ReDoc® 360
Business Intelligence Suite
User Guide
CONTENTS

CHAPTER 1—REDOC 360 BUSINESS INTELLIGENCE SUITE OVERVIEW ........................................... 1
Introduction .......................................................................................................................... 1
Launching the BIS Application and Logging In ................................................................. 2

CHAPTER 2—DAILY TRACKING ......................................................................................... 3
Changing the Data Refresh Interval .................................................................................... 6

CHAPTER 3—MANAGEMENT REPORTS ........................................................................ 7
Report Criteria ..................................................................................................................... 7
Types of Reports Available ............................................................................................... 8
Setting Filtering Criteria and Running Reports ................................................................. 9
Report Descriptions ........................................................................................................... 12
Principle Reports ................................................................................................................ 12
Last Treatment .................................................................................................................... 12
Procedure Analysis .......................................................................................................... 13
Recertification .................................................................................................................... 13
Therapist’s Patient List ....................................................................................................... 14
Therapist’s Productivity ...................................................................................................... 15
Unsigned Clinical Documents ............................................................................................ 16
Visit Reconciliation (Appointments Pro Users Only) ......................................................... 16
Multiple Active Treatment Cycles .................................................................................... 17
Reprint Audit ......................................................................................................................... 17
Billing Reports .................................................................................................................... 18
Daily Record of Interventions ............................................................................................ 18
Account Number Conflict ................................................................................................. 18
Recurring Patient Billing .................................................................................................. 19
Pre-Billing ............................................................................................................................ 20
Exported Billing ................................................................................................................... 20
Outstanding Billing .............................................................................................................. 21
Gross Billing by Insurance, Patient, Disc ............................................................................. 21
Medicare Therapy Cap – Detail .......................................................................................... 22
Medicare Therapy Cap – Summary ..................................................................................... 23
PQRS Details ....................................................................................................................... 23
PQRS Summary ................................................................................................................... 23
Funct. Limitation Reporting Details ................................................................................... 24
Funct. Limitation Reporting Exception ............................................................................... 24
Billing Alert Reports ........................................................................................................... 24
Unresolved ReClaim Alert (NCCI Edits) ........................................................................... 24
Intervention Alert Details ................................................................................................. 25
Exception Reports ............................................................................................................... 25
Outcomes Reports .............................................................................................................. 25
Functional Outcomes ....................................................................................................... 25
Pain Outcomes By Patient ................................................................................................. 26
Pain Outcomes By Diagnosis ............................................................................................. 26
Missed Visit Reports .......................................................................................................... 26
Referral Reports .................................................................................................................. 27
Referral Source ................................................................................................................... 27
Physician Referral Revenue ............................................................................................... 27
Diagnosis Reports ............................................................................................................... 28
CHAPTER 1—REDOC 360 BUSINESS INTELLIGENCE SUITE OVERVIEW

INTRODUCTION

Redoc 360 Business Intelligence Suite (BIS) is designed to help Redoc customers develop strategies to achieve goals set forth by the organization and the rehab department. By using statistical data from BIS, you can increase operational efficiency through alternative practice management workflows, best practices, and processes.

BIS consists of these three tabs for viewing data:

- **Daily Tracking.** This tab pulls real time data for the current day. You can also select a different date to view data for that particular day.
- **Management Reports.** This reporting module provides a broader view of operational indicators such as productivity, referral sources, and procedure analysis. You select a date range such as one day, one week, one month, etc.
- **Monthly History.** This reporting module provides the high level view of operations with monthly data over a two year period. You are able to view the preceding the month that just ended and compare it with the same month of the preceding year.

Some of the BIS reports will be more relevant for a particular organization than others. It is important to explore all report options and use existing data to determine Key Performance Indicators (KPI [what to measure]) and establish a schedule for running reports.

All data comes directly from what therapists are documenting. It is essential that therapists document as instructed by Redoc Clinical Advisors, Redoc user guides, and tutorials. For more information, refer to Chapter 6—Using Redoc Effectively with BIS.
LAUNCHING THE BIS APPLICATION AND LOGGING IN

To launch the BIS application and log in, follow these steps:

1. Double-click the ReDoc Business Intelligence Suite icon.

The ReDoc Suite login screen displays.

Use of this computer system is limited to employees and authorized assignees of OrgUnit1. Use of this system by unauthorized personnel is a potential violation of federal law. UNAUTHORIZED USE OF THIS SYSTEM WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

2. Use the same user name and password that you use when logging into ReDoc Suite. If you are not currently set up as a ReDoc Suite user, have your system administrator add you as a user. You cannot use BIS unless you are also a ReDoc Suite user.

The main application window displays.
CHAPTER 2—DAILY TRACKING

The Daily Tracking tab provides the “ground level view” of what is happening in the clinic today. The date defaults to the current date, you can select a different date if needed. By default, data is refreshed every five minutes, but you can change it to a different refresh interval if needed. Refer to “Changing the Data Refresh Interval” on page 6. Filtering for the Daily Tracking tab is similar to that for Management Reports and the Monthly History. In addition, you can filter therapists by work status on the Daily Tracking tab.
Click a dial and the corresponding data displays on the Chart and Data tabs.

Visit Makeup displays totals for the following types of documentation created whether signed or not:

- Discharge Summaries
- Initial Evaluations
- Missed Visit Reports
- Progress/ Treatment Notes
- Re-Evaluations
Dials display the following key performance indicators based on overall daily operations:

- Units Entered. This is the total number of billable units entered on Treatment Notes for this date whether signed or not.

- Missed Visits. This is the total number of Missed Visit Reports created for this date.

  NOTE: Therapists must document Missed Visits to ensure the accuracy of this report.

- POC Needing Sigs. This is the number of outstanding Plans of Care and the dates they were sent for physician signatures. The “Date Sent to Physician” is derived from Plan of Care Tracking within ReDoc Suite. Once a Received Date is entered in Plan of Care Tracking, the patient is removed from the list.

  NOTE: Data for this dial is not based on the date selected. All outstanding Plans of Care are included regardless of the date.

- RVU. This is the total of Relative Value Units (RVU’s) for the interventions selected for this date. RVU’s are assigned within Interventions in Table Maintenance in ReDoc Suite. By default, the Relative Value in the Interventions table is “1.” If a value other than “1” is not selected, then units and RVU’s will be equal.

- Notes in Progress. This dial is functional if ReDoc Scheduler is installed. It indicates the percentage of Treatment Notes created for patients checked in on Scheduler.

- Treatment Inactivity. This shows patients who have not been treated in the last 14 days.

  NOTE: Data for this dial is not based on the date selected. All patients who do not have a Treatment Note within the last 14 days are included.
You have the option of exporting data to Excel from the Data tab of POC Needing Sigs and Treatment Inactivity. You can then manipulate data within Excel.

