New ways to see and touch all your healthcare data...
all your key metrics, all in one place
Core eSENSE Solution Requirements

- Core business requirements defined by Providers & Practice Managers
- Designed for ACOs, Physician Groups, Specialty Practices, IPAs, Hospitals & Health Systems
- Timely data updates blending historical & current data from multiple systems/sources
- Instant insight to financial & clinical KPIs with drill-to-detail analysis and reporting
- Threshold-based KPI alerts & trend analysis by timeframe, location, specialty, provider, payer, financial class, procedure, department, patient & encounters
- Secure, role-based access – execs, operations, practice managers & doctors
- Powerful ad-hoc and interactive self service reporting capabilities for fast queries and advanced, multi-dimensional visualization of healthcare data
- Contextual single sign-on to multiple systems from within the dashboard
- Zero technology footprint – low-cost cloud solution accessible from any device
- No technical training requirements – intuitive UI/Navigation
eSENSE BI allows healthcare organizations to harness data from their existing systems for instant insight into clinical and financial metrics enabling powerful analysis, streamlined reporting and informed decision-making.

- Merge Data From Multiple Systems
- Rich Data Visualization & Analysis
- Track Your Key Healthcare Metrics
- Powerful Standard & Ad-hoc Reports
- Fast Setup With Cloud Services
Challenges Facing Clinical Practices

- New and changing government regulations, compliance and quality criteria
- Fragmented data sources, inflexible legacy systems and disjointed processes
- Incomplete, inconsistent and/or inaccurate financial and clinical data
- Weak practice communication and information sharing
- Costly, time-consuming reporting mechanisms
- Fragmented document and records management
- Timely access to relevant, meaningful data and key metrics
eSENSE BI – all your key metrics, all in one place
eSENSE BI – all your key metrics, all in one place

Sample KPI List

Site Branding

Report Examples

Location Type

Year

Refresh Date

37% 100%

83% 100%

11 25

39 70

181 700

AR Trend ($)

Location & Time Slicers

Contextual KPI Map View

Contextual Mouse Hover

Sample KPI List

Sample KPI List

Drill-to-Detail Dimensions

Location & Time

Slicers

Last Data
Refresh Date

Midtown Medical

GCR

NCR

Charge Lag

Pay Lag

Days AR

Location & Time Slicers

Contextual KPI Map View

Contextual Mouse Hover

Sample KPI List

GCR

NCR

Charge Lag

Pay Lag

Days AR

AR Trend ($)

Location & Time Slicers

Contextual KPI Map View

Contextual Mouse Hover

Sample KPI List

GCR

NCR

Charge Lag

Pay Lag

Days AR

AR Trend ($)

Location & Time Slicers

Contextual KPI Map View

Contextual Mouse Hover

Sample KPI List

GCR

NCR

Charge Lag

Pay Lag

Days AR

AR Trend ($)

Location & Time Slicers

Contextual KPI Map View

Contextual Mouse Hover

Sample KPI List

GCR

NCR

Charge Lag

Pay Lag

Days AR

AR Trend ($)

Location & Time Slicers

Contextual KPI Map View

Contextual Mouse Hover

Sample KPI List
Example KPI Panel

- “At a glance” clinical and financial metrics (KPIs)
- Status alerts based on user-defined and industry thresholds
- Trend signals – contextual KPI trend analyses and reports
- Time-phased comparisons and variances to prior periods
- “Drill-to-detail” analysis, contextual views and ad-hoc/custom reporting
- Multi-dimensional filtering of metrics and reports
KPI Scorecard & Trend Analysis

- **GCR (Rolling 12 Mo)**
  - Mar 2018: 14%
  - May 2018: 39%
  - Jul 2018: 31%
  - Sep 2018: 30%
  - Nov 2018: 26%
  - Jan 2019: 13%

- **NCR (Rolling 12 Mo)**
  - Mar 2018: -70%
  - May 2018: -66%
  - Jul 2018: -67%
  - Sep 2018: -69%
  - Nov 2018: -77%
  - Jan 2019: -55%

- **Charge Lag (Rolling 12 Mo)**
  - Mar 2018: -19%
  - May 2018: -26%
  - Jul 2018: -28%
  - Sep 2018: -30%
  - Nov 2018: -32%
  - Jan 2019: -34%

- **Pay Lag (Rolling 12 Mo)**
  - Mar 2018: 68
  - May 2018: 38
  - Jul 2018: 17
  - Sep 2018: 7
  - Nov 2018: 3
  - Jan 2019: -1

