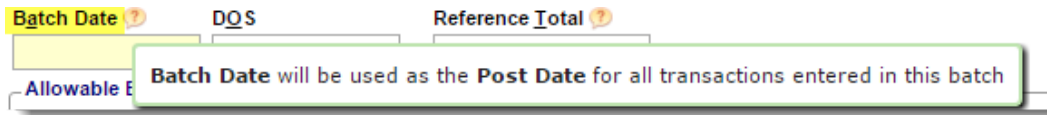


General Report information	2
Basic Receipt vs Payment information	2
Basic Report & A/R Accounting Logic	2
Daily Reports	3
Reference Batch	3
Receipts Management	4
Daily Sheet	6
Weekly Reports	7
Missing Encounters report	7
RCM -Revenue Cycle Management Reports	7
End of Month/Period	11
Period Analysis & Closing	11
A/R Reports	12
Year End	15
Refund Report	15
Allowed Fee Exception	15
Saved Report Filters	16
How do I schedule Reports?	17
How can I use the 'My report' section?	18

General Report information

Most of our reports default to the 'Post Date' which is derived from the Reference Batch



Basic Receipt vs Payment information

We are an encounter, charge, based accounting system. Receipts and Payments are fundamentally different. The **Receipt** holds details of the money received, who it came from, how much is in the bank. The **Payment** is the application of the money against an open balance, and could be in a different encounters, reference batch and/or reporting period. Unless the Payments are completely applied within the same time frame as the Receipts, the Receipt & Payment totals will not match across the same time range. For example, the Receipt was Posted on May 30th, but some of the payments were posted in June. The May Receipt and Payment totals will not tie out. There's also dispersal, refunds, collections payments and even reversed encounters to consider with these that could make the receipt date different than the payment date etc.

Disburse Field

On the Receipt, the Disbursed Field is available to flag items that do not belong in our PM. It is to be used in scenarios where some or all of the receipts funds are not to be posted into our PM.

We system deliver the following codes:

O - DISBURSED IN OTHER PM SYSTEM (most commonly used)

- This code is especially useful when transitioning PM systems
Scenario: An ERA is received with payment for charges from legacy PM. Our system auto-generates a receipt and marks it as 'Disbursed in Other PM' so the end user is able to post it into the legacy PM. The ERA dashboard displays what amount should be posted into the legacy PM

E- ERROR CORRECTION

CP- CAPITATION PLAN

- If you do not wish to post the payment into our PM, you may key in the Receipt and Disburse it using this code.

This field is editable by users who have permission to 'Modify' a receipt. This field may take place at any point in any reporting period. The Receipts management has filters to view disbursed receipts.

Basic Report & A/R Accounting Logic

Credit: when applied to an outstanding balance, that balance is reduced

Debit: when applied to an outstanding balance, that balance is increased

Transfers: Represent the movement of A/R from one party to another. This shouldn't affect the *overall* A/R but affects the A/R of a *specific* payer. Movement between insurances accounts for most (generally ALL) transfers. Primary pays and the remaining balance gets transferred to the Secondary. This is a transfer-out and transfer-in...they cancel each other out in total, but if only looking at the primary insurance on a report, the transfer serves to lower the A/R as the balance is moved over to the secondary. The secondary's A/R is then increased.

If, for example, AARP is always secondary to medicare, no charges are actually entered against AARP. Charges are entered against Medicare. Once Medicare adjudicates, the balance is transferred to AARP. Commonly, examples like

CATEGORY: REPORTS

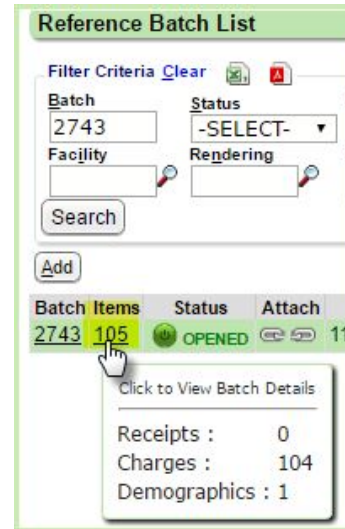
this to the payer AARP and has NO charges entered, but lots of Transfers-In. Medicare, on the other hand, gets most of it's A/R through charges, with a NET of transfers OUT to other payers. Transfers always net to \$0. The money gets moved FROM one place TO another, but it is same dollar amount on both sides of the transaction.

Daily Reports

Reference Batch * see help doc

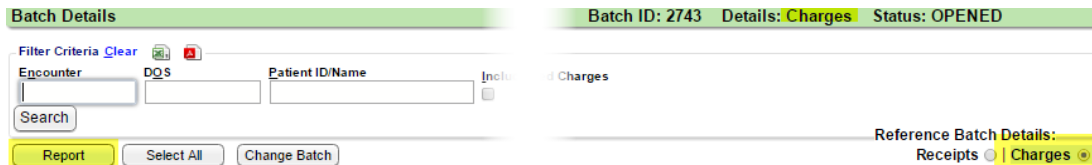
Where do I find the report?

From the Reference Batch page > Click the 'Items' Number



On the 'Batch Details' page

Choose a radio button for either: Receipts or Charges > Click [Report]



If there is ONLY Receipts or Charges the radio button defaults to whichever exist in this batch.

