Revenue Cycle Metrics Report

Volume

**Number of Distinct Patients**
Unique patient count based on the patient MRN and Invoice Date of Service within a reporting period. This number cannot be summed between departments or time periods because it represents a count of distinct individuals.

**Patient Encounters - Professional**
Unique visit count based on the patient MRN, Provider and Invoice Date of Service.

**Inpatient**
Unique visit count where the Medicare place of service is equal to Inpatient Hospital.

**Outpatient**
Unique visit count where the Medicare place of service is equal to On Campus-Outpatient Hospital.

**ED**
Unique visit count where the Medicare place of service is equal to Emergency Room - Hospital.

**ASC - Professional**
Unique visit count where the Medicare place of service is equal to Ambulatory Surgery Center.

**Office**
Unique visit count where the Medicare place of service is equal to Office and the location is not USF Diagnostic Microscopy Lab or USF IVF Lab.

**Other**
Unique visit count where the Medicare place of service is equal to All Other (not Inpatient, Outpatient, ASC, ED, or Office).

**Patient Encounters - Technical**
**Only displayed for certain departments (e.g. ASC, Radiology, etc.)**
Unique case count based on the patient MRN, Provider and Invoice Date of Service.

**ASC - Technical**
Unique case count where the Medicare place of service is equal to Ambulatory Surgery Center (technical component).

**Labs**
Unique case count where the service location is USF Diagnostic Microscopy Lab or USF IVF Lab.

**Imaging**
Unique case seen at the Diagnostic Imaging Center or within the Department of Radiology.
CPT Line Items Billed
Number of unique CPT line items billed.

CPT Units Billed
Total Number of Units produced.

Work RVUs
Sum of wRVUs as calculated by the Faculty Practice Solutions Center (FPSC).

wRVU per Encounter
wRVUs divided by the number of professional encounters.

Change in Accounts Receivable

Beginning AR Balance
AR Balance at the beginning of the month.

Net Charges
Gross charges less: contractual adjustments, controllable allowances, credits, debits, charity care, patient bad debt, and payer bad debt

Gross Charges
Gross charges for the month entered into BAR.

Contractual Adjustments
Contractual allowances for the month entered into BAR

Controllable Allowances
Controllable allowances for the month entered into BAR.

Credits
Credits for the month entered into BAR.

Debits
Debits for the month entered into BAR.

Charity Care
Charity care for the month entered into BAR.

Patient Bad Debt
Patient bad debt entered for the month into BAR.
Payer Bad Debt
Payer bad debt entered for the month into BAR.

Journal Entry
Journal Entry for the month entered into BAR.

Net Collections
Gross payments less journal entry and refunds.

Gross Collections
Gross payments for the month entered into BAR.

Refunds
Refunds for the month entered into BAR.

Ending AR Balance - Total
Beginning AR balance plus net charges less net collections.

Days Revenue Outstanding

With Self-Pay
Total debit AR/(Gross charges for last 3 months/90). Debit AR is AR without credit balances. Includes self-pay charges (original FSC).

Without Self-Pay
(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90). Does not include self-pay charges (original FSC).

Commercial
(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Commercial.

HCHCP
(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category HCHCP.

Managed Care
(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Managed Care.

Managed Medicaid
(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Managed Medicaid.

Managed Medicare
(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category
Managed Medicare.

**Managed Work Comp**

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Managed Work Comp.

**Medicaid**

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Medicaid.

**Medicare**

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Medicare.

**Patient Responsibility**

Calculates Days Revenue Outstanding on remaining charges after insurance has paid.

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Self Pay III.

**Special Accounts**

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Special Accounts.

**Veterans Accounts**

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Veterans Affairs.

**Workers Comp**

(Total debit AR - Total debit Self-Pay AR)/(Gross charges - Gross Self-Pay charges for last 3 months/90) by current RCO HART Category Worker's Compensation.

**Percent AR greater than 90 days Total**

Debit AR >90 days / Total Debit AR.

**Percent AR greater than 90 days Insurance-Tot Ins AR**

Debit Insurance AR >90 days / total Debit Insurance AR.

**Percent AR greater than 90 days Insurance-Tot AR**

Debit Insurance AR >90 days / Total Debit AR.

**Percent AR greater than 90 days Self Pay-Tot SP AR**

Debit Self-pay AR >90 days / total Debit Self-pay AR.

**Percent AR greater than 90 days Self Pay-Tot AR**

Debit Self-pay AR >90 days / Total Debit AR.
**Percent AR greater than 180 days Total**
Debit AR >180 days / Total Debit AR.

