Have you heard about HITECH?

On February 17, 2009 President Obama signed into law The American Recovery and Reinvestment Act of 2009, providing us with a tremendous opportunity to transform healthcare in the United States. The law provides $36 billion in health information technology incentives to physicians and hospitals to ensure widespread adoption and use of interoperable healthcare IT systems such as the Electronic Health Record. For more information about the stimulus visit http://www.ehrstimulustour.com/resources.html.
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<tr>
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<td>314</td>
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</table>
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Introduction

About Allscripts PM Reporting

Allscripts PM provides a suite of reporting tools designed to help manage the practice and its performance.

Reports are available in five areas of Allscripts PM:

> **Scheduling** - Under Scheduling, two types of reports are available:
> > Reports that provide detailed information about appointments, encounters, and a list of recalls. See *Scheduling Reports*, on page 10.
> > Reports that identify referral exceptions and outgoing referrals. See *Referral Reports*, on page 32.

> **Financial Processing** - Under Financial Processing, four types of reports are available:
> > Transaction reports provide a list of batches for balancing before closing. See *Transaction Reports*, on page 45.
> > Automatic Transaction reports provide a list of vouchers that have credit balances. See *Automatic Transaction Reports*, on page 59.
> > Financial Analysis reports provide charge, payment, and unassigned payment information. See *Financial Analysis Reports*, on page 68.
> > Financial Posting reports provide journal entry information for your batches. See *Financial Posting Reports*, on page 107.

> **Billing** - Under Billing, two types of reports are available:
> > Claims Review reports provide information about unpaid claims and ANSI files. See *Claims Review Reports*, on page 132.
> > Occupational Medicine reports provide a list of unpaid invoices. See *Occupational Medicine Reports*, on page 147.

> **Collections** - Under Collections, two types of reports are available:
> > Reports to help with self-pay account follow up. See *Self-Pay Follow Up Reports*, on page 156.
Introduction

> Collection reports that can be generated in multiple ways to help work specific types of accounts or all accounts. See Collection Reports, on page 165.

> **Reporting** - Under Reporting, four types of reports are available:
  > > **Period End Reports**, on page 179
  > > **Comparative Analysis Reports**, on page 202
  > > **Payment Analysis Reports**, on page 257
  > > **Patient Analysis Reports**, on page 297

Reports can be found under the following areas in Allscripts PM:

> **Scheduling and Referral Reports**, on page 9
> **Financial Processing Reports**, on page 43
> **Billing Reports**, on page 131
> **Collections Reports**, on page 155
> **Reporting**, on page 175
Scheduling and Referral Reports

About Scheduling and Referral Reports

Two types of reports are available under Scheduling in Allscripts PM:

> **Scheduling Reports** - Scheduling Reports can be used to do any of the following:
  > Print appointment detail by physician and department
  > Analyze productivity and resource utilization
  > Track encounters
  > Generate Recall reports

> **Referral Reports** - Under Referrals, you can generate reports to do any of the following:
  > Identify scheduled visits with missing or expired authorizations
  > List all outgoing referrals

The Scheduling section of Allscripts PM contains two types of reports:

> **Scheduling Reports**, on page 10
> **Referral Reports**, on page 32
Scheduling and Referral Reports

Scheduling Reports

Four reports are available in Allscripts PM to help track appointments and encounters:

> Appointment Detail Report, on page 11
> Appointment Analysis, on page 17
> Encounter Tracking, on page 22
> Recall Report, on page 27
Appointment Detail Report

Use the Appointment Detail Report to track appointments by status, type, and category, and to analyze productivity by resource, department, and location for any selected time period. This report may be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Appointment Detail Report:

- Appt Date & Time
- Sched Loc - Scheduling location
- Sched Depart - Scheduling department
- Resource
- Appt. Type/Comments
- Duration
- Encounter No.
- Status - Appointment status (scheduled, confirmed, acknowledged, wait list, no show)
- C - Coverage status (Y = Yes, N = No, P = Pending, R = Received, E = Exception, <blank> = none entered)

This column only shows if you checked *Include Coverage Status* on the Appointment Detail Report tab.
# Scheduling and Referral Reports

## Appointment Detail Report Sample

### Appointment Detail Report

**Allscripts Practice**

<table>
<thead>
<tr>
<th>Patient</th>
<th>Name</th>
<th>DOB</th>
<th>Phone</th>
<th>Sched Dept</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>John Smith</td>
<td>01/01/90</td>
<td>555-1234</td>
<td>Clinic</td>
<td>Completed</td>
</tr>
<tr>
<td>67890</td>
<td>Jane Doe</td>
<td>01/01/91</td>
<td>555-5678</td>
<td>Hospital</td>
<td>Completed</td>
</tr>
</tbody>
</table>

### Sample Appointment Detail Report Grouped by Resource, Sched Dept

**Appointment Detail Report**

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Start Time</th>
<th>End Time</th>
<th>Duration</th>
<th>Resource</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>09:00 AM</td>
<td>10:00 AM</td>
<td>1 hour</td>
<td>Smith</td>
<td>Completed</td>
</tr>
<tr>
<td>67890</td>
<td>09:30 AM</td>
<td>10:30 AM</td>
<td>1 hour</td>
<td>Doe</td>
<td>Completed</td>
</tr>
</tbody>
</table>

**Appointment Detail Report tab**

The Appointment Detail Report tab allows you to select the criteria you want to use to run the report.

---

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Reporting Manual

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11/30/2010
Appointment Detail Report tab

Appointment Detail Report tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Scheduling and Referral Reports

Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Appointment Category
  - Appointment Status
  - Appointment Type
  - Resource
  - Scheduling Department
  - Scheduling Location

- **Level of Detail** - Selections moved over from Available Group Fields appear here.