- **Days AR (Rolling 12 Mo)**
  - Mar 2018: 100
  - May 2018: 80
  - Jul 2018: 60
  - Sep 2018: 40
  - Nov 2018: 20
  - Jan 2019: 10

- **Denial Rate (Rolling 12 Mo)**
  - Mar 2018: 5%
  - May 2018: 7%
  - Jul 2018: 9%
  - Sep 2018: 11%
  - Nov 2018: 13%
  - Jan 2019: 15%

- **Co-Pays (Rolling 12 Mo)**
  - Mar 2018: 92%
  - May 2018: 91%
  - Jul 2018: 90%
  - Sep 2018: 89%
  - Nov 2018: 88%
  - Jan 2019: 87%

- **Time-to-Appointment (Rolling 12 Mo)**
  - Mar 2018: 32
  - May 2018: 18
  - Jul 2018: 12
  - Sep 2018: 8
  - Nov 2018: 4
  - Jan 2019: 2

- **Readmission Rate (Rolling 12 Mo)**
  - Mar 2018: 0%
  - May 2018: 0%
  - Jul 2018: 0%
  - Sep 2018: 0%
  - Nov 2018: 0%
  - Jan 2019: 0%
Drill to Detail Example: NCR
Drill to Detail Example: GCR Single Location
Drill to Detail Example: Denial Rate

Denial Rate

Denial Rate (Rolling 12 Mo)

Denial Code Count by Denial Code

Denial Code Count by Month and Denial Code

Denial Code Count by COB1 Financial Class

Denial Code Count by Procedure

Denial Code Count by Diagnosis Code

Denial Code Count by Location

Denial Code Count by Department

Diagnosis Code: 414.10 - Atrial Septal Aneurysm

Denial Charges: 11118 (17.06%)
Drill to Detail Example: Denial Rate
Drill to Detail Example: Time-To-Appointment

Average Time-To-Apt & RVUs by Location
- San Francisco
- Miami
- Lansing
- Newark
- Jersey City
- Naples
- Detroit

Average Time-To-Apt & RVUs by Provider
- Mack MD, Eve...
- Patterson MD, ...
- Hardin MD, Ja...
- Hester MD, He...
- Mercado MD, ...
- Allen MD, Shaun
- Rodgers MD, B...

Average Time-To-Apt & RVUs by Procedure
- 82465 - Chol Serum Tot
- 93279 - PM Programming - Single
- 93281 - PM Programming - Multiple
- 85610QW - Prothrombin Time
- 93290 - ICM Interrogation - In Person
- 93005 - Ecg-routine 12 Lead, Tracing O
- 93284 - ICD Programming - Multiple

Average Time-To-Apt & RVUs by Diagnosis Code
- V58.49 - Post-op Afterca...
- 276.52 - Hypovolemia
- 427.0 - PSVT
- 429.4 - Hrt Dis Postcardi...
- 729.9 - Soft Tissue Dis N...
- 429.71 - Cardiac Septal ...
- 429.0 - Myocarditis Nos
Drill to Detail Example – Time-To Appointment
Drill to Detail Example – Select Your Dimensions

<table>
<thead>
<tr>
<th>GCR</th>
<th>NCR</th>
<th>Charge Lag</th>
<th>Pay Lag</th>
<th>Days AR</th>
<th>Denial Rate</th>
<th>Copay Rate</th>
<th>Time-To-Appt</th>
<th>Length of Stay</th>
<th>Readmissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>39%</td>
<td>88%</td>
<td>15</td>
<td>41</td>
<td>220</td>
<td>4%</td>
<td>71%</td>
<td>32</td>
<td>2</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Provider**
- Zamora MD, Joan: Post Date, Diagnostic-Other, 1,745 Encounters, 1,780 Charges, $91,310 Charges ($), $31,578 Payments, $41,965 Adjustments, OpenAR, GCR 39%, Charge Lag 93, Days AR 149, NCR 171,859, Pay Lag 10, DaysAR 131, Copays Collected 1,149
- Yoder MD, Ashley: Post Date, Catheterization, 11,645, 11,658, $1,509,373, $593,229, $689,950, $171,859, 10, 121
- Yang MD, Russell: Post Date, Catheterization, 2,882, 2,943, $214,175, $84,350, $98,520, $266,784, 10, 121
- Yang MD, Candy: Post Date, Catheterization, 62, 62, $21,330, $6,952, $8,373, $5,275, 24, 121
- Williams MD, Sergio: Post Date, Diagnostic-Other, 484, 484, $42,385, $15,987, $16,678, $6,880, 24, 121
- Weeks MD, Kerrie: Post Date, <Unspecified>, 164, 164, $40,128, $4,896, $34,604, $2,021, 24, 121
- Webster MD, Preston: Post Date, Catheterization, 357, 357, $38,095, $14,308, $17,745, $4,603, 24, 121
- Webb MD, Levi: Post Date, <Unspecified>, 28,084, 28,153, $536,117, $2,680,315, $2,661,128, $5,435,229, 24, 121
- Walton MD, Latanya: Post Date, Catheterization, 41, 41, $24,610, $6,745, $11,342, $6,401, 24, 121
- Valentine MD, Cesar: Post Date, Diagnostic-Other, 6,877, 6,893, $459,860, $182,790, $237,502, $40,638, 24, 121
- Townsend MD, Tanya: Post Date, <Unspecified>, 84, 84, $7,300, $3,595, $3,517, $207, 24, 121