**CHANGING THE DATA REFRESH INTERVAL**

By default, data is refreshed every five minutes, but you can change it to a different refresh interval if needed. To change the data refresh interval, follow these steps:

1. Click the Options tab.
2. Set the data refresh interval and click Apply.
CHAPTER 3—MANAGEMENT REPORTS

The Management Reports tab provides a broader view of operational processes. With Management Reports, you can set filtering criteria and run reports to be viewed, printed, or exported. The reports mine information from ReDoc Suite which is available from the process of documentation. Utilizing this information will help managers gain insight into their department operations and establish goals or KPI targets. Reports address billing accounts to help with registration and billing reconciliation, referral information to help with marketing, patient volume, therapist productivity, and compliance. Each manager should analyze reports in the context of their unique clinic and staffing patterns to develop best practices and alternative processes to facilitate efficient and effective operations.

REPORT CRITERIA

For quick reference, Report Criteria displays on-screen for each report providing details unique to that report.

Refer to the Report Criteria on-screen for each report for details unique to that report.
TYPES OF REPORTS AVAILABLE

The reports available in all the categories are shown here.

NOTE: If you are using Appointments Pro with an interface to ReDoc Suite, you also have a Visit Reconciliation Report. RePrint Audit also displays for facilities that have ReDoc’s RePrint installed.
SETTING FILTERING CRITERIA AND RUNNING REPORTS

This section explains how to set filtering criteria and run reports. It also includes the following subtopics with additional information on these reports:

To set filtering criteria and run reports, follow these steps:

1. Click a category (blue bar on the left side of the main application window) to expand and display the reports available in that category.
2. Click the report you want to run.

The example shown is the Diagnosis Report by Facility, Discipline. The information in the report is grouped first by facility, then discipline, and then the diagnosis code details.

All reports work the same way. That is, details on the specific topic of the report are grouped first by what comes before the comma and then by what follows the comma.
3. If needed, click the down arrow beside the From or To dates to display a calendar for changing the Visit Date Range.

4. Expand the filter sections, which vary by type of report, to set filtering criteria as needed. Filter sections such as Discipline, Facility, and Therapist default to All. If you prefer a report with more specific information, uncheck All and then check one or more items in the grid.

**NOTE:** Diagnosis Reports default to Discharged in the Discharge Status filter section because Active or All would most likely produce skewed results. For example, Total Visits and Avg Visits numbers of the report generated would not be meaningful if active patients were included in the results because those treatment cycles are still in process.
5. Choose the output option:
   • Print Preview (default)
   • Save to PDF (to be printed or saved to a folder)
   • Save to Excel

6. Click Run.

The report displays.

NOTE: Diagnosis Reports default to Discharged in the Discharge Status filter section because Active or All would most likely produce skewed results. For example, Total Visits and Average Visits numbers would not be meaningful if active patients were included in the results because those treatment cycles are still in process.
REPORT DESCRIPTIONS

This section provides descriptions of the reports available.

Principle Reports

The following reports in the Principle Reports category are described in detail in this section:

- Last Treatment Report
- Procedure Analysis Report
- Recertification Report
- Therapist’s Patient List
- Therapist’s Productivity Report
- Unsigned Clinical Documents Reports
- Visit Reconciliation (Appointments Pro Users Only)
- Multiple Active Treatment Cycles
- RePrint Audit

Last Treatment

The primary purpose of the Last Treatment Report is to determine the last date a Treatment Note was created to help monitor patients who may have dropped off and need a call or Discharge Summary. The Last Treatment Report details the number of visits authorized by the insurance company per patient within a given time frame. With this report, you can determine if the patient is being seen more than the number of authorized visits, which may affect the payment for that account. Patients with an active Treatment Cycle are included in the Last Treatment Report.

### Last Treatment Report by Facility, Discipline

**Clayton Physical Therapy 21**

**Facility: Clayton Physical Therapy 21**

**Discipline: OT**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Therapist</th>
<th>Authorized Visits</th>
<th>Date of Last Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dunn, Clyde</td>
<td>Carpenter Duane</td>
<td>0</td>
<td>12/31/2010</td>
</tr>
<tr>
<td>Hanson, Jenne</td>
<td></td>
<td>0</td>
<td>12/15/2010</td>
</tr>
</tbody>
</table>

**Facility: S.Arlington Clinic 9**

**Discipline: OT**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Therapist</th>
<th>Authorized Visits</th>
<th>Date of Last Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hanson, Jenne</td>
<td>Rowe, Edwin</td>
<td>0</td>
<td>12/08/2010</td>
</tr>
<tr>
<td>Henderson, William</td>
<td>Burns, Mark</td>
<td>0</td>
<td>12/27/2010</td>
</tr>
<tr>
<td>Ross, Seth</td>
<td></td>
<td>0</td>
<td>12/14/2010</td>
</tr>
</tbody>
</table>
Procedure Analysis

The Procedure Analysis Report allows a Director/Manager to view the number of each procedure charged along with minutes by Individual Therapists and Facility Totals.

NOTE: Notes do not have to be signed to be included in the Procedure Analysis Report.

The Procedure Analysis Report lists:
- the individual CPT codes
- description of those codes
- total amount of Units billed
- total amount of time in minutes billed
- gross revenue generated for each CPT code for the specific date range chosen

Recertification

The Recertification Report allows users to identify patients with pending recertifications due in a given time frame. This report is based upon the information entered in the Certification To field in Evaluations or Re-Evaluations in ReDoc Suite. This gives treating therapists a forecast of patients who need recertification.
Patients can be filtered by active, discharged, or all.

**Recertification Alerts by Facility**

This report was filtered by Date, Active Patients
5/20/2011 - 2/2/2012

<table>
<thead>
<tr>
<th>Facility: Clinton Orthopedic 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discipline:</strong> OT</td>
</tr>
<tr>
<td><strong>Authorizing Therapist</strong></td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td>Brown, Monica</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
<tr>
<td>Garcia, Philip</td>
</tr>
</tbody>
</table>

**Therapist’s Patient List**

The Therapist’s Patient List is a list of all current active patients being treated. You can filter the list by discipline, facility, and therapist. In addition, the last treatment date is included. This allows the treating therapists to identify patients who have not been seen for therapy for an extended period of time. The therapists can use this report to contact those patients and determine if they will be completing the scheduled course of therapy or if they need to be discharged.

**Therapist Active Patient List by Facility, Therapist**

This report was filtered by

<table>
<thead>
<tr>
<th>Facility: Cleveland Health Center 12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapist:</strong> Jackson, Bryan MPT Patient</td>
</tr>
<tr>
<td><strong>Home Phone</strong></td>
</tr>
<tr>
<td><strong>Last Eval Treating Therapist</strong></td>
</tr>
<tr>
<td><strong>Last PN Treating Therapist</strong></td>
</tr>
<tr>
<td><strong>Last Treatment Date</strong></td>
</tr>
</tbody>
</table>

| Therapist: Little, Brad M.S. PT Patient |
| **Home Phone** | (388)438-1873 |
| **Last Eval Treating Therapist** | Little, Brad |
| **Last PN Treating Therapist** | Little, Brad |
| **Last Treatment Date** | 07/20/2011 |

| Therapist: Scruggs, Theodore PT Patient |
| **Home Phone** | (193)912-2941 |
| **Last Eval Treating Therapist** | Scrogg, Theodore |
| **Last PN Treating Therapist** | Jackson, Bryan |
| **Last Treatment Date** | 08/04/2011 |

| Therapist: Buchanan, Melody |
| **Home Phone** | (785)425-4959 |
| **Last Eval Treating Therapist** | Scrogg, Theodore |
| **Last PN Treating Therapist** | Taylor, Mark |
| **Last Treatment Date** | 07/15/2011 |

| Therapist: Gaines, Frances |
| **Home Phone** | (785)425-4959 |
| **Last Eval Treating Therapist** | Scrogg, Theodore |
| **Last PN Treating Therapist** | Scruggs, Theodore |
| **Last Treatment Date** | 07/10/2011 |
Therapist's Productivity

The Therapist's Productivity Report allows the Director/Manager to run a comparative analysis between therapists and facilities (if more than one outpatient location). This gives the Director/Manager the necessary information to manage staff more effectively, coach staff if negative trends are identified, and identify productivity best practices within the organization.