- **Available Sort Fields**
  - Appointment Date/Time
  - Patient Name
  - Patient Number
  - Medical Record Number
  - Med Rec No Terminal Digits/Med Rec No - Sorts by last digits then by the entire medical record number.
    Example: In the case where a practice uses a six-digit medical record number, the sort of records 12 34 56, 09 43 56, and 02 22 56 would be 02 22 56, 09 43 56, 12 34 56.
  - Med Rec No Terminal Digits/Patient Name - Sorts by last digits, then by patient name.
    Example: Using a six-digit medical record number such as: 12 34 56, the sort would be conducted first by 56. Then patients with medical record numbers ending with 56 would be listed alphabetically.
  - Med Rec No Terminal Digits/Patient Number - Sorts by last digits, then by the patient number.
    Example: Using a six-digit medical record number such as 12 34 56, the sort would be conducted by 56. Then patients with medical record numbers ending with 56 would be listed in order by patient number.
  - Med Rec No Reverse Couplet - Sorts by last digits, then by each two digits working in reverse order.
    Example: Using a six-digit medical record number, the sort of records: 12 34 56, 09 43 56, and 02 22 56 would be 02 22 56, 12 34 56, 09 43 56.
  - New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

**Select Appointment Statuses**

Specific appointment statuses can be selected.

The following Appointment Statuses are pre-selected as defaults for this report:

- Acknowledged
- Bumped
- Confirmed
- Scheduled
- Wait List

If you want the report to only print appointments with these statuses, you do not have to open this dialog box.

**Select Appointment Types**

Specific appointment categories, appointment groups and/or appointment types can be selected.

**Select Coverage Statuses**

Specific coverage statuses can be selected.

**Select Resources**

Specific resource groups or resources can be selected.

**Select Scheduling Departments**

Specific scheduling departments can be selected.

**Select Scheduling Locations**

Specific scheduling locations can be selected.

**Appointment Date - From: To**

Select the appointment dates for which you want to report.

The system interprets any blank field as a command to look at all dates. In other words, if you leave the *From* date field blank, the report includes appointments from the first date entered.
Scheduling and Referral Reports

into the system. If you leave the To date field blank, the report includes all appointments scheduled, up to and including the last appointment date scheduled in the system.

**Date Booked - From: To**

If you leave these date fields blank, the system includes all appointments scheduled for the date range entered above regardless of when they were booked.

**AM Appointments Only**

Check to limit the appointments included on the report to morning appointments.

**PM Appointments Only**

Check to limit the appointments included on the report to afternoon appointments.

**New Patients Only**

Check this option to print appointments for Potential Patients only.

--- **Note**

The option to allow for the Scheduling of Potential Patients is a Practice/Organization Option set on the Scheduling tab. See "Defining Scheduling Options" in online Help for more information. Potential Patients are not registered and therefore are not given a Patient Number.

---

**Include Coverage Status**

Check to show coverage status for each appointment as entered on the Appointment Detail dialog.

**Print Cover Page**

Check to print a cover page that contains the selection criteria as the first page of the report.
Appointment Analysis

Use the Appointment Analysis to determine resource utilization. The report provides a count of appointments by category, type, resource, department, and/or location within a selected date range. In addition, it can calculate the number of blocked hours, contact hours, and resource utilization percent. This report may be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Appointment Analysis:

> Appointment Date
> Sched. Appts - Scheduling appointments
> Wait List - Number of patients waiting for appointment slots to open
> Conf. Appts - Number of confirmed appointments
> Ackn. Appts - Number of acknowledged appointments
> Bump. Appts - Number of bumped appointments awaiting rescheduling
> Canc. Appts - Number of canceled appointments
> No Shows - Number of patients who failed to show up for their appointments
> Blocked Hours = Blocked duration of time * the booking factor for each time slot / 60 (taken from the day type). Blocked duration of time is entered in minutes.
> Contact Hours = Total # of hours with scheduled appointments Includes memo appointments in the calculations, but excludes appointments with the status of cancelled, no show or bumped.
> Res. Util Percent (Resource Utilization%) = Contact Hours / Blocked Hours
### Sample Appointment Analysis Grouped by Resource, Sched. Dept

#### Appointment Analysis tab

The Appointment Analysis tab allows you to select the criteria you want to use to run the report.

---

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4/5/2010 8:01:13AM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Appointment Analysis</strong></td>
<td>Allscripts Practice</td>
<td>01/11/2010 - 01/11/2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resource: Resource 11 (bcbe)</strong></td>
<td>Scheduling Department: Department 170 (bcde)</td>
<td>Monday, 01/11/2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2:25</td>
<td>0:00</td>
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<tr>
<td></td>
<td></td>
<td>Department 170</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2:26</td>
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<tr>
<td></td>
<td></td>
<td>Total for Resource (bcbe)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2:26</td>
</tr>
<tr>
<td><strong>Resource: Resource 123 (bcde)</strong></td>
<td>Scheduling Department: Department 206 (bcde)</td>
<td>Monday, 01/11/2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8:25</td>
<td>0:00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Department 206</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>8:25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total for Resource (bcde)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>8:25</td>
</tr>
<tr>
<td><strong>Resource: Resource 12 (bcbe)</strong></td>
<td>Scheduling Department: Department 169 (bcde)</td>
<td>Monday, 01/11/2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0:00</td>
<td>0:00</td>
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<tr>
<td></td>
<td></td>
<td>Department 169</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0:00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total for Resource (bcbe)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0:00</td>
</tr>
<tr>
<td><strong>Resource: Resource 137 (bcde)</strong></td>
<td>Scheduling Department: Department 206 (bcde)</td>
<td>Monday, 01/11/2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0:50</td>
<td>0:00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Department 206</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0:50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total for Resource (bcde)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0:50</td>
</tr>
<tr>
<td><strong>Resource: Resource 148 (bdbc)</strong></td>
<td>Scheduling Department: Department 395 (bdbc)</td>
<td>Monday, 01/11/2010</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3:00</td>
<td>0:00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Department 395</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3:00</td>
</tr>
</tbody>
</table>
Appointment Analysis tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.
Selections display on the main report screen in the Report Preferences box.
The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Appointment Category
  > Appointment Type
  > Resource
  > Scheduling Department
  > Scheduling Location

Note
If you do not need the report to calculate blocked hours, contact hours, or resource utilization, select either of the following Available Group Fields: “Appointment Category” or “Appointment Type.”
If you want the report to calculate blocked hours, contact hours, or resource utilization, select any of the following Available Group Fields: “Resource,” “Scheduling Department,” or “Scheduling Location.”

