Aurora BayCare Manty Health and Wellness Clinic Summary

City of Manitowoc YTD January, 2020



Aurora BayCare Medical Center





City of Manitowoc - Overall Summary

City of Manitowoc Services	Jan	Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	Janu	ary YTD 2020
Monthly Eligible Member Clinic Fee	\$ 3,675.00																						\$	3,675.00
Pharmacy	\$ 241.20																						\$	241.20
Clinic Vaccine	\$ 423.00																						\$	423.00
Labs	\$ 307.46																						\$	307.46
Health Coaching Deposit	\$ -																						\$	-
Health Coaching	\$ -														Ļ						_		\$	-
Aurora Employer Clinic Charges Invoiced	\$ 4,646.66	\$	-	\$ -	\$	-	\$	-	ç	.	\$	-	\$	-	\$; -	\$	-	\$	-	-	.	\$ \$	4,646.66
							-		+						F				-					
Charges Avoided	Jan	Feb		Mar		Apr		May		Jun		Jul		Aug	t	Sep		Oct		Nov		Dec	Janu	ary YTD 2020
Customary Charges	\$ 15,823.54	\$	-	\$ -	\$	-	\$	-	ζ,	· -	\$	-	\$	-	\$	-	\$	-	\$	-	,	· -	\$	15,823.54
Additional Charges	\$ 402.78	\$	-	\$ -	\$	-	\$	-	Ş	` -	\$	-	\$	-	\$	5 -	\$	-	\$	-	,	` -	\$	402.78
Total Charges Avoided	\$ 16,226.32	\$	-	\$ -	\$	-	\$	-	\$	`	\$	-	\$	-	\$; -	\$	-	\$	-	,	; -	\$	16,226.32
							-		H						F				-		+			
Total Savings	\$ 11,579.66	\$	-	\$ -	\$	-	\$	-	5	. -	\$	-	\$	-	\$	-	\$	-	\$	-	1	.	\$	11,579.66
																					\perp			
City of Manitowoc Visits	Jan	Feb		Mar		Apr		May		Jun		Jul		Aug	t	Sep		Oct		Nov		Dec	Janu	ary YTD 2020
Provider Visit	42								T						T	•					T			42
Nurse Visit	45																							45
Lab Visit	73																							73
Vaccine	9																							9
Total Patient Visits	169		-	•		-		-		-		-		-		-		-		-		-		169
Total Provider Visit Types	Jan	Feb		Mar		Apr		May		Jun		Jul		Aug	L	Sep		Oct		Nov		Dec	Janu	ary YTD 2020
OFFICE/OUTPT VISIT,NEW,LEVL III	1				<u> </u>				1						L				1		4			1
OFFICE/OUTPT VISIT EST LEVEL II	5				<u> </u>				1						L						4			5
OFFICE/OUTPT VISIT EST LEVEL III	32				<u> </u>				1						L				1		4			32
OFFICE/OUTPT VISIT EST LEVEL IV	4				1				\perp						L				_		\perp			4
Grand Total	42		-	-		-		-	Ļ	-		-		-	L	-		-		-	\perp	-		42
							+		+						+				+		+			
Total Nurse Visit Types	Jan	Feb		Mar		Apr		May	T	Jun		Jul		Aug	t	Sep		Oct		Nov	T	Dec	Janu	ary YTD 2020
OFFICE/OUTPT VISIT EST LEVEL I	45		-	-		-		-		-		-		-	T	-		-		-		-		45
Grand Total	 45	i			_		_		+		_		_		1		1		-		-			45