Units are assigned to the therapist who signed as the Treating Therapist. If a different user is selected as the Authorizing Therapist, only the Treating Therapist gets credit for the visit.

### Clinton Orthopedic 9

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Therapist</th>
<th>Evaluations</th>
<th>Visits</th>
<th>RVU</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Garcia, Philip</td>
<td>15</td>
<td>3</td>
<td>177.0</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>Disciplines Totals</td>
<td>15</td>
<td>3</td>
<td>177.0</td>
<td>3.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Therapist</th>
<th>Evaluations</th>
<th>Visits</th>
<th>RVU</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Henry, George</td>
<td>29</td>
<td>1</td>
<td>92.0</td>
<td>1.5</td>
</tr>
<tr>
<td></td>
<td>Martin, Robert</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Skinner, Shawn</td>
<td>0</td>
<td>0</td>
<td>85.0</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>Disciplines Totals</td>
<td>31</td>
<td>1</td>
<td>260.0</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>Facility Totals</td>
<td>46</td>
<td>1</td>
<td>437.0</td>
<td>2.8</td>
</tr>
</tbody>
</table>

### N. Salem Clinic 8

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Therapist</th>
<th>Evaluations</th>
<th>Visits</th>
<th>RVU</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Greene, Billy</td>
<td>16</td>
<td>2</td>
<td>66.0</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>O'Neil, Matthew</td>
<td>0</td>
<td>0</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Ward, James</td>
<td>2</td>
<td>0</td>
<td>9.0</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td>Disciplines Totals</td>
<td>18</td>
<td>2</td>
<td>167.0</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>Facility Totals</td>
<td>46</td>
<td>1</td>
<td>272.0</td>
<td>1.8</td>
</tr>
</tbody>
</table>
Unsigned Clinical Documents

The Unsigned Clinical Documents Report identifies all the reports that have not been digitally signed by therapists. It includes reports awaiting co-signatures as well. An unsigned report will negatively impact the billing of that particular report. Also, unsigned reports will not be exported, which results in an incomplete medical record.

Visit Reconciliation (Appointments Pro Users Only)

The Visit Reconciliation Report allows the Director/Manager/Front Desk to determine arrival status of a patient (arrived, cancelled, etc.) and what the status of that patient is within the ReDoc Suite (Treatment Note completed, incomplete, etc.).

The arrival status in this report is based upon the information entered into the Appointments Pro System. The ReDoc Suite status is based upon the information entered into the clinical documentation system for that particular patient.

This information allows the Director/Manager/Front desk to cross reference the two systems to make sure that:

• the patient has attended the session
• there is documentation associated with the visit

If an incomplete status for patients who have been checked in indicates possible deficiencies in billing and the medical record that need to be resolved.

NOTE: ReDoc Scheduler users will find this same report available in ReDoc Scheduler.
Multiple Active Treatment Cycles

The Multiple Active Treatment Cycles Report is helpful for some organizations that need to manually update account numbers for patients who have more than one open treatment cycle. Multiple open treatment cycles will be listed for the same discipline and across disciplines.

Reprint Audit

The Reprint Audit Log shows which documents were exported from ReDoc using the RePrint application. The documents that failed will also be listed for remediation.
Billing Reports

Daily Record of Interventions

The Daily Record of Interventions generates the same report as the Daily Record of Interventions report in ReDoc Suite. The sort order is by date opened and then the time created (in minutes). Then the sort order is by last name, first name. For BID notes, the note with data entered first is listed first.

NOTE: Notes do not have to be signed.

Account Number Conflict

The Account Number Conflict Report is for organizations that are interfaced and update account numbers regularly. When account updates fail, ReDoc adds an 1812 end date to the account in error. This report will show the patients who have the 1812 date and need to be updated manually.
Recurring Patient Billing

The Recurring Billing Report lists treatment cycles that have one note of any type associated. The sort order is by facility and then patient last name, first name, and middle initial. Recurring Patient Billing Reports include patients with Account numbers (Acct#) that were active during the specified Visit Date Range.

If interfaced, this report can be run by Discharged Status of Discharged to provide to registration staff so they can periodically discharge therapy-only patients.

If run by Active Status, this report may be helpful to provide details needed for billing forms.

NOTE: When using Discharged for Discharge Status, the date used for filtering is the date selected in "Move to Discharged List" on the Treatment Cycle tab of General Information in ReDoc Suite. The facility is the treatment facility.
Pre-Billing
The Pre-Billing Report identifies any Treatment Notes that have been created but are missing any of the four requirements for billing:

- medical record number
- account number
- signature
- unit(s)

This report also identifies a Treatment Note that has been opened and the intervention section yet to be addressed. The report shows if any charges will not go out because of any of the four requirements missing. If run near the end of day or early the next morning, this report will inform you of any Treatment Notes with charges that were not ready to export from ReDoc and the specific corrective action. If run the day after charges exported, this report is helpful to see the reasons for export failure.

Exported Billing
The Exported Billing Report reflects all charges that were exported from ReDoc Suite on a specific date or date range. If your ReDoc interface is configured to run one time per night, then running this report the following morning will show all charges that were exported the previous night. If the interface is configured to run at specified intervals throughout the day, then the Exported Billing Report will update with newly exported charges throughout the day. This report can then be used to reconcile charges exported from ReDoc and charges received by the billing system.
Outstanding Billing

The Outstanding Billing Report reflects all Treatment Notes that have been opened with at least one intervention having the minutes, units, or both fields populated. For facilities with billing configured for one time per day export, all completed Treatment Notes charges will accumulate throughout the day and will be available for review on the Outstanding Billing Report at the end of the work day. If the report displays Treatment Notes from a previous date, then at least one of the four requirements has not been met and the Pre-Billing report may be run to determine the missing criteria.

Gross Billing by Insurance, Patient, Disc

The Gross Billing by Insurance, Patient, Disc Report shows amounts billed by patient and may be helpful in estimating net billing related to the Medicare cap.
NOTE: For any reports displaying dollar amounts to be used to the fullest potential, the gross revenue amounts for each individual CPT code must be entered in Table Maintenance in ReDoc Suite under Interventions. If the gross revenue amounts are not entered in Table Maintenance, the amount shown in the Gross Revenue Column of the report will be $0. Units and minutes are converted to whole numbers. Therapists should avoid using values with decimal points since these are truncated. For example “5.5” becomes “5.”

