

QUICK REFERENCE

REPORTS TO GENERATE

1	Primary Insurance Aging	No Date Range
2	Secondary Insurance Aging	No Date Range
3	Practice Analysis	By CLOSED PERIOD for previous 3 months (ex Q1 - Dec/Jan/Feb)
4	Encounter Summary	By INITIAL BILLED Date Type (Beginning of Quarter - End of Quarter)
5	Combined Aging by Service Date	By SERVICE DATE (01/01/2000 - end of quarter) <ul style="list-style-type: none"> Select Show Credit Balances on report
6	Gateway Transaction Summary	Beginning of Quarter - End of Quarter

BONUS STATS

	KPI	BENCHMARK
1	Primary Insurance Aging	0 - 60 DAYS = Greater than 80%
2	Secondary Insurance Aging	0 - 60 DAYS = Greater than 80%
3	Days in A/R	Less than 40 Days
4	Average Days to File	Less than 5 Days
5	Hold Credits	Less than 2%
6	EDI Rejection Rate	Less than 3%

QTR	DATE RANGE	# OF DAYS
Q1	1 January – 31 March	90 (91 in Leap Years)
Q2	1 April – 30 June	91
Q3	1 July – 30 September	92
Q4	1 October – 31 December	92

PRIMARY INSURANCE AGING

BENCHMARK

0 - 60 DAYS = Greater than 80%

Calculation

Generate **Primary Insurance Aging Report** (no Date Range)

Report Filters

Please ensure that you have access to the necessary providers (including disabled providers) before run

Report Name: Primary Insurance Aging

From Date: [Calendar Icon] Month To Date Year-to-Date

To Date: [Calendar Icon] Today

Billing Provider: Select...

Provider: All Providers

Location: All Locations

Place of Service: All Places of Service

Insurance Class: All Insurance Classes

Select Bucket: ALL

Run Report After Hours: ☐ Schedule Report To Run After Hours?

Generate Report Generate Report & Close Save Configuration

Add the **0 to 30** and **31 to 60** buckets together. Divide the sum by the **Encounter Total**, then multiply by 100 to get the percentage.

PRIMARY INSURANCE AGING								
PRACTICE INFORMATION			REPORT INFORMATION					
			FROM DATE: TO DATE: PROVIDER: All Providers BILLING PROVIDER:All Billing Providers					
NAME		PID	DOB					TOTALS
0 to 30	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	181+	Total	
EMENT MEDICARE REPLACEMENT								
\$34689.06	\$10708.78	\$3452.44	\$1286.00	\$1637.00	\$546.00	\$250.00	\$52569.28	
MMERCIAL								
\$33828.09	\$11756.54	\$6247.52	\$1195.24	\$263.00	\$1013.04	\$6394.11	\$60697.54	
CAID								
\$18471.52	\$4069.00	\$3912.08	\$1227.82	\$195.00	\$395.00	\$0.00	\$28270.42	
MEDICAID CMO								
\$14963.32	\$1883.11	\$1359.87	\$1095.82	\$402.82	\$253.00	\$1911.05	\$23868.99	
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$253.00	\$253.00	
MEDICAID CMO								
\$0.00	\$170.00	\$253.00	\$50.00	\$220.00	\$170.00	\$0.00	\$863.00	
CARE								
\$576.05	\$190.04	\$185.04	\$15.00	\$0.00	\$0.00	\$0.00	\$1166.13	
681	169	136	52	22	10	40	1110	
\$129094.79	\$33369.70	\$17398.02	\$5907.70	\$3398.68	\$2630.08	\$11169.22	\$202968.19	
63.60%	16.44%	8.57%	2.91%	1.67%	1.30%	5.50%	100%	

Common Considerations

- Credentialing issues preventing or delaying reimbursement on billed claims
- Delays in payment posting due to too many paper EOBs
- Delays in payment posting due to “missing payments”

Submitting Considerations

Use Encounter List Exports. Using the Aging Report is difficult to do and hard to follow. Remember, you can get the ones over 60+ days by using Initial BILLED dates (Q2 was before 5/1/20) - Also remember to only remove claims OVER 60+ Days

ENCOUNTERS affected are:	<ul style="list-style-type: none">Labeled with an Encounter Class and a COUNT formula entered to show total # of encountersThen exported to Excel and given a title reflecting stat and issue<ul style="list-style-type: none">(ex. <i>Smith Clinic Primary Aging Credentialing Issue Q3 2019</i>)		
Multiple issues can be saved on multiple tabs in one spreadsheet. Upload Worksheet, Primary Aging summary page, and Encounter List export(s).			
MAKE SURE to show:	Before Formula (0-60 Day Bucket ÷ Total Count)	VS	Updated Count Total (0-60 Day Bucket ÷ Updated Total with Removed Encounters)
ON YOUR WORKSHEET:	<ul style="list-style-type: none">Provide a detailed statement of what the issue is: (ex. <i>Provider Jones is currently not credentialed with BCBS. Application was submitted on 9/1/19 and the practice has requested that we bill all of the claims to keep them timely.</i>)Note what is being done to address this issue, why the solution hasn't worked, etc.		

Use the Aging spreadsheet to remove consideration issues:

1. Generate primary insurance aging, open spreadsheet, and name tab Raw Data
2. Copy tab and name new tab “Corrected Calculations”
3. Create a new tab, named Consideration Data, copy the header from the other tab and paste to the new tab
4. Sort by encounter # and remove rows without encounter #s
5. Remove duplicate encounter # rows by highlighting entire sheet, clicking the Data tab, click Remove Duplicates, click Unselect All, check/select Encounter #, and click OK
6. Use the replace function to remove zeros from the bucket columns.
 - a. Select the bucket columns > click Home tab > Find & Select > Replace > Options > type 0 in the “find what” field > select “match entire cell contents” > click replace all
7. At the bottom of the 0-30 bucket type **=counta(** and drag the entire column. For example, =counta(S2:S350)
8. Drag the formula across the row to the end of the TOTAL column. This should give you a count of encounters for each bucket.
9. Use Excel formula to calculate the percentage of encounters in the 0-60 buckets. For example, =(S351+T351)/Z351
10. Highlight the encounter #s that you would like to be part of your considerations.
11. Sort the entire sheet by encounter #s (sort by color).
12. Cut the rows that you would like to be part of your considerations and paste them into the Consideration Data spreadsheet. The benchmark formula should update automatically as you cut rows.

SECONDARY INSURANCE AGING

BENCHMARK 0 - 60 DAYS = **Greater than 80%**

Calculation

Generate **Secondary Insurance Aging Report** (no Date Range)

Report Filters

Please ensure that you have access to the necessary providers (including disabled providers) before running the report.

Report Name: Secondary Insurance Aging

From Date: [Calendar Icon] [Month To Date] [Year-to-Date]

To Date: [Calendar Icon] [Today]

Billing Provider: Select...

Provider: All Providers

Location: All Locations

Place of Service: All Places of Service

Insurance Class: All Insurance Classes

Select Bucket: ALL

Run Report After Hours: ☐ Schedule Report To Run After Hours?

[Generate Report] [Generate Report & Close] [Save Configuration]

Add the **0 to 30** and **31 to 60** buckets together. Divide the sum by the **Encounter Total**, then multiply by 100 to get the percentage.

SECONDARY INSURANCE AGING							
ACTICE INFORMATION		REPORT INFORMATION					
		FROM DATE: TO DATE: PROVIDER: All Providers BILLING PROVIDER: All Billing Providers					
NAME	PID	DOB					TOTALS
0 to 30	31 to 60	61 to 90	91 to 120	121 to 150	151 to 180	181+	Total
107	46	30	10	1	2	5	201
\$1807.22 36.26%	\$1053.38 21.14%	\$709.72 14.24%	\$574.82 11.53%	\$110.31 2.21%	\$413.00 8.29%	\$315.53 6.33%	\$4983.98 100%

Common Considerations

- Credentialing issues preventing or delaying reimbursement on billed claims
- Delays in payment posting due to too many paper EOBs
- Delays in payment posting due to “missing payments”

Submitting Considerations

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Secondary Aging - this is harder to use encounter exports to show the buckets, but if it's only a few claims, super easy to do. Otherwise use the aging report.

- **Also, remember to only remove claims OVER 60+ Days**

DAYS IN A/R

BENCHMARK

LESS THAN 40 DAYS

Calculation

REPORTS TO GENERATE:

Combined Aging by Service Date (01/01/2000 - End of Quarter) [Select **Show Credit Balances]**

Report Name:	Combined Aging Report by Service Date		
From Date:	01/01/2000		Month To Date Year-to-Date
To Date:	07/31/2020		Today
Billing Provider:	Select... ▼		
Provider:	All Providers ▼		
Location:	All Locations ▼		
Place of Service:	All Places of Service ▼		
Subtotal Option:	<input type="checkbox"/> Subtotal Report By Provider/Location?		
Credit Option:	<input checked="" type="checkbox"/> Show Credit Balances On Report?		
Date Option:	<input type="checkbox"/> Use To Date as Current Date?		
Run Report After Hours:	<input type="checkbox"/> Schedule Report To Run After Hours?		

Practice Analysis by CLOSED PERIOD for EACH of the previous 3 months of the Quarter

Report Name:	Practice Analysis		
From Date:			Month To Date Year-to-Date
To Date:			Today
Billing Provider:	Select... ▼		
Provider:	All Providers ▼		
Location:	All Locations ▼		
Revenue Center:	Select... ▼		
Place of Service:	All Places of Service ▼		
Date Type:	Tx Closed Period ▼		
Patient Class:	All Patient Classes ▼		
Select Closed Period:	Period Ending 07/31/2020 ▼		
Charges Option:	<input type="checkbox"/> Show All Payments & Adjustments?		
Method:	Active Collections Only ▼		
Run Report After Hours:	<input type="checkbox"/> Schedule Report To Run After Hours?		

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Formula

From the **Combined Aging by Service Date** Report, locate the **Grand Total** In this example, it's **\$126411.37**. This is the **ENDING A/R**.

COMBINED AGING REPORT BY DATE OF SERVICE

PRACTICE INFORMATION				REPORT INFORMATION				
				FROM DATE: 01/01/2000 TO DATE: 07/31/2020 PROVIDER: All Providers BILLING PROVIDER: All Billing Providers				
ENCOUNTER #	NAME							TOTALS
Insurance Total	\$0.00	\$29111.56	\$13481.07	\$9032.63	\$2758.02	\$3765.90	\$41693.83	\$99843.01
Patient Total	\$0.00	\$2004.30	\$1859.72	\$1775.74	\$1460.07	\$1711.67	\$9476.86	\$18288.36
Patient-Self Pay Total	\$0.00	\$1222.00	\$1325.00	\$886.00	\$762.00	\$570.00	\$3515.00	\$8280.00
Grand Total	\$0.00	\$32337.86	\$16665.79	\$11694.37	\$4980.09	\$6047.57	\$54685.69	\$126411.37

From each month's **Practice Analysis** Report, locate the **Grand Total of Gross Charges**.

For the first month,
it's **\$120,584.01**

CLASS	PRIMARY INSURANCE CHARGES	PAYMENTS
COMMERCIAL	\$32,875.00	\$23,673.76
INMATE	\$450.00	\$145.56
MEDICAID	\$1,110.00	\$33.04
MEDICAID CMO	\$960.00	\$131.52
MEDICARE	\$59,785.00	\$28,927.38
MEDICARE REPLACEMENT	\$21,045.01	\$15,891.82
MEDICARE SUPPLEMENT	\$1,510.00	\$480.53
SELF PAY	\$2,849.00	\$2,012.00
UNAPPLIED	N/A	\$0.00
GRAND TOTALS	\$120,584.01	\$71,295.61

For the second month,
it's **\$149,060.06**

CLASS	PRIMARY INSURANCE CHARGES	PAYMENTS
COMMERCIAL	\$39,390.01	\$15,248.33
INMATE	\$300.00	\$472.28
MEDICAID	\$890.00	\$0.00
MEDICAID CMO	\$1,160.00	\$0.00
MEDICARE	\$68,470.02	\$22,371.25
MEDICARE REPLACEMENT	\$34,335.03	\$12,132.32
MEDICARE SUPPLEMENT	\$1,020.00	\$397.51
WORKERS COMP/ MVA	\$300.00	\$0.00
SELF PAY	\$3,045.00	\$2,073.48
UNCATEGORIZED	\$150.00	\$0.00
UNAPPLIED	N/A	\$0.00
GRAND TOTALS	\$149,060.06	\$52,695.17

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	PRIMARY INSURANCE	
	CHARGES	PAYMENTS
CLASS		
COMMERCIAL	\$35,966.00	\$18,331.92
INMATE	\$520.00	\$397.32
MEDICAID	\$440.00	\$0.00
MEDICAID CMO	\$674.00	\$0.00
MEDICARE	\$55,030.01	\$29,580.07
MEDICARE REPLACEMENT	\$23,755.02	\$8,020.30
MEDICARE SUPPLEMENT	\$1,160.00	\$47.06
WORKERS COMP/ MVA	\$150.00	\$0.00
SELF PAY	\$3,048.00	\$3,897.00
UNAPPLIED	N/A	\$0.00
GRAND TOTALS	\$120,743.03	\$60,273.67

For the third month,
it's **\$120,743.03**

FORMULA	Calculation from Example
Average Daily Charge = $\frac{\text{Total Gross Charges}}{\text{Days in the Quarter}}$	$120584.01 + 149060.06 + 120743.03 = 390387.10$ $390387.10 \div 92 = 4243.34$
Days in AR = $\frac{\text{Ending A/R}}{\text{Average Daily Charge}}$	$126411.37 \div 4243.34 = 29.79 \text{ Days}$

Turn-Around Time (ARR) = Total A/R divided by Adjusted Charges, multiplied by 30 days

Adjusted Charges = Total Charges minus write-offs and adjustments

Use Dashboard MD Ad Hoc Report: Financial Summary Analysis Prev Month - ALL RCM

- This report will give you your current days in AR when the date selection is Month to Date
- This report will give you the Sum of the previous 3 month's charges when you run for the last 12 months - selecting only the previous 3 months to display.

Common Considerations

- Credentialing issues preventing or delaying reimbursement on billed claims
- Abnormally High Patient Aging (**91+** days)
 - Please note that this consideration will be accepted on a limited basis only.
- Abnormally low Gross Charges
- New Status Encounters **older than 20 days** not billed because of Credentialing, Providers not signing, holding for other various reasons **out of our control** (remove from Combined Aging total)
- Incomplete Encounters with Charges

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- Incomplete Encounters that moved to **New** status late in the Quarter

NOTE: If the account is majorly failing in primary and/or secondary, then you can probably use that consideration for Days in AR. If Days in AR is failing but Primary and Secondary are not, then it's likely that the Patient Aging, low gross charges, etc is the issue. Therefore, if the primary and/or secondary are not failing or at least not in the low 80s, then the consideration would not come from the ager but would come from the AC.