- Reference Batch Charge Breakdown - Charge count and on the last page

Encounter		Post Date	Patient	Rendering	Billing	Referring	Charge	Ins Bal	Pat Bal	Pat Paid																																			
65432	11/16/2016	PETTITT, REYNALDA M [9896] DOB: 11/09/1920	FRENCH [LAF]	FRENCH [LAF]			200.00	200.00	0.00	0.00																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Insurance</th> <th>Modifiers</th> <th>ICD9s</th> <th>Facility (POS)</th> <th>Units</th> <th>Charge</th> </tr> </thead> <tbody> <tr> <td>PRIMARY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SECONDARY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DOS</td> <td>CPT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>11/07/2016</td> <td>99203</td> <td></td> <td>716.90, 729.5, 401.1, 724.3</td> <td>MAIN OFF [1] (11)</td> <td>1.00</td> <td>200.00</td> </tr> </tbody> </table>											Insurance		Modifiers	ICD9s	Facility (POS)	Units	Charge	PRIMARY							SECONDARY							DOS	CPT						11/07/2016	99203		716.90, 729.5, 401.1, 724.3	MAIN OFF [1] (11)	1.00	200.00
Insurance		Modifiers	ICD9s	Facility (POS)	Units	Charge																																							
PRIMARY																																													
SECONDARY																																													
DOS	CPT																																												
11/07/2016	99203		716.90, 729.5, 401.1, 724.3	MAIN OFF [1] (11)	1.00	200.00																																							
66056	11/16/2016	SPEER, PIPER L [3543] DOB: 10/17/1968	HAWKINS [RWH]	HAWKINS [RWH]	HAWKINSROB [RWH]		104.00	0.00																																					
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11/14/2016	99213	25	244.9, 255.5, 784.0, 780.79	MAIN OFF [1] (11)																																									
Total Count					190	29,724.0																																							

Total amount

Reference Batch - Receipts Breakdown

When posting

Insurance, try to be

that the check is posted in full.

Look to Escrow column / total to identify what still needs posting.

sure

Receipts Management

11/10/16 - do not run as CSV - no totals page - run as XLS

This report is used to:

- Balance money put into the system with the bank deposits

CATEGORY: REPORTS

- Reconcile Credit Card statements
- Reconcile Receipts posted with Payments applied

If the report is run by RECEIVED DATE and not Posting Date, the logic changes. For the Received Dates chosen, the report shows all of the money applied from the applicable Receipts, regardless of the posting dates of those payments.

Below is a sample of the last page. Notice the escrow is the difference between Receipts created and the payments posted from those Receipts. This is to be expected, as often a copay will stay in escrow for some period of time before a charge is created to apply the copay against.

Receipt Totals		Receipt Management			
Posted from 05/01/2016 to 06/06/2016					
Patient	Amount	Insurance	Amount	Refunds	Amount
Cash	469.00	EFT	0.00	Patient	0.00
Check	1,097.19	Check	0.00	Insurance	0.00
Credit	17,062.77	Invoice	0.00	Total	0.00
Total	18,628.96	Total	0.00		
<div style="border: 1px solid green; padding: 2px; display: inline-block; margin-top: -10px;">Bank total of Receipts posted</div>					
Receipts	Amount	Copay	Applied	Escrow	
Patient Payment [PP]	18,628.96	4,035.80	17,245.58	1,383.38	
Total Payments	18,628.96	4,035.80	17,245.58	1,383.38	
<div style="border: 1px solid green; padding: 2px; display: inline-block; margin-top: -10px;">Total payments posted</div>					
Receipts with Escrow	Amount	Copay	Applied	Escrow	
Patient Payment [PP]	1,617.49	0.00	234.11	1,383.38	
Total	1,617.49	0.00	234.11	1,383.38	
<div style="border: 1px solid green; padding: 2px; display: inline-block; margin-top: -10px;">The amount in Escrow- to reconcile payments vs receipts</div>					
Disbursed Receipts	Amount	Copay	Amount	Amount	
Total	0.00	0.00	0.00	0.00	

We have the concept of 'Disbursed receipts' - the receipt is in this PM, but the money is not posted into this PM and therefore doesn't impact the A/R.

This feature can be used in several ways

1. Money is received (typically in an ERA) into the system, but belongs in a legacy PM
2. A way to receive and enter the \$ without posting the payment, such as Capitation
3. Error management after period close

This is subtle nuance, but effects which filters we should use when running Receipt Management to balance to a bank deposit. If the money is getting posted into a DIFFERENT system, run this report with the filters to EXCLUDE Disbursed Receipts. Since the \$ are being posted into a legacy system (and ought to be reported on an end of day report from THAT system), the Disbursed money should not be reported twice, so should therefore be excluded on the Receipt Management report when the dollars are being posted elsewhere. Keep in mind the disbursed field can be manually edited.

ERA report:

Receipts Management Report > filters of interest: Filter by 'Reference Batch', Insurance Payment, ERA, EFT and most importantly 'Consolidate ERA Receipts'

Receipt Management
Reference Batch: 527

Receipt Management

Filter By: Reference Batch ▾

Reference Batch: 527 ✕

Receipt Types:

Patient Payment [PP]: Insurance Payment [IP]:

Patient Refund [PR]: Insurance Refund [IR]:

On ERA: Include ▾

POS: Include ▾ (?)

Copay: Include ▾

How do I run Receipts management to show how payments are applied per provider, facility?

Keep in mind our reporting is encounter based. This means we fully report how the money is allocated after the money from a receipt is posted to an encounter. We can report the provider, Facility, Billing, Rendering, Referring etc once the encounter is saved as complete.