Medicare Therapy Cap – Detail

This report displays the specific interventions that determined the ReDoc Medicare Therapy Cap Estimate billed during the calendar year plus the Non-ReDoc Medicare Therapy Cap Estimates entered in general information for Medicare patients.

<table>
<thead>
<tr>
<th>Date Range: 01/01/2013 - 12/31/2013</th>
<th>Medicare Therapy Cap – Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient:</strong> Reeder, Patricia D</td>
<td><strong>SOC Date: 01/01/2013</strong></td>
</tr>
<tr>
<td>Date</td>
<td>Act#</td>
</tr>
<tr>
<td>02/02/2013</td>
<td>APD00</td>
</tr>
<tr>
<td><strong>PT Tota:</strong></td>
<td>1</td>
</tr>
<tr>
<td><strong>Patient:</strong> Reeves, John</td>
<td><strong>SOC Date: 01/01/2013</strong></td>
</tr>
<tr>
<td>Date</td>
<td>Act#</td>
</tr>
<tr>
<td>02/02/2013</td>
<td>E0012</td>
</tr>
<tr>
<td>02/02/2013</td>
<td>E0012</td>
</tr>
<tr>
<td>02/02/2013</td>
<td>E0012</td>
</tr>
<tr>
<td><strong>PT Tota:</strong></td>
<td>6</td>
</tr>
</tbody>
</table>

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Medicare Therapy Cap – Summary

This report displays the total ReDoc and Non-ReDoc Medicare Therapy Cap Estimates of Medicare patients for the calendar year.

Medicare Therapy Cap Summary

For year: 2013

<table>
<thead>
<tr>
<th>Patient: Smith, John</th>
<th>MDM:</th>
<th>Medicare Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ReDoc Medicare Therapy Cap (YTD) Totals for PT</td>
<td>200.00</td>
<td></td>
</tr>
<tr>
<td>Non-ReDoc Medicare Therapy Cap (YTD) Totals for PT</td>
<td>75.00</td>
<td></td>
</tr>
<tr>
<td>FT Total:</td>
<td>275.00</td>
<td></td>
</tr>
<tr>
<td>Patient Total:</td>
<td>75.00</td>
<td></td>
</tr>
</tbody>
</table>

PQRS Details

This report displays the specific PQRS Measure G-Codes that are reported for Medicare patients in private practices.

Date Range: 1/1/2013 - 3/12/2013

<table>
<thead>
<tr>
<th>Facility: Clinton University S5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: Jackson, Chad</td>
</tr>
<tr>
<td>PQRS Measure</td>
</tr>
<tr>
<td>O8405: Lower extremity neurologic exam was NOT performed</td>
</tr>
<tr>
<td>O8415: Posterior evaluation was NOT performed</td>
</tr>
<tr>
<td>O8420: Calculated BMI within normal parameters and documented</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facility: Medical Clinic 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: Johnson, Brenda</td>
</tr>
<tr>
<td>PQRS Measure</td>
</tr>
<tr>
<td>110D: Patient screened for future fall risk, documentation of two or more falls in the past year or any fall with injury in the past year</td>
</tr>
<tr>
<td>O8427: List of current medications (includes prescripions, over-the-counter, herbal, vitamins and dietary nutritional supplement) documented by provider, including drug name, dosage, frequency and route</td>
</tr>
<tr>
<td>O8447: Patient encounter was documented using an EHR system that has been certified by an Authorized Testing and Certification Body (ATCB)</td>
</tr>
</tbody>
</table>

PQRS Summary

This report displays the total number of Medicare patients, patients with 3+ measures documented, and the percentage of Medicare patient appropriately documented on. Claims reporting facilities must report on 50% of their Medicare eligible patients. Registry reporting facilities must report on 80% of their Medicare eligible patients.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Total Medicare Patients</th>
<th>Patients w/3+ Measures</th>
<th>Medicare Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Clinic</td>
<td>12</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>South Clinic</td>
<td>16</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>West Clinic</td>
<td>8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>East Clinic</td>
<td>63</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Funct. Limitation Reporting Details
This report displays the functional limitation reporting category’s G-codes and the assigned severity modifier for Medicare patients.

Funct. Limitation Reporting Details
This report was filtered by Date
1/1/2013 - 3/1/2013

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Evaluation Type and Date</th>
<th>Status</th>
<th>GCode</th>
<th>Modifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denison, James PT</td>
<td>Initial Evaluation</td>
<td>Current Status</td>
<td>06981</td>
<td>CM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal Status</td>
<td>06982</td>
<td>CJ</td>
</tr>
<tr>
<td>Denison, James PT</td>
<td>Progress Report</td>
<td>Current Status</td>
<td>06981</td>
<td>CL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal Status</td>
<td>06982</td>
<td>CJ</td>
</tr>
<tr>
<td>Denison, James PT</td>
<td>Discharge</td>
<td>Current Status</td>
<td>06981</td>
<td>CL</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal Status</td>
<td>06982</td>
<td>CJ</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discharge Status</td>
<td>06983</td>
<td>CJ</td>
</tr>
</tbody>
</table>

Funct. Limitation Reporting Exception
This report displays all Medicare patients who did not have proper functional limitation reporting.

Function Limitation Reporting Exception

<table>
<thead>
<tr>
<th>Date Range: 2/19/2013 - 2/21/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility: East Clinic</td>
</tr>
<tr>
<td>Discipline: PT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>M#</th>
<th>Evaluation Date</th>
<th>Authorizing Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown, John</td>
<td>M223</td>
<td>02/19/2013</td>
<td>Reed, Ron</td>
</tr>
<tr>
<td>Smith, Jacob</td>
<td>M338757</td>
<td>02/20/2013</td>
<td>Reed, Ron</td>
</tr>
</tbody>
</table>

Billing Alert Reports

Unresolved ReClaim Alert (NCCI Edits)
This report displays all unresolved Reclaim alerts including NCCI edits upon signing a treatment note.

Unresolved ReClaim Alert
This report was filtered by Date
3/1/2013 - 3/13/2013

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Patient Name</th>
<th>Visit Date Time</th>
<th>Alert Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan, Ginger</td>
<td>Wilson, Samuel</td>
<td>3/1/2013 16:18 AM</td>
<td>Please complete time-in and time-out entries.</td>
</tr>
<tr>
<td></td>
<td>Wilson, Samuel</td>
<td>3/1/2013 16:18 AM</td>
<td>No limits have been entered for any observation.</td>
</tr>
<tr>
<td></td>
<td>Wilson, Samuel</td>
<td>3/1/2013 16:18 AM</td>
<td>Please complete time-in and time-out entries.</td>
</tr>
<tr>
<td></td>
<td>Wilson, Samuel</td>
<td>3/4/2013 3:35 PM</td>
<td>[Timed] You have entered 2 total timed units. Based on total timed minutes, you should enter 2 total timed units.</td>
</tr>
</tbody>
</table>
Intervention Alert Details

This report displays all alerts that were triggered upon signing a treatment note.

