

Revenue Cycle KPI SQL Pack

techfitflow.com | Generic schema; confirm names in your data dictionary | Charges +, payments/adjustments - (verify sign convention)

1. Seven KPIs and their traps

KPI	Definition	Trap
Days in A/R	Net A/R / average daily net revenue	Which revenue window?
Clean claim rate	Accepted with no edits / submitted	Clearinghouse vs payer count
First-pass resolution	Paid on first submission / submitted	Rebills hide failures; use originals only
Denial rate	Denied claims / submitted	Count vs dollars; exclude CARC 45
Net collection rate	Payments / (charges - contractuals)	Cohort by service month
Charge lag	Post date - service date	Report median and P90
DNFB days	Unbilled balance / avg daily revenue	Group by hold reason

2. Eleven patterns

#	Pattern	Key point
1	Days in A/R	Name the window in the title
2	A/R aging by payer	Age from first bill date; filing from service date
3	Charge lag	Median and 90th percentile
4	DNFB	Group by hold reason
5	Clean/first-pass	Original submissions only
6	Denial Pareto	Use a governed reason-code map
7	Net collection	Cohort by discharge month
8	Underpayment	Contract rate by service date; include patient share
9	Payer mix	Share of charges by financial class
10	Timely filing	Dated payer limits table
11	Credit balances	Report separately from net A/R

3. Where is the cash stuck?

- [] 1. Unbilled? DNFB and charge lag (patterns 3, 4) - coding, charge capture
- [] 2. Rejected before the payer? Clean claim rate (5) - billing edits
- [] 3. Denied after adjudication? Pareto (6) - front end, denial management
- [] 4. Paid below contract? Underpayment (8) - contracting
- [] 5. Patient balances, credits, timely filing (10, 11)

4. Core SQL

Denial Pareto with cumulative share

```
WITH d AS (SELECT r.carc_code, COUNT(DISTINCT r.claim_id) claims, SUM(r.adjustment_amount) amt
  FROM rc_remits r JOIN ref.denial_code_map m ON m.carc_code = r.carc_code AND m.is_denial = 1
  WHERE r.remit_date >= @start AND r.remit_date < @end GROUP BY r.carc_code)
SELECT carc_code, claims, amt,
  100.0 * SUM(amt) OVER (ORDER BY amt DESC ROWS UNBOUNDED PRECEDING) / SUM(amt) OVER () AS cum_pct
FROM d ORDER BY amt DESC;
```

Underpayment vs contract (effective-dated)

```
... JOIN contract_rates e ON e.payer_id = c.payer_id AND e.procedure_code = c.procedure_code
  AND c.service_date BETWEEN e.effective_from AND e.effective_to
WHERE e.expected_amount - (r.paid_amount + r.patient_resp_amount) > 5.00
```

Timely filing risk

```
DATEDIFF(day, @as_of, DATEADD(day, p.timely_filing_days, a.service_date)) BETWEEN 0 AND 30
```

5. KPI definition sheet

Field	Your entry
KPI name and owner	
Formula (words)	
Scope (hospital / professional)	
Window and revenue basis	
Inclusions / exclusions (who approved)	
Cutoff and refresh	
Tie-out source	

6. Denial analysis worksheet

Reason code	Claims	Dollars	Origin stage	Owner	Fix / edit proposed

Trace one denied claim: registration > authorization > charge capture > coding > claim build > submission > remittance. Sources: X12 Claim Adjustment Reason Codes; CMS HIPAA Administrative Simplification. Aggregate before sharing; apply minimum necessary.