> Level of Detail - Selections moved over from Available Group Fields appear here.
> Available Sort Fields - There are no sort fields available for this report.
> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Appointment Types

Specific appointment categories, appointment groups, and/or appointment types can be selected.

Select Resources

Specific resource groups or resources can be selected.
Select Scheduling Departments
Specific scheduling departments can be selected.

Select Scheduling Locations
Specific scheduling locations can be selected.

Appointment Date - From: To
Select the appointment dates for which you want to report.
The system interprets any blank field as a command to look at all dates. In other words, if you leave the From date field blank, the report reflects all appointments from the first date entered into the system. If you leave the To date field blank, the report reflects all appointments scheduled, up to and including the last appointment date scheduled in the system.

Print Cover Page
Check to print a cover page that contains the selection criteria as the first page of the report.
Scheduling and Referral Reports

Encounter Tracking

Use Encounter Tracking to locate encounters that do not have charges posted against them. The detail line on the report indicates whether no voucher exists for this date of service, or whether another voucher with a different number was generated for the same date of service.

Encounters are tracked when either of the following applies:

- Encounters are printed and the Charge Entry Practice/Organization Option, Track Encounters, is checked.
- A paperless encounter system is used and one of the scheduling options to assign encounter numbers is checked.

This report may be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Encounter Tracking report:

- Appointment Date & Time
- Sched Loc - Scheduled location
- Sched Dept - Scheduled department
- Resource
- Appt Type/Comments
- Duration
- Encounter No.
- Status - Appointment status (scheduled, confirmed, acknowledged, no show)

Note

voided vouchers linked to an auto-assigned encounter number appear on the Encounter Tracking report. You can reuse the same encounter number when re-entering charges once the void batch is updated.
Encounter Tracking Sample


<table>
<thead>
<tr>
<th>Application Date &amp; Time</th>
<th>Sched Loc</th>
<th>Sched Dept</th>
<th>Sched Resource</th>
<th>Appl Type</th>
<th>Comments</th>
<th>Duration</th>
<th>Encounter No.</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/10 9:00 am</td>
<td>Bed</td>
<td>Med</td>
<td>P 12345</td>
<td>PE</td>
<td>45</td>
<td>45</td>
<td>10760530</td>
<td>Scheduled</td>
</tr>
<tr>
<td>1/1/10 10:00 am</td>
<td>Bed</td>
<td>Med</td>
<td>P 12345</td>
<td>PE</td>
<td>45</td>
<td>45</td>
<td>10540560</td>
<td>Scheduled</td>
</tr>
<tr>
<td>1/1/10 1:00 pm</td>
<td>Bed</td>
<td>Med</td>
<td>P 12345</td>
<td>PE</td>
<td>45</td>
<td>45</td>
<td>11729460</td>
<td>Scheduled</td>
</tr>
</tbody>
</table>

Scheduling and Referral Reports

Encounter Tracking tab

The Encounter Tracking tab allows you to select the criteria you want to use to run the report.
Scheduling and Referral Reports

Encounter Tracking tab

Encounter Tracking tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Report Preferences

Note
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.
Selections display on the main report screen in the Report Preferences box.
The following options are available on the Report Preferences dialog:
> Available Group Fields
  > Resource
  > Scheduling Department
  > Scheduling Location
> Level of Detail - Selections moved over from Available Group Fields appear here.
> Available Sort Fields - There are no sort fields available for this report.
> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Resources
Specific resource groups or resources can be selected.

Select Scheduling Departments
Specific scheduling departments can be selected.

Select Scheduling Locations
Specific scheduling locations can be selected.

Appointment Date - From: To
Select the appointment dates for which you want to report.
The system interprets any blank field as a command to look at all dates. In other words, if you leave the From date field blank, the report includes all appointments from the first date entered into the system. If you leave the To date blank, the report includes all appointments scheduled, up to and including the last appointment date scheduled in the system.
Scheduling and Referral Reports

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Recall Report

Use the Recall Report to generate a list of patients for whom recalls have been entered. The Recall Report prints the recall date, patient name and phone numbers, the recall type and resource, and whether an appointment has already been linked to the recall. You can restrict the report to just those recalls without linked appointments, if desired. This report may be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Recall Report:

- Recall Date
- Patient No. & Name
- Home Phone Number/Work Phone Number
- Recall Type/Comments
- Resource
- Linked Appt? - If Linked Appt? = Y, an appointment is already scheduled for the recall item.
Scheduling and Referral Reports

Recall Report Sample

<table>
<thead>
<tr>
<th>Recall Date</th>
<th>Patient No &amp; Name</th>
<th>Home-Phone Number</th>
<th>Recall Type Comments</th>
<th>Linked</th>
<th>Recurrence Type</th>
<th>Resource Type</th>
<th>Resource ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2009</td>
<td>Quinn Q Quite</td>
<td>H: 603.882-5300</td>
<td>one year flu</td>
<td></td>
<td></td>
<td>Resource 125</td>
<td></td>
</tr>
<tr>
<td>02/25/2010</td>
<td>George S Green</td>
<td>H: 603.882-5300</td>
<td>1 Year Gynecocare</td>
<td></td>
<td>N</td>
<td>Resource 229</td>
<td></td>
</tr>
<tr>
<td>02/25/2010</td>
<td>Ursula U Winter</td>
<td>H: 603.882-5300</td>
<td>1 Year Schoolchicka</td>
<td></td>
<td>N</td>
<td>Resource 66</td>
<td></td>
</tr>
</tbody>
</table>

Sample Recall Report Grouped by Recall Type, Resource

Recall Report tab

The Recall Report tab allows you to select the criteria you want to use to run the report.
Recall Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Scheduling and Referral Reports

Report Preferences

--- Note ---
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Recall Type
  - Resource
  - Level of Detail - Selections moved over from Available Group Fields appear here.