'Receipt type': example 'Patient'

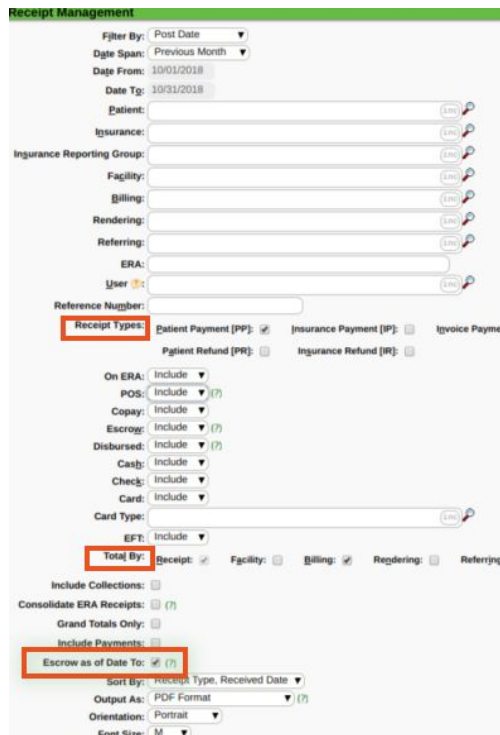
'Totals by' check marks to choose: example Billing

'Escrow as the date of' - If this option is not selected, the reported Escrow will be the current Escrow

- When this option is selected, the reported Escrow is calculated as of the 'Date To' date (top of report)

for a summation page within the report as seen below

'Undefined' means that payment has not yet been applied to an encounter. We get this information by 'including escrow'.



Look

Receipt Management				
Posted from 10/01/2018 to 10/31/2018				
Receipts by Billing				
Billing	Type	Amount	Applied	Escrow
	Patient Payment [PP]	2,518.00	2,518.00	0.00
	Patient Payment [PP]	1,000.00	1,000.00	0.00
	Patient Payment [PP]	1,229.40	1,229.40	0.00
[BCD]	Patient Payment [PP]	32,190.03	32,190.03	0.00
[D]	Patient Payment [PP]	4,664.00	4,664.00	0.00
	Patient Payment [PP]	1,060.00	1,060.00	0.00
Y [SHYG]	Patient Payment [PP]	1,515.00	1,515.00	0.00
	Patient Payment [PP]	640.00	640.00	0.00
	Patient Payment [PP]	50.00	50.00	0.00
[L]	Patient Payment [PP]	1,985.00	1,985.00	0.00
[H [KM]	Patient Payment [PP]	885.00	885.00	0.00
	Patient Payment [PP]	365.00	365.00	0.00
	Patient Payment [PP]	1,425.00	1,425.00	0.00
[S]	Patient Payment [PP]	19,446.21	19,446.21	0.00
[SG]	Patient Payment [PP]	1,020.00	1,020.00	0.00
	Patient Payment [PP]	9,730.00	9,730.00	0.00
Undefined	Patient Payment [PP]	10,115.75	0.00	10,115.75
Total Receipts				
Patient Payment [PP]		89,838.39	79,722.64	10,115.75

Daily Sheet

Use filters for charge post and receipt post date to reconcile daily activity - This has a very nice PDF output.

Daily Sheet				
Posted From: 11/14/2016 To: 11/14/2016				
CHARGES BY BILL/PROVIDER				
g Provider	#Patients	#Encounters	Total Units	Charges
sney, Craig Md	34	34	39.00	4,074.00
er, Douglass W Md	33	33	49.00	6,528.00
en, Louise S Md	8	8	11.00	209.00
kins, Robert L Md	26	26	30.00	3,287.00
AL	197	203	270.00	30,316.50

CHARGES BY FACILITY				
ity	#Patients	#Encounters	Total Units	Charges
th Center Associates Main Office	178	178	230.00	23,351.50
xital Inpatient	20	25	40.00	6,965.00
AL	197	203	270.00	30,316.50

Daily Sheet

Date From:

To:

Date (Charges): Charge Post Date

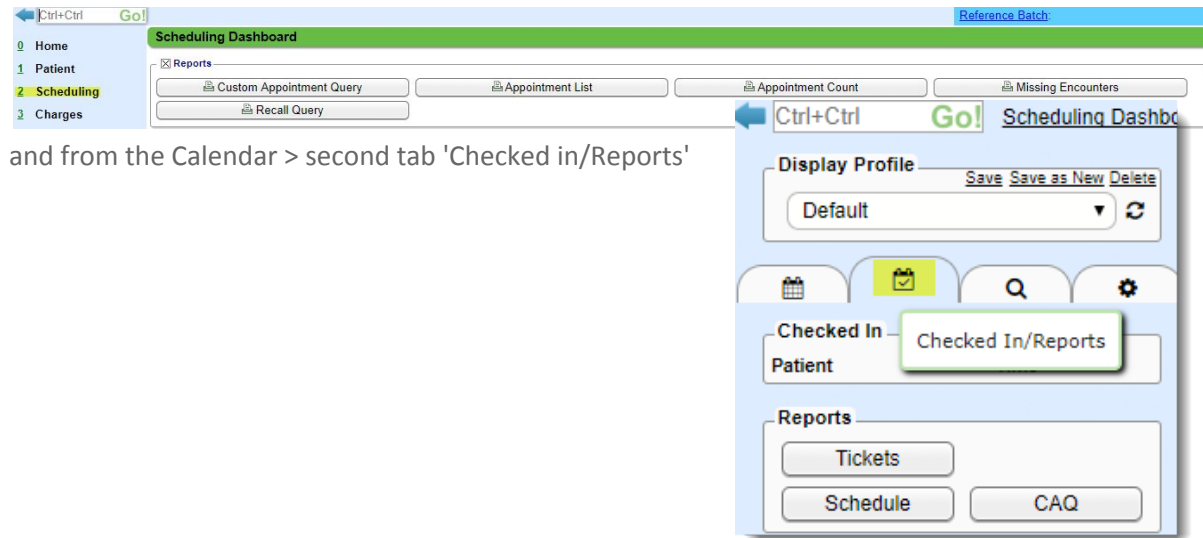
Date (Receipts): Receipt Received Date

Facility: Receipt Post Date

Selected Transactions: Transaction Post Date

Scheduling / Calendar

These reports can be found on the scheduling Dashboard, in the reports section



and from the Calendar > second tab 'Checked in/Reports'

Weekly Reports

Missing Encounters report

We recommend practices run this report daily. If a Patient has been marked as checked in/out, we expect to have an encounter or charge for that visit. If the Patient is marked as scheduled it is possible the front desk/ check in staff has neglected to mark the patient as 'no show'. This report has its own help document.