**Percent AR greater than 180 days Insurance-Tot Ins AR**
Debit Insurance AR >180 days / total Debit Insurance AR.

**Percent AR greater than 180 days Insurance-Tot AR**
Debit Insurance AR >180 days / Total Debit AR.

**Percent AR greater than 180 days Self Pay-Tot SP AR**
Debit Self-pay AR >180 days / total Debit Self-pay AR.

**Percent AR greater than 180 days Self Pay-Tot AR**
Debit Self-pay AR >180 days / Total Debit AR.

**Lag Days**

**Txn DOS to Inv Creation Date - with Charge Corrections**
Average number of days between date of service and invoice creation date, including all invoices with charge corrections.

**Txn DOS to Inv Creation Date - without Charge Corrections**
Average number of days between date of service and invoice creation date for original invoices.

**Txn DOS to TES**
Average number of days between transaction date of service and date invoice first entered into TES. This average is calculated for all invoices.

**DOS to Closed Encounter**
Average number of days between the date of service and when the encounter was closed. Only calculated for invoices generated from Epic.

**Closed Encounter to TES**
Average number of days between the date the encounter was closed and the date when the invoice first entered TES. Only calculated for invoices with a closed encounter date which enter TES.

**TES to Inv Creation Date**
Average number of days between charges first entered into TES and invoice creation date. This average is calculated only for invoices that entered TES.

**Charge Correction Percent**
Percentage of invoices requiring a charge collection. Calculated as (# of invoices with Charge Correction Flag = original) divided by (# of invoices with Charge Correction Flag = Null + # of invoices with Charge Correction Flag = Original).

**Charge Timeliness**
Percent of charges posted within 10 days of date of service.

Inpatient
Percent of charges posted within 10 days of date of service - Inpatient. (Service Location Type = I).

Outpatient and Other
Percent of charges posted within 10 days of date of service - Outpatient/Other. Calculated using all invoices where the Service Location Type does not equal I.

Rejection / Denial Rates

Charges Rejection-Denial Rate
% of charges ($$) rejected or denied for payment upon first submission; Charges by prime rejection by posting period divided by 6 month rolling average of charges billed ($$). Calculation excludes Patient Responsibility, Contract Limitation, and empty Rejection Categories.

Claim Rejection-Denial Rate per CPT
% of line items rejected or denied for payment upon first submission; # CPT line items by prime rejection by posting period divided by 6 month rolling average of CPT line items billed. Calculation excludes Patient Responsibility, Contract Limitation, and empty Rejection Categories.

Authorizations
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Authorizations.

Benefit Limitation
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Benefit Limitations.

Controllable Rejection
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Controllable Rejection.

Duplicate
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Duplicate.

Eligibility
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Eligibility.

Follow Up
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Follow-Up.

Payer Edit
Percent of Claim Rejection-Denial Rate per CPT line items with prime rejection of Payer Edit.

Percent CPT Line Items Paid that were Denied
% of line-item CPTs paid within 6 months after denied on first pass - 6 months in arrears.

Terminal Denial Rate
(# CPT lines denied - # CPT lines paid that were denied) / # CPT lines billed.
This represents a percentage of the total number of CPTs terminally denied.

Self-Pay Collections

Cash Collected
Total self-pay cash collected, including pre-paid amounts.

Patient Collection Efficiency Ratio
Patient payments divided by (patient payments + self pay AR + patient bad debt + small balance write-offs) for 6 months in arrears.

POS cash as Percent of total Self-Pay Cash
Amount of self-pay collected on site. Calculated as medicare place of service cash collected divided by total self-pay cash collected.

Bad Debt Percent
Bad debt write-offs divided by charges.

Charity Percent
Charity care write-offs divided by charges.

Payer Mix - Charges

Commercial
Charges billed to Commercial as a percent of total charges billed (original FSC).

HCHCP
Charges billed to HCHCP as a percent of total charges billed (original FSC).

Managed Care
Charges billed to Managed Care as a percent of total charges billed (original FSC).

Managed Medicaid
Charges billed to Managed Medicaid as a percent of total charges billed (original FSC).

Managed Medicare
Charges billed to Managed Medicare as a percent of total charges billed (original FSC).

Managed Work Comp
Charges billed to Managed Work Comp as a percent of total charges billed (original FSC).
Medicaid
Charges billed to Medicaid payers as a percent of total charges billed (original FSC).

Self-Pay
Charges billed to Self Pay as a percent of total charges billed (original FSC).

Special Accounts
Charges billed to Special Accounts as a percent of total charges billed (original FSC).

Veterans Affairs
Charges billed to Veterans Affairs as a percent of total charges billed (original FSC).

Worker's Compensation
Charges billed to Worker's Compensation as a percent of total charges billed (original FSC).