- **Available Sort Fields**
  - Recall Date - Default selection
  - Patient Name
  - Patient Number

- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Recall Types

Specific recall types can be selected.

Select Resources

Specific resource groups or resources can be selected.

Recall Date - From: To

Select the recall dates for which you want to report.

The system interprets any blank field as a command to look at all dates. In other words, if you leave the *From* date field blank, the report includes all recalls from the first date entered into the system. If you leave the *To* date blank, the report includes all recalls, up to and including the last recall in the system.

Recall Option

Click the down arrow button and select one of the following from the drop-down list:
Scheduling and Referral Reports

> All Recalls - Includes all recalls in the report.
> Exclude Linked Recalls - Excludes recalls linked to scheduled appointments.
> Linked Recalls Only - Lists only recalls linked to scheduled appointments.

**Note**

Appointment links to recalls are automatically cleared, when an appointment is given the status of “Cancelled,” “No Show,” or “Bumped.”

**Print Cover Page**

Check to print a cover page that contains the selection criteria as the first page of the report.
Scheduling and Referral Reports

Referral Reports

Two types of reports are available for managing referrals in your practice:

> Referral Exception Report, on page 33
> Outgoing Referral Report, on page 38
Referral Exception Report

Use the Referral Exception Report to identify referrals with missing authorization numbers or expiration dates that are near expiration or have expired. You can also identify incoming referrals with zero visits remaining. This report may be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Referral Exception Report:

- Date of Referral
- Authorization #
- Referral Exp Date - Referral expiration date
- Next Appt Date
- Refer from Provider - Provider from whom the patient was sent
- Refer to Provider - Provider to whom the patient was sent
- Ins Carrier Abbrev - Insurance carrier abbreviation
- Primary Diagnosis
- Auth Visits - Number of visits authorized
- Visits Left - Number of authorized visits left
Referral Exception Report Sample

Referral Exception Report

Date of Referral | Authorization # | Referral Exp Date | Next Apppt Date | Referral From Provider | Referral To Provider | Ins Carrier Abbrev | Primary Diagnoses | Auth Visits | Visits Left |
---|---|---|---|---|---|---|---|---|---|
Insurance Carrier: AARP 2nd to MCR
Referral Provider: Alyson, Nathan N
11/11/2008 | def | def | C4448 | 993 | 593 |

Insurance Carrier: AARP MCR Complete MM0
Referral Provider: Colletta, Chuck C
Patient: 2007740 Apple A Aplha 12/32/2009 | def | def | UNC29 | 999 | 997 |
Patient: 1204500 Betty B Brown 04/03/2008 | def | def | UNC29 | 999 | 997 |
Patient: 2001140 Dena D Gray 01/11/2009 | def | def | UNC29 | 999 | 997 |
Patient: 12049130 Glynis Q Quinn 01/11/2008 | def | def | UNC29 | 999 | 997 |
Patient: 60050130 Tim T Tran 09/03/2009 | def | def | UNC29 | 999 | 997 |
Patient: 5869290 Xavier X Yamada 02/21/2009 | def | def | UNC29 | 999 | 997 |

Referral Provider: Livingston, Eugene C
Patient: 2001000 Dawn D Gray 01/32/2009 | def | def | UNC29 | 999 | 997 |
Patient: 1201490 Georgia S Green 01/11/2009 | def | def | UNC29 | 999 | 997 |
Patient: 1201280 Mike M Marron 09/04/2009 | def | def | UNC29 | 999 | 997 |
Patient: 5997940 Peter P Purple 03/03/2009 | def | def | UNC29 | 999 | 997 |

Sample Referral Exception Report Grouped by Ins Carrier, Ref Provider

Referral Exception Report tab

The Referral Exception Report tab allows you to select the criteria you want to use to run the report.
Referral Exception Report tab

Referral Exception Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Insurance Carrier
  - Referral Provider
- **Level of Detail** - Selections moved over from Available Group Fields appear here.
- **Available Sort Fields**
  - Patient Name - Default selection
  - Patient Number
  - Referral Date
- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

**Select Insurance Carriers**

Specific categories, reporting classes, groups, or individual carriers can be selected.

**Select Providers**

Specific providers can be selected.

**Select Referral Option**

Click the down arrow button and select one of the following from the drop-down list:

- Incoming Referrals
- Outgoing Referrals

**Select Exception Option**

Click the down arrow button and select one of the following from the drop-down list:

- All Exceptions - Default selection
- Referrals with Missing Authorization Numbers
> Referrals Near or Beyond Expiration Date
> Referrals with Zero or Less Visits Remaining (available for incoming referrals only)

Days Prior to Expiration

Type or use the spin box to enter the number of days prior to expiration.

This option is only active when either “All Exceptions” or “Referrals near or beyond Expiration Date” is selected from the Select Exception Option drop-down.
Outgoing Referral Report

Use the Outgoing Referral Report to generate a list of outgoing referrals that can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Outgoing Referral Report:

- Date of Referral
- Authorization # - prints up to 30 characters
- Authorized Visits
- Referral Expiration Date
- Network Information - pulls from Referring Doctor Maintenance
- Insurance Carrier Abbreviation
- Refer From Provider
- Refer To Provider
- Specialty - pulls from Referring Doctor Maintenance
- Referral Organization - pulls from Referring Doctor Maintenance
- Referral Type
- Primary Diagnosis
### Outgoing Referral Report Sample