Intervention Alert Detail Report

This report was filtered by Date
2/7/2013 - 2/7/2013

Facility: East Clinic
Discipline: PT
Therapist: Reed, Ron

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Patient Name</th>
<th>Date and Time of Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/09/2013</td>
<td>Reed, Patrick D</td>
<td>8:00 AM</td>
</tr>
</tbody>
</table>

Exception Reports

The Exception Details report displays all patients with the following issues:

- The therapist failed to document PQRS measures.
- The therapist documented ICD-9 Codes in error.
- No intervention Units were documented.
- Progress Reports are overdue.

Exception Details

This report was filtered by Date
12/1/2012 - 3/14/2013

Progress Report Alert

Facility: East Clinic
Discipline: PT

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>MM</th>
<th>SOC Date</th>
<th>Treatment Date</th>
<th>Treating Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reed, Patrick D</td>
<td>PPS999</td>
<td>1/31/2013</td>
<td>3/13/2013 5:20 PM</td>
<td>Ron Reed</td>
</tr>
</tbody>
</table>

Outcomes Reports

Functional Outcomes

The Functional Outcomes Report displays the scores and the percent improvement for the 17 functional tests added in the initial eval, the last eval, and the discharge.

Functional Outcomes Report

This report was filtered by Date, Facility, Discharged Patients
1/1/2013 - 3/13/2013

Facility: East Clinic
Patient: Daniels, Ron

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Test</th>
<th>Initial Eval</th>
<th>Last Eval</th>
<th>Discharge</th>
<th>Improvement %</th>
</tr>
</thead>
<tbody>
<tr>
<td>PT - Bag Balance</td>
<td>12361</td>
<td>14.09</td>
<td>41.00</td>
<td>41.00</td>
<td>49.51</td>
</tr>
</tbody>
</table>

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Pain Outcomes By Patient

The Pain Outcomes By Patient Report displays patient average pain levels at rest and with activity based on initial and discharge levels. It also shows the percent improvement along with the total visits within the treatment cycle.

Pain Outcomes By Diagnosis

The Pain Outcomes By Diagnosis Report displays average pain levels for the diagnosis at rest and with activity based on initial and discharge levels. It also shows the percent improvement along with the total visits within the treatment cycle.

Missed Visit Reports

Missed Visit Reports provide a list of patients who have missed a visit within a given time frame, the reason for the missed visit, and the therapists scheduled to see the patient. This provides information so that the therapists, front desk staff, or manager can analyze trends by patient, therapist, and clinic.
Referral Reports

Referral Source
The Referral Source Report provides a list of the total number of patients referred per facility by physician and types of patients referred by diagnosis. Initial Evaluations within the Visit Date Range are included.

Referral Source Report by Facility
This report was filtered by Date
11/22/2010 - 12/22/2011

<table>
<thead>
<tr>
<th>Facility: Clinton Orthopedic 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring Physician: Andrews, William</td>
</tr>
<tr>
<td>600.00</td>
</tr>
<tr>
<td>Referring Physician Total: 1</td>
</tr>
<tr>
<td>Referring Physician: Barnett, Brett</td>
</tr>
<tr>
<td>LIFECOA with Right Hemiparesis</td>
</tr>
<tr>
<td>Referring Physician Total: 9</td>
</tr>
<tr>
<td>Referring Physician: Bell, Douglas</td>
</tr>
<tr>
<td>600.00</td>
</tr>
<tr>
<td>Rotator cuff repair - Right</td>
</tr>
<tr>
<td>S/P Arthroscopic Decompression shoulder</td>
</tr>
<tr>
<td>S/P Shoulder intarsoscopic capsular release</td>
</tr>
<tr>
<td>Referring Physician Total: 4</td>
</tr>
<tr>
<td>Referring Physician: Bennett, Scott</td>
</tr>
</tbody>
</table>

Physician Referral Revenue
The Physician Referral Revenue Report will allow to you determine the gross billing resulting from referrals from particular physicians over the selected time period. Note that the Discharge Status defaults to Active patients, but may be selected to show both active and discharged patients to get the full picture.

Physician Referral Revenue
This report was filtered by Date, Active Patients
11/1/2010 - 11/30/2010

Physician: Alexander, Albert
Diagnosis Code: 000.00 - DIAGNOSIS FROM INTERFACE NOT FOUND IN REDOC TABLE

<table>
<thead>
<tr>
<th>Patient</th>
<th>Facility</th>
<th>Discipline</th>
<th># Visits</th>
<th># Tcs</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garcia, Cariene</td>
<td>Clinton Orthopedic 9</td>
<td>OT</td>
<td>5</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Diagnosis Totals:</td>
<td></td>
<td></td>
<td>5</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Physician Totals:</td>
<td></td>
<td></td>
<td>5</td>
<td>1</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Physician: Bell, Randall M.D.
Diagnosis Code: S/P ASAD - Arthroscopic subacromial decompression - Right

<table>
<thead>
<tr>
<th>Patient</th>
<th>Facility</th>
<th>Discipline</th>
<th># Visits</th>
<th># Tcs</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haynes, Susan</td>
<td>W.Burlington University 7</td>
<td>PT</td>
<td>10</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Diagnosis Totals:</td>
<td></td>
<td></td>
<td>10</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Physician Totals:</td>
<td></td>
<td></td>
<td>10</td>
<td>1</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Physician: Bryant, Alexander
Diagnosis Code: 813.21 - Fracture Of Shaft Of Radius (Alone), Closed

<table>
<thead>
<tr>
<th>Patient</th>
<th>Facility</th>
<th>Discipline</th>
<th># Visits</th>
<th># Tcs</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamb, Matt</td>
<td>Clinton Orthopedic 9</td>
<td>OT</td>
<td>10</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Diagnosis Totals:</td>
<td></td>
<td></td>
<td>10</td>
<td>1</td>
<td>0.00</td>
</tr>
<tr>
<td>Physician Totals:</td>
<td></td>
<td></td>
<td>10</td>
<td>1</td>
<td>0.00</td>
</tr>
</tbody>
</table>
Diagnosis Reports

Diagnosis Reports provide information about the types of patients (by diagnosis) that have been referred to the clinic for treatment. These reports can be filtered by:

- Diagnosis
- Discipline
- Facility
- Therapists
- Referral Source

With Diagnosis Reports, you can determine referral patterns by diagnosis. If there are multiple facilities in the database, it allows a comparative analysis of the types of patients being seen at each facility.

Diagnosis Reports default to Discharged in the Discharge Status filter section because Active or All would most likely produce skewed results. For example, Total Visits and Average Visits numbers would not be meaningful if active patients were included in the results because those treatment cycles are still in process. By using the default setting, you can more accurately determine how many visits it takes on average to treat each diagnosis.

