Staff utilization report

Identifies whether your NPs, PAs, and licensed staff are billing at full scope.

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 NPs are billing ~63% of their scope. Reassigning visit types could add $9,400/month per mid-level.

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

Role	Current scope %	Lift at full scope
NP - Patel (FNP-BC)	**61%**	+$9,400/mo
NP - Greene (AGPCNP)	**68%**	+$7,200/mo
PA - Romero	**73%**	+$5,800/mo
RN - incident-to billing	**42%**	+$3,100/mo
MA - point-of-care testing	**55%**	+$1,900/mo

IN YOUR DELIVERED REPORT

- Scope-of-practice gap analysis per NP/PA/RN, scored 0–100 against full allowable scope

  Assumes: *Scope mapped to your state's published nurse-practice act + your payers' incident-to rules; final clinical decisions sit with your medical director.*

- Visit-reassignment plan with $/month lift estimate per mid-level provider

  Assumes: *Lift modeled at your reported reimbursement × the delta between current and allowable visit mix; assumes 90% capacity utilization.*

- Incident-to billing checklist tailored to your top 3 payers

  Assumes: *Pulled from each payer's published 2024 policy; not a substitute for your compliance officer's sign-off.*

- Sample protocols + supervision templates for the top 3 reassigned visit types

Assumes: *Templates only — your medical director must review, sign, and adapt to your workflow before use.*

- Top 3 hiring recommendations ranked by 12-month ROI (only if a hire is justified)

Assumes: *If reassignment alone closes the gap, the report says so and recommends no hire — no growth-for-growth's-sake bias.*

METHODOLOGY & SOURCES

1. We map each role against your state's scope-of-practice rules and your payers' incident-to requirements.

2. Lift is modeled per provider based on current visit mix vs. allowable visit mix at full scope.

3. Protocols are templates only — your medical director still needs to sign and adapt them.

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.