FAQ: Should this report show any visit that does not have an encounter or charge?

- Did front desk mark the patient as 'no show'? If not the appointment will show on this report
 - This report can be run to excel, filtered by 'scheduled' and that list could be passed back to the front desk to work, by changing the status to reflect if the patient did not attended their appointment, mark 'no show' or if they should have been checked in - mark checked in
- Did the encounter get 'linked' to the correct appointment
- After the report is 'worked' i.e. we answer these questions, then you can say 'these encounters still need to be billed'.

RCM -Revenue Cycle Management Reports

Creating medical billing reports can help you diagnose the health of your practice. Reports can show you how your practice is performing on important revenue cycle metrics, whether claims are being paid in a timely fashion and how well insurance carriers are paying you for key procedures, among other things.

Interactive Aging

CATEGORY: REPORTS

- Real-Time A/R view

1. Ability to sort by columns
2. Total-By options including:
 - Insurance / Insurance Reporting Group / Insurance CFI
 - Facility / Facility Reporting Group
 - Billing / Rendering / Referring Providers / Provider Reporting Group
 - Statement Type
3. Easily assign Encounters for follow-up to the appropriate Worklist

Encounter List

Filter Criteria [Clear](#) WK

Aging	By	Credit:
91-120 ▼	Bill Date ▼	Incl
Encounter	Patient ID/Name	Insura
<input type="text"/>	<input type="text"/>	109

4. Flexibility for viewing/excluding Credits

The screenshot shows the 'Interactive Aging' report interface. Red arrows highlight key features:

- Arrow 1 points to the 'Name' column header in the table.
- Arrow 2 points to the 'Total By' dropdown menu.
- Arrow 3 points to the 'Credits' dropdown menu.
- Arrow 4 points to the 'Credits' dropdown menu.

 A dropdown menu is open over the 'Credits' field, showing options: 'Include', 'Exclude', and 'Only'.

- Please note the Credit logic. With the Include/Exclude/Only credit filter, each Responsible Party balance is taken into consideration. This makes it easy to isolate individual credit balances.
- Checkbox to display percentage of A/R in each Aging bucket
- Key Performance Indicator threshold % triggers red highlights
 - Thresholds entered in Admin > System Default Settings > Reports
 - Thresholds can be set separately for Patient A/R

Interactive Aging

Filter Criteria [Clear](#)

Total By	Aging By	Credits	<input type="checkbox"/> Include Reversed Encounters	<input checked="" type="checkbox"/> Include Percentages
Facility ▼	Bill Date ▼	Include ▼		
Insurance	Billing	Rendering	Referring	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

1-77

Facility	Name	0-30	%	31-60	%	61-90	%	91-120	%	121+	%	Total
1	HEALTH CENTER ASSOCIATES MAIN OFFICE	596.12	0.25%	2,955.83	1.22%	582.09	0.24%	43,660.48	18.07%	193,765.64	80.21%	241,560.16
2	HOSPITAL INPATIENT	99.85	0.22%	711.14	1.58%	...	...	2,814.35	6.24%	41,481.96	91.96%	45,107.30
3	HOSPITAL OUTPATIENT	...	...	141.82	3.51%	...	...	783.20	19.38%	3,117.08	77.12%	4,042.10
4	SEASONS NURSING HOME	...	...	...	...	...	...	...	...	8.77	100.00%	8.77
5	NORTH SATELLITE OFFICE	95.60	1.21%	51.20	0.65%	6.90	0.09%	333.65	4.24%	7,388.92	93.81%	7,876.27
7	BRIARWOOD NURSING HOME	...	...	...	...	...	...	75.00	7.83%	883.15	92.17%	958.15
8	SOUTH SATELLITE OFFICE	...	...	...	...	...	...	...	...	11,448.59	100.00%	11,448.59
TOTAL		791.57	0.25%	3,859.99	1.24%	588.99	0.19%	47,666.68	15.33%	258,094.11	82.99%	311,001.34

Interactive Aging

Filter Criteria [Clear](#)

CATEGORY: REPORTS

The following example screenshot is a breakdown by Statement Types filtered for Patient balances only.

Unresolved Claims - Use to work open (unresolved) or unpaid claims

- similar to interactive aging but you can include notes and patient and run as a stagnant report
- Can include patient demo details and notes from the account
- can be used as a call list, as it pulls the phone number from the insurance library

Aging by Patient - Report for outstanding balances as well as Insurance and/or Patient Credits, and escrow

Insurance	0-30	31-60	61-90	91-120	121+	Balance
PATIENT [SELF PAY]	25.00	...	...	...	...	25.00
PATIENT [AFTER INSURANCE]	34.08	...	...	...	...	34.08

Custom Query- Adjustment Audit - All CPT that have been written off in full by a CO adjustment code - Encounter, DOS, CPT, Insurance, CO, Provider ID, User ID, amount of write off / charge amount

To run a Custom Query go to: Admin > Custom Query
Choose a Date Range > Run file, 'yes'

End of Month/Period

Period Analysis & Closing > Watch Period Analysis & Closing Video- found in the help center

Period Analysis & Closing

Close Current Reporting Period

Post Date From: 05/01/2016 To: 05/31/2016 [Select Closing Date](#)

[Month End Worklist](#) [Refresh](#)

- There are [3](#) reference batches that need to be closed. [1](#)
- There are [5](#) receipts with Escrow in this period. [2](#)
- There are [8](#) incomplete charges that need attention [3](#)

Encounter	Ref. Batch	Patient Name	Posted	Amount	Note
991	4 -1	368	2016-05-14	...	[ENC : 991] Incomplete Reason: New

The closing process is not mandatory, but is highly recommended. Running this both report on *and* close your financial periods. To start the close, simply choose the date that will be considered the last posting date of the period.

