

MEASUREMENT	WHAT IT IS	WHY WE CARE	WHAT IT'S WORTH
<b>DAYS IN ACCOUNTS RECEIVABLE</b>	The number of days from when a claim is entered into the athenahealth system to when it's paid.	Prompt pay is better pay. Why should you borrow money to meet payroll while insurers sit on your claims?	25 percent
<b>FIRST PASS RESOLVE RATE</b>	The percentage of claims resolved upon first submission — either the insurer cuts you a check, or tells you to collect from the patient.	Indicates the ease or difficulty of getting paid.	25 percent
<b>DENIAL RATE</b>	The percentage of claims denied outright or pended, and therefore in need of back-end work.	Denials boost your A/R, and working denied or pended claims costs you in staff time.	20 percent
<b>PERCENTAGE OF PATIENT LIABILITY</b>	The percentage of the bill paid by the patient in the form of copays, coinsurance, deductibles, and other out-of-pocket expenses.	It's generally harder to collect from patients than payers.	7.5 percent
<b>CLAIMS DENIAL TRANSPARENCY</b>	What percentage of claims were paid after just one resubmission?	Indicates how clearly the payer explains its reasons for the denial.	7.5 percent
<b>PERCENTAGE OF CLAIMS REQUIRING MEDICAL DOCUMENTATION</b>	The rate at which claims are kicked back with a request for portions of the chart.	It takes time and money to submit the documentation.	7.5 percent
<b>RATE OF NONCOMPLIANCE WITH THE CORRECT CODING INITIATIVE (CCI)</b>	Is the payer following well-established rules formulated by Medicare, or making up its own payment rules?	Overhead would shrink if doctors had to master only one set of coding rules.	7.5 percent