



Dashboards

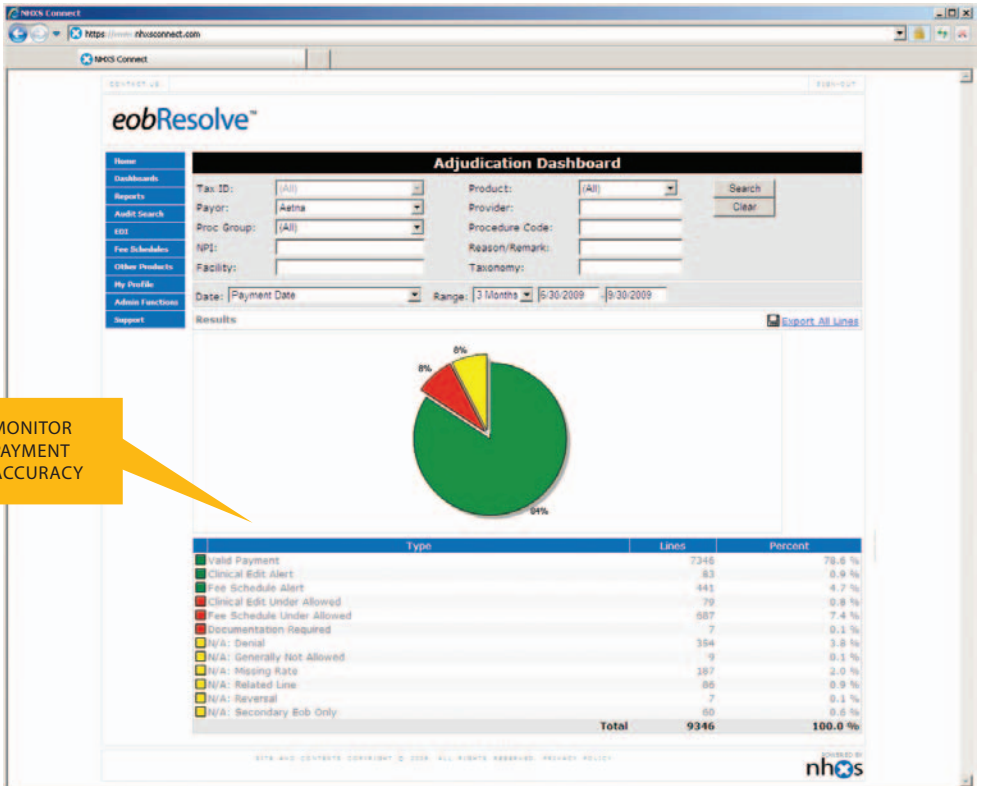
The Dashboards are graphical representations of the audits performed on your claims and EOBs. All Dashboards are payer specific and include a number of search criteria options that allow you to specify what data will be displayed.



POWERFUL DASHBOARDS
 PROVIDE BUSINESS INTELLIGENCE TO MONITOR PAYMENT ACCURACY, BILLING REWORK, AND THE COST OF DOING BUSINESS WITH A PAYER

Adjudication Dashboard

The Adjudication Dashboard provides a high level graphical overview identifying valid payments, disputes, overpayments, and denials. Using the flexible search criteria to produce graphs, you may compare payers within your practice and benchmark your results against other practices.



MONITOR PAYMENT ACCURACY



The Contract Performance Report will allow you to quickly determine if the plan is complying with both contractual and regulatory requirements.

Summary						
Claim Count	41500	Valid Pay Claim 1 EOB	11.7%			
Line Count	87569	Valid Pay Claim 2 or more EOBs	1.7%			
Total Charges	\$9,850,795.43	Late Payment Interest	\$0.00			
Net Charge Per Claim	\$237.32	Late Payment %	0.0%			
Total Underpayment	\$62,203.21	Patient Responsibility (% of Allowed)	23.6%			
Rework Charges	\$300,178.00	Rework (% of Charge)	3.0%			
		Rework (% of Lines)	3.2%			
Totals						
Valid Payments	69256	71.5	\$7,039,354.83	\$101.84	\$4,136,560.82	\$59.73
Disputed Payments	2870	3.6	\$350,733.00	\$122.21	\$21,119.14	\$18.61
Other	15443	34.9	\$2,460,697.60	\$159.34	\$1,815,820.24	\$117.52
Total	87569	100.0	\$9,850,795.43	\$112.49	\$4,136,560.82	\$59.73
Valid Payments						
Valid Payments	69256	79.0	\$7,039,354.83	\$101.84	\$4,136,560.82	\$59.73
Contractual Adjustments	-91.2		\$3,992,794.01	\$43.92	\$1,815,820.24	\$117.52
Net Allowed to Physician	58.8		\$4,136,560.82	\$59.73		
Patient Responsibility	-13.9		\$925,645.14	\$14.09		
Net Paid to Physician	44.9		\$3,160,915.68	\$45.64		
Valid Pay Line Eob Accuracy						
1 EOB	67984	92.9	\$6,864,692.33	\$100.98	\$4,088,820.24	\$59.73
2 EOBs	317	0.5	\$37,859.00	\$119.43	\$1,815.82	\$18.61
3 or more EOBs	954	1.8	\$138,519.50	\$144.10	\$1,271.18	\$12.61
Total	69256	95.2	\$7,039,354.83	\$59.73	\$4,136,560.82	\$59.73
Valid Payment Adjustments						
Fee Schedule	69256	40.0	\$2,813,356.40	\$40.62	\$61,400.00	\$0.89
Priming Adjustment	480	0.7	\$49,285.39	\$102.84	\$302.84	\$0.61
CPT Edit	37	0.0	\$3,423.73	\$92.57	\$0.00	\$0.00
CCI Edit	2327	0.4	\$30,559.92	\$13.13	\$0.00	\$0.00
CMS Edit	635	0.1	\$4,655.27	\$7.33	\$0.00	\$0.00
Payer Edit	34	0.0	\$2,533.30	\$74.51	\$0.00	\$0.00
Total	72659	41.2	\$2,902,794.01	\$39.95	N/A	N/A
Disputed Payments						
Clinical Edit Under Allowed	365	0.3	\$25,927.00	\$70.98	\$13,805.44	\$39.89
Documentation Required	46	0.2	\$19,009.00	\$390.02	\$3,287.63	\$68.49
Fee Schedule Under Allowed	2437	3.1	\$308,697.00	\$126.66	\$46,119.14	\$18.61
Total	2870	3.6	\$350,733.00	\$122.21	\$62,203.21	\$21.67

MEASURE AND TRACK KEY METRICS THAT IMPACT YOUR COST OF DOING BUSINESS WITH A PAYER.

LOW 1ST TIME PAYMENT ACCURACY INCREASES ADMINISTRATIVE COSTS.

TRACK SUCCESS OF RECOVERY EFFORTS BY MONITORING THE VOLUME OF 2ND & 3RD EOBs.

PATIENT RESPONSIBILITY IS AN IMPORTANT METRIC TO TRACK. INCREASES SHOULD BE TAKEN INTO CONSIDERATION WHEN NEGOTIATING EACH CONTRACT.

Valid Payment Adjustments
This section quantifies all the valid contractual adjustments to charges where the expected and actual allowed amounts matched. The practice can see the economic impact of fee schedule, pricing, and edit adjustments. This level of pricing and edit detail can reveal meaningful differences between payers with similar fee schedule rates.

MEASURE THE IMPACT OF PAYER EDITS TO UNDERSTAND IMPACT TO OVERALL REIMBURSEMENT.

Disputed Payments
eobResolve identifies several types of disputes, clinical edit under allowed, fee schedule under allowed, documentation required, and late payment without interest. NHXS automates the dispute documentation including batch printing of required documents (i.e. payer dispute form, appeal letter, claim and EOB).

Contract Performance Report Detail
The Valid Payment Adjustments section of the report links categories of edits to detailed reports that show a breakdown of claims that fell under each category.

PROCEDURES	Description	Lines	Amount
80081	Automated lab panel adjustment.	139	\$13,977.00
80053	Automated lab panel adjustment.	76	\$5,336.00
82550	Automated lab panel adjustment.	63	\$11,340.00
80048	Automated lab panel adjustment.	55	\$7,724.00
82565	Automated lab panel adjustment.	38	\$7,907.00
84520	Automated lab panel adjustment.	36	\$110.44
84460	Automated lab panel adjustment.	33	\$136.44
80078	Automated lab panel adjustment.	33	\$128.38
84450	Automated lab panel adjustment.	30	\$123.42
84550	Automated lab panel adjustment.	20	\$59.06
74170	Allowed amount exceeds Medicare OPPS.	15	\$810.90
82040	Automated lab panel adjustment.	12	\$64.32
84132	Automated lab panel adjustment.	12	\$51.39
29830	Bilateral surgery adjustment.	8	\$342.43
72194	Diagnostic imaging family reduction.	7	\$523.60
72192	Diagnostic imaging family reduction.	6	\$238.40
83880	Allowed amount exceeds Medicare OPPS.	6	\$336.76
70553	Allowed amount exceeds Medicare OPPS.	5	\$821.28
72148	Allowed amount exceeds Medicare OPPS.	5	\$447.25
83615	Automated lab panel adjustment.	5	\$22.28
82947	Automated lab panel adjustment.	5	\$16.12
17261	Multiple surgery reduction.	4	\$227.76

CLICK ANY LINE AND DRILL DOWN TO CLAIM LEVEL DETAIL.