

SAMPLE MONTHLY REPORT · DEMO DATA

Northwood Health System: Hospital Medicine APP Program

September 2026 report · Data through August 31, 2026 · 4 hospitals · 23 APPs · Prepared by APProviso

PERFORMED WRVUS, MONTH 9,640 +4.1% vs prior month	CAPTURE RATIO 0.61 +0.06 since direct billing began	INCIDENT-TO SHARE 27% Down from 46% in April	PHYSICIAN HOURS RELEASED 412 +38 vs prior month
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The one thing to know this month. The program performed 9,640 wRVUs and 5,880 of them appear on any APP's report. The 3,760 wRVU gap is attribution loss, worth about \$214,000 at the practice's collection rate, and 71 percent of it sits at St. Anne's, the one site still billing established follow-ups incident-to.

Four-domain scorecard

DOMAIN 1: CLINICAL WORK PERFORMED	DOMAIN 2: ATTRIBUTED FINANCIALS
Encounters performed4,318	Performed wRVUs9,640
Direct-billed under APP NPI2,436 (56%)	Billed under APP NPIs5,880
Split or shared731 (17%)	Attribution loss, month3,760 wRVU (≈ \$214,000)
Incident-to under physician1,151 (27%)	Role-adjusted productivity index1.04
Adjusted panel equivalent, program31.4	Cost per physician hour released\$96
DOMAIN 3: QUALITY AND ACCESS	DOMAIN 4: PHYSICIAN CAPACITY AND COVERAGE
30-day readmissions, APP-managed11.2% (system 12.6%)	Physician hours released412
Discharge orders before noon44%	Coverage lines staffed as scheduled98.4%
ED admit-to-bed, APP-covered nights2h 48m	Physician night calls22 (41 in April)
Escalations reviewed; missed triggers61; 0	APP turnover, trailing 12 months8.7%
Patient experience, APP-attributed4.6 / 5	Physician feedback, quarterly4.4 / 5

Recommendations

1. **Move the St. Anne's established follow-ups to direct billing.** The site still bills 58 percent of APP visits incident-to and its physicians were in procedures on 9 of the 22 days sampled. Compliance exposure and the largest remaining attribution loss in the program.
Owner: site medical director · Due October 15
2. **Add the night coverage line at Lakeview.** Physicians took 31 night calls in August; the two sites with a line averaged six. Recruit one experienced coverage APP; two internal candidates qualify.
Owner: service line director · Due November 1
3. **Advance two APPs from supervised to full practice.** Both have cleared the escalation audit and the documentation review; holding them at half template costs about 190 wRVUs a month between them.
Owner: lead APP · Due October 1

What changed since last month

- Direct billing went live at Mercy East on August 4; the site's capture ratio rose from 0.41 to 0.74 in its first full month.
- One APP completed the coverage-readiness milestone and now holds a night line with backup.
- Readmissions on APP-managed panels held below the system rate for the fourth consecutive month.
- Two open positions: one experienced night-coverage hire posted, one new-graduate offer accepted with a January start.

Site view

SITE	APPS	PERFORMED WRVU	BILLED UNDER APP	INCIDENT-TO SHARE	PHYSICIAN HOURS RELEASED	READMISSIONS
Mercy East	8	3,480	2,570	9%	148	10.8%
St. Anne's	6	2,610	1,020	58%	96	11.9%
Riverside	5	2,090	1,490	22%	104	11.0%
Lakeview	4	1,460	800	31%	64	11.4%

Definitions and data notes

Capture ratio is wRVUs billed under APP NPIs divided by wRVUs performed by APPs (Section 11.3 of the playbook).

Attribution loss is the difference, valued at the program's average collection per wRVU. **Incident-to share** is APP office encounters billed under a physician divided by APP office encounters performed. **RAPI** is observed role-valid work divided by expected work for the assigned role and ramp stage; 1.0 is on target. **Physician hours released** are measured from physician schedules with the APP role staffed against the prior-year baseline. Sources: billing system claims by performing provider, EHR encounter log, physician and APP schedules, quality registry. This is a sample report populated with demo data for a fictional health system.