Closing locks the financials for the period by preventing the posting dates within the closed period from being used after the close. Month End Worklists may appear after the closing date has been selected. These highlight issues that need to be resolved prior to closing.

1. All **Reference Batches** with post dates in the period *must* be closed. Click on the **number** hyperlink and click to close the batches.
2. **Receipts**: Click on the **number** hyperlink to be presented with a list of Receipts with Escrow.
3. **Incomplete Charges** in the Period either need to be completed or removed from the Period. Click the **number** hyperlink, to open the list, then...
 - Click the Encounter number to complete the Encounter, or click [Remove](#)
 - Clicking 'Remove' removes the Post Date from the Encounter. The Encounter will receive a new Post Date when it is completed.

Batch	Items	Status	Attach
520	0	OPENED	
518	10		Click to Close

Receipt Hist

Filter Criteria [C](#)

Receipt

From/To

Search

It is recommended you finish posting Insurance Payments, within your Period. Patient Payment may stay in escrow, for instance, a copay may not yet have a charge in the system to be applied to.

Posted From	Posted To	Type	Deleted
05/01/2016	06/01/2016	All	Exclud
Amount	Batch	All	Escrow C
		Patient Payment [PP]	<input checked="" type="checkbox"/>
		Insurance Payment [IP]	

How do I reopen a Closed Period?

1. Click Summary > on the Period Analysis & Closing report page
2. Click the red X to re-open

Add To My Reports: Period End Rep

Period Analysis & Closing

Close Current Reporting Period

Post Date From: 09/01/2017

View Report Close Period & View F

Previous Reporting **1** Summary

Most Recently Closed Period FROM:0

Closed Period Summary

Period Analysis & Closing

Period	Year End	St
2017-08	<input checked="" type="checkbox"/>	08/01/20
2017-07	<input type="checkbox"/>	07/01/20
2017-06	<input type="checkbox"/>	

Re-open this Closed Period

A/R Reports

- A/R Management : Run for a variety of criteria and breakdowns, shows the details of the A/R changes, with Aging breakdown, or can be run ONLY for the aging breakdown, which gives a display much like the Interactive Aging.
 - Totals by Primary Diagnosis, Procedure,
- Escrow checkbox calculation: 'as of the date you ran the report', what was in escrow' - Last Posted Date:

Demo He	A/R Management							01/30/2018
	Report as of:01/30/2018							
Billing	Charges	Payments	Refunds	Adjustments	Write-Offs	Transfers	A/R	
123	571.96	...	...	17.17	...	...	554.79
CHC	998,938.96	512,816.01	530.06	441,427.95	6,510.76	2,397.32	36,316.98	
DWJ	642,250.06	374,089.81	521.93	220,592.95	10,268.49	940.60	36,880.14	
JRK	790,805.86	411,068.19	1,454.84	342,909.06	8,538.99	2,504.41	27,240.05	
LAF	377,269.37	194,536.08	569.02	165,032.13	3,430.71	1,150.81	13,688.66	
LSF	646,570.07	336,208.61	380.70	291,758.49	2,693.93	1,081.76	15,207.98	
RWH	689,471.63	354,762.69	318.05	296,526.63	4,988.11	1,868.59	31,643.66	
TOTAL	4,145,877.91	2,183,481.39	3,774.60	1,758,264.38	36,430.99	9,943.49	161,532.26	

- A/R Analysis : Gives a Day by Day, Wk by Wk, Month by Month, or Year by Year tracking of changes in the A/R. For the reporting criteria you see what the beginning A/R was, all the changes and the ending A/R. A/R Analysis separates the adjustment and transfers
 - Net = Charges - Payments - Adjustments + Refunds +/- Transfers = the NET effect on the accounts receivables
 - Days in A/R = based on Admin REPORT setting -
 - ARDAYS - NUMBER OF DAYS/MONTH - AVERAGE DAILY BILLING CALCULATION
 - ARMONTHS - NUMBER OF MONTHS (LOOKBACK) - AVERAGE DAILY BILLING CALCULATION
- Practice Analysis
 - This may be our most popular report, due to the ability to group by, then sub filter then sub sub filter
 - Use this Report for RVU stats

CATEGORY: REPORTS

- This report shows % of charges; per Insurance/Provider/Facility/etc....driven by what 'Group by' are used

If by **Post Date**: All transactions with post dates in the report range will be reported.
 If by **Service Date**: All charges in the service date range will be reported along with ALL payments and adjustments that have been applied against those charges, regardless of their post date.

Practice Analysis

Date Type: Post Date Post Date

From: Post Date

To: Date of Service

Facility: Reference Batch

Billing:

Rendering:

Supervising:

Insurance:

Procedure Code Reporting Group:

CPT:

User ID:

POS: All

Include Collections:

Exclude Reversed Encounters:

Include Contractual Allowed Amounts:

Reset Contractual Allowed Amounts:

Include Year-to-Date:

Group By: Billing Provider

Sub-Group By: - SELECT -

Sub-Sub-Group By: - SELECT -

Output As: CSV Text File

Billing Provider
 Billing Provider
 Rendering Provider
 Referring Provider
 Supervising Provider
 Facility
 Insurance
 Insurance Reporting Group
 Procedure Code
 Procedure Code Reporting Group
 Patient
 Patient Type
 Provider Reporting Group
 Billing Location

Transfers: The money moved (transferred) from/to the next responsible party

IE Medicare pays 80%, 20% is transferred OUT (negative amount - reduces the A/R out to Medicare) to a secondary (positive amount - increases the A/R out to secondary). If the report is Grouped by insurance, we would expect Medicare to have a large negative number and AARP to have a positive #. A Payer that is typically a Medicare secondary is going to get most of it's A/R through transfers as opposed to Charges.

