Revenue expansion audit

Ranks your top 8–10 revenue expansion opportunities by specialty, staff, and payer mix.

Prepared for	Report ID	Reviewed by
Westfield Family Medicine 4 providers - Family medicine	CIQ-2024-1184 March 14, 2024	Anthonette Sparman, MD Founder, ClinicIQ

SAMPLE REPORT. Names, numbers, and findings are illustrative. Your delivered report is built from your own intake responses and benchmarked against your specialty + region.

EXECUTIVE SUMMARY

Your practice is estimated to have $14,200/month in unrealized revenue across 4 service lines — with 1 quick win launchable in under 45 days.

The analysis below benchmarks your practice against peers in your specialty and region and quantifies the dollar impact of each opportunity. Findings are ranked by net contribution, then by time-to-launch. Every dollar figure carries a methodology citation in the appendix.

KEY FINDINGS

Opportunity	Est. annual lift	Time-to-launch
Launch CCM (99490) for top 180 Medicare patients	**$84,240**	45 days · existing RN
Add 2 in-house joint injections (20610) per provider/wk	**$31,200**	30 days · zero capex
Bundle annual wellness visit (G0439) into chronic visits	**$22,800**	14 days · scheduling fix
Add transitional care (99495) post-hospital workflow	**$18,400**	60 days · workflow build
Reintroduce in-office spirometry (94010)	**$12,300**	30 days · device on hand

IN YOUR DELIVERED REPORT

- 8–10 ranked opportunities, each with a $/month estimate and a ClinicFit score (0–100)

  Assumes: *Estimates use MGMA/CMS national benchmarks scaled to your reported visit volume; ClinicFit scores weight revenue, time-to-launch, capital, and clinical fit equally.*

- 12-month revenue projection + payback months for your top 3 opportunities

  Assumes: *Modeled at Medicare baseline reimbursement × your reported commercial multiplier; ramp curve assumes 60% utilization in months 1–3, 85% by month 6.*

- 2–4 quick wins launchable in under 60 days with no new hires

  Assumes: *Defined as opportunities requiring <$5K capital, no new credentialing, and using staff already on payroll at <80% utilization.*

- CPT code list + payer coverage notes for every recommended service

  Assumes: *References AMA CPT descriptors and 2024 Medicare physician fee schedule; commercial coverage flagged for top 4 national payers only.*

- 1-page partner-ready summary (PDF) with the top 3 picks and projected year-1 revenue

  Assumes: *Formatted for a 5-minute partner-meeting read; full model and CPT detail live in the supporting dossier.*

METHODOLOGY & SOURCES

1. We pull your specialty's national benchmarks (MGMA, CMS, peer panels) and overlay your staffing, payer mix, and panel size to find structural gaps.

2. Each opportunity is scored on revenue size, time-to-launch, capital required, and clinical fit — then ranked.

3. Dr. Sparman personally reviews every ranking before delivery.

Benchmarks: MGMA DataDive 2023, CMS Physician Fee Schedule (current year), regional peer panel (n=42). All recovery estimates are directional and intentionally conservative.

Physician-reviewed - Anthonette Sparman, MD. This report is advisory and does not constitute legal, billing-compliance, or investment advice. Recovery estimates assume your reported volume and payer mix; actual results vary by execution.