Payer mix can be calculated using a variety of measurements, including unduplicated patient numbers, revenue, or encounter numbers. This tool calculates payer mix by both unduplicated patient numbers and revenue.
- Payer mix determined by unduplicated patients is the percentage of a clinic's annual unduplicated patient volume associated with each revenue source (e.g., Medicaid, Medicare, commercial insurance, sliding-fee scale).
- Payer mix determined by revenue is the percentage of a clinic's annual revenue that is comprised of each revenue source (e.g., Medicaid, Medicare, commercial insurance, sliding-fee scale). Each payer generates a specific revenue that can be used to determine which payers bring in the highest proportionate revenue.
- Comparing payer mix by patient to payer mix by revenue can indicate which payers generate the most revenue per patient.
- Payer mix by patient can be used to drive strategic outreach efforts.
- A diverse payer mix is critical for maintaining financial health. Diversifying payer sources provides stability and protects financial health in the case that one funding stream ends or decreases.
- Payer mix information can help identify the need to add/modify insurance contracts. Low revenues may indicate that additional commercial contracts may be necessary to help generate more income. This example shows that many patients are still uninsured, so more outreach and enrollment efforts may be necessary.
- There is no single ideal payer mix that applies to all clinics. Rather, the ideal payer mix varies by clinic type, depending on priorities and needs identified by management.
- Factors to consider when analyzing payer mix:
 - Medicaid eligibility as determined by patient financial demographic data
 - Revenue goals necessary to meet program expenses
 - Implementation of Medicaid expansion and/or securing of commercial insurance contracts
 - Extent of ability/funding to subsidize sliding-fee patients
- The payer mix categories used here are consistent with Family Planning Annual Report (FPAR) reporting.
- To calculate the payer mix by unduplicated patient numbers, for each payer:

$$\frac{\text{Unduplicated Patients by Payer}}{\text{Total Number of Unduplicated Patients}}$$

- To calculate the payer mix by revenue, for each payer:

$$\frac{\text{Revenues Generated by Payer}}{\text{Total Program Revenue}}$$

Instructions for Entering Data

**** If you are entering data for more than 4 sites:** Highlight Cells B8:H27. Drag the small black box that appears on the bottom right of the highlighted section (it will appear on Cell H27) down to create blank cells for the additional sites.

1. Fill in the Number of Unduplicated Patients under each payer in Column D. Either do this for each individual site, or fill in an average for all sites in these cells for Site 1. Percentage values showing Payer Mix by Unduplicated Patient will populate in Column E.
2. Fill in the dollar Amount of Revenue from each payer in Column G. Either do this for each individual site, or fill in an average for all sites in these cells for Site 1. Percentage values showing Payer Mix by Revenue will populate in Column H.
3. The second table with the "Total" values shows the cumulative Payer Mix in all the sites.

Payer Mix

- **Can be calculated many ways**
 - Unduplicated patient numbers
 - Revenue
 - Patient Visits

Payer Mix (Cont.)

- **To calculate by unduplicated patient numbers**

$$\frac{\text{Unduplicated Patients by Payer}}{\text{Total Number of Unduplicated Patients}}$$



Payer Mix (Cont.)

- To calculate by revenue

$$\frac{\text{Revenues Generated by Payer}}{\text{Total Program Revenue}}$$



Reports

- **Report structure – “What do I need to show?”**
 - Fields
 - Ordering, grouping, and filtering
 - Keep end result in mind
- **Report generation – “How do I get the information?”**
 - Standard vs Custom reports
 - “Casting nets”
- **Considerations**



Report Structure – Payer Mix by Revenue

- **Fields**
 - Primary Payer (Group)
 - Payment amounts
- **Group by (Sub-total)**
 - Payer
- **Filter by**
 - Date range



Report Structure – Payer Mix by Unduplicated Patient Number

- **Fields**
 - Primary Payer (Group)
 - Unique patient count
- **Group by (Sub-total)**
 - Payer
- **Filter by**
 - Date range