**Outgoing Referral Report**

**Allscripts Practice**

**Data Referred - From: 01/12/2009 To: 01/16/2009**

<table>
<thead>
<tr>
<th>Date of Referral</th>
<th>Authorization #</th>
<th>Auth Referral</th>
<th>Visits Exp Date</th>
<th>In Ref</th>
<th>Insv Carrier</th>
<th>Ref From Provider</th>
<th>Ref To Provider</th>
<th>Specialty</th>
<th>Referral Organization</th>
<th>Ref Type</th>
<th>Primary Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient: 1001100 Brian B Brown</td>
<td>07/13/2009</td>
<td>99</td>
<td>01/15/2010 N</td>
<td>UNCS</td>
<td>cfp</td>
<td>Referral</td>
<td>SPECIAL</td>
<td>CONTRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ref Src Type: DERMATX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ref Status: Active</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient: 14319270 George G Green</td>
<td>07/13/2009</td>
<td>99</td>
<td>01/15/2010 N</td>
<td>UNCS</td>
<td>lab</td>
<td>Referral</td>
<td>Allergist</td>
<td>CONTRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ref Src Type: DERMATX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ref Status: Active</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient: 13751100 Quinn Q Quiles</td>
<td>07/13/2009</td>
<td>99</td>
<td>01/13/2010 N</td>
<td>UNCS</td>
<td>lab</td>
<td>Referral</td>
<td>PHYS</td>
<td>CONTRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ref Src Type: DERMATX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Ref Status: Active</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient: 41025103 Tim T Tan</td>
<td>07/14/2009</td>
<td>99</td>
<td>01/16/2010 N</td>
<td>BCIBN03</td>
<td>cfp</td>
<td>Referral</td>
<td>GENIUS</td>
<td>CONTRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ref Src Type: DERMATX</td>
<td></td>
<td></td>
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<tr>
<td>Ref Status: Active</td>
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<td></td>
</tr>
<tr>
<td>Patient: 89223270 Lomax U Under</td>
<td>01/13/2009</td>
<td>99</td>
<td>01/14/2010 N</td>
<td>BCIBN03</td>
<td>cfp</td>
<td>Referral</td>
<td>CARD</td>
<td>CONTRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ref Src Type: DERMATX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ref Status: Active</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Sample Outgoing Referral Report Grouped by Ref From Provider**

### Outgoing Referral Report tab

The Outgoing Referral Report tab allows you to select the criteria you want to use to run the report.
Scheduling and Referral Reports

Outgoing Referral Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Insurance Carrier
  > Referral Type
  > Referral From Provider
  > Referral To Referral Organization
  > Referral To Provider
  > Referral To Specialty

> Level of Detail - Selections moved over from Available Group Fields appear here.

> Available Sort Fields
  > Patient Name - Default selection
  > Patient Number
  > Referral Date

> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Diagnosis Codes

Specific categories or individual diagnosis codes can be selected.

Select Insurance Carriers

Specific categories, reporting classes, groups, or individual carriers can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, or individual procedure codes can be selected.

Select Referred From Providers

Specific providers can be selected.
Scheduling and Referral Reports

Select Referred To Providers

Specific specialties, referral organizations, or individual referring doctors can be selected.

Select Referral Types

Specific referral types can be selected.

Select Referral Status

Required field.
Determines the referral status(es) included on the report.
Click the down arrow button and select one of the following from the drop-down list:

> All
> Active
> Complete
> No Show

Select Referral Option

Required field.
Determines the level of information included on the report.
Click the down arrow button and select one of the following from the drop-down list:

> Detailed
> Summary

Date Referred - From: To

Required field.
Enter a range of referral dates for the report.
To report on one date, enter the same date in both fields.
Financial Processing Reports

About Financial Processing Reports

Four types of reports are available under Financial Processing in Allscripts PM:

> **Transaction Reports** - Transaction reports assist with batch management. The Batch Print & Close report lists all transactions in a batch. A report can be printed for both open and closed batches. Charges, payments and adjustments, and voids are listed separately, if they were placed in the same batch.

> **Automatic Transaction Reports** - Use the Credit Balance Report to get a list of vouchers with credit balances and generate refunds, if necessary.

> **Financial Analysis Reports** - Financial analysis reports can be used to analyze charges, payments, voids, and unassigned payments (including self-pay accounts) as well as reconcile payments entered into Allscripts PM with bank deposit amounts.
  > Daily Charge Analysis - List procedure codes and fees by providers, departments/practices, and/or locations.
  > Daily Payment Analysis - List payments and adjustments by providers, departments/practices, and/or locations.
  > Daily Void Analysis - List both charge voids and payments/adjustments voids by providers, departments/practices, and/or locations.
  > Daily Batch Analysis - List transaction counts and transaction totals for Open Batches, Closed Batches, and/or Updated Charge, Payment, and Void Batch Types.
  > Unassigned Payment Analysis - Identify unassigned payments and/or self-pay accounts with balances.
  > Bank Reconciliation Report - Lists payments and unassigned amounts (not assigned amounts) for a range of payment or update dates.

> **Financial Posting Reports** - Use the Transaction Journal to view all financial transactions, sorted by type, before updating and posting them to the Accounts Receivable (A/R).

Allscripts PM provides the following financial processing reports:

> **Transaction Reports**, on page 45
Financial Processing Reports

> Automatic Transaction Reports, on page 59
> Financial Analysis Reports, on page 68
> Financial Posting Reports, on page 107
Transaction Reports

Use Batch Management to close and/or print batches of transactions, grouped by charges, payments and adjustments, and voids. You can do any of the following to a batch of transactions:

> Print and close it
> Print it only
> Close it only
> Export it to Microsoft® Excel in a standard CSV format
Batch Print & Close

All transactions are placed in batches. Different transaction types, such as charges, payments and adjustments, and voids, may be placed in separate batches. You can print reports that list the transactions placed in each batch. The Batch Print & Close provides a list of transactions placed in each batch. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

Always Print & Close/Update Void batches separately and before you Close/Update any related Charge or Payment batches. Charge and Payment batches may be printed and closed at the same time.

To get to the Batch Print & Close screen, you must first select the batch you want to print and/or close from the list near the top of the screen, and then click Print & Close on the Batch Management tab.

The following information prints on the Batch Print & Close for void batches:

--- Note ---

If a void batch contains both charges and payments, the report prints a section for each. Only marked voids are included in totals.

---

Voided Charges

> Void Batch Detail
>  Number
>    (Preliminary) - Printed with Close Batch(es) unchecked. The batch status remains Open.
>    (Final) - Batch status is Closed.
>  Time batch was opened and by whom.
>  Batch Comment
>  Category - Prints the batch category. If there is not a batch category assigned, it prints "(none)."
>  Voucher #
>  Transaction Date
> Patient # & Name/Payor
> Actual Provider/Department
> Billing Provider/Place of Service
> Referring Doctor/Location
> Service Date
> Procedure Code/Description
> Diagnoses
> Type of Service
> Units
> Procedure Fee
> Memo Voids are listed but not included in the Totals.