Prof% = Profile %

This is a calculated field: Payments divided by (Payments + Adjustments)

Examples: If you bill \$100 and are paid \$100 then it is $(\$100 / (\$100 + \$0)) = 1$ or 100% (for every dollar billed I am receiving a dollar (or 100% of my money)) If you bill \$100 and are paid \$50 (with a \$50 CO45) then it is $(\$50 / (\$50 + \$50)) = .5$ or 50% (for every dollar billed I am receiving 50 cents (or 50% of my money))

RVU - is calculated by the number of CPT units billed times the RVU amount associated with the CPT record.

If run by post date: all transactions (payments and charges) within the chosen time frame are reported

YTD totals are driven by the dates that are flagged when closing the periods. If someone wants to compare another report to the YTD #s in Practice Analysis they need to verify what the start day of the YTD numbers. It may be January 1, and it may not be Jan 1. View the Closed Period Summary (Reports > Period Analysis & Closing > click the 'Summary' link) and check when the new year started. Ex: If the Start date is 11.28.14 and End date 1.2.15. the correct start date for YTD totals would begin 1.3.2015. This would mean that the first Post Date of the year is 1.3.2015 and that date should be used as the start date for a comparative post date range.

Patient: If you add up each item in the column, it may not equal the total - this is by design.

For example, if a patient saw both Dr Smith and Dr Jones the patient count for each doctor would be 1, but the total would also be 1 because we don't want to count the same patient twice. All counts are unique.

CATEGORY: REPORTS

MEDICINE		Practice Analysis										
Post Date Between 01/01/2017 and 11/01/2017												
Billing	Patients	Encounters	Units	RVUs	Charges	Chg%	Payments	Pro%	Refunds	Adjustments	Write-Offs	
Period:	2	0	0.00	0.00	0.00	0.00%	0.00	N/A	0.00	0.00	0.00	0.00
Period:	390	545	1,180.00	0.00	357,166.00	0.55%	48,710.56	28.44%	0.00	132,539.60	0.00	0.00
Period:	2,492	4,662	10,639.00	0.00	7,132,665.40	15.17%	925,493.69	20.54%	3,019.33	3,575,276.95	5,021.72	
Period:	1,064	2,326	8,570.00	0.00	2,141,575.43	4.55%	616,046.59	35.83%	30.00	1,090,058.81	13,324.32	
Period:	1,269	2,162	7,517.00	0.00	1,946,707.75	4.14%	235,865.32	19.11%	0.00	997,221.09	1,411.92	
Period:	1,166	2,380	9,207.00	0.00	3,361,219.17	7.15%	334,298.35	14.25%	55.00	2,008,580.25	2,292.00	
Period:	1,533	2,588	5,593.00	0.00	2,830,224.69	6.02%	498,500.10	25.10%	30.00	1,480,876.01	6,415.00	
Period:	411	552	2,281.00	0.00	577,475.78	1.23%	43,667.34	19.88%	0.00	175,943.09		
Period:	1,055	1,714	6,298.00	0.00	2,434,070.71	5.18%	237,838.27	14.85%	290.48	1,360,324.99		
Period:	1,604	3,268	8,721.00	0.00	5,929,545.88	12.61%	839,302.07	19.88%	1,085.19	3,380,438.42		
Period:	1,965	4,006	11,248.00	0.00	8,692,427.39	18.49%	1,075,086.15	18.01%	1,738.78	4,884,809.21		
[TOTAL]	14,649	37,503	110,808.00	0.00	47,018,021.68	100.00%	6,803,804.32			12,183.86	25,842,855.84	

In this report, only one 'group by' has been chosen > Billing Provider

MEDICINE		Practice Analysis										
Post Date Between 01/01/2017 and 11/01/2017												
Billing	Insurance	Patients	Encounters	Units	RVUs	Charges	Chg%	Payments	Pro%	Refunds	Adjustments	Write-Offs
AARP	Period:	0	0	0.00	0.00	0.00	0.00%	56.34	100.00%	0.00	0.00	0.00
AEPOS	Period:	4	4	9.00	0.00	1,648.00	0.00%	151.17	23.37%	0.00	495.77	0.00
AETNA	Period:	7	9	21.00	0.00	3,841.00	0.01%	216.89	12.78%	0.00	1,480.08	0.00
BCBS	Period:	38	50	114.00	0.00	26,543.00	0.06%	3,794.17	25.51%	0.00	11,077.04	0.00
BOONCHAP	Period:	1	1	3.00	0.00	506.00	0.00%	110.63	24.26%	0.00	345.37	0.00
CM [CAREMORE]	Period:	1	1	4.00	0.00	654.00	0.00%	173.42	28.44%	0.00	436.33	0.00
HEALTHSCOP [CCHS]	Period:	2	3	7.00	0.00	1,846.00	0.00%	153.68	18.15%	0.00	692.90	0.00