![Diagnosis Report by Referral Source, Facility, Discipline]

This report was filtered by Date, Discharged Patients
11/1/2010 - 11/30/2010

Referral Source: Andrews, William
Facility: Clinton Orthopedic 9
Discipline: OT

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Number of Treatment Cycles</th>
<th>Total Visits</th>
<th>Average Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>630.00</td>
<td>DIAGNOSTIC FROM INTERFACE NOT FOUND IN REDOC TABLE</td>
<td>1</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>Discipline Totals</td>
<td>1</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>Facility Totals</td>
<td>1</td>
<td>2</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>Referral Source Totals</td>
<td>1</td>
<td>2</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Referral Source: Bell, Douglas
Facility: Clinton Orthopedic 9
Discipline: PT

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Number of Treatment Cycles</th>
<th>Total Visits</th>
<th>Average Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>443.00</td>
<td>SI joint arthroscopy capsulotomies</td>
<td>1</td>
<td>20</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Discipline Totals</td>
<td>1</td>
<td>20</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Facility Totals</td>
<td>1</td>
<td>20</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>Referral Source Totals</td>
<td>1</td>
<td>20</td>
<td>200</td>
</tr>
</tbody>
</table>

Referral Source: Bryant, Gene
Facility: Clinton Orthopedic 9
Discipline: PT

<table>
<thead>
<tr>
<th></th>
<th>Number of Treatment Cycles</th>
<th>Total Visits</th>
<th>Average Visits</th>
</tr>
</thead>
</table>
**Insurance Reports**

Insurance Reports provide information about the types of patients being seen at the clinic by discipline, diagnosis, referring physician, and type of insurance for each patient. With these reports, you can determine the payer mix of the patients from each referring physician.

### Insurance Provider Report by Referring Physician, Facility

**This report was filtered by Date, Active Patients**

**This report was sorted by Referring Physician, Facility, Patient, Carrier**

**1/1/2010 - 4/20/2011**

**Referring Physician:**
- **Facility:** Optimal Rehab
  - Patient: Abbot, Anna
    - Discipline: PT
    - Carrier: Aetna
    - EDI Code: 126.3 ADHESIVE CAPSULITS OF SHOULDER

**Facility:** Org Unit 1
- Patient: Ingrum, Ida
  - Discipline: PT
  - Carrier: Blue Cross
  - EDI Code: 330.3 CENTRAL PAIN SYNDROME

**Total Patients:** 2

**Referring Physician:** Armstrong, Sheila

---

**FOTO**

**Open Episodes**

This report lists patients who have open episodes in FOTO that have been linked (claimed) to a ReDoc diagnostic episode. It displays the patient’s start date, last visit date, and diagnosis.

### FOTO Open Episodes

**This report was filtered by:**

**Facility:** East Clinic

<table>
<thead>
<tr>
<th>Patient</th>
<th>Start Date</th>
<th>Last Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>V45.79 - ABOVE KNEE AMPUTATION STATUS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daniels, Ron</td>
<td>3/1/2013</td>
<td>3/1/2013</td>
</tr>
<tr>
<td>121.81 - COMPLETE RUPTURE OF ROTATOR CUFF</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Survey Export Details**

This report displays FOTO survey export details. Filtering on All lists all exported FOTO documents. You can also filter for exported FOTO surveys with incorrect or missing filename data.

### FOTO Survey Export Details

**This report was filtered by Date, Exceptions**

**3/1/2013 - 3/1/2013**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Download Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson, Jack</td>
<td>3/1/2013</td>
</tr>
<tr>
<td>Daniels, Ron</td>
<td>3/1/2013</td>
</tr>
</tbody>
</table>

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PRINTING LABELS

In addition to reports, Management Reports can produce mailing labels for printing on Avery 5160 and 5161 labels. You can also export this same patient name and address information to Excel for a mail merge.

To print mailing labels or export names and addresses to Excel for a mail merge, follow these steps:

1. Click Labels.
2. Click Patient Labels.
3. Select filtering criteria.
4. Choose the type of label, or for a mail merge, choose Export to Excel.
5. Click Run.

6. If printing labels, view the Print Preview and click Print.

If exporting to Excel, the document opens on-screen. You can then save the file if desired.
CHAPTER 4—MONTHLY HISTORY

The Monthly History provides a broad view of operations. You can compare a clinic’s performance during a particular timeframe (one or more months) with performance during the same time the year before.

To use Monthly History, follow these steps:

1. Click the Monthly History tab.
2. Select a Key Indicator.
3. Select the filtering criteria. You can filter by:
   - Discipline (All, PT, OT, or Speech)
   - Facility (All or specific facilities)
   - Therapist (All or specific therapists)
   - Primary Diagnosis (All or specific diagnoses)
   If you do not specify any filtering criteria, the report includes all disciplines, facilities, therapists, and primary diagnoses.
4. Click Run.
5. From the Chart Style menu, you can choose the format for displaying the data. Additionally, you can hold down the ALT key and rotate the graph with the mouse. Click the Reset Scale/Rotation button to return to the default scale and orientation.

6. *(Optional)* If needed, click the “Save Detailed Data (Excel)” to export the data to an Excel spreadsheet.

7. *(Optional)* If needed, click the “Save Chart (pdf)” to create a PDF of the chart.

**Interpreting and Using the Data**

The graph displays data for the 24 months preceding the month that just ended. It does not include the current month.

It is important to monitor Key Indicators on a monthly basis and compare the current month with the same month of the preceding year. Use the filtering options for an in-depth comparative analysis. For example, select PT only, a specific facility, full-time PT’s, and the top ten diagnoses.

Look for trends in the data. Identify positive or negative trends and respond as needed. For example, look at Initial Evaluations since that’s where all treatment cycles begin. If evaluations are trending down, then you could run the Referral Source Report in Management Reports to determine which referral sources are trending down from month to month.
CHAPTER 5—IMPROVING PRODUCTIVITY AND REDUCING BILLING PROBLEMS

You can use BIS to analyze various aspects of the operations of your organization. Based on your findings, you can then identify opportunities to improve productivity and reduce billing problems. This chapter provides examples of Key Performance Indicators (KPI) that identify opportunities for improvement.

IMPROVING UNITS PER VISIT

This section provides an example of how to analyze the Units Per Visit KPI to develop an improvement plan. Units Per Visit is the average number of billable units or treatments charged to a patient during each visit. You can obtain this metric from the Therapist’s Productivity Report in Misc Reports of Management Reports. For our example, we are using the following:

Visit 1:
- Therapeutic Exercise = 2 Units
- Ultrasound = 1 Unit
- Electrical Stimulation = 1 Unit

Visit 2:
- Therapeutic Exercise = 3 Units

**NOTE:** Most organizations assign 15 minutes for 1 unit of service. Therefore, in this example, the patient spent 45–60 minutes at each session.

Evaluating the Results

You can evaluate the clinic’s average units per visit based on the amount of time allotted for each visit. To evaluate the results, follow these steps:

1. Determine how many minutes are scheduled for treatment visits and for initial evaluations.
   - Typically treatment visits are schedule for 30 or 45 minutes. Rehab clinics may use the same block schedule for initial evaluations that they use for treatment visits or they may block off 60 minutes for an initial evaluation. Since most of the visits are treatments, use the amount of minutes associated with treatments as the average time blocked off for a visit.