> Batch Totals For
  > Proof Totals - Displays blank since Proof Totals cannot be entered for Void Batches.
  > Actual Totals - Totals of the actual entries
  > Amount - Prints $0.00.
  > Proc Count
  > Hash - Shows the sum of all the procedure codes entered in a batch.

Example: The hash total of the 99213 + 99213 + 72170 = 270,596. Modifiers and codes containing alpha characters are excluded.

> Total Charges

**Voided Payments and Adjustments**

> Batch Detail
  > Number
  > (Preliminary) - Printed with Close Batch(es) unchecked. The batch status remains Open.
  > (Final) - Batch status is closed.
  > Time batch was opened and by whom.
  > Batch Comment
Financial Processing Reports

> Category - Prints the batch category. If there is not a batch category assigned, it prints "(none)."
> Date Paid
> Remittor/Reference
> Patient # & Name/Voucher #
> Voucher Payment/Adjustment/Transfer Transactions
  > Each voided transaction is detailed.
  > Memo voids are identified but not added to Totals.
> Voided Unassigned and Assigned Payments
  > Date Paid
  > Remittor/Reference
  > Account: Patient # & Name/Description
  > Unassigned/Assigned Amount voided
> Batch Totals For
  > Proof Amount - Displays blank since Proof Totals cannot be entered for Void Batches.
  > Total Unassigned Amount
  > Total Assigned Amount
  > Total Payment Amount = Payments + marked voided assigned payments
  > Total Adjustment Amount
  > Total Transfer Amount

Payments & Adjustments - Recap by Transaction

> Recap totals will all equal $0.00.
> Voided Transaction Count - Memo voided transactions are included in the voided transaction count.
  > Unassigned Payments
  > Assigned Payments - Voided Assigned payments are not counted in the Assigned payments column. They are counted in the Payment column. This column will not display a count.
> Payment - Voided assigned payments are counted in the Payment column. They are not counted in the Assigned payments column.

> Refund

> Adjustment - Voided withheld transactions are counted in the Adjustment column.

> Transfer

---

**Note**

When assigned payments are voided, the transaction is listed in both the payments and the unassigned sections. For instance, if a $20 assigned payment is voided, the payment transaction appears in the body of the Batch Print & Close and the detail of when it was applied to the voucher appears in the unassigned portion of the Batch Print & Close with the total in the Assigned column.

---

The following prints on the Batch Print & Close for payment batches:

**Payments & Adjustments**

> Batch Detail

> Number

(Preliminary) - Printed with Close Batch(es) unchecked. The batch status remains Open.

(Final) - Batch status is Closed.

> Time batch was opened and by whom.

> Batch Comment

> Category - Prints the batch category. If there is not a batch category assigned, it prints "(none)."

> Date Paid

> Remittor/Reference

> Patient # & Name/Voucher #

> Voucher Payment/Adjustment/Transfer Transactions

> Total Voucher Payment

> Total Voucher Adjustment

> Total Voucher Transfer

> Unassigned Payments
Financial Processing Reports

> Date Paid
> Remittor/Reference
> Account: Patient # & Name/Voucher #
> Unassigned Amount
> Assigned Amount

> Batch Totals For
> Proof Amount as entered in Batch Management
> Total Unassigned Amount
> Total Assigned Amount
> Total Payment Amount = Payments (includes assigned payments) - Refunds
> Total Adjustment Amount
> Total Transfer Amount

Payments & Adjustments - Recap by Transaction

> Transaction Abbreviation
> Transaction Description
> Unassigned Payments - Lists Misc Debit transactions used when a credit balance was created in the following circumstances:
  > When the amount applied to an Account's Self-Pay balance exceeds the total Self-Pay account balance due using the Oldest command on the Payment Entry tab or the Apply Oldest Self-Pay toolbar button in Registration, Scheduling, and Charge Entry
  > When a credit balance is moved to Unassigned from the Apply Transactions to Voucher window in Payment Entry

  Only those Practices/Organizations that have selected a default Move to Unassigned transaction code in Practice/Organization Options can move credit balances to an Unassigned status.

> Assigned Payments
> Payments (includes assigned amounts; excludes refunds)
> Refunds
> Adjustments
> Transfers
> Net Payments = (Payments - Assigned) + Unassigned

When unassigned payments are assigned to a voucher, the transaction will be listed in both the payments and the unassigned sections. For instance, if a $20 unassigned payment is applied, the payment transaction appears in the body of the Batch Print & Close and the apply piece shows in the unassigned portion of the Batch Print & Close with the total in the Assigned column.

> Transaction Count
> Unassigned Payments
> Assigned Payments - Applied Unassigned payments are not counted in the Applied Unassigned payments column. They are counted in the Payment column. This column will not display a count.
> Payment - Zero dollar payments are counted. Also, Applied Unassigned payments are counted in the Payment column. They are not counted in the Applied Unassigned payments column.
> Refund - Move to Unassigned transactions that have a transaction type of Misc Debit are counted in the Refund column. In addition, since the dollar amount is also being moved into Unassigned, the transaction is counted as an Unassigned Payment Transaction in the Unassigned column. This means for every refund transaction that is the result of a Move to Unassigned transaction, there should be a matching Unassigned Payment transaction.

> Adjustment
> Transfer

The following prints on the Batch & Close for charge batches:

Charges
> Batch Line Detail
> Number
(Preliminary) - Printed with Close Batch(es) unchecked. The batch status remains Open.
(Final) - Batch status is closed.
> Time batch was opened and by whom.
Financial Processing Reports

> Batch Comment
> Category - Prints the batch category. If there is not a batch category assigned, it prints "(none)."
> Voucher #
> Transaction Date
> Patient # & Name/Payor
> Actual Provider/Department
> Billing Provider/Place of Service
> Referring Doctor/Location
> Voucher Charge
> Service Date
> Procedure Code/Description
> Diagnoses
> Type of Service
> Units
> Procedure Fee
> Batch Totals For
> Proof Totals - Totals as entered in Batch Management
> Actual Totals - Totals of the actual entries
  > Amount - When a Proof Amount is entered for the batch, the system does not allow you to close the batch if the Proof Total and the Actual Total do not match.
  > Proc Count - A batch can be closed even when these totals do not match.
  > Hash - Shows the sum of all the procedure codes entered in a batch.

  Example: The hash total of the 99213 + 99213 + 72170 = 270,596. Modifiers and codes containing alpha characters are excluded.

  A batch can be closed even when these totals do not match.
> Total Charges
### Batch Print & Close for Voided Charges - No Group Fields

#### Sample Batch Print & Close for Voided Charges - No Group Fields

<table>
<thead>
<tr>
<th>Batch</th>
<th>Date</th>
<th>Patient No. &amp; Name</th>
<th>Actual Provider Practice</th>
<th>Billing Provider Practice</th>
<th>Referring Doctor Location</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>02/01/2009</td>
<td>345678901 Mary A Johnson</td>
<td>876,543,210</td>
<td>876,543,210</td>
<td>876,543,210</td>
<td>876,543,210</td>
</tr>
</tbody>
</table>

#### Memo Voids

<table>
<thead>
<tr>
<th>Batch</th>
<th>Date</th>
<th>Patient No. &amp; Name</th>
<th>Actual Provider Practice</th>
<th>Billing Provider Practice</th>
<th>Referring Doctor Location</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/31/2009</td>
<td>1234567890 John A Doe Self Pay</td>
<td>789,012,345</td>
<td>789,012,345</td>
<td>789,012,345</td>
<td>789,012,345</td>
</tr>
<tr>
<td></td>
<td>02/01/2009</td>
<td>8901234567 Jane B Smith</td>
<td>567,210,890</td>
<td>567,210,890</td>
<td>567,210,890</td>
<td>567,210,890</td>
</tr>
<tr>
<td></td>
<td>03/01/2009</td>
<td>2345678901 Mary C Johnson</td>
<td>678,901,234</td>
<td>678,901,234</td>
<td>678,901,234</td>
<td>678,901,234</td>
</tr>
</tbody>
</table>

#### Batch Totals

<table>
<thead>
<tr>
<th>Amount</th>
<th>Precount</th>
<th>H1005</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### Memo Void Charges

<table>
<thead>
<tr>
<th>Batch</th>
<th>Date</th>
<th>Patient No. &amp; Name</th>
<th>Actual Provider Practice</th>
<th>Billing Provider Practice</th>
<th>Referring Doctor Location</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>01/31/2009</td>
<td>1234567890 John A Doe Self Pay</td>
<td>789,012,345</td>
<td>789,012,345</td>
<td>789,012,345</td>
<td>789,012,345</td>
</tr>
<tr>
<td></td>
<td>02/01/2009</td>
<td>8901234567 Jane B Smith</td>
<td>567,210,890</td>
<td>567,210,890</td>
<td>567,210,890</td>
<td>567,210,890</td>
</tr>
<tr>
<td></td>
<td>03/01/2009</td>
<td>2345678901 Mary C Johnson</td>
<td>678,901,234</td>
<td>678,901,234</td>
<td>678,901,234</td>
<td>678,901,234</td>
</tr>
</tbody>
</table>

#### Batch Totals

<table>
<thead>
<tr>
<th>Amount</th>
<th>Precount</th>
<th>H1005</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

---

**Note:** The information provided is a sample and may not reflect actual data.
### Financial Processing Reports

**Batch Print & Close**

**Allscripts Practice**

**Voided Payments & Adjustments**

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Revenue Reference</th>
<th>Patient No. &amp; Name Voucher</th>
<th>Payment</th>
<th>Adjustment</th>
<th>Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Memo Voids**

**Memo Void Unassigned Payments**

<table>
<thead>
<tr>
<th>Date</th>
<th>Payment Method</th>
<th>Service Code</th>
<th>Description</th>
<th>Amount</th>
<th>Assigned</th>
<th>Unassigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/29/2009</td>
<td>Self-pay</td>
<td>924094</td>
<td>00106100</td>
<td>50.00</td>
<td>0.00</td>
<td>50.00</td>
</tr>
</tbody>
</table>

**Batch Totals for**

- **04/29/2009**
  - **Proof Amount:**
    - **Assigned:** 0.00
    - **Unassigned:** 0.00
  - **Total:**
    - **Assigned:** 0.00
    - **Unassigned:** 0.00

### Sample Batch Print & Close for Voided Payments - No Group Fields

**Procedure: 05415**
- Balance Transfer
- Next Party
- 12.94 Transfer To MCAD1

**Procedure: 89015**
- Balance Transfer
- Next Party
- 10.00 Transfer To MCAD1

**Procedure: 94013**
- Balance Transfer
- Next Party
- 81.06 Transfer To MCAD1
### Batch Print & Close

#### Allscripts Practice

#### Charges

<table>
<thead>
<tr>
<th>Voucher</th>
<th>Date</th>
<th>Patient No. &amp; Name</th>
<th>Actual Provider Practice</th>
<th>Billing Provider Place of Service</th>
<th>Refer Doctor Location</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>5100101</td>
<td>06/02/2009</td>
<td>2062 Linda L Zinc</td>
<td>Spec.</td>
<td>MED 1</td>
<td></td>
<td>64.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5100102</td>
<td>06/02/2009</td>
<td>106 Betty B Brown</td>
<td>Spec.</td>
<td>MED 1</td>
<td></td>
<td>84.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5100103</td>
<td>06/02/2009</td>
<td>751420 Willow W Warning</td>
<td>Spec.</td>
<td>MED 1</td>
<td></td>
<td>84.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Sample Batch Print & Close for Charges - No Group Fields
Batch Print & Close dialog

The Batch Print & Close dialog allows you to print the batch report, to close the batch(es), and to select the report preferences used when the Batch Print & Close prints.
Batch Print & Close dialog

Batch Print & Close dialog fields

This tab also includes OK, Cancel, and Help buttons.

Print & Close Batch #
Displays the Batch# selected on the Batch Management tab.

Print Batch Report
When checked, a report will print for the batch(es) selected.
You must select Report Preferences when this option is checked.

Report Preferences
Select report preferences as desired and click OK.
Selections display on the main report screen in the Report Preferences box.
The following options are available on the Report Preferences dialog:

> Available Group Fields - Highlighting and moving fields from left to right determines the print output of the report. The program default is to group all detail by batch number. This allows you to easily and quickly proof batch totals as well as transaction and service detail.
Financial Processing Reports

Report detail can be grouped by the following:

> Batch Category

> Level of Detail - The detail that prints on the batch report is determined by the Level of Detail you select on the Report Preferences dialog. You can run this report for detail on the batch category (if you select as an Available Group Field), batch, transaction, or service level.

The default setting is to group detail by batch and to report down to the service level.

Regardless of whether you include “Batch Category” in the Level of Detail, the “Category” prints on the report at the end of the batch information line. If a batch does not have a batch category assigned to it, "none" prints.

If you select “Batch Category” as an Available Group Field and collapse the Level of Detail up to “Batch Category,” the following things occur: (1) The non-recap pages print as they do if you collapse the Level of Detail up to “Batch,” which is to say the batch information and the totals print. (2) The recap pages print with a single summary line for each batch category and the totals.

If you select “Batch Category” as an Available Group Field and collapse the Level of Detail up to “Batch,” the following things occur: (1) The non-recap pages print the batch information and the totals. (2) The recap pages print the detail, grouped by Batch Category, which is the same as if the Level of Detail was not collapsed up to “Batch.”

> Available Sort Fields

> Original Order - Default selection. Each voucher is listed in the order it was entered into the batch.

For Void batches, each voucher is listed based on the original record’s entry order, not by the order in which the transactions were voided. Voided payments are sorted by Payment ID and voided charges are sorted by Voucher ID.

> Patient Name - Each voucher is listed in alphabetical order according to the patient’s last name.

Since unassigned payments are not made against a patient but are instead associated with an account, they are sorted by Guarantor Name rather than by Patient Name when this sort option is used.

> Voucher Number - Each voucher is listed in ascending order by voucher number.

Since unassigned payments are not associated with a voucher, they are sorted by the order in which they were entered when this sort option is used.

> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

> View with Drill-Down - This option is not available for this report.
Close Batch(es)

When checked, the system will close the batch(es) selected. This option is disabled if a closed batch is selected.

Note

Always print and close void batches separately before you Close/Update any related payment or charge batches. Charge and payment batches can be printed and closed at the same time.

Automatic Transaction Reports

Automatic Transactions provides one report:

> Credit Balance Report, on page 60
Credit Balance Report

Use the Credit Balance Report to identify accounts that have credit balance vouchers. This report provides users with various options to help identify the existence of vouchers that have a credit balance. The Credit Balance Report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The report allows you to do the following:

> Generate lists of vouchers with credit balances from within Allscripts PM so that you can review each voucher before generating refund transactions.

**TIP!** ALWAYS review voucher and account detail before generating refund transactions. This is done by running the report twice. The first time without checking the option Create Refund Transactions.

> Generate a refund batch automating the process of applying refund transactions when the report is run for self-pay credit balance vouchers.

**IMPORTANT!** Always run a report for self-pay credit balances twice. The first time run it without checking the option Create Refund Transactions. This allows you to review the voucher detail to ensure that refunds will be made correctly.

> Run a report for self-pay credit balance that includes the patient’s name and next appointment date when one exists.

This helps you to determine whether you want to generate a self-pay refund transactions from this function or whether you want to manually enter refund transactions on these vouchers.

> Automatically create self-pay refund transactions when you run this report for self-pay credit balance vouchers.

Self-Pay refund checks then can be generated using one of the following methods:

> Creating QIF files when posting self-pay refunds

> Using the Print Self-Pay Refund Checks function found under Financial Posting.

> An AP Refund Export through the Allscripts Info Broker (for information call Allscripts Support.

---

**Note**

Be sure all batches are closed and updated before running this report.

---
The following information prints on the Credit Balance Report:

- Voucher #
- Guarantor Name & Account #
- Self-Pay Account Balance
- Service Date
- Original Bill Date
- Current Bill Date
- Charges - Total charge on the voucher
- Payments - Total payments applied to the voucher
- Adjustments - Total adjustments applied to the voucher
- Net Due - Voucher’s credit balance

Report Totals - Includes the following:

- Vouchers - Total number of vouchers listed
- Charges - Total charges for all vouchers listed
- Payments - Total payments applied to all vouchers listed
- Adjustments - Total adjustments applied to all vouchers listed
- Net Due - Total credit balance for all vouchers listed
## Credit Balance Report Sample

### Credit Balance Report tab

The Credit Balance Report tab allows you to select the criteria you want to use to run the report.
Credit Balance Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Financial Processing Reports

Report Preferences

--- Note ---
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> **Available Group Fields**
  > Actual Provider
  > Billing Provider
  > Current Carrier
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if **Enable Division** is checked in Database Options.
  > Location

> **Level of Detail** - Selections moved over from Available Group Fields appear here. The default level of detail is to list the detail for each voucher.

> **Available Sort Fields**
  > Guarantor Name - Default selection
  > Voucher Number

> **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

> **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

**Include Items**

Click the down arrow button and select one of the following from the drop-down list. Keep in mind when determining which option below to select, a distinction between voucher balances and self-pay account balances must be made.

> **All Credit Balance Vouchers** - Default selection. Generates a list of all vouchers that have a self-pay or insurance credit balance regardless of the account’s self-pay account balance.

> **Insurance Credit Balance Vouchers** - Generates a list of vouchers that have an insurance credit balance regardless of the account’s self-pay account balance.

> **Self-Pay Credit Balance Vouchers** - Generates a list of vouchers with a self-pay credit balance