'Group by' Billing provider then sub group by Insurance

MEDICINE		Practice Analysis											11/21/2017 05:14	
Post Date Between 01/01/2017 and 11/01/2017														
Billing	Insurance	Procedure Code Reporting Group	Patients	Encounters	Units	RVUs	Charges	Chg%	Payments	Pro%	Refunds	Adjustments	Write-Offs	Transfers
AARP	Period:		0	0	0.00	0.00	0.00	N/A	56.34	100.00%	0.00	0.00	0.00	-80.98
AARP	INJECTIONS [INJ]	Period:	0	0	0.00	0.00	0.00	N/A	0.00	N/A	0.00	0.00	0.00	-16.38
AARP	XRAY	Period:	0	0	0.00	0.00	0.00	N/A	0.00	N/A	0.00	0.00	0.00	-12.08
[TOTAL]	Period:		0	0	0.00	0.00	0.00	N/A	56.34	100.00%	0.00	0.00	0.00	-109.44
AEPOS	Period:		4	4	5.00	0.00	1,173.00	N/A	96.04	20.60%	0.00	373.56	0.00	115.50
AEPOS	INJECTIONS [INJ]	Period:	1	1	1.00	0.00	190.00	N/A	54.23	30.74%	0.00	122.21	0.00	13.56
AEPOS	XRAY	Period:	2	2	3.00	0.00	285.00	N/A	0.00	N/A	0.00	0.00	0.00	28.98
[TOTAL]	Period:		4	4	9.00	0.00	1,648.00	N/A	151.17	23.37%	0.00	495.77	0.00	129.06
AETNA	Period:		7	9	13.00	0.00	2,826.00	N/A	178.91	14.57%	0.00	1,049.37	0.00	333.72
AETNA	INJECTIONS [INJ]	Period:	3	3	3.00	0.00	540.00	N/A	0.00	0.00%	0.00	241.53	0.00	108.47
AETNA	XRAY	Period:	4	4	5.00	0.00	475.00	N/A	37.98	16.72%	0.00	189.18	0.00	57.84
[TOTAL]	Period:		7	9	21.00	0.00	3,841.00	N/A	216.89	12.78%	0.00	1,480.08	0.00	500.03
BCBS	Period:		38	45	69.00	0.00	16,792.00	N/A	2,686.07	25.12%	0.00	8,008.67	0.00	1,432.28
BCBS	DME	Period:	4	4	4.00	0.00	1,994.00	N/A	487.17	35.46%	0.00	886.53	0.00	121.80
BCBS	INJECTIONS [INJ]	Period:	8	8	10.00	0.00	1,780.00	N/A	244.22	24.24%	0.00	763.32	0.00	60.46
BCBS	MRI	Period:	1	1	1.00	0.00	1,700.00	N/A	0.00	N/A	0.00	0.00	0.00	1.70
BCBS	ULTRASOUND DX [ULT]	Period:	5	5	5.00	0.00	1,910.00	N/A	91.68	24.98%	0.00	275.32	0.00	15.00
BCBS	XRAY	Period:	21	21	25.00	0.00	3,677.00	N/A	285.03	19.98%	0.00	1,114.20	0.00	15.00

group by > billing provider > Insurance > CPT

Year End

This is only necessary if you are using some other date than 12/31/current year. Use the checkbox 'Year End' to indicate this is the end of your fiscal year.

Period Analysis & Closing

Close Current Reporting Period

Period Description: 2016-12 Year End:

Report Options

Include Totals by: Service Facility Aging?:

View Report Close Period & View Report Close Per If checked, the day after the Closing Date will act as the start date for all Year-to-Date totals

The system will keep a running A/R from year to year. The 'start' number, at the beginning of the new year will be the same as the ending number from the year before. Any Year-To-Date report will use the beginning date based on this checkbox.

Refund Report

Use the 'Aging by Patient' Report, with a balance < .01 as seen in the screenshot below. This report shows account credit balance and any escrow that may need to be worked.

Patient Credit Management

Patient Credit Management provides the ability to automatically Re-Apply Credits to outstanding debit balances. This allows the Re-Apply Patient Credit function on the Encounter Dashboard to be used across all Patients/Guarantors in one step.

Guarantor	Patient(s)	Ins Bal	Debit Bal	Credit Bal	Pat Bal	Credit Age (days)
4597	5198	0.00	29.21	(201.22)	-172.01	181
8666	9611	0.00	17.23	(753.37)	-736.14	276
12466	13545	0.00	77.96	(87.46)	-9.50	174
12552	13635	0.00	6.75	(105.87)	-99.12	276

Allowed Fee Exception

This report compares posted allowed amounts to contractual allowed fees, allowing you to easily find underpayments. If the report is run to "Output As" a CSV Text File, it will include Patient's DOB and Policy #, so the report can be used as part of an insurance appeal process.

Encnter	DOS	CPT	Modifier	Contract Allowed	Actual Allowed	Discrepancy	Paid
228	03/22/2018	99203		116.71	99.39	17.32 [17.43%]	79.51
11	03/22/2018	99214		116.02	99.63	16.39 [16.45%]	49.63
17	03/22/2018	99214		116.02	99.63	16.39 [16.45%]	44.63
254	03/22/2018	97035		8.36	8.64	-0.28 [-3.24%]	8.64

Allowed Fee Exceptions- Use to review if Insurances are adjudicating claims correctly

Allows you to return ALL allowable and not just the exceptions.

- Simply select the “Include Non- Discrepancies” checkbox.

Saved Report Filters

Report parameters can be Saved and Copied to other users. This prevents the need for remembering the various preferred report preferences for each report.