2. Determine the optimal number of units per visit based upon this number.
   - For 30 minutes, units per visit should equal 2.00 to 2.25.
   - For 45 minutes, units per visit should equal 3.00 to 3.25
   - For 60 minutes, units per visit should equal 4.00 to 4.25.
3. Using the Therapist’s Productivity Report in Management Reports, determine the average number of units per visit for the clinic in each month.

4. Compare the results obtained from the Therapist’s Productivity Report with the time blocked off for each patient visit. Use this comparison to determine if a performance improvement plan is needed to optimize the total number of units for each visit.

When units per visit are optimized, therapist productivity is maximized.

- If the unit per visit result from the report is lower than the optimal range, this may indicate that therapists are not capturing the total allowable number of units per procedure or intervention. Possible reasons include using the Group Charge code, not using the ReClaim coding alert module correctly, or not charging for productive time, etc.
- If the unit per visit result is within the range indicated, no further action may be needed. However, evaluate each situation fully.
- If the unit per visit is higher than the optimal range, therapist’s may be charging more units for the amount of time the patient spends at each visit than what is allowed in the CPT code manual. This could result in overpayments to the organization from third party payers affecting the integrity of billing practices within the organization.

Managing the Units Per Visit

Trending

It is important to monitor this Key Performance Indicator on a regular basis (monthly at a minimum). This will help identify both positive and negative trends and allow the rehab administrator to respond in a timely and appropriate manner. Other metrics that may provide insight into this KPI are the Procedure Analysis Report, Minutes Per Visit, and Visits Per Day filtered by particular therapists.

Options for Remediation

The following are possible options for remediation that may be used to optimize Units per Visit:

- Coach the staff to use the intervention alerts of the ReClaim module. This allows the therapist to enter the correct units per visit based upon the time constraint.
• Use the Monthly History and filter by therapist to determine which therapists have opportunities for improvement.

• Assess the types of treatments therapists are using the most. Incorrect use of codes may limit the therapist’s ability to charge for all procedures performed. One example might be using an untimed code such as group therapy. Therapists may be using the group code and not billing for consecutive individual treatment on the same visit. If the 59 modifier is appended and documentation is clear that the individual treatment was not concurrent with group activities, both codes can be successfully billed.

IMPROVING VISITS PER DAY

This section provides an example of how to analyze the Visits Per Day KPI to develop an improvement plan. Visits Per Day is the number of patients that are seen by all therapists per day with billable charges or procedures entered into ReDoc Suite for that visit. You can obtain this metric from the Monthly History. It is based on the total number of Treatment Notes in ReDoc Suite for the entire month divided by the average number of working days in a month (22). This metric is useful for:

• Productivity
• Capacity Management (including cancellations or no shows)
• Development of Growth Strategies

Evaluating the Results

You can evaluate Visits Per Day based on how often patients are scheduled and how many hours the therapists work per day. To evaluate this metric, follow these steps:

1. Determine how many hours each therapist is working per day.
2. Determine how often patients are scheduled.
   Since most of the visits are treatments, use the amount of minutes associated with treatments as the average time blocked off for a visit.
3. Use the following table to determine the number of potential patient visits per day (based on therapists’ working hours and how often patients are seen).

<table>
<thead>
<tr>
<th>Hours Worked/Visit Time</th>
<th>30 Minutes</th>
<th>45 Minutes</th>
<th>60 Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 hours worked</td>
<td>16 visits/day</td>
<td>10 visits</td>
<td>8 visits</td>
</tr>
<tr>
<td>10 hours worked</td>
<td>20 visits</td>
<td>13 visits</td>
<td>10 visits</td>
</tr>
</tbody>
</table>

4. Multiply the total number of potential visits by the total number of therapists.
   This gives the potential visits per day. Calculate the potential visits per day for each discipline.
This is an example of how to determine the visit potential for the entire clinic:

<table>
<thead>
<tr>
<th>Number of therapists (PT's and PTA's) working an 8 hour day</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes scheduled per visit</td>
<td>45</td>
</tr>
<tr>
<td>Potential visits per day per therapist</td>
<td>10</td>
</tr>
<tr>
<td>Total Potential visits per day</td>
<td>70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of therapists (PT's and PTA's) working a 10 hour day</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes scheduled per visit</td>
<td>45</td>
</tr>
<tr>
<td>Potential visits per day per therapist</td>
<td>13</td>
</tr>
<tr>
<td>Total Potential visits per day</td>
<td>52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of therapists (OT's and COTA's) working an 8 hour day</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes scheduled per visit</td>
<td>45</td>
</tr>
<tr>
<td>Potential visits per day per therapist</td>
<td>10</td>
</tr>
<tr>
<td>Total Potential visits per day</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of therapists (SLP's) working an 8 hour day</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes scheduled per visit</td>
<td>60</td>
</tr>
<tr>
<td>Potential visits per day per therapist</td>
<td>8</td>
</tr>
<tr>
<td>Total Potential visits per day</td>
<td>8</td>
</tr>
</tbody>
</table>

| Total potential visits per day for the entire clinic        | 150|

So for this example, the number of potential visits per day is 150.
5. Use Monthly History to compare the actual number of visits per day to the potential visits.

Managing the Visits Per Day

Trending

It is important to monitor this Key Performance Indicator on a regular basis. This will help identify both positive and negative trends and allow the rehab administrator to respond in a timely and appropriate manner.

Filter this KPI by discipline and therapist to determine the root cause of any negative trends. Other metrics that may provide insight into this KPI are Missed Visits and Visits per Therapist per Day.

Options for Remediation

Filter each metric by discipline and therapist. These metrics will help determine the root cause of any variations and inefficiencies and identify opportunities for improvement. Opportunities may include coaching clinical and clerical staff on methods for securing patient visits.

The following are possible corrective actions that may be used to optimize Visits per Day:

• Implement daily reminder calls for next day visits.
• Instruct patients on the importance of keeping appointments to maximize medical improvement.
• Develop a Cancellation/No Show policy and require patients’ signatures accepting the terms of the policy.
Evaluating the Results

In addition to Visits Per Day, also assess the Visits Per Discharge KPI.

- Consider Visits Per Therapist Per Day. This metric shows if particular therapists are consistently lower in their visits per day compared with the number of potential visits per day.
- Consider the Cancellation/No Show Rate or Visit Rate to determine if a particular therapist has an increased number of cancellations or no shows.
  
  Cancellation/No Show Rates between 10–15% are considered within normal range.
  Cancellation/No Show Rates greater than 15% are considered high.
- If the comparative analysis reveals that a particular therapist is consistently lower in Visits Per Discharge, then some patients may not be completing the entire course of prescribed treatment.
CHAPTER 6—USING REDOC EFFECTIVELY WITH BIS

This chapter covers ways to effectively use ReDoc with BIS.

RUNNING REGULARLY SCHEDULED REPORTS

Set up a schedule for running reports on a regular basis.

