

The logo for the Faculty Practice Solutions Center features the text "faculty practice" in white, "solutions center" in yellow, and "powered by UHC & AAMC" in a smaller white font below. A blue arc is positioned above the text.

faculty practice
solutions center
powered by UHC & AAMC

FPSC Presentation for the APD Administrative Session

September 25, 2015

The FPSC in Brief



Participating Institutions



- Began as UHC CPT Database in 1995
- FPSC Advisory Group created in 2000
- FPSC created in 2001
- 98 participating institutions nationwide
- 80,000+ participating physicians
- 100+ unique subspecialties
- 200+ million records, 40 gigabytes of data

UHC-AAMC FPSC Participants

| Name | City | State | Name | City | State |
|---|---------------|-------|---|-------------|-------|
| University of Alabama Health Services Foundation | Birmingham | AL | Georgia Regents Medical Associates | Augusta | GA |
| University of Arkansas College of Medicine | Little Rock | AR | Morehouse Medical Associates | Atlanta | GA |
| University of Arizona University Physicians Inc. | Tucson | AZ | The Emory Clinic Inc | Atlanta | GA |
| Cedars-Sinai Medical Center | Los Angeles | CA | University of Iowa Physicians | Iowa City | IA |
| Loma Linda University Faculty Medical Group | Loma Linda | CA | Ann and Robert H. Lurie Childrens Hospital | Chicago | IL |
| Stanford University School of Medicine | Palo Alto | CA | Loyola University Physician Foundation | Maywood | IL |
| UC Davis | Sacramento | CA | Northwestern Medical Faculty Foundation | Chicago | IL |
| UC Irvine Physicians and Surgeons | Irvine | CA | Rush Medical College | Chicago | IL |
| UC San Diego Health Care | San Diego | CA | University of Chicago Practice Plan | Chicago | IL |
| UCLA Faculty Practice Group | Los Angeles | CA | University of Illinois at Chicago College of Med | Chicago | IL |
| UCSF Medical Group | San Francisco | CA | The University of Kansas Physicians | Kansas City | KS |
| USC Care Medical Group | Los Angeles | CA | Kentucky Medical Services Foundation | Lexington | KY |
| Denver Health | Denver | CO | University of Louisville Physicians | Louisville | KY |
| University of Colorado University Physicians Inc | Denver | CO | Tulane University Medical Group | New Orleans | LA |
| University of Connecticut Medical Group | Farmington | CT | Baystate Health System | Springfield | MA |
| Yale School of Medicine Yale Medical Group | New Haven | CT | Boston Medical Center | Boston | MA |
| Georgetown Physicians Group | Washington | DC | Brigham and Womens Physician Organization | Boston | MA |
| University of Florida College of Medicine Faculty | Gainesville | FL | Harvard Medical Faculty Physicians Beth Israel-De | Medford | MA |
| University of Miami Medical Group | Miami | FL | Massachusetts General Physicians Organization | Charlestown | MA |
| University of South Florida Physicians Group | Tampa | FL | Tufts MCPO | Boston | MA |

Participant List Continued

| Name | City | State | Name | City | State |
|--|---------------|-------|--|-----------------|-------|
| University of Massachusetts Medical Center | Worcester | MA | Weill Cornell Physician Organization | New York | NY |
| Johns Hopkins University School of Medicine | Baltimore | MD | The Ohio State University College of Medicine | Columbus | OH |
| LifeBridge Health -Sinai Hospital of Baltimore | Baltimore | MD | University of Cincinnati Physicians | Cincinnati | OH |
| University of Maryland Faculty Physicians, Inc. | Baltimore | MD | University of Toledo Physicians | Toledo | OH |
| Beaumont Physician Partners | Southfield | MI | OU Physicians | Oklahoma City | OK |
| Henry Ford Medical Group | Detroit | MI | Oregon Health and Science Univ. OHSU Med Grp | Portland | OR |
| University of Michigan Health System | Ann Arbor | MI | Penn State Hershey Medical Group | Hershey | PA |
| University of Minnesota Physicians | Minneapolis | MN | Temple University Physicians | Philadelphia | PA |
| Childrens Mercy Hospitals and Clinics | Kansas City | MO | Thomas Jefferson University Jefferson University | Philadelphia | PA |
| Saint Louis University - SLUCare | Saint Louis | MO | University of Pennsylvania Health System | Philadelphia | PA |
| Truman Medical Center | Kansas City | MO | Medical University of South Carolina | Charleston | SC |
| University of Missouri-Columbia University Physic | Columbia | MO | UT Medical Group Inc. | Memphis | TN |
| University of Missouri-Kansas City University Phy | Kansas City | MO | Vanderbilt Medical Group | Nashville | TN |
| University of MS Faculty Practice Plan | Jackson | MS | Baylor College of Medicine | Houston | TX |
| Duke University Medical Center Private Diagnostic | Durham | NC | MD Anderson Cancer Center | Houston | TX |
| East Carolina University Physicians | Greenville | NC | Texas Tech University Health Sciences Center | Lubbock | TX |
| University of North Carolina at Chapel Hill Physic | Chapel Hill | NC | The Univ of Texas Health Science Center at Houston | Houston | TX |
| University of Nebraska Medical Center Physicians | Omaha | NE | The University of Texas Southwestern Medical Cente | Dallas | TX |
| Robert Wood Johnson University Medical Group | Stratford | NJ | University of Texas Medical Branch at Galveston | Galveston | TX |
| UNM Medical Group | Albuquerque | NM | UT Medicine San Antonio | San Antonio | TX |
| Albany Medical Center | Albany | NY | Univ Health Care - Univ of Utah Medical Group | Salt Lake City | UT |
| Columbia Doctors | New York City | NY | Medical College of Virginia Hospitals | Richmond | VA |
| Montefiore Medical Center | Bronx | NY | University of Virginia Physicians Group | Charlottesville | VA |
| Mount Sinai Faculty Practice Associates | New York | NY | University of Vermont Fletcher Allen Healthcare | Burlington | VT |
| NSLIJ Health System | Manhasset | NY | University of Washington School of Medicine | Seattle | WA |
| NYU Langone Medical Center | NYC | NY | Medical College of Wisconsin Medical College Phys | Milwaukee | WI |
| State University of New York at Stony Brook Clini | Stony Brook | NY | University of Wisconsin Medical Foundation | Madison | WI |
| SUNY Upstate | Syracuse | NY | West Virginia University Medical Corp. UHA | Morgantown | WV |
| University of Rochester School of Medicine | Rochester | NY | | | |

What Benchmark Measures Are Available?

- Work RVUs, Total RVUs, Billed Units per Clinical FTE
- Evaluation and Management (E&M) Coding Distribution
- Scope and Mix of Services (Clinical Fingerprint)
- New Patient Visit Ratio
- Charge Lag Analysis
- Charges by CPT code
- Denial Rates, Collection Rates, and other Revenue Cycle Indicators
- Custom Peer Cohort Benchmarking

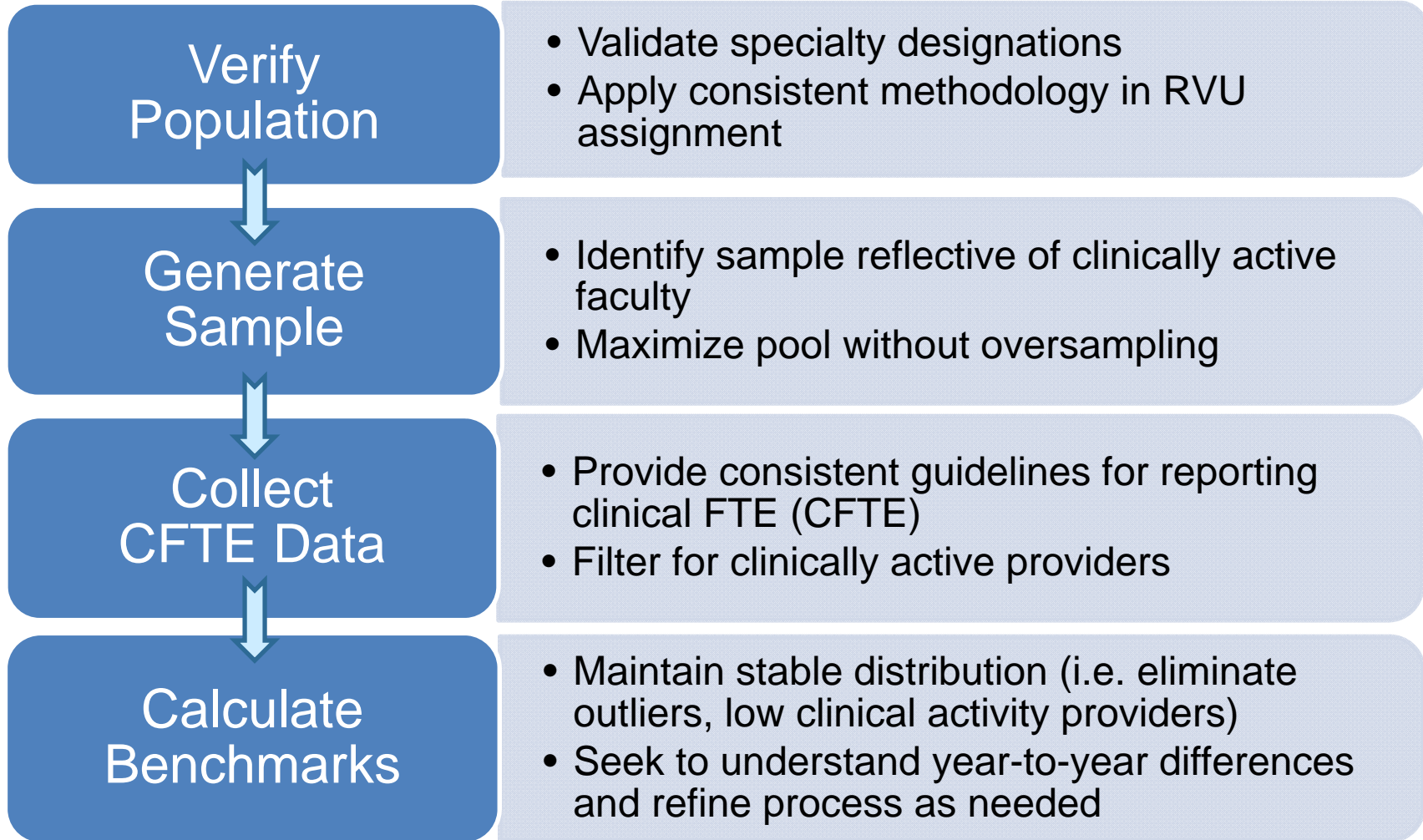
Designing Fair Measures of Work Performed

- RVU totals in the FPSC may differ from locally calculated RVU values due to processes that promote fair and consistent reporting of physicians' professional fee clinical activities:
 - Suppression of technical component line items, only professional component values for global codes
 - FPSC gap-filling methodology
 - Application of modifier adjustments
 - Application of Multiple Procedure Payment Reduction (MPPR) rules as appropriate

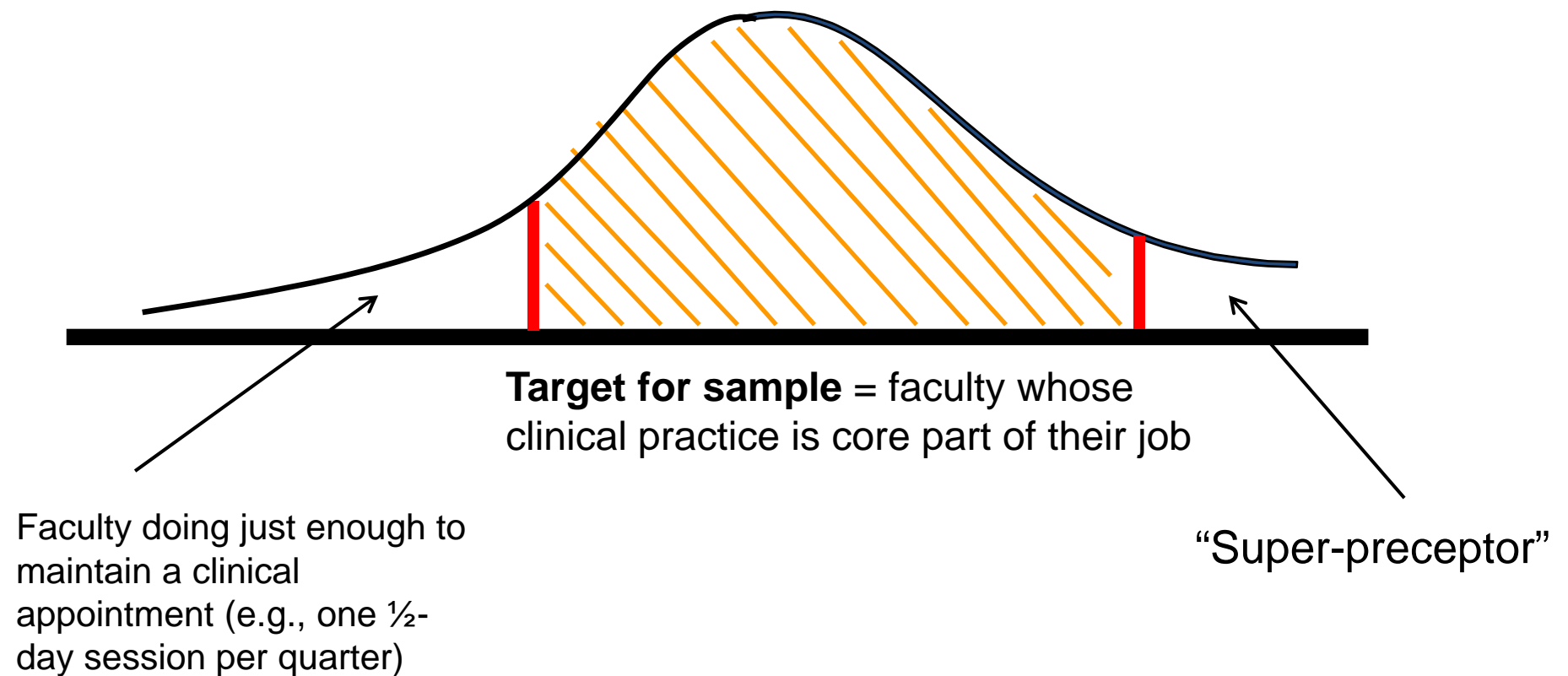
Benchmark Development

- Annual process
 - Kicks off in the fall
- Voluntary participation
- Applies to calendar year
 - Aligned to CMS' Physician Fee Schedule releases
- Data used in benchmarks calculations come from actual billed activity, only CFTE is surveyed
- Benchmark values reflect an adjustment to a 1.0 Clinical FTE

Overview and Objectives of FPSC Benchmark Development Process



Identifying the Sample of Clinically Active Faculty



Focus on Clinically Active MDs Enhances Accuracy and Fairness of Measures

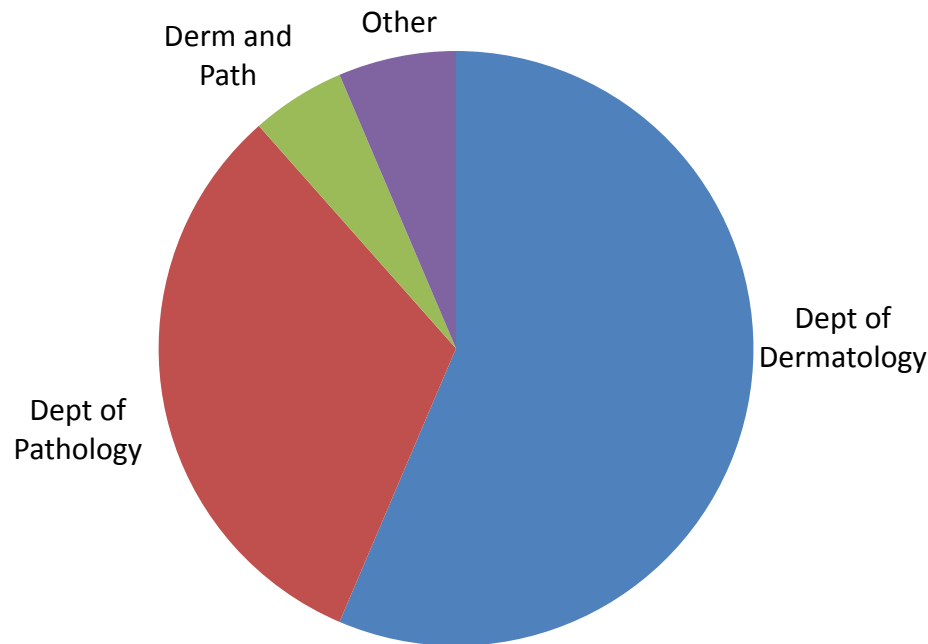
| | Clinical Effort | Actual RVUs | FTE RVUs | |
|-------------------------------|-----------------|-------------|----------|----------------|
| <i>More clinically active</i> | .8 (reported) | 5,000 | 6,250 | } -12.5% error |
| | .7 (actual) | 5,000 | 7,143 | |
| <i>Less clinically active</i> | .4 (reported) | 2,500 | 6,250 | } -25.0% error |
| | .3 (actual) | 2,500 | 8,333 | |

Implied productivity of less clinically active faculty often inflated due to under-reporting of clinical time and opportunities to produce additional clinical service (e.g. working extra clinic sessions, filling in for absent colleagues, etc.).

Current Dermatology Benchmarks

| SPECIALTY DESC | N of Orgs | N of MDs | Mean WRVU/CFTE | 50th Percentile WRVU/CFTE |
|----------------------------|------------------|-----------------|---------------------------|--------------------------------------|
| Dermatology | 39 | 135 | 7,122 | 6,784 |
| Pediatrics: Dermatology | 16 | 22 | 5,692 | 5,406 |
| Dermatopathology | 15 | 20 | 14,992 | 11,252 |
| MOHS Surgery | 26 | 40 | 16,744 | 16,645 |

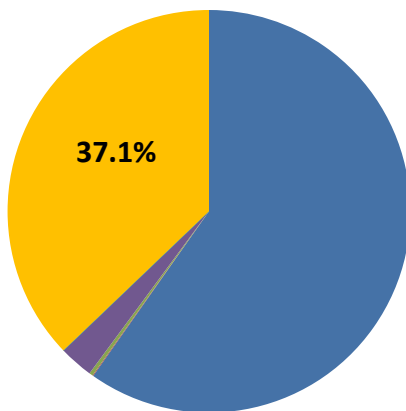
Dermatopathology



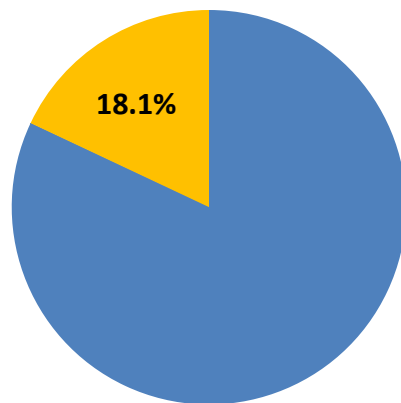
- We found just 78 Physicians mapped to the relatively new specialty of Dermatopathology
- 56% of those physicians were mapped to a Dermatology department

Specialty Comparisons

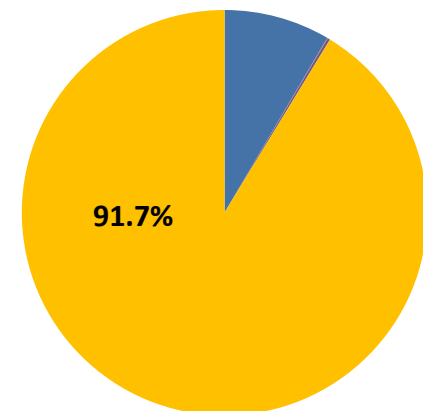
Dermatology



Pediatrics: Dermatology



MOHS Surgery



■ Evaluation & Management ■ HCPCS ■ Medicine ■ Pathology & Laboratory ■ Radiology ■ Surgery

| Dermatology | WRVU per Unit | WRVU per Pt |
|-------------|---------------|-------------|
| E&M | 1.1 | 2.1 |
| Surgery | 0.6 | 1.7 |

| Pediatrics: Dermatology | WRVU per Unit | WRVU per Pt |
|-------------------------|---------------|-------------|
| E&M | 1.2 | 2.4 |
| Surgery | 1.0 | 2.1 |

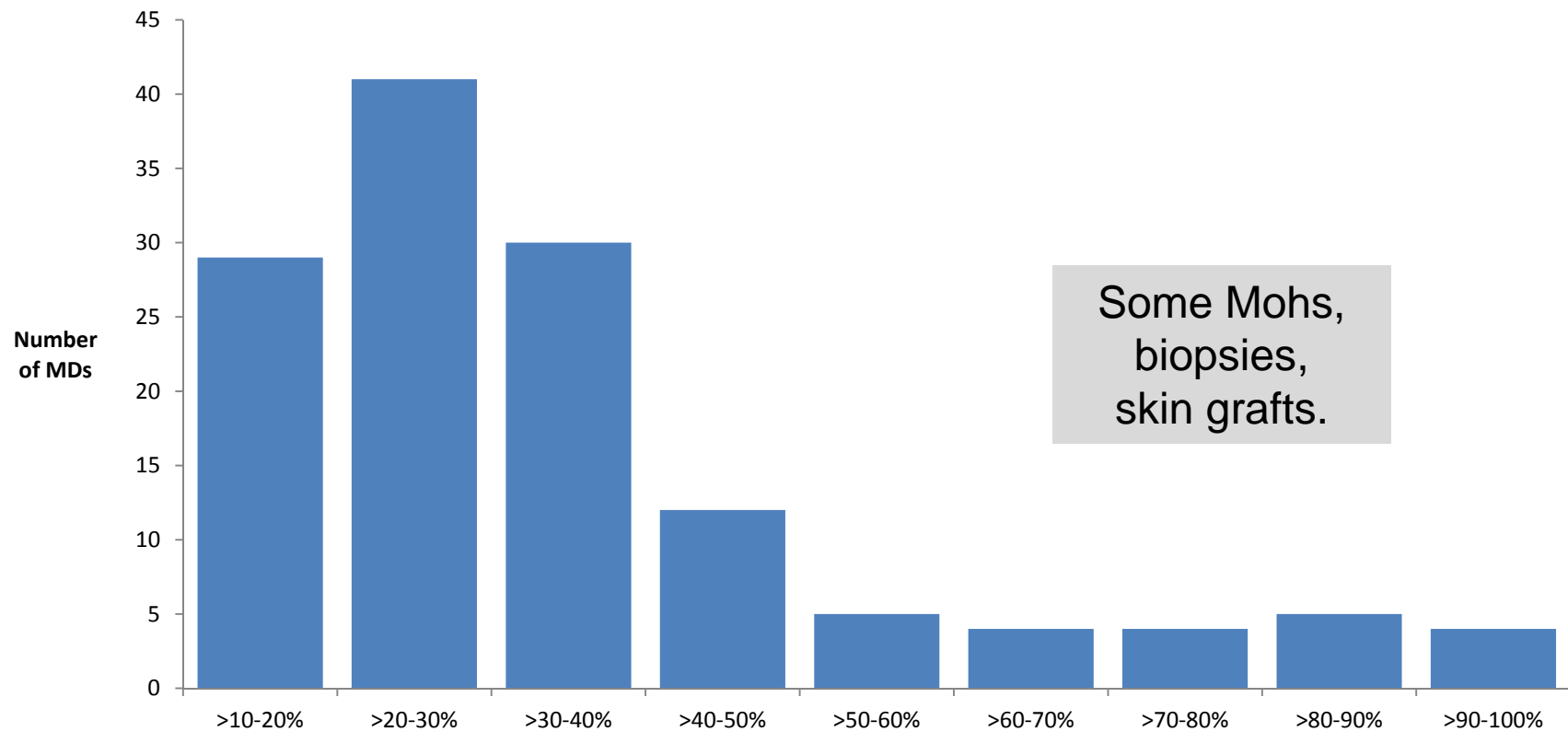
| MOHS Surgery | WRVU per Unit | WRVU per Pt |
|--------------|---------------|-------------|
| E&M | 1.0 | 1.8 |
| Surgery | 2.9 | 6.6 |

16.5 patient encounters per day

14.0 patient encounters per day

12 patient encounters per day

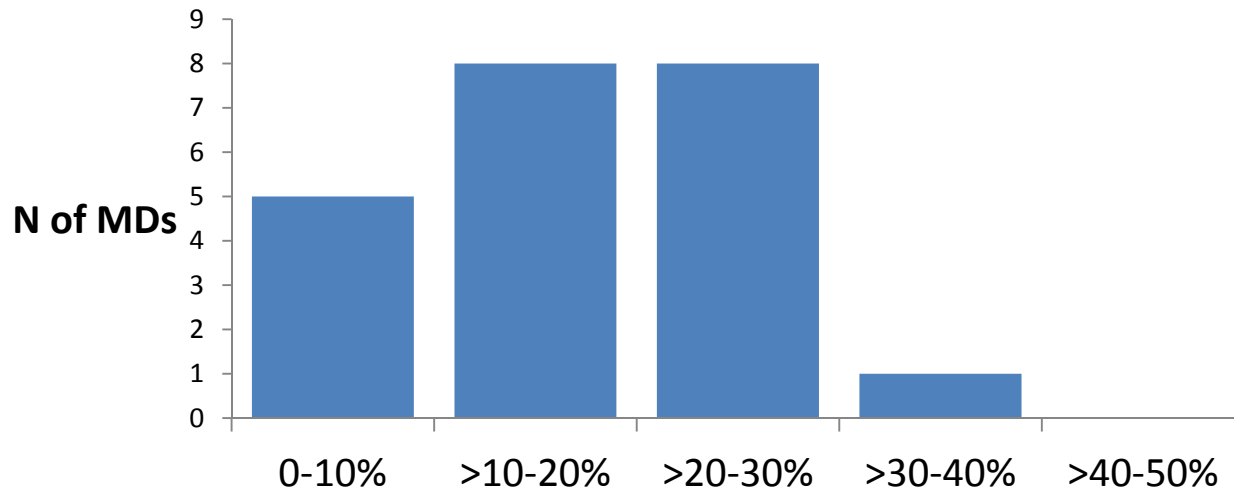
Frequency Distribution of Surgical WRVU Percentages for Dermatology



Pediatric Dermatology Lower in Procedures, More Homogenous

- 21.9% of Benchmark Work RVUs from Surgery Procedures

Surgical WRVUs Distribution of Benchmark Pool



Solutions Center



HELPING TO BUILD THE PATIENT-FOCUSED,
DATA-DRIVEN ORGANIZATION



[Clinical Activity Reports](#)

[Revenue Cycle Reports](#)

[Revenue Cycle Exception Reports](#)

[Shared Reports](#)

[TROLAND's Folders](#)

Please use Internet Explorer to access the FPSC reports. Browsers such as Chrome, Firefox or Safari are not supported.

Clinical Activity Reports

[New Patient Visit Analysis](#)

This report provides the ratio of new to established patients in your faculty practice's service mix by specialty, provider and clinic location. Benchmarks enable comparison of your practice's performance to the percentile rankings for each specialty.

[Clinical Fingerprint](#)

This report profiles the clinical practice patterns of physicians by specialty, at the CPT family/range and individual CPT code levels. The analysis presents FPSC and institution-specific average frequencies and the variance between these two measures.

[EM Analysis - GRAPH](#)

This report allows users to quickly summarize, in graphical format, the Evaluation & Management codes physicians are using in a given specialty. It allows for internal benchmarking and external benchmarking against the FPSC national specialty-specific benchmark.

[Payer Mix](#)

This report offers users the ability to identify the payer mix of their practices as well as analyze utilization across specific payers.

[Productivity Summary](#)

This report summarizes the following: billings, actual RVUs, imputed clinical FTEs, reported clinical FTEs, the ratio of Imputed to Reported clinical FTEs, and the percentile ranking within the FPSC database.

[EM Analysis - TABULAR](#)

This report allows users to quickly summarize the Evaluation & Management codes physicians are using in a given specialty. It allows for internal benchmarking and external benchmarking against the FPSC national specialty-specific benchmark.

[Procedure Summary](#)

This report details the utilization of the CPT codes within each CPT code family and can be organized by location, site of service, billing area or payer. The user can drill down to the physician level to view the frequency, total RVUs, work RVUs and total billings at the CPT code level.

[Charge Lag](#)

This report presents the user with a distribution of time (in days) it takes for charges to be posted to the billing system from the date of service. It allows for internal and external benchmarking against the FPSC national specialty-specific benchmark.

Issue: 5 Weeks Until Next Available

- Check new patient visit ratio

Faculty Practice Solutions Center New Patient Visit

Thursday, September 17, 2015 2:05:50 PM

[Jul 2014 to Jun 2015][Dermatology][All Payers][All Locations]MEASURES

| MEASURES as values | Total New Patient Visits | Total Visits | Percent New Patient Visits | FPSC Mean | FPSC 25th Percentile | FPSC 50th Percentile | FPSC 75th Percentile | FPSC 90th Percentile |
|--------------------|--------------------------|---------------|----------------------------|--------------|----------------------|----------------------|----------------------|----------------------|
| MD 1 | 395 | 2,043 | 19.3% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 2 | 503 | 1,318 | 38.2% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 3 | 296 | 1,109 | 26.7% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 4 | 229 | 869 | 26.4% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 5 | 636 | 912 | 69.7% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 6 | 300 | 858 | 35.0% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 7 | 377 | 2,386 | 15.8% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 8 | 33 | 76 | 43.4% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 9 | 1,078 | 2,518 | 42.8% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| MD 10 | 347 | 3,890 | 8.9% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |
| Dermatology | 4,194 | 15,979 | 26.2% | 31.5% | 26.6% | 32.0% | 35.1% | 37.5% |

Too much specialization? Not releasing patients to PCP?

Issue: Working Hard, Lagging WRVUs

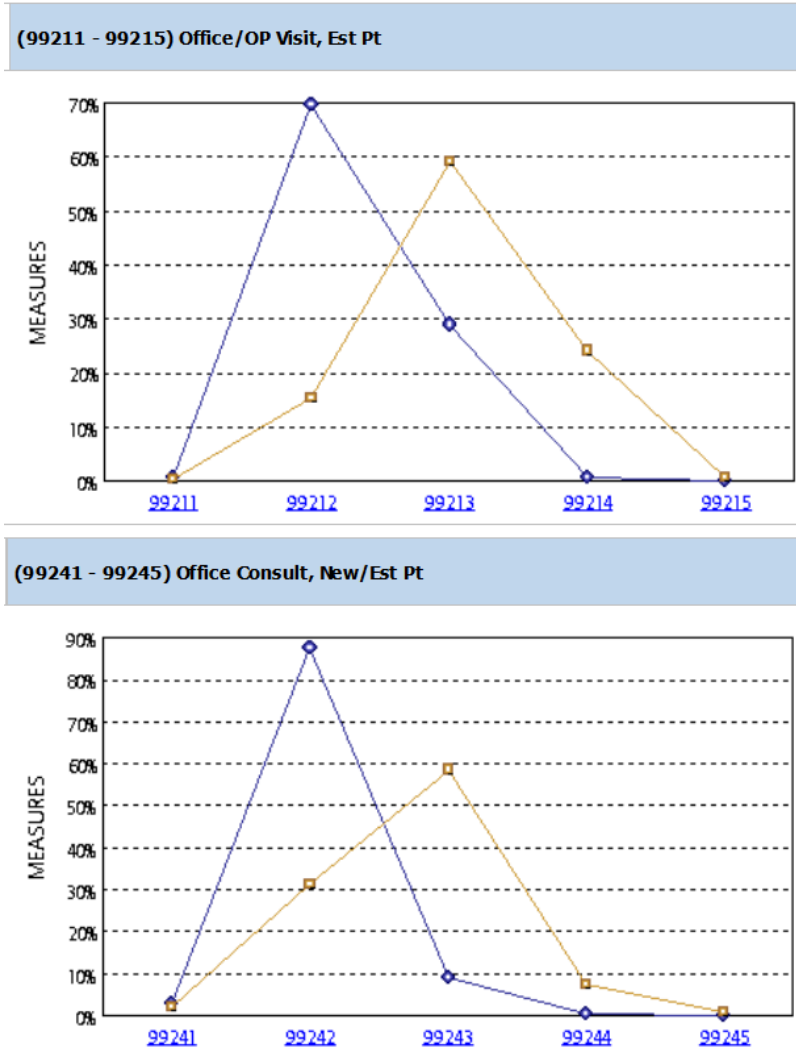
- Charge capture? Use the Clinical Fingerprint

| CPT Code | Member WRVU | FPSC Benchmark WRVU | Member Frequency | FPSC Frequency Mean | WRVU/ Unit |
|--------------------------------------|-------------|---------------------|------------------|---------------------|------------|
| 11100 - Biopsy skin lesion | 528.1 | 453.7 | 656.0 | 561.1 | 0.81 |
| 17000 - Destruct premalg lesion | 181.8 | 328.9 | 300.0 | 543.3 | 0.61 |
| 17110 - Destruct b9 lesion 1-14 | 16.8 | 211.9 | 24.0 | 304.4 | 0.70 |
| 12032 - Intmd rpr s/a/t/ext 2.6-7.5 | 10.1 | 87.0 | 4.0 | 36.8 | 2.36 |
| 17999 - Skin tissue procedure | 0.0 | 71.9 | 0.0 | 188.2 | 0.38 |
| 17004 - Destroy premal lesions 15/> | 11.0 | 62.7 | 8.0 | 45.6 | 1.38 |
| 17003 - Destruct premalg les 2-14 | 33.8 | 62.6 | 844.0 | 1545.7 | 0.04 |
| 11900 - Inject skin lesions </w 7 | 6.2 | 57.1 | 12.0 | 111.8 | 0.51 |
| 17108 - Destruction of skin lesions | 0.0 | 45.8 | 0.0 | 6.2 | 7.39 |
| 13132 - Cmplx rpr f/c/c/m/n/ax/g/h/f | 0.0 | 40.3 | 0.0 | 13.7 | 2.94 |
| 17262 - Destruction of skin lesions | 39.1 | 31.4 | 24.0 | 20.6 | 1.52 |
| 12031 - Intmd rpr s/a/t/ext 2.5 cm/< | 0.0 | 30.3 | 0.0 | 15.9 | 1.90 |
| 14060 - Tis trnfr e/n/e/l 10 sq cm/< | 0.0 | 29.8 | 0.0 | 3.3 | 9.07 |
| 11602 - Exc tr-ext mal+marg 1.1-2 cm | 0.0 | 29.1 | 0.0 | 19.1 | 1.53 |
| 13121 - Cmplx rpr s/a/l 2.6-7.5 cm | 0.0 | 26.8 | 0.0 | 8.2 | 3.28 |
| 13101 - Cmplx rpr trunk 2.6-7.5 cm | 0.0 | 26.7 | 0.0 | 8.3 | 3.20 |
| 17107 - Destruction of skin lesions | 0.0 | 25.6 | 0.0 | 5.4 | 4.73 |
| 17106 - Destruction of skin lesions | 0.0 | 24.3 | 0.0 | 7.1 | 3.41 |

Issue: Schedule Full, WRVUs Lagging

E&M Distributions

- 70% of physician's established patient visits at level 2, benchmark is 15% →
- 90% of consults at level 2, benchmark is 30% →
- Work with group to align coding



Are Some Physicians Disadvantaged Because of the Types of Procedures They Perform?

Faculty Practice Solutions Center Procedure Summary

Jul 2014 to Jun 2015 Custom Subset 1 10030 - 19499 Integumentary System All Payers All Sites of Service All Locations

| MEASURES as values | <i>WRVU per Unit of Service</i> | <i>Frequency / Units</i> | <i>Work RVUs</i> |
|-----------------------|---------------------------------|--------------------------|------------------|
| Physician A | 0.6 | 2,288 | 1,352.5 |
| Physician B | 0.6 | 3,448 | 2,030.3 |
| Physician C | 0.5 | 1,963 | 1,056.2 |
| Physician D | 0.4 | 4,218 | 1,540.8 |
| Physician E | 0.6 | 2,622 | 1,574.9 |
| Physician F | 0.6 | 2,838 | 1,805.0 |
| Physician G | 0.4 | 2,453 | 1,033.6 |
| Physician H | 0.7 | 1,453 | 946.3 |

We can quantify the relative complexity of work that might differentiate doctors within a practice by inserting a calculated field to reflect WRVU per unit of service.

On the Horizon

1. Access Initiative

| Domain | Metric / Source |
|---|---|
| Access to Care | New patient visit schedule lag |
| | New: Provider-initiated bump rate |
| Equity | New patient visit schedule lag by payer class |
| Capacity Management & Throughput | Encounters per physician per session |
| | Maximum clinic capacity utilization |

2. Alignment with the Center for Advanced Analytics resources will enhance processes.

What is the FPSC Revenue Cycle Suite?

- The Revenue Cycle Suite includes 3 modules, each with a set of reports and comparative data to help members optimize different aspects of revenue cycle performance.
 - **Collections Module** supports management of collection efficiency and timeliness
 - **Denials Module** supports targeted denial management and prevention
 - **Contract Rates Module** supports evaluation and management of contracts with third-party payers

Key Benefits of FPSC Revenue Cycle Suite

- **Improve Collections Efficiency**
 - Understand net collection rate performance by department and payer
 - Improve patient collections
- **Prevent and Reduce Denials**
 - Identify denial and denial resolution rates by department, payer and CPT code
 - Recognize most common denial types and reasons
- **Evaluate and Monitor Contracts**
 - Increase leverage in negotiations with payers
 - Optimize contract performance

Improving Collection Efficiency

- The **Collections Module** enables detailed benchmarking to improve net collection rate (NCR)
 - 1 percent increase in NCR can drive significant (multi 6-figure to 7-figure plus) increase in revenue
 - FPSC specialty- and payer-specific NCR benchmarks and report templates key to identifying largest opportunities
 - ✓ by department
 - ✓ by payer
- Comparative data to inform detailed understanding of
 - Timeliness of third-party payer payments
 - Patient collections
 - Charity care and discounts
 - Other write-offs

Preventing and Reducing Denials

- The **Denials Module** provides payer- and specialty-specific benchmarks to support “targeted” denials prevention and management
 - Where to focus efforts (which departments and/or payers)
 - What the key issues are
- Benchmarks reported on multiple dimensions, including
 - Denial rates
 - Denial types
 - participant data mapped to FPSC types (7) and reasons (32) to ensure apples-to-apples comparability across organizations
 - Denied claims subsequently paid

Exceptions Reports Allow for Invoice Level Views

- A/R Aging identifies invoices open for more than 12 months
- Denials Action Report can shine a light on denial issues on high-charge claims
- Rates Analysis Undercharge Report Helps Identify Gaps in Your Fee Schedule
- Rates Under/Over Payment Report Aids in Identifying Claims Adjudicated at Unexpected Values

Summary

- We are committed to the role of being an objective and impartial partner in measuring and benchmarking physician productivity
 - Opportunities such as this allow us to provide context that the online reports lack
- The FPSC should be used to both make the comparison to benchmarks and to discover the specific performance gaps
- The Clinical Activity reports in the FPSC can explore many operational aspects related to efficiency with patient access and throughput on the horizon