Save: > Select the desired report parameters

1. Click 'Save'
2. Add a Title (Description is optional)
3. [Save]

Save As New

Choose an existing report, make changes to the report parameters

1. Click 'Save as New'
2. Choose a new Title & Description (optional)
3. [Save]

Copy

1. Highlight the saved Report Filter you want to Copy to another user

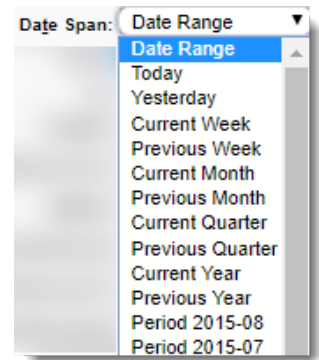
2. Click 'Copy'
3. Choose a User from the Drop-down
4. [Save]

Delete -Highlight the report

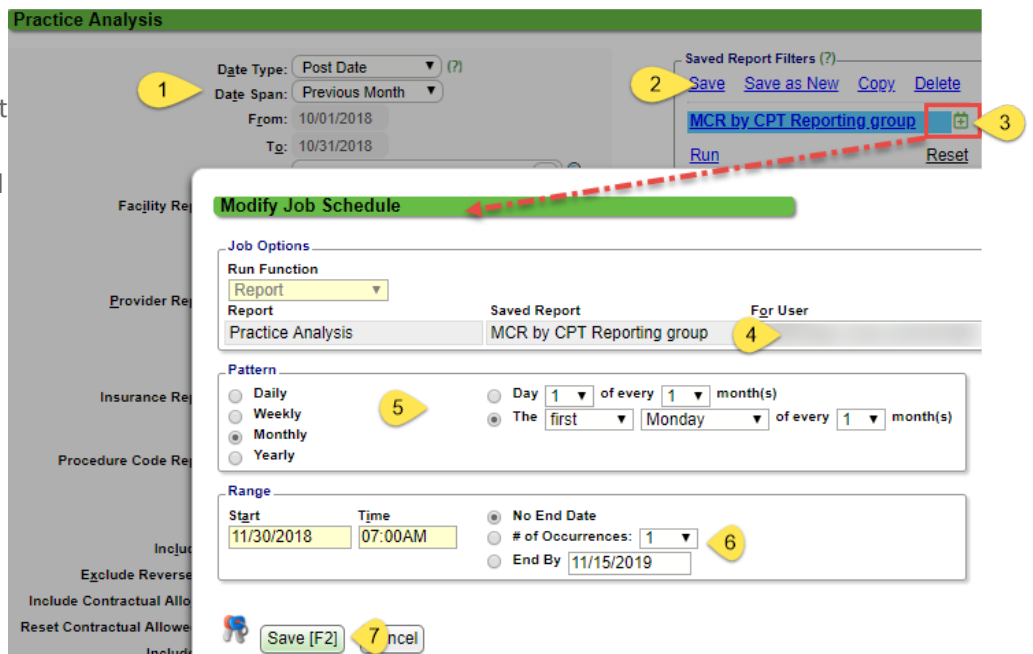
1. Click 'Delete'
2. Add a reason
3. [Save]

How do I schedule Reports?

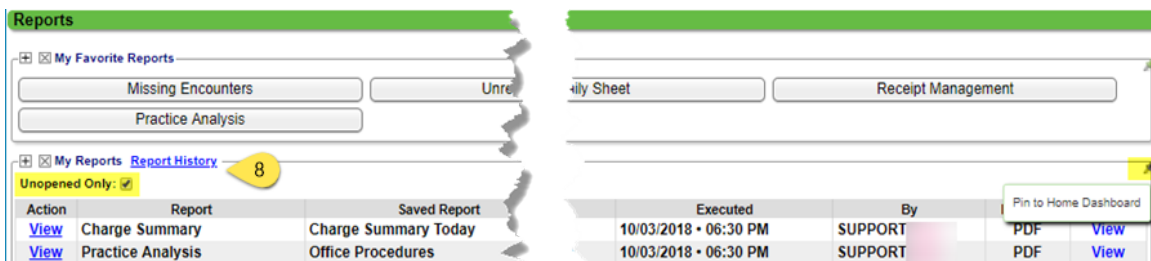
“Date Span” options on reports, allow for relative date options such as Yesterday, Current Week, Current Month, Period end, etc.



- All closed Periods will also be available in reports as Date Span options
- 1. Use Date Span and other permeates you want the report to run by
- 2. Save report filters
- 3. After a report is 'Saved' > Click the Calendar icon next to the description
- 4. Choose to run this report for yourself or a different User, and it will appear in the “My Reports” area when it runs
- 5. Choose how often the report is run
- 6. Date to start and recurrence
- 7. [Save]



- 8. “My Reports” filter allows you to easily view your Unopened reports with a check mark Most users pin this section to their home dashboard



- The current Period close can be scheduled at any point during the Period
 - Click the ‘Schedule’ option that is now on the Period Analysis & Closing screen

How can I use the 'My report' section?

1. View all reports run in > 'Report History' link in the 'My Reports' tile. Access to this screen is controlled by Permissions. It is a comprehensive view of all reports generated, with the ability to filter by Report Name, User, Status, Dates, File Type, and specific report Parameters.
2. 'Unopened Only' checkbox allows us to filter for reports that have not been opened
3. 'View' Hyperlink allows us to open previous reports
4. Status >
 - o 'Running' if the report is not yet complete. A report continues to calculate at the database level even if you navigate away from the report filters page or log off before the report is done running; the report will display in the 'recent report' area.
 - o 'Complete' the Report will be kept for three months

Reports

+ My Favorite Reports

Missing Encounters Unresolved Claims Daily S

Practice Analysis

+ My Reports **Report History** 1

Unopened Only: 2

Action	Report	Saved Report	Period	Method	Status
	Practice Analysis			On Demand 4	Running
View 3	Charge Summary	Charge Summary Today	2015-08	On Demand	Complete

Report Footer Info Filter

All reports provide the ability to remove the report footer information which contains the parameters the report was run for. There is a system setting that can turn this off for all reports.

Sort By:

Output As:

Orientation:

Font Size:

Cover Page:

Footer Info: