ILLUSTRATIVE · SAMPLE

RALT PROGNOSIS · PRACTICE ASSESSMENT · CONFIDENTIAL

Riverbend Cardiology

Independent cardiology · 6 providers · Richmond, VA · Assessment on public CMS data + 5 web-property scanners

IMPACT DASHBOARD

B
82 / 100

A financially healthy practice with a strong billing baseline. The largest opportunities are **capturable coding gaps** against size-matched peers and **web-compliance exposure** that carries real settlement risk. Nothing here is speculative — every figure ties to a cited public source.

COMPLIANCE EXPOSURE · IF UNADDRESSED

$142K–$1.8M

Risk-avoidance band across 5 web-property scanners

REVENUE OPPORTUNITY · CAPTURABLE

$24K–$56K/yr

Coding & billing gaps vs cardiology peers

ASSESSMENT SCORECARD

DOMAIN	GRADE	TIER	WHAT IT MEANS
Revenue Capture	C	Opportunity	Level-4 E&M and care-management billed below peers
Accessibility (ADA)	D	High	12 WCAG 2.2 AA violations; settlement-band exposure
Security (HIPAA/FTC)	D	High	Tracking pixels on patient pages; policy gap
Website Privacy / PHI-Leak	C	Moderate	2 third-party trackers receiving page-visit data
Usability (Nielsen)	B	Low	Clean UX; minor front-door gaps
Digital Presence	A	Minimal	Strong profile completeness and Core Web Vitals

WHAT'S WORKING

- ✓ TLS 1.3 with valid certificate and HSTS
- ✓ Mobile-responsive across breakpoints
- ✓ Core Web Vitals in the "good" range
- ✓ Accessibility statement published
- ✓ Strong Google Business Profile completeness
- ✓ E&M level-3 mix at peer median

REVENUE FINDINGS

Where billing and coding sit against size-matched cardiology peers. Ranges are bounded and tied to cited public data.

DIAGNOSE	**Rate erosion on declining rhythm-monitoring codes** ~$77K/yr less than the same volume earned at prior Medicare rates. Names the erosion the practice feels — not recoverable, because CMS sets the rate. **Source: CMS PUF CY2024.**	**–$77K/yr**
OFFSET	**99214 (level-4 E&M) billed below peers** Level-4 established-visit share 58% vs a 71% peer median. Capturable with documentation alignment — not up-coding. **Source: CMS PUF CY2024.**	**$12K–$28K/yr**
OFFSET	**Modifier-25 under-used** Applied on 8% of eligible visits vs 22% among peers — a common documented, separately-identifiable service left unbilled. **Source: CMS PUF CY2024.**	**$4K–$9K/yr**
OFFSET	**Chronic & transitional care management not billed** No CCM (99490) or TCM (99495/6) claims, despite an eligible chronic-cardiac panel. A recurring, documentable revenue line. **Source: CMS PUF CY2024.**	**$8K–$19K/yr**
CONTEXT	**Echo (93306) concentration at peer norm** Imaging mix is in line with the peer distribution — noted as context, no opportunity claimed.	**—**
OFFSET	**In-market service-line headroom** Extended rhythm monitoring (93244/93242) billed by in-market peers but not this practice; ~27K adjacent-metro services in codes not currently offered. **Source: market & geographic service-line analysis.**	**bounded at scope**

Diagnose = loss you can name, not bill back **Offset** = capturable **Context** = benchmark, no $

COMPLIANCE & WEB-RISK FINDINGS

ACCESSIBILITY · WCAG 2.2 AA

Insufficient color contrast — HIGH · $10K–$50K

39 elements below the AA contrast ratio, including primary navigation and CTAs. Most-litigated ADA issue class.

Source: DOJ ADA Title III Settlement Database.

Links without discernible names — MODERATE

Icon-only links and ambiguous anchors that screen readers cannot announce.

Source: WCAG 2.2 AA (2.4.4).

Tap targets below minimum size — MODERATE

Mobile controls under the 44×44 px target-size guideline on the appointment flow.

Source: WCAG 2.2 AA 2.5.8.

SECURITY · HIPAA / FTC · OWASP A06

Tracking pixels on patient-facing pages — HIGH

Google Analytics + Tag Manager firing on symptom and appointment pages, with no HIPAA reference in the privacy policy — pulls health-related pages into OCR enforcement scope even without PHI in the payload.

Source: HHS OCR 2022 tracking-technologies bulletin · IBM Cost of a Data Breach.

Missing security headers — MODERATE

No Content-Security-Policy or Permissions-Policy; X-Frame-Options absent on two templates.

Source: OWASP Secure Headers project.

WEBSITE PRIVACY / PHI-LEAK

Third-party trackers receiving page-visit data — MODERATE

2 third-party endpoints observed receiving navigation data; no session recorders or keystroke capture detected. Observed data-flow, dated and described — not a legal conclusion.

Method: behavioral privacy scan (observed data-flow).

USABILITY · NIELSEN HEURISTICS

No online scheduling or patient portal — LOW

New-patient capture friction for an otherwise-growing practice; after-hours booking lost entirely.

Source: Nielsen usability heuristics.

REMEDIATION PRIORITY MATRIX

All findings ranked by severity and exposure. Address top to bottom for maximum risk reduction and revenue capture.

FINDING	AREA	SEVERITY	EXPOSURE / OPPORTUNITY	EFFORT
Color contrast below AA	Accessibility	HIGH	$10K–$50K risk	Low
Tracking pixels on patient pages	Security	HIGH	OCR enforcement scope	Low
99214 documentation alignment	Revenue	MED	$12K–$28K/yr	Med
CCM / TCM program stand-up	Revenue	MED	$8K–$19K/yr	Med
Modifier-25 capture	Revenue	MED	$4K–$9K/yr	Low
Link names / tap targets	Accessibility	MED	Included in ADA band	Low
Security headers	Security	MED	Hardening	Low
Third-party trackers	Privacy	MOD	OCR / FTC context	Low
Online scheduling	Usability	LOW	New-patient capture	Med

SOURCES

Every finding ties to public data — CMS Medicare claims, DOJ and HHS OCR enforcement records, W3C / OWASP standards, and peer-reviewed research. Full source detail and the underlying methodology are provided in the engagement.

Every finding is dated to its source; CMS public data runs ~18 months behind real-time. This assessment is descriptive — bounded ranges reflect published distributions, not a prediction of this practice's specific outcome. The full engagement includes the underlying methodology and a prioritized remediation plan.