Submitting Considerations

- **Abnormally Low Gross Charges:** Calculate the average monthly gross charges of the two highest charge months in the quarter. Subtract the lowest month's charges from the average. If over 25%, this can be used as a consideration. Upload worksheet, the three practice analysis reports from the quarter, and an excel spreadsheet showing the math. Calculate a new Days in AR formula using the average instead of the lowest month's charges. If 40 or less, this can be used as a consideration.
 - On your worksheet, enter a detailed explanation of which month in the quarter is lower than the average, what the average is, how much lower your lowest month is than the average. Give a brief explanation of why it's lower than the average (provider on leave, less hospital visits, etc) and when this issue should be resolved (provider returns in May, new provider is joining practice, etc).
- **New Status Encounters older than 20 days:** Filter encounter list by NEW + DOS 01/01/2000 and twenty days older than the current date. Export to Excel and calculate total. On your worksheet, enter this total into a consideration field for Days in AR, this should subtract this total from the Combined Aging total. Upload a copy of your worksheet, the Combined Aging summary page, and Encounter List export.
 - Add a statement to the calculations worksheet that states the issue, how you tried to fix the problem and what is the future solution
- **Incomplete Encounters with charges older than 20 days:** Filter encounter list by INCOMPLETE. Export to Excel and calculate total. On your worksheet, enter this total into a consideration field for Days in AR, this should subtract this total from the Combined Aging total. Upload a copy of your worksheet, the Combined Aging summary page, and Encounter List export.
 - Add a statement to the calculations worksheet that states the issue, how you tried to fix the problem and what is the future solution
- **Incomplete Encounters older than 20 days that moved to New, late in the quarter:** Export encounter list filtered by Primary- Billed- Initial billed date within 2 weeks of end of quarter. Review encounter history to see when it changes status. Delete all other encounters from the list and only include encounters with this issue (Old DOS that was billed recently), calculate the total balance. On your worksheet, enter this total into a consideration field for Days in AR, this should subtract this total from the Combined Aging. Upload a copy of your worksheet, the Combined Aging summary page, and the edited exported Primary Aging. (Export Primary Aging, sort by oldest date of service with more current initial billed date, review encounter history to see when it moved from INCOMPLETE to NEW, total charges removed from combined aging)
 - Add a statement to the calculations worksheet that states the issue, how you tried to fix the problem and what is the future solution
- **Credentialing issues older than 20 days:** Filter encounter list by encounter class for credentialing and export to excel to calculate total. On your worksheet, enter this total into a consideration field for Days in AR, this should subtract this total from the Combined Aging total. Upload a copy of your worksheet, the Combined Aging summary page, and Encounter List export.
 - Add a statement to the calculations worksheet that states the issue, how you tried to fix the problem and what is the future solution

AVERAGE DAYS TO FILE

BENCHMARK

Less than 5 Days

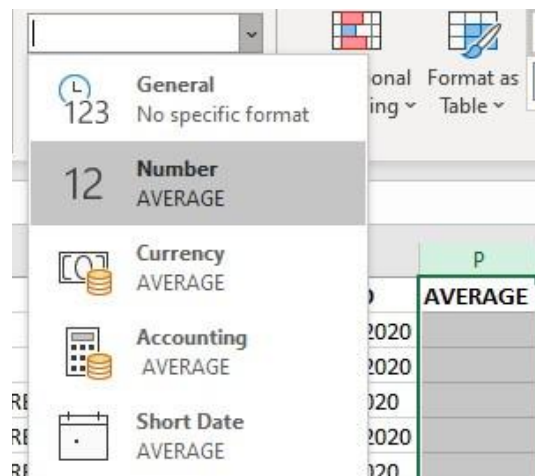
Calculation

Generate **Encounter Summary** Report by “Initial Billed Date” for the Quarter

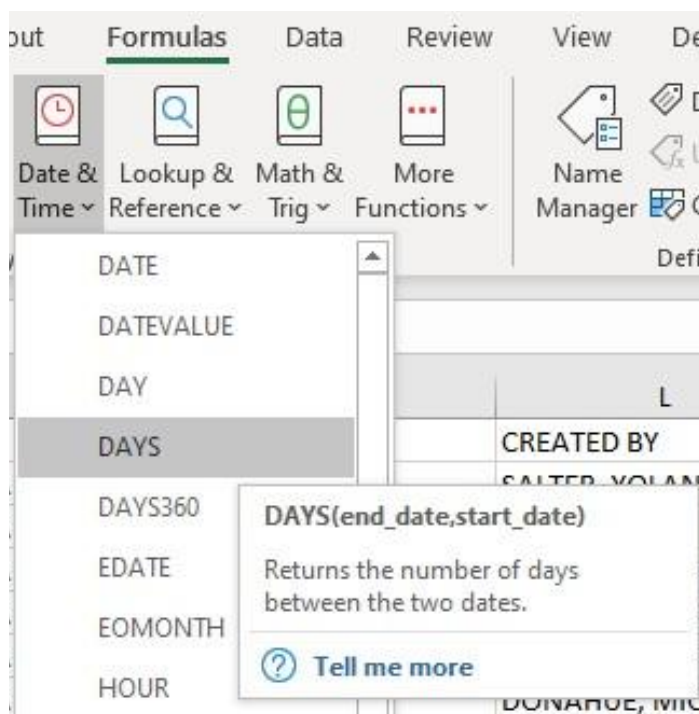
Open in Excel and add a Column to the right of the **BILLED** column by right clicking on the **LOCATION** column and clicking **INSERT**.

M	N	O	P	Q
CREATED	RELEASED	BILLED	LOCATION	
7/10/2020	7/10/2020	7/10/2020	SH	
7/10/2020	7/10/2020	7/10/2020	SH	
7/2/2020	7/2/2020	7/6/2020	SH	
7/1/2020	7/1/2020	7/17/2020	SH	
7/1/2020	7/2/2020	7/6/2020	SH	
6/3/2020	7/1/2020	7/6/2020	SH	
4/2/2020	7/8/2020	7/9/2020	SH	
4/16/2020	7/22/2020	7/23/2020	TE	
4/16/2020	7/22/2020	7/23/2020	TE	

Label the new column **AVERAGE** and format it as a **NUMBER**.



Next, click the **FORMULAS** tab, click the **DATE & TIME** drop-down, and select the **DAYS** function.



Select the **BILLED** date for the **End_date** and the **RELEASED** date for the **Start_date** and click OK. Then double-click the small square tail of the highlighted cell to instantly drag the formula all of the way to the bottom.

L	M	N	O	P	Q	R
ATED BY	CREATED	RELEASED	BILLED	AVERAGE	LOCATION	REVENUE CENTE
FER, YOLANDA	7/10/2020	7/10/2020	7/10/2020	N2)	SHC	
FER, YOLANDA	7/10/2020	7/10/2020	7/10/2020		SHC	
LOR, DR. MARGARET	7/2/2020	7/2/2020	7/6/2020		SHC	

Function Arguments

DAYS

End_date O2 = 44022

Start_date N2 = 44022

= 0

Returns the number of days between the two dates.

Start_date start_date and end_date are the two dates between which you want to know the number of days.

Formula result = 0.00

[Help on this function](#) OK Cancel

Scroll to the bottom of Column P, select the AVG function from the AutoSum drop down and hit the Enter key. This is the Average Days to Bill.

Scroll to the top of column P, highlight Cell P1, click on the DATA tab at the top, and click FILTER. Sort Smallest to Largest and remove any rows with negative numbers. Sort Largest to Smallest and remove any large outliers.

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and compute the difference between the **RELEASED DATE** and BILLED columns (BILLED - RELEASED DATE). This the number of days to file.

Average Days to File - remove the ones without released dates and negative dates, everything else stays (including 0 days)

Common Considerations

- Holding claims for Credentialing
- Remove negative numbers
- Remove encounters without a release date

Submitting Considerations

- If removing encounters:
 - On your Excel spreadsheet, highlight the encounters that need to be removed. Sort ascending if you can to include them at the top of the list. Duplicate spreadsheet to a new tab labeled "Considerations Avg Days to File." Remove the highlighted encounters from the first tab and recalculate. If you also need to run by Released Date, just add a new column on the tab for "released date calculation" and follow the instructions above.
 - Upload worksheet and Encounter Summary report Excel Spreadsheet into Box.
- ON YOUR WORKSHEET: Enter a detailed statement as to why you are removing the encounters (ex. *The following encounters were held in Q3 for credentialing, but then were billed to keep them timely.*) Also note what is being done to address this issue, why this solution hasn't worked, etc. This note is **STILL** required when recalculating by Release Date (ex. *Provider Jones submits her notes for dictation. Her notes are then entered into Azalea by her Medical Assistant, and then Provider Jones signs the chart, which can take an average of 9 days to complete. When recalculating by Release Date, the average is 3. I have emailed and discussed with Provider Jones to enter notes into the chart and sign faster, however, this provider continues to use dictation. I will continue to follow up with her.*)

How to use pivot table template:

1. Generate encounter summary
2. Paste entire sheet in the *raw data* tab, verify the columns match, remove row 2,
3. Copy the entire sheet except for row 1 and paste into the *sheet* tab in cell B2
4. Drag down the *Days to file* formula by hovering on the bottom right corner of the A2 cell and double-clicking when you see the bold black cross
5. Go to the *pivot* tab and click refresh
6. Filter the primary insurance column, deselect "blanks"
7. Filter the "Billed" column and only select the three months in the quarter

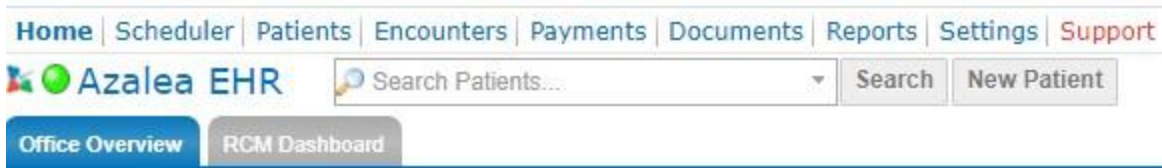
HOLD CREDITS

BENCHMARK

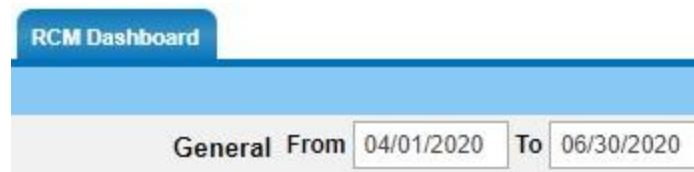
Less than 2%

Calculation

In the client's Azalea account, click **Home**, then **RCM Dashboard**



Enter the dates of the Quarter in **From** and **To**



Add up the totals in the **Enc Qty** column. Add up the totals in the **Hold Credits** column.

General	From	04/01/2020	To	06/30/2020	Select...	Export
Search...						
Extract Date ↓	Days in AR	Pmt Ratio	Pmt/Enc	Enc Qty	Hold Credits	
07/01/2020	57.54	62.16%	\$107.23	1213	2	
06/01/2020	69.17	64.89%	\$113.23	1101	0	
05/01/2020	56.09	75.72%	\$127.44	1070	0	

Divide the number of **Hold Credits** by the number of **Encounters**, then multiply by 100 to get the percentage.

NO Considerations

- **NO CONSIDERATION FOR THIS STAT**
- Set a calendar reminder for the last day of the Quarter to review all accounts.
Make sure **HOLD** status encounters are reviewed before Month's end/end of the Quarter.

EDI REJECTION RATE

BENCHMARK LESS THAN **3%**

Calculation

Login to [Gateway/TriZetto](#) and click **Run Transaction Summary**



Input **Date Range** (Quarter Beginning to End), Sort by **None**, then click **Create Report**

The screenshot shows the 'Run Transaction Summary' form. The top navigation bar includes 'Home', 'Reports', 'Manage Claims', and 'Manage Payments'. Below this, the 'Run Transaction Summary' section is visible. The form includes a 'Submission dates for the claims you're looking for:' section. The 'Select Range:' dropdown is set to '-- Choose --'. The 'From' date is 4 / 1 / 2020 and the 'To' date is 6 / 30 / 2020. The 'Sort By (Optional):' section has three dropdowns, all set to 'None'. The 'Create Report' button is highlighted in green, and the 'Clear Fields' button is in red.

Submission dates for the claims you're looking for:

Select Range: -- Choose --

From: 4 / 1 / 2020

To: 6 / 30 / 2020

Sort By (Optional):

1: None 2: None 3: None

Create Report Clear Fields

Divide **Trizetto Provider Solutions Claim Errors** by **Total Claims**.

Multiply by 100 to get Percentage:

Run Transaction Summary

View a summary of processed transactions.

[Hide Search Criteria](#)

Submission dates for the claims you're looking for:

Select Range: -- Choose --

From: 4 / 1 / 2020

To: 6 / 30 / 2020

Sort By (Optional):

1: None 2: None 3: None

[Create Report](#) [Clear Fields](#)

$72 \div 3969 = 0.0181$
 $0.0181 \times 100 = 1.81\%$

	Total Claims	Total Charges	TriZetto Provider Solutions Claim Errors
Totals:	3969	\$867837.30	72
			1.81%
Total Errors: 182 (4.59%) Total Error Charges: \$43445.63 (5.01%)			

Common Considerations

- System error that caused claims to reject
- Testing of new features (UB837)

Submitting Considerations

Login to [Gateway/TriZetto](#), mouse over **Reports** and click **Analyze Rejections**

Click on **Excel icon** to export the report to Excel

On the calculations worksheet, make sure to show the number of rejections you are removing with a detailed statement as to why you are removing the rejections, and what is being done to address this issue

Show a recalculated formula removing the rejections

BONUS STATS WORKSHEET

[Bonus Calculations Worksheet Template](#)

[Azalea RCM Bonus Calculations Worksheet Template](#)

[60 Days Before Today](#)

Worksheet Instructions:

- 1) A day or two before the end of the quarter, generate your reports. All reports will still be uploaded to the appropriate Box folder.
- 2) Save a copy of the [Bonus Calculations worksheet](#) to your Drive.
- 3) Enter the data into the worksheet and let it calculate your benchmarks for you. Any stat not passing the benchmark will highlight in red.
- 4) For an account for which you will be submitting considerations, enter your considerations directly into the worksheet.
- 5) Save an Excel version of the worksheet to Box with your corresponding reports.
- 6) Send Sarah Cherry an email just listing out which accounts will have considerations. She'll go into Box and review your worksheet's considerations and respond back to your email.

BONUS STATS EMAIL

Email the Operations Manager the accounts for which you will be requesting considerations.

ONE EMAIL: list out the accounts and what stat

All considerations are due within 3 days of the end of the quarter, but all reports must be run before the end of the quarter. For example, run reports on March 30 or 31 to use reports that must be turned in between 3/30 at the earliest and 4/3/20 before 5:00 pm at the latest.

Save all backup reports and worksheet (if considerations are needed) in Box in the following folders/format: Client > Billing Reports > Bonus Reports - "2016 Q2"

Do not send backup reports for considerations in email. All considerations require backup and numbers to prove the consideration is valid. If you cannot think of an easy way to prove your numbers, contact the Operations Manager for assistance. All backups **must** have formulas and must not be hand-calculated.

EMAIL STRUCTURE

- Do not submit **anything** in the email EXCEPT considerations.
- If you are wanting Sarah to review a stat that is not passing to show improvement, notate in the email.
- Example: Phycinity- Days in AR- not passing but showing improvement from last quarter.

We understand that you may want to explain why the stats are failing in the email, but the consideration email is not the place to list that. Create your own internal doc to notate that info because we will talk about it in the future, but it is hard for us to navigate through the emails of what is passing and what is not. If you DO want to list it, put them all in the bottom of the email under a separate section notating so that Sarah does not have to go look at them.

EMAIL EXAMPLE:

Louisville:

Primary Aging consideration
Days in AR consideration

Carroll Ave Imaging:

Avg Days to File consideration

Irwin General Surgery:

Primary Aging consideration