Payer Mix by Revenue – NextGen

Payments - Primary Payer
From 1/1/2015 to 12/31/2015

10/01/15 6:00 PM - Report Server

	<u>Pay Amt</u>
Totals For <Unapplied> (741)	\$172.79
Totals For Aetna (593)	-\$38,607.00
Totals For BCBS (1724)	-\$125,695.37
Totals For Champus (22)	-\$1,272.96
Totals For CIGNA (839)	-\$56,953.75
Totals For Cofinity Sloans Lake (112)	-\$8,239.27
Totals For Commercial (133)	-\$9,936.98
Totals For First Health/Coventry (302)	-\$30,234.14
Totals For Humana (73)	-\$3,932.37
Totals For Medicaid (5647)	-\$247,585.02
Totals For Medicaid Managed Care (2)	-\$329.67
Totals For Medicare (121)	-\$5,300.92
Totals For Medicare Managed Care (25)	-\$610.51
Totals For MultiPlan (9)	-\$1,101.86
Totals For PHCS (95)	-\$7,130.85
Totals For Public Managed Care (31)	-\$1,262.03
Totals For Rocky Mountain Health Plans (38)	-\$3,180.64
Totals For Self Pay (5504)	-\$229,293.81
Totals For Self Pay Payers (7)	-\$101.00
Totals For United (1372)	-\$91,882.26
TOTALS (17390)	-\$862,477.62