Daily Reports

Run these reports daily:
- Unsigned Clinical Documents (Management Reports). This shows which documents were created, but not signed. Therapists should also be checking in Therapists Signatures in ReDoc daily to identify their own outstanding documents.
- Pre-Billing Report (Redoc or Management Reports). This indicates which charges did not cross the billing interface and why. The report will look the same regardless of whether the interface has run. Unlike the Outstanding Billing Report, this report will include notes without minutes and/or units. If printed before the interface runs, problem notes may be addressed proactively.
- Exported Billing Report (Redoc or Management Reports). This is used to reconcile charges.
- Visit Reconciliation Report (Scheduler). This will track down appointments for which there is no documentation started. Another option is to click on the Notes in Progress dial (Daily Tracking).

Weekly Reports

Run these reports weekly:
- Treatment Inactivity Dial (Daily Tracking). This will show patients who have not had a visit in two weeks. Some of these patients may need a discharge summary or call back to get scheduled.
- Recertification Report (Management Reports). Run prospectively for the upcoming week to plan for re-certifications and for the previous week to determine oversights.
- POC Needing Sigs (Daily Tracking). Run this to show the age of sent Plan of Care reports and identify reports that may need to be resent.
- Recurring Patient Billing (Management Reports) by Discharge Status of Discharged. Run so that registrars can discharge those patients in their registration program.
- Diagnosis Report (Management Reports). Run this for the previous week to spot check that diagnoses are being selected.
- Medicare Therapy Cap Summary (Management Reports). Run this to look for patients approaching Cap limits. Therapists will also see alerts when documenting.

Monthly Reports

Run these reports monthly:
- Therapist’s Productivity Report (Management Reports). Run this to track Units per Visit.
- Visits per Eval (Monthly History). Run this to see how close that number is to benchmark (10).
- Cancellation/No Show Rate (Scheduler) or calculated rate. The formula for calculating the Cancellation/No show Rate is: Missed Visits / (Missed Visits + Visits)
EFFECTIVELY POPULATING REPORTS

To effectively populate reports in BIS, ensure that the following information is entered into ReDoc:

**In Patient General Information:**
- Non-ReDoc Medicare Therapy Cap Estimates
- Referring Physician
- Authorizing Therapist
- Treating Therapist
- Insurance selected on the Insurance sub-tab of the Treatment Cycle tab

**Plan of Care Tracking**

**In Interventions List in Table Maintenance:**
- RVU’s
- Amounts
- Medicare Amounts

In addition, therapists should do the following:
- Create a Missed Visit Report when a patient misses an appointment.
- Create Discharge Summaries in a timely fashion.
- Check in patients if using ReDoc Scheduler.
INDEX

A
Account Number Conflict, 18
Appointments Pro, 8, 16, 40
Authorizing Therapist, 15, 40
Avery 5160, 30
Avery 5161, 30
Avery labels, 30

B
Billing Alert Reports, 24
billing interface, 39
billing problems
reducing, 33
Billing Reports, 18

C
Cancellation/No Show policy
developing, 37
Cancellation/No Show Rate, 38–39
Capacity Management, 35
Certification To field, 13
Chart Style menu, 32
chart tab, 4
comparative analysis, 15, 28
cosignatures, 16
CPT code, 34

D
Daily Record of Interventions, 18
daily reports, 39
Daily Tracking, 1, 3
data
interpreting, 32
data refresh interval, 6
data tab, 4
default data refresh interval, 3
Diagnosis Reports, 28
dials, 5
Discharge Summaries, 40
Discharged
in the Discharge Status, 10, 28
DRI by Patient, Discipline, 18

E
Evaluations, 13
Excel, 11, 30
exporting data, 6
Exception Reports, 25
Exported Billing, 20, 39
exporting data to Excel, 6

F
filtering criteria
in Management Reports, 7
formula
for calculating the Cancellation/No show Rate, 39
FOTO, 29
Funct. Limitation Reporting Details, 24
Funct. Limitation Reporting Exception, 24
Functional Outcomes, 25

G
gross billing, 27
Gross Billing by Insurance, Patient Disc, 21
Group Charge code, 34
growth strategies
development of, 35

I
improving productivity, 33
insurance company
rank, 40
Insurance Reports, 29
insurance selected, 40
Intervention Alert Details, 25
Interventions
in Table Maintenance, 5

K
Key Indicators, 32
Key Performance Indicators, 1, 33
KPI, 1, 33–35, 38

L
labels, 30
Last Treatment, 12
logging in, 2
login screen, 2

M
mail merge, 30
mailing labels, 30
Management Reports, 1, 3, 7
reports available, 8
manually update
account numbers, 17
Medicare Therapy Cap - Detail, 22
Medicare Therapy Cap - Summary, 23
Minutes Per Visit, 34
Missed Visit Reports, 5, 26, 40
Monthly History, 1, 3, 31, 37
monthly reports, 39
Multiple Active Treatment Cycles, 17

N
Non-ReDoc Medicare therapy cap estimates, 22
Notes in Progress, 5

O
Open Episodes, 29
opportunities for improvement, 37
Outcomes Reports, 25
Outstanding Billing, 21
P
Pain Outcomes By Diagnosis, 26
Pain Outcomes By Patient, 26
password, 2
PDF, 11
Physician Referral Revenue, 27
Plan of Care Tracking dates, 40
POC (Plan of Care) Tracking, 39
POC Needing Sigs, 5
populating reports effectively, 40
PQRS Details, 23
PQRS Summary, 23
Pre-Billing, 20, 39
Primary Diagnosis, 40
Principle Reports, 12
Print Preview, 11
Procedure Analysis, 13, 34
productivity, 35
improving, 33

R
rank insurance company, 40
Recertification, 13, 39
ReClaim, 34
Recurring Patient Billing, 19
Recurring Patient Billing by Discharge Status of
Active, 39
Recurring Patient Billing by Discharge Status of
Discharged, 39
ReDoc Business Intelligence Suite icon, 2
ReDoc Scheduler, 39–40
Re-Evaluations, 13
Referral Detail, 14
Referral Reports, 27
Referral Source, 27
referrals, 27
Referring Physician, 40
Relative Value, 40
Relative Value Units, 5
remediation, 34, 37, 39
RePrint, 8
Reprint Audit, 17
Reset Scale/Rotation button, 32
results
evaluating, 38
running reports, 9
RVU, 5

S
Save Chart (pdf), 32
Save Detailed Data (Excel), 32
scale and orientation
resetting, 32
schedule for running reports, 39
setting filtering criteria, 9
Survey Export Details, 29
system administrator, 2

T
Table Maintenance
in ReDoc Suite, 5
Therapist's Patient List, 14
Therapist's Productivity, 15, 33, 39
Treating Therapist, 15, 40
Treatment Inactivity, 5, 39
trending, 34, 37
trends, 32

U
Units Entered, 5
Units Per Visit, 33
Unresolved ReClaim Alert (NCCI Edits), 24
Unsigned Clinical Documents, 16, 39
unsigned reports, 16
user name, 2

V
visit makeup, 4
Visit Rate, 38
Visit Reconciliation, 16, 39
Visits Per Day, 34–35, 38–39
Visits Per Discharge, 38–39
Visits Per Therapist Per Day, 38

W
weekly reports, 39