City of Manitowoc - Invoice Summary

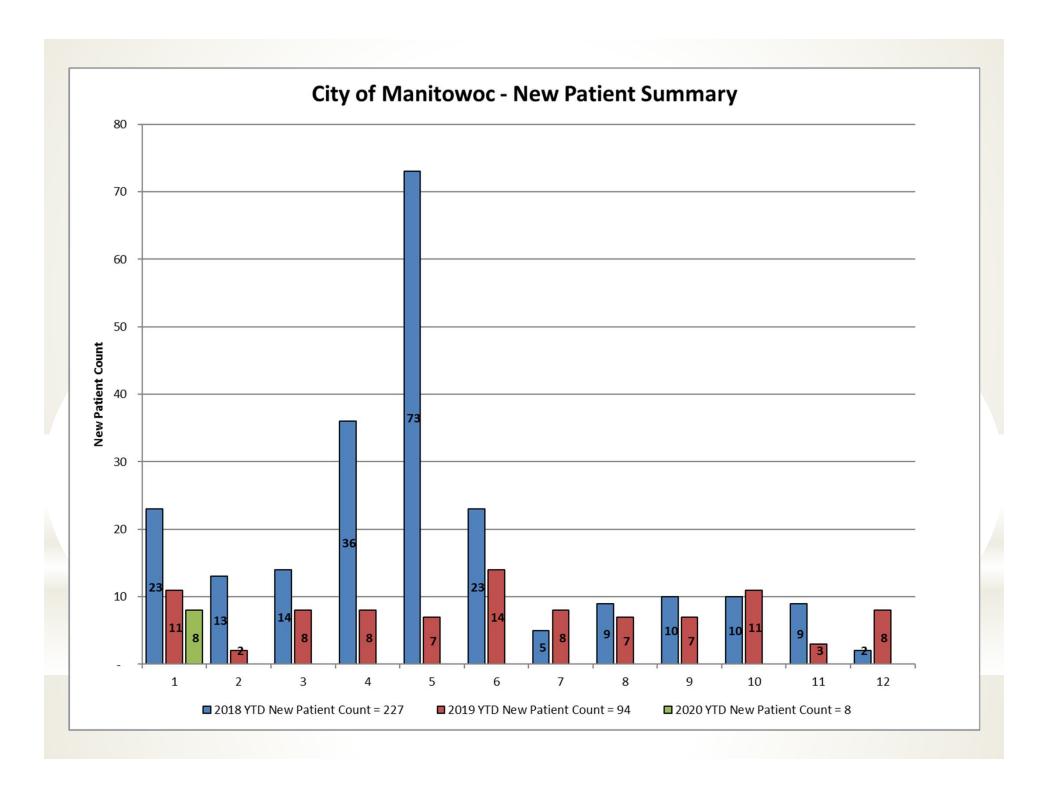
Patient Services/Vaccine/Clinic Labs

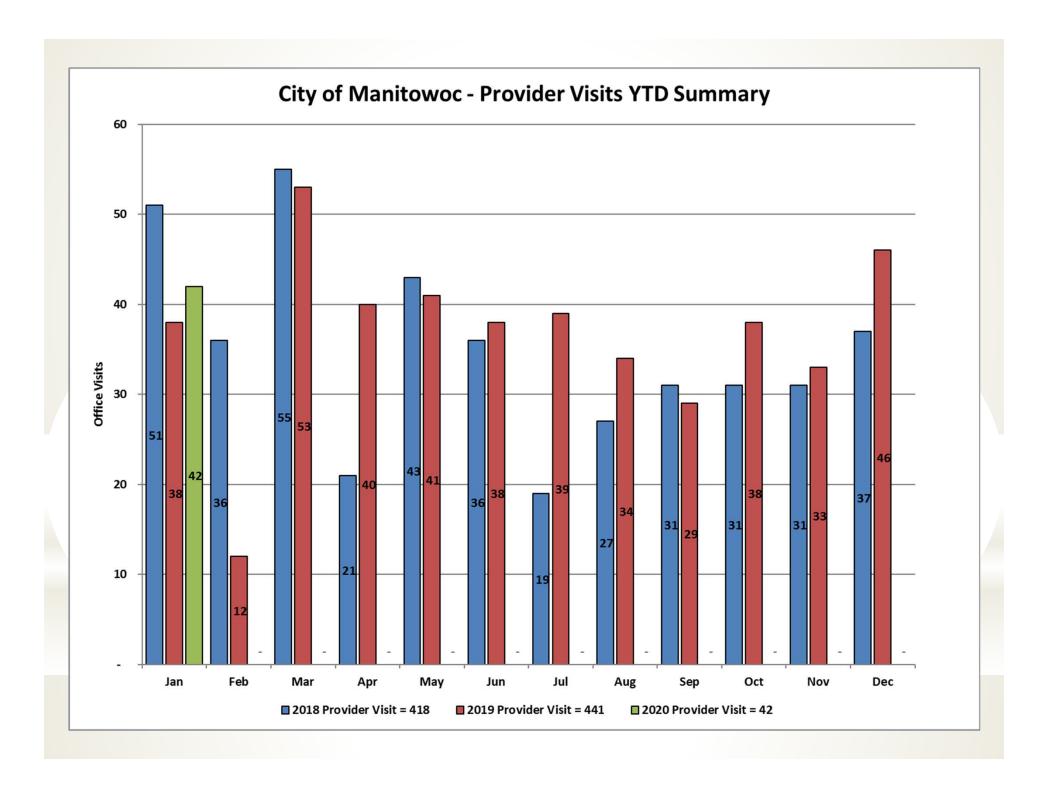
Service Month: January 2020

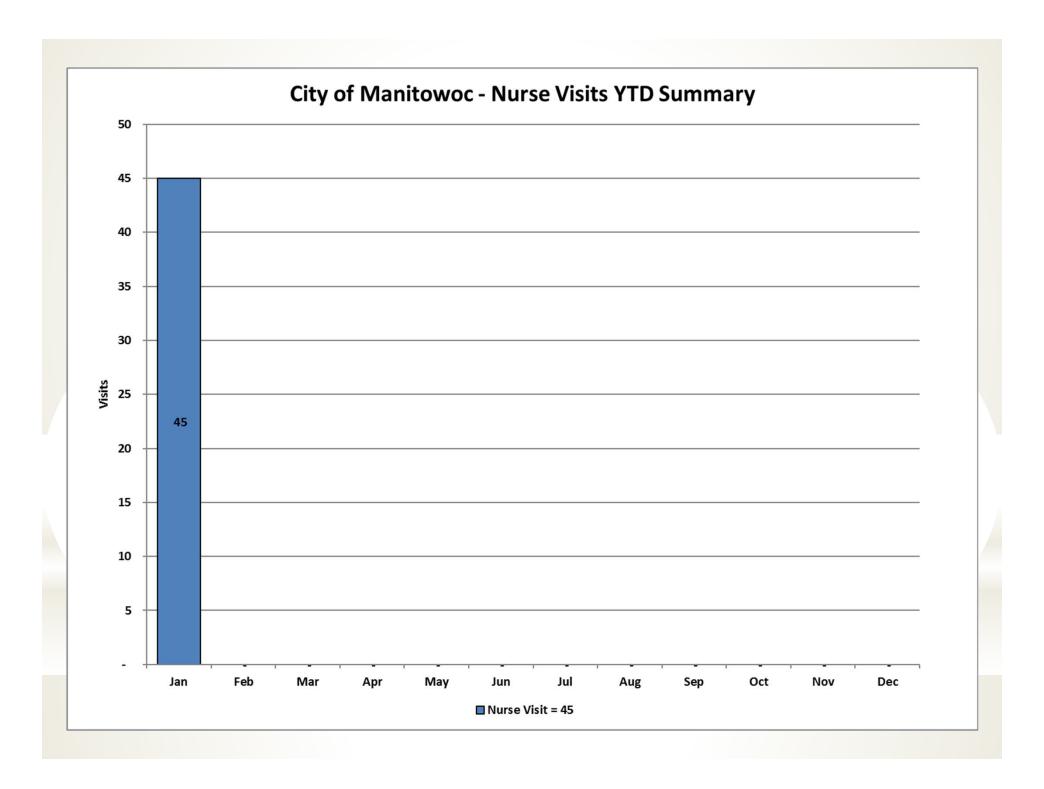
Patient Services									
Company			Description	Month	nly Rate	Quantity/Participants	Total	Monthly Fee	
CITY			Monthly eligible member clinic fee	\$	7.00	525	\$	3,675.00	
CITY			Pharmacy	\$	241.20	1	\$	241.20	
CITY			Health Coaching	\$	35.00	0	\$	-	
CITY			Health Coaching (Credit)	\$	35.00	0	\$	-	

Vaccine										
Company	CPT code		Description	Contract Rate	Total Quantity	Total Cost				
CITY	90471		IMMUNIZATION ADMIN SINGLE OR FIRST	No Charge	9	\$	-			
CITY	90686		INFLUENZA QUADRIVALENT SPLIT PRES FREE 0.5 ML VACC, IM	\$ 19.00	5	\$	95.00			
CITY	90714.02		TD PRES FREE VACC, 7+ YRS	\$ 25.00	1	\$	25.00			
CITY	90175		TETANUS/DIPTHERIA/ACELLULAR PERTUSSIS	\$ 39.00	1	\$	39.00			
CITY	90750		ZOSTER RECOMBINANT ADJUVANTED VACC 50 MCG IM (AKA SHINGRI	\$ 132.00	2	\$	264.00			
Total Clinic Vaccine										

			Clinic Labs				
Company	CPT Code		Test Name	Contract Rate	Sum of Quantity	Total L	ab Fee
CITY	36415	OVD	COLLECTION WORKLOAD	\$ 7.82	1	\$	7.82
CITY	80048	BPNL	BASIC METABOLIC PNL	\$ 3.62	1	\$	3.62
CITY	80053	CPNL	COMP METABOLIC PNL	\$ 4.50	3	\$	13.50
CITY	80061	LIPPNL	LIPID PANEL W/REFLEX + REFLEX TEST SENT TO MAIN	\$ 5.58	1	\$	5.58
CITY	82150	AMY	AMYLASE	\$ 11.18	2	\$	22.36
CITY	83036	GLYH	HEMOGLOBIN A1C	\$ 4.95	1	\$	4.95
CITY	83690	LIPA	LIPASE	\$ 4.83	2	\$	9.66
CITY	83930	OSMO	OSMOLALITY	Not on Contract	1	\$	-
CITY	83935	UOSN	U-OSMOLALITY	Not on Contract	1	\$	-
CITY	84300	UNA	SODIUM,URINE	Not on Contract	1	\$	-
CITY	84439	FT4	FREE T4	\$ 4.83	1	\$	4.83
CITY	84443	TSH	TSH	\$ 4.83	3	\$	14.49
CITY	85004	DIFA	DIFFERENTIAL	Not on Contract	4	\$	-
CITY	85027	CBCNO	HEME PROFILE	\$ 4.92	4	\$	19.68
CITY	86140	CRP	C-REACTIVE PROTEIN	\$ 4.83	2	\$	9.66
CITY	86160	C3	C3	Not on Contract	1	\$	-
CITY	86160	C4	C4	Not on Contract	1	\$	-
CITY	86787	VARIC	VZV, Immunity IgG	\$ 11.31	1	\$	11.31
CITY	87045	ENPC	ENTERIC PATHOGEN CUL	\$ 45.00	1	\$	45.00
CITY	87046	ENPC	ENTERIC PATHOGEN CUL	\$ 45.00	1	\$	45.00
CITY	87427	ENPC	ENTERIC PATHOGEN CUL	\$ 45.00	1	\$	45.00
CITY	87449	ENPC	ENTERIC PATHOGEN CUL	\$ 45.00	1	\$	45.00
						\$	-
			Total Lab			\$	307.46





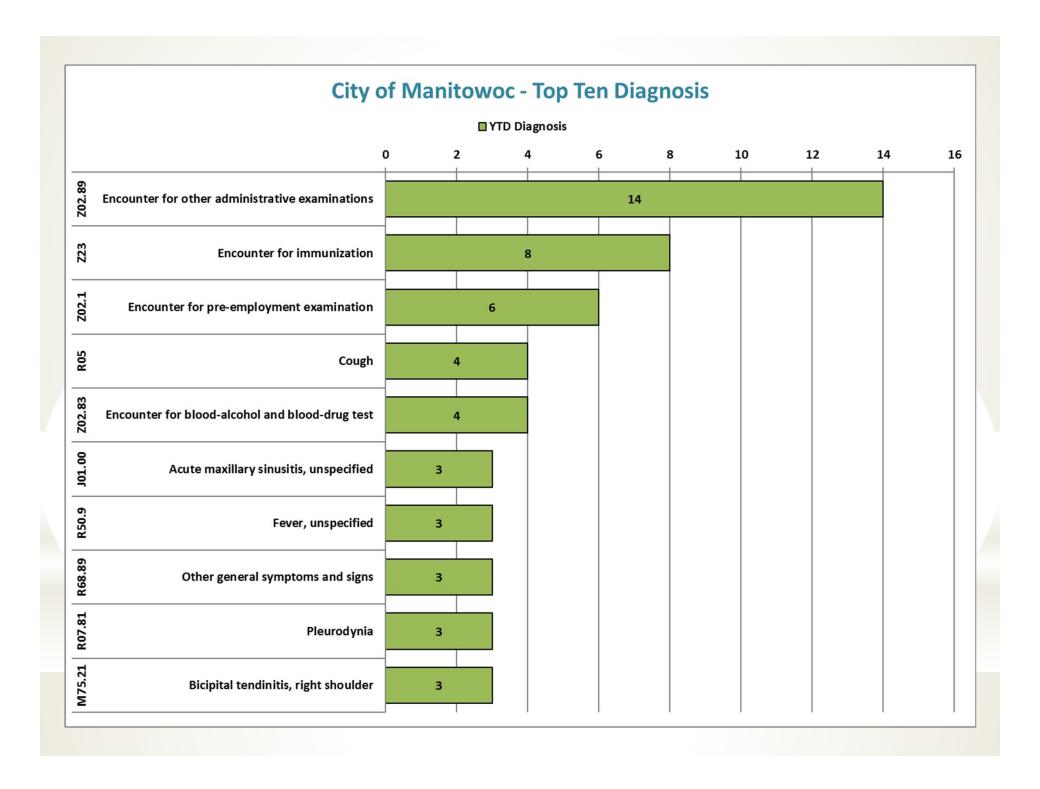


City of Manitowoc - Visits By Day Summary

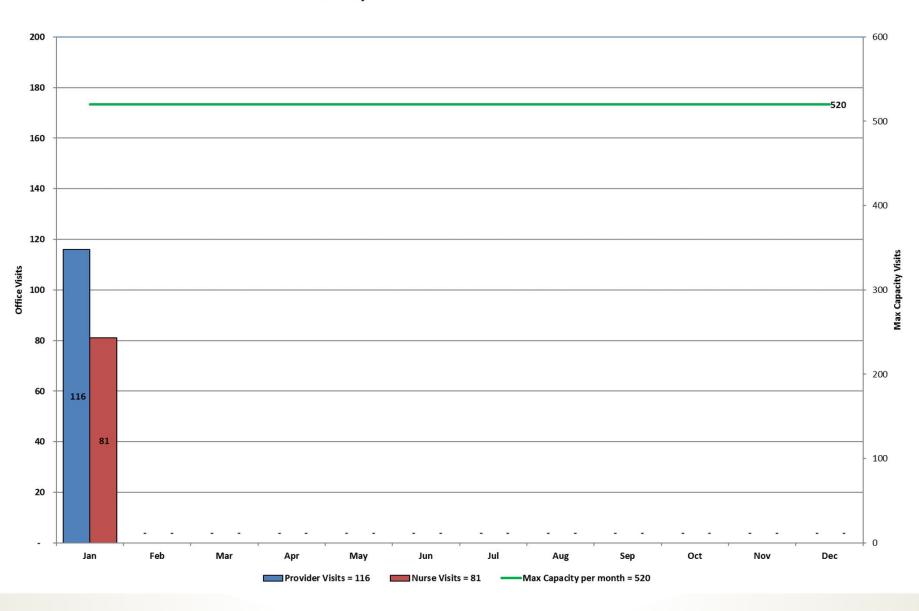
		Provider V	isits - January 2	2020		
Appointment Time	Monday	Tuesday	Wednesday	Thursday	Friday	Grand Total
8 AM	1	2	1		2	6
9 AM	1	1		3	1	6
10 AM	2	2	1	1	1	7
11 AM	1	1	1	1	4	8
1PM	2	1		2	1	6
2 PM	2		2			4
3 PM	2		1	2		5
Grand Total	11	7	6	9	9	42
		Nurse Visits -	January 2020			
		Visit Type	Total			
		Nurse Visits	45			
		Grand Total	45			
	Number of	Cancelled/No	Show Visits - J	anuary 2020		
	Date	Cancellation	No Show	Total		
				0		
				0		
				0		
	Grand Total	0	0	0		

City of Manitowoc - Vaccine Summary

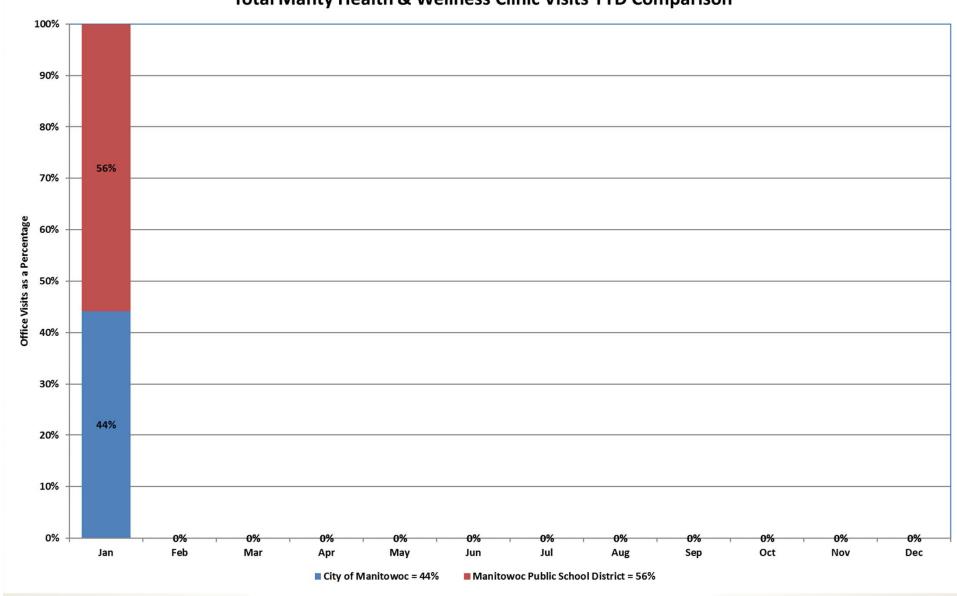
	Υ	TD Que	antit	<i>y</i>										
CPT Code	Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD Qty
90686	INFLUENZA QUADRIVALENT SPLIT PRES FREE 0.5 ML VACC, IM	5												5
90688	INFLUENZA QUADRIVALENT SPLIT 0.5 ML VACC, IM	-												-
90714.02	TD PRES FREE VACC, 7+ YRS	1												1
90715	TETANUS/DIPTHERIA/ACELLULAR PERTUSSIS	1												1
90750	Shingles (Zoster) Vaccine	2												2
90746	HEP B VACC ADULT 3 DOSE, IM													-
Total		9	-	-	-	-	-	-	-	-	-	-	-	9
	YTD Cost													
CPT Code	Description		Cost		YTD	Qty	Tota	al YTD	Cost					
90686	INFLUENZA QUADRIVALENT SPLIT PRES FREE 0.5 ML VACCINE	\$		12.50		5	\$		62.50					
90688	INFLUENZA QUADRIVALENT SPLIT 0.5 ML VACC, IM	\$		12.50		-	\$		-					
90714.02	TD 7 YRS+ PRESERVATIVE FREE	\$		29.50		1	\$		29.50					
90715	TETANUS/DIPTHERIA/ACELLULAR PERTUSSIS	\$		42.00		1	\$		42.00					
90736	Shingles (Zostavax) Vaccine	\$		223.07		-	\$		-					
90750	Shingles (Zoster) Vaccine	\$		139.00		2	\$	2	278.00					
90746	HEPATITIS B VACCINE ADULT IM 3 DOSE SCHEDULE	\$		95.00			\$							
Total						9	\$		112.00					



Total Manty Health & Wellness Clinic Visits YTD

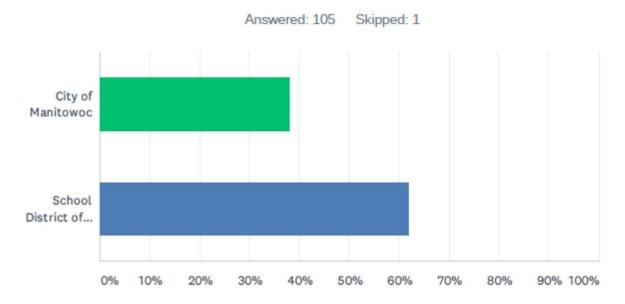






Manty Health and Wellness Center Experience Survey

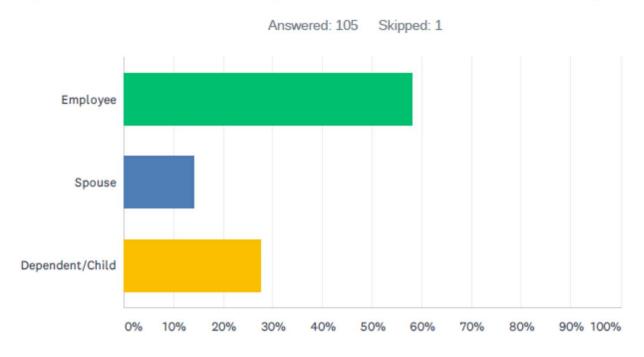
Q1 Please select the employer who provides you/your family with access to the Manty Health and Wellness Center.



ANSWER CHOICES	RESPONSES	
City of Manitowoc	38.10%	40
School District of Manitowoc	61.90%	65
TOTAL		105

Manty Health and Wellness Center Experience Survey

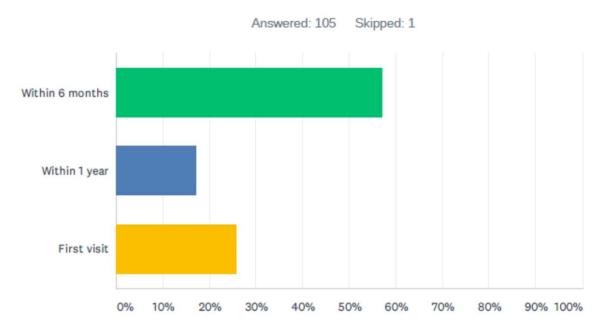
Q2 Please select the option that best describes the patient.



ANSWER CHOICES	RESPONSES	
Employee	58.10%	61
Spouse	14.29%	15
Dependent/Child	27.62%	29
TOTAL		105

Manty Health and Wellness Center Experience Survey

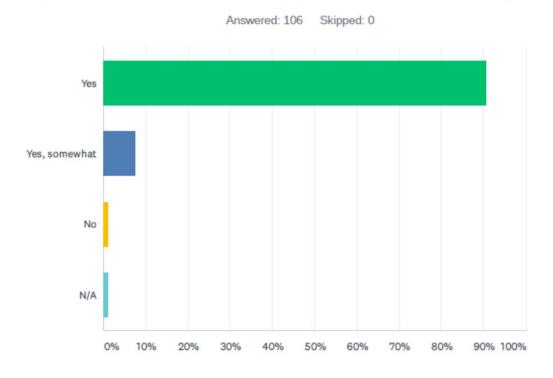
Q3 When was your last visit to this clinic?



ANSWER CHOICES	RESPONSES	
Within 6 months	57.14%	60
Within 1 year	17.14%	18
First visit	25.71%	27
TOTAL	10	05

Manty Health and Wellness Center Experience Survey

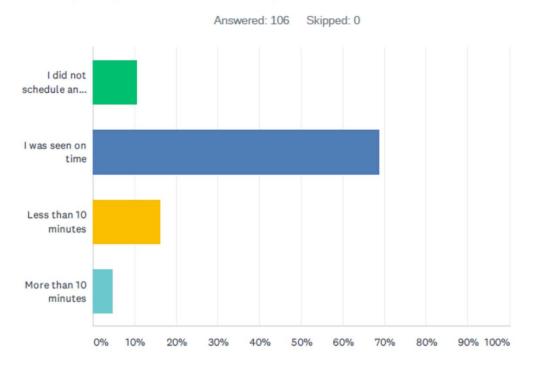
Q4 Were you able to schedule an appointment as soon as you needed it?



ANSWER CHOICES	RESPONSES	
Yes	90.57%	96
Yes, somewhat	7.55%	8
No	0.94%	1
N/A	0.94%	1
TOTAL		106

Manty Health and Wellness Center Experience Survey

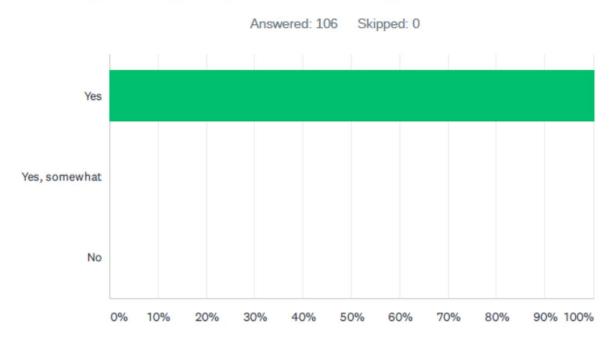
Q5 If you scheduled an appointment in advance, how long did you have to wait past your scheduled appointment time to be seen?



ANSWER CHOICES	RESPONSES	
I did not schedule an appointment in advance	10.38%	11
I was seen on time	68.87%	73
Less than 10 minutes	16.04%	17
More than 10 minutes	4.72%	5
TOTAL		106

Manty Health and Wellness Center Experience Survey

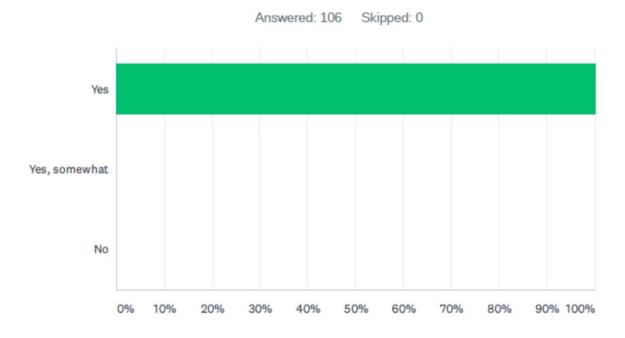
Q6 Was your provider friendly and courteous?



ANSWER CHOICES	RESPONSES	
Yes	100.00%	106
Yes, somewhat	0.00%	0
No	0.00%	0
TOTAL		106

Manty Health and Wellness Center Experience Survey

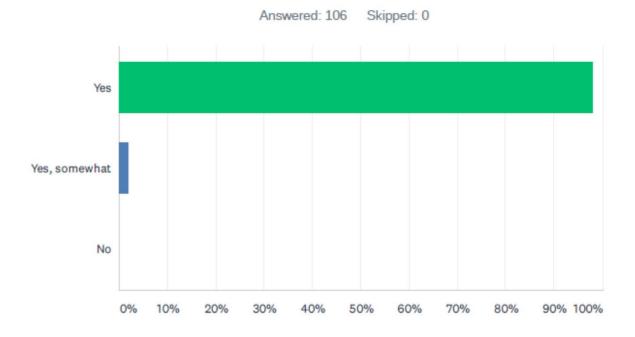
Q7 Did your provider explain information in an easy to understand way?



ANSWER CHOICES	RESPONSES	
Yes	100.00%	106
Yes, somewhat	0.00%	0
No	0.00%	0
TOTAL		106

Manty Health and Wellness Center Experience Survey

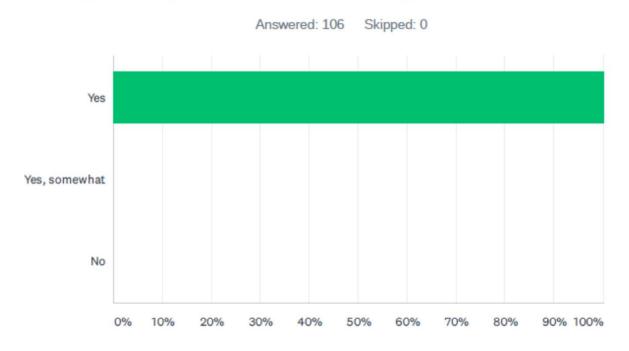
Q8 Did your care team spend enough time with you to meet your needs?



ANSWER CHOICES	RESPONSES	
Yes	98.11%	104
Yes, somewhat	1.89%	2
No	0.00%	0
TOTAL		106

Manty Health and Wellness Center Experience Survey

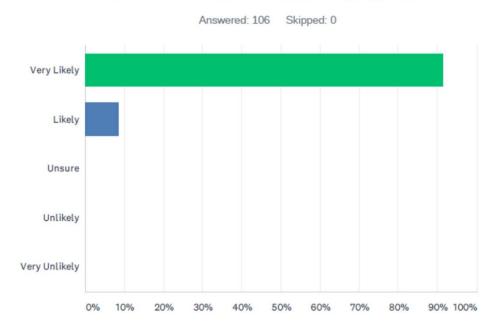
Q9 Was your care team friendly and courteous?



ANSWER CHOICES	RESPONSES	
Yes	100.00%	106
Yes, somewhat	0.00%	0
No	0.00%	0
TOTAL		106

Manty Health and Wellness Center Experience Survey

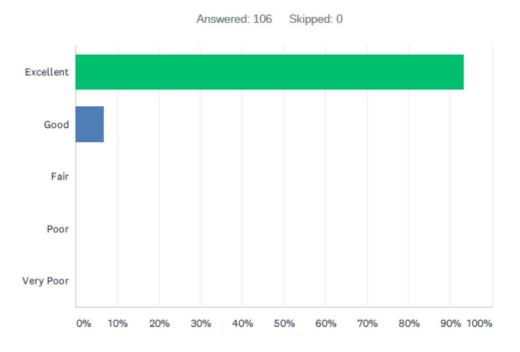
Q10 What is the likelihood that you will recommend the Manty Health and Wellness Center to other employees?



ANSWER CHOICES	RESPONSES	
Very Likely	91.51%	97
Likely	8.49%	9
Unsure	0.00%	0
Unlikely	0.00%	0
Very Unlikely	0.00%	0
TOTAL		106

Manty Health and Wellness Center Experience Survey

Q11 How would you rate the care that you received?



ANSWER CHOICES	RESPONSES	
Excellent	93.40%	99
Good	6.60%	7
Fair	0.00%	0
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		106

Manty Health and Wellness Center Experience Survey

Q12 Please share any other comments you have below:

Answered: 14 Skipped: 92