**Total**
- Post Date, <Unspecified>

**Charges by Specialty**
- Nurse Practitioner
- Intervventional
- Noninvasive
- Electoro...
- Invasive

**Denial Charges by Date and COB1 Financial Class**

**COB1 Financial Class**
- <UNSPCFD>
- COM MCR
- HMO NPP
- MCH
- MCH NPP
- MCS
- POS UHCA GRP
- PPO ACCO GRP
- PPO BEEC GRP
- WCK

**Date**
- 12/1/2018 12:00:00 AM

**MCS**
- 13261
## Drill-through to Encounter Details

### Encounters

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Earliest ServiceDate</th>
<th>Earliest PostDate</th>
<th>Patient ID</th>
<th>Location</th>
<th>Diagnosis Code</th>
<th>Department</th>
<th>Provider</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>15321548</td>
<td>February 5, 2018</td>
<td>February 16, 2018</td>
<td>FFFFFAAC-3CB3-41A0-A151-0F9AD3624012</td>
<td>Dallas</td>
<td>426.0 - Atriocent Block Complete</td>
<td>Diagnostic-Other</td>
<td>Webb MD, Levi</td>
<td>Ir</td>
</tr>
<tr>
<td>15321548</td>
<td>February 5, 2018</td>
<td>February 16, 2018</td>
<td>FFFFFAAC-3CB3-41A0-A151-0F9AD3624012</td>
<td>Dallas</td>
<td>426.0 - Atriocent Block Complete</td>
<td>Eval And Management</td>
<td>Webb MD, Levi</td>
<td>Ir</td>
</tr>
<tr>
<td>7293814</td>
<td>February 5, 2018</td>
<td>February 6, 2018</td>
<td>FFFFFAAC-3CB3-41A0-A151-0F9AD3624012</td>
<td>Dallas</td>
<td>787.29 - Dysphagia, Other</td>
<td>Echo</td>
<td>Webb MD, Levi</td>
<td>Ir</td>
</tr>
<tr>
<td>7824146</td>
<td>June 16, 2018</td>
<td>June 28, 2018</td>
<td>FFFFFEE73-9A17-4EE5-94A4-93A7091F7027</td>
<td>Dallas</td>
<td>799.9 - Unk Cause Morb/mort Nec</td>
<td>Diagnostic-Other</td>
<td>Fletcher MD, Latoya</td>
<td>N</td>
</tr>
<tr>
<td>23472438</td>
<td>June 16, 2018</td>
<td>June 20, 2018</td>
<td>FFFFFEE73-9A17-4EE5-94A4-93A7091F7027</td>
<td>Dallas</td>
<td>799.9 - Unk Cause Morb/mort Nec</td>
<td>Echo</td>
<td>Fletcher MD, Latoya</td>
<td>N</td>
</tr>
<tr>
<td>7824146</td>
<td>June 16, 2018</td>
<td>June 18, 2018</td>
<td>FFFFFEE73-9A17-4EE5-94A4-93A7091F7027</td>
<td>Dallas</td>
<td>799.9 - Unk Cause Morb/mort Nec</td>
<td>Echo</td>
<td>Fletcher MD, Latoya</td>
<td>N</td>
</tr>
<tr>
<td>7842988</td>
<td>June 21, 2018</td>
<td>June 28, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>403.00 - Mal Renal Hyper-no Fail</td>
<td>Diagnostic-Other</td>
<td>Contreras MD, Stacey</td>
<td>Ir</td>
</tr>
<tr>
<td>7842988</td>
<td>June 21, 2018</td>
<td>June 28, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>403.00 - Mal Renal Hyper-no Fail</td>
<td>Diagnostic-Other</td>
<td>Contreras MD, Stacey</td>
<td>Ir</td>
</tr>
<tr>
<td>7842988</td>
<td>June 21, 2018</td>
<td>June 28, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>403.00 - Mal Renal Hyper-no Fail</td>
<td>Diagnostic-Other</td>
<td>Contreras MD, Stacey</td>
<td>Ir</td>
</tr>
<tr>
<td>7842988</td>
<td>June 22, 2018</td>
<td>June 28, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>424.2 - Nonheum Tricusp Val Dis</td>
<td>Echo</td>
<td>Contreras MD, Stacey</td>
<td>Ir</td>
</tr>
<tr>
<td>2472022</td>
<td>September 26, 2018</td>
<td>September 28, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>427.81 - Sick Sinus Syndrome</td>
<td>Catheterization</td>
<td>Mckay MD, Ebony</td>
<td>E</td>
</tr>
<tr>
<td>23314006</td>
<td>March 10, 2018</td>
<td>March 21, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>427.81 - Sick Sinus Syndrome</td>
<td>Diagnostic-Other</td>
<td>Daniel MD, Lawanda</td>
<td>N</td>
</tr>
<tr>
<td>49444044</td>
<td>September 26, 2018</td>
<td>September 28, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>427.81 - Sick Sinus Syndrome</td>
<td>Diagnostic-Other</td>
<td>Daniel MD, Lawanda</td>
<td>N</td>
</tr>
<tr>
<td>41035546</td>
<td>March 23, 2018</td>
<td>April 1, 2018</td>
<td>FFFFFE3062-5AD7-4C7C-866E-2A2A6435E5D</td>
<td>Burlington</td>
<td>427.81 - Sick Sinus Syndrome</td>
<td>Diagnostic-Other</td>
<td>Daniel MD, Lawanda</td>
<td>N</td>
</tr>
</tbody>
</table>

### Encounter Details

<table>
<thead>
<tr>
<th>Encounter</th>
<th>ServiceDate</th>
<th>Patient ID</th>
<th>Charge ID</th>
<th>Location</th>
<th>Diagnosis Code</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>8396236</td>
<td>October 22, 2018</td>
<td>13EEF010EE7B-41BC-BAAC-80AB1478D4E8</td>
<td>00009E12-4E47-4C9B-BBD4-63504127E8B</td>
<td>Indianapolis</td>
<td>402.91 - Unsp Hypertensive Hrt Disease With CHF</td>
<td>Diagnost</td>
</tr>
<tr>
<td>7547414</td>
<td>April 13, 2018</td>
<td>BED6F496-823-9-457-8B85-8DA6CB90F83A</td>
<td>0000CD7-6BB8-4647-9C57-3CB9F1E147</td>
<td>Burlington</td>
<td>403.00 - Mal Renal Hyper-no Fail</td>
<td>Diagnost</td>
</tr>
<tr>
<td>7853940</td>
<td>June 20, 2018</td>
<td>F83BA24D-86C6-4130-9260-9D40DFA90F5</td>
<td>000113A8-2E0-4C5A-84E4-808AC9A9BEE0</td>
<td>Dallas</td>
<td>786.9 - Resp Sys/chest Symp Nec</td>
<td>Eval And</td>
</tr>
<tr>
<td>8147132</td>
<td>September 5, 2018</td>
<td>6B808549-6A6E-4B86-9AB3-934D05C0E9D</td>
<td>00018AC4-64A4-4827-AFC2-9F60D7CE0E2C</td>
<td>Newark</td>
<td>786.07 - Wheezing</td>
<td>Echo</td>
</tr>
<tr>
<td>7489510</td>
<td>March 3, 2018</td>
<td>D86457FC-4810-4F9C-AB46-6523C65A3E6</td>
<td>00016A6B-4F82-9D7-509D73131E1E</td>
<td>Burlington</td>
<td>427.81 - Sick Sinus Syndrome</td>
<td>Eval And</td>
</tr>
<tr>
<td>7364610</td>
<td>February 23, 2018</td>
<td>00FFB867-1FA-4E9D-9365-115EB6C8D0</td>
<td>0001D05C-FDE0-4678-862C-82844C60105</td>
<td>Jefferson City</td>
<td>428.30 - Unsp Diastolic Heart Failure</td>
<td>Eval And</td>
</tr>
<tr>
<td>8370724</td>
<td>November 14, 2018</td>
<td>A2A9E683-4F55-4F54-8A78-FF48FB181F2</td>
<td>0001B6B6-3960-3E9F-48E8-A0ECD0A19BFS</td>
<td>Detroit</td>
<td>V59.8 - Org Or Tissue Donor Nec</td>
<td>Diagnost</td>
</tr>
<tr>
<td>7322458</td>
<td>February 12, 2018</td>
<td>2541DDEB-71C5-4E17-83C7-3CB99A8FF84D2</td>
<td>0001E405-265B-4036-8272-B88A29D9B51C</td>
<td>Burlington</td>
<td>425.11 - Hypertrophic Obstructive Cardiomyopathy</td>
<td>Echo</td>
</tr>
<tr>
<td>14952568</td>
<td>March 18, 2018</td>
<td>00127926-4D24-8422-3C5B200FAB3</td>
<td>00019274-8B0D-42F4-8A42-3C5B200FAB3</td>
<td>Jefferson City</td>
<td>428.30 - Unsp Diastolic Heart Failure</td>
<td>Eval And</td>
</tr>
<tr>
<td>15981816</td>
<td>July 26, 2018</td>
<td>676EC400-34F5-4898-BC0B-6209183A97C7</td>
<td>00017CE-7551-4800-9F84-D6340C8434CD</td>
<td>Lansing</td>
<td>787.29 - Dysphagia, Other</td>
<td>Stress</td>
</tr>
</tbody>
</table>
Example Custom Reports
Example Custom Reports