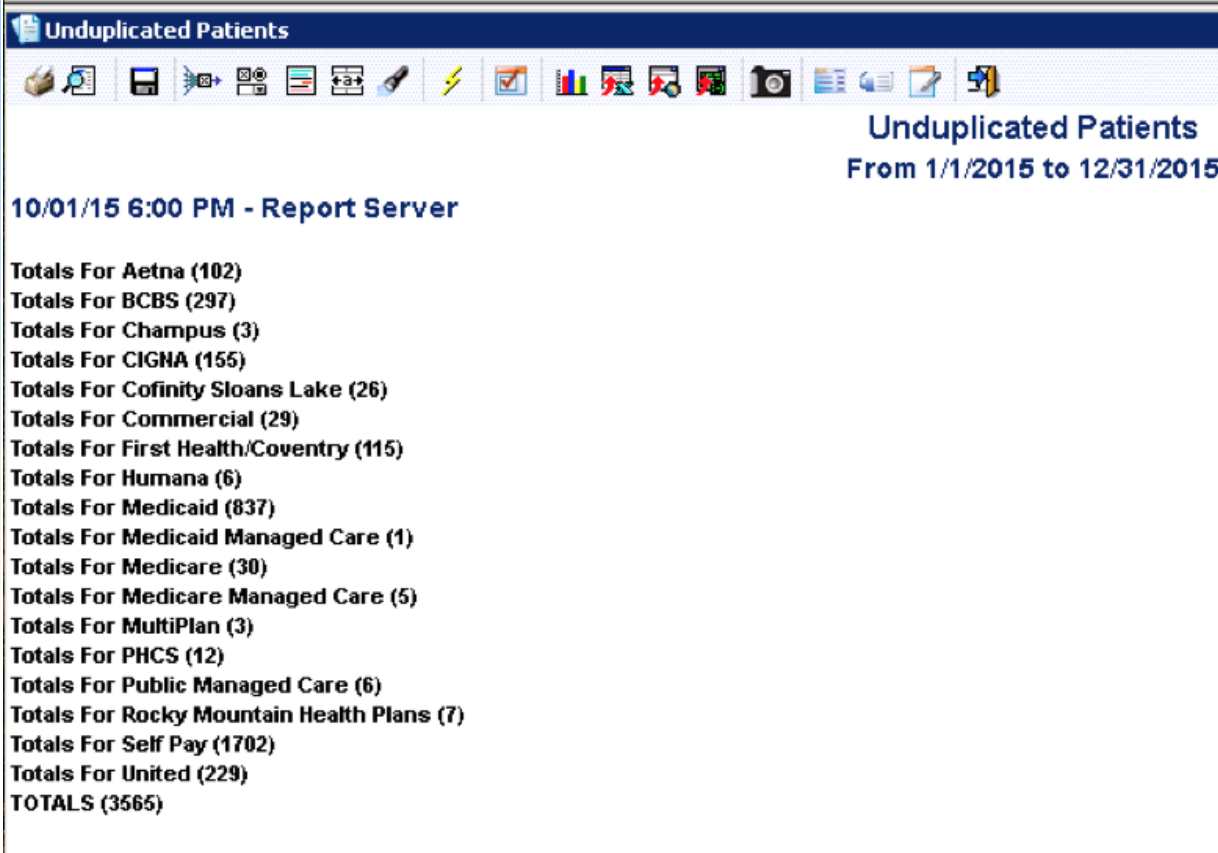


Payer Mix by Revenue – eClinicalWorks

Insurance Group Name	Payment
	\$896,344.93
Aetna Accurate	\$54,175.24
Auto/WC	\$9,164.39
BCBS incl. Fed	\$370,316.94
Cigna/GW	\$19,512.03
Humana	\$20,623.08
Kaiser	\$157,110.09
Kaiser 2	\$194,747.98
MCR Complete Plans	\$179,921.72
Medicaid Incl. Commercial	\$384,987.35
Medicare	\$526,686.52
RESEARCH STUDY	\$2,575.00
RMHP	\$25,497.52
Secondary	\$77,283.14
TPAs	\$31,233.89
UHC	\$269,744.99
Summary	\$3,219,924.81



Payer Mix by Unduplicated Patient Number



Payer Mix by Unduplicated Patient Number

eClinicalWorks eBO BI Query Studio - New

Menu

[Insert Data](#)

[Edit Data](#)

[Change Layout](#)

[Run Report](#)

[Manage File](#)

- Render Provider Id
- Supervisor Provider Id
- BilledToId
- PayorType
- Patient Name
- Facility Name
- Insurance Name
- Appointment Provider
- Rendering Provider Na
- Billed Charge
- Self Charge
- Insurance Charge
- Payment
- Insurance Payment
- Patient Payment
- Contractual
- Insurance Withheld

Insurance Group Name	Patient Count
Aetna Accurate	30
Auto/WC	16
BCBS incl. Fed	382
Cigna/GW	67
Humana	12
Kaiser	47
Kaiser 2	92
MCR Complete Plans	290
Medicaid Incl. Commercial	326
Medicare	648
RMHP	45
Secondary	4
TPAs	17
UHC	298
	453
Summary	2,604



Report Generation

- **Standard reports**
 - Fields cannot be changed
 - Minimal changes to ordering and grouping
 - Limited filtering options
 - Easy to produce and reproduce
- **Custom reports**
 - More effort to create
 - Could be unintentionally misleading
 - Only the fields you choose
 - Broad modifications to ordering, grouping, and filtering



Payer Mix by Revenue – Standard eCW Report

eClinicalWorks eBO Connection



Public Folders

[My Folders](#)

[Public Folders](#) > [eCWEBO - 5.0.7](#) > [3 - Financial Reports](#) > [32 - Dashboards](#) > **321 - Dashboard with Groups**



Name ⇅



[321.01 - Adjustment Dashboard](#)



[321.02 - Charges Dashboard](#)



[321.03 - Claim Count Dashboard](#)



[321.04 - Payment Dashboard](#)



[321.05 - Refund Dashboard](#)



OK

Cancel

Payer Mix by Revenue – Custom eCW Report

The screenshot displays the eClinicalWorks eBO BI Query Studio interface. The main window is titled "eClinicalWorks eBO BI Query Studio - New". On the left, a "Menu" pane lists various data fields for selection, including "Render Provider Id", "Supervisor Provider Id", "BilledToId", "PayorType", "Patient Name", "Facility Name", "Insurance Name", "Appointment Provider", "Rendering Provider Na", "Billed Charge", "Self Charge", "Insurance Charge", "Payment", "Insurance Payment", "Patient Payment", "Contractual", "Insurance Withheld", "Refund", "Writeoff Adjustment", "Claim Count", "Patient Count", "ClosingId", "Facility Group Name", "Insurance Group Name", "Pay To Provider Name", "Supervisor Provider Na", "Department Name", "Patient Control No", "Patient Name1", "Guarantor Name", "Additional Provider1 I", "Additional Provider2 I", "Additional Provider 1 I", "Additional Provider 2 I", "Insurance Id", and "Facility Id".

The central "Prompt" area contains the following configuration:

- tran_type:** Provide a value:
- filter_charges:** Provide a value:
- date (beginning_AR_date):** Provide a date: (Calendar view for 2015)
- date (ending_AR_date):** Provide a date: (Calendar view for 2015)

On the right, a list of fields is available for insertion into the report:

- Render Provider Id
- Supervisor Provider Id
- BilledToId
- PayorType
- Patient Name
- Facility Name
- Insurance Name
- Appointment Provider
- Rendering Provider Na
- Billed Charge
- Self Charge
- Insurance Charge
- Payment
- Insurance Payment
- Patient Payment
- Contractual
- Insurance Withheld
- Refund
- Writeoff Adjustment
- Claim Count
- Patient Count

At the bottom right, a table titled "Insurance Group Name" lists the following values:

Humana
Kaiser 2
Kaiser
RMHP
BCBS ind. Fed
UHC
TPAs
MCR Complete Plans
Cigna/GW
Medicare
Aetna Accurate
Auto/WC
Secondary
Medicaid Incl. Commercial



Payer Mix by Revenue – Custom NextGen

NextGen Report Filter: Payments - Primary Payer

Settings List

- Columns
- Creator
- Department
- Diagnosis Category
- Diagnosis Codes
- Diagnosis SubGroup 1
- Diagnosis SubGroup 2
- Filter 1
- Filter 2
- Fin Classes
- Locations
- Marketing Plan Type
- Patient Types
- Payer SubGrp 1
- Payer SubGrp 2
- Payment Trans Codes
- Primary Payers
- Provider SubGrp 1
- Provider SubGrp 2
- Referring Phys
- Rendering Phys
- Secondary Payers
- Service Items
- Sliding Fee Schedules
- Sorting**
- Tertiary Payers
- Totals

Include the following sorting options in the report

Column	Ascending	Descending	Group By	Page
Modality				
Component				
Place Of Serv				
Rv Cd				
Aft Care				
Payer Name				
Payer SubGrp 1				
Payer SubGrp 2				
Fin Class	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Rendering				
Enc Rendering				
Provider SubGrp 1				
Provider SubGrp 2				
Nurse Practitioner				
Admitting				
Fst Consult				
Sec Consult				
Enc Referring				
Chg Referring				
Supervisor				
Facility				
Inv Desc 1				

Options Head/Foot Save

NextGen Report Filter: Payments - Primary Payer

Settings List

- Columns
- Creator
- Department
- Diagnosis Category
- Diagnosis Codes
- Diagnosis SubGroup 1
- Diagnosis SubGroup 2
- Filter 1**
- Filter 2
- Fin Classes
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- Marketing Plan Type
- Patient Types
- Payer SubGrp 1
- Payer SubGrp 2
- Payment Trans Codes
- Primary Payers
- Provider SubGrp 1
- Provider SubGrp 2
- Referring Phys
- Rendering Phys
- Secondary Payers
- Service Items
- Sliding Fee Schedules
- Sorting
- Tertiary Payers
- Totals

Include records that meet the following conditions

Post Date: [] [] [] [] [] [] [] [] [] []

Process Date: [Current Year] [01/01/2015] [12/31/2015]

Tran Date: [] [] [] [] [] [] [] [] [] []

Transaction Type: Encounter Invoice Account Budgets

Slide%: [0] to [0]

Unposted Tran...: Only Exclude

Unapplied Tran...: Only Exclude Include All

Options Head/Foot Save OK Cancel

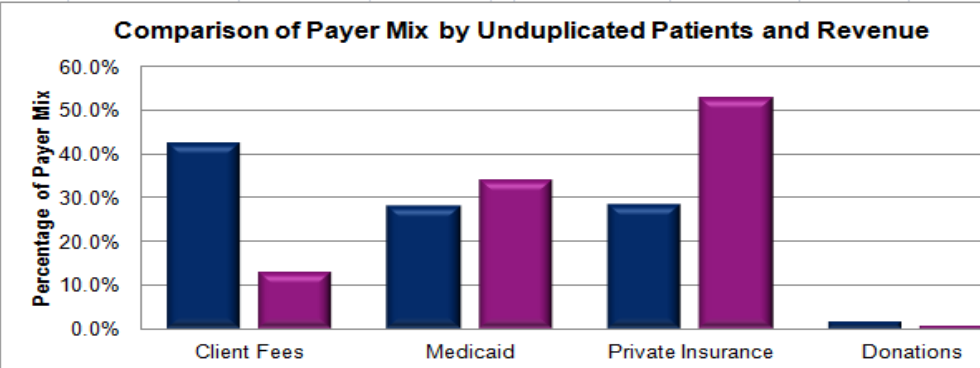
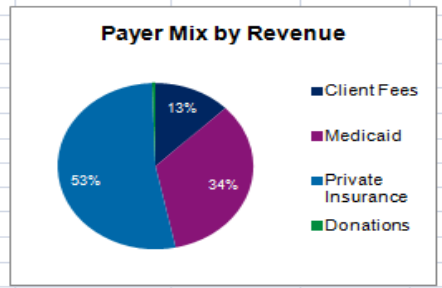
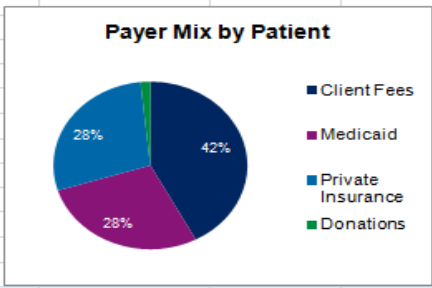
Understanding How Your Reports Run

- **Primary payer**
 - At visit? Most recent? Group or individual?
- **Patient counts**
 - By Visit? By Claim? Unique?
- **Date range**
 - Date of Service? Claim date?



		Payer Mix By Patient		Payer Mix by Revenue	
		# of unduplicated patients	% of all patients	Amount of Revenue	% of Total Revenue
Site 1	Client Fees	1050	42.3%	\$56,729	12.8%
	Medicaid	691	27.8%	\$150,769	33.9%
	Private Insurance	702	28.3%	\$234,609	52.8%
	Donations	40	1.6%	\$2,588	0.6%
	Total	2483		\$444,695	
Site 2	Client Fees		#DIV/0!		#DIV/0!
	Medicaid		#DIV/0!		#DIV/0!
	Private Insurance		#DIV/0!		#DIV/0!
	Donations		#DIV/0!		#DIV/0!
	Total	0		\$0	
Site 3	Client Fees		#DIV/0!		#DIV/0!
	Medicaid		#DIV/0!		#DIV/0!
	Private Insurance		#DIV/0!		#DIV/0!
	Donations		#DIV/0!		#DIV/0!
	Total	0		\$0	
Site 4	Client Fees		#DIV/0!		#DIV/0!
	Medicaid		#DIV/0!		#DIV/0!
	Private Insurance		#DIV/0!		#DIV/0!
	Donations		#DIV/0!		#DIV/0!
	Total	0		\$0	

Overall Payer Mix				
	Payer Mix By Patient		Payer Mix By Revenue	
	Total unduplicated patients	Total % of all patients	Total amount of revenue	% of total revenue
Client Fees	1050	42.3%	\$56,729	12.8%
Medicaid	691	27.8%	\$150,769	33.9%
Private Insurance	702	28.3%	\$234,609	52.8%
Donations	40	1.6%	\$2,588	0.6%
Total	2483		\$444,695	



What Does Payer Mix Data Tell Us?

- **By unduplicated patient**
 - % of patient volume associated with each revenue source
 - Can be an indicator of qualification for Meaningful Use (30% Medicaid)
 - May indicate a need for increased outreach and enrollment efforts
 - Could identify new payers that substantiate contracts



What Does Payer Mix Data Tell Us? (Cont.)

- **By revenue**
 - % of revenue comprised by each revenue source
 - Which payer reimburses best
 - Identifies which payer contracts may need to be renegotiated
 - Diverse payer mix is crucial for maintaining fiscal health



What Does Payer Mix Data Tell Us? (Cont.)

- **Comparing payer mix by both unduplicated patient and revenue**
 - What % of patients generate what % of revenue
 - Helps with budgeting cash flow and program revenue
 - Can be an indicator of overall revenue cycle management performance



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