E&M Patient Volume

Productivity v. Access

Time-phased animation of data

Locations: Baylor Heart & Vascular
Average Time to Appt: 43.20
RVUs: 25,490.56
Count of Encounters: 8,800
Month Name: August

CAD: Beta-Blocker Therapy - Prior Myocardial Infarction or LVEF < 40%

Heart Failure: Beta-Blocker Therapy for LVSD
Drill Through Mobile Views

**eSENSE BI Demo Dashboard 2019 Mobile**

- **Refresh Date**: April 26, 2019

**midtownmedical**

<table>
<thead>
<tr>
<th>GCR</th>
<th>NCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>40%</td>
<td>88%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Charge Lag</th>
<th>Pay Lag</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>34</td>
</tr>
</tbody>
</table>

**Days AR** | **Denial Rate**
---|---
0 | 0
25 |
70 | 

**NCR Dashboard Mobile**

- Annual % change: **31%**
- % change from Jan 19: **-67%**
- % change from Apr 19: **-69%**

- **Charges, Payments & Adjustments ($)**
  - **Charges**, **Payments**, **Adjustments**

- **Graph**: Line chart showing changes from Jul 18 to Jan 19 and Apr 19.
Deployment

• Fast, standard process for data take-on & site setup
• No software to install or manage – MS Azure cloud services
• Scale on demand as your operations grow or change
• Minimal learning curve with ongoing support
Onboarding

• Collect & load historical data, setup update process
• Setup metrics & reports, customize & brand dashboards
• Assign security rights, setup user/team roles & permissions
• Ongoing testing, training & support
Subscription

- Easy “Try and Buy” approach, low up-front cost
- One-time setup fee then monthly subscription
- No long-term contractual commitments
- Scale on demand as operations grow or change
Make your data work for you

- Track your key healthcare metrics – get instant insight
- Merge data from multiple systems – in one dashboard
- View rich data visualizations & analysis – bring details to life
- Generate standard & custom reports – templates on demand
- Get fast, intuitive drill-through analysis – make smarter decisions
- Provide secure, role-based access – focus on what’s relevant
- No IT installation or technical training – rapid deployment
Make your data work for you

- Reduce and recoup denied insurance claims
- Reduce re-admission rates
- Monitor physician performance
- Track quality of each division and department
- Optimize staff/doctor to patient ratios
- Improve practice communication
- Enable fast dissemination of information
- Streamline regulatory & operational reporting
- Benchmark clinical & financial operations
- Improve interoperability between systems
- Anticipate and respond to healthcare trends
- Clean and shape fragmented data sources
Take a test drive today... all your key metrics, all in one place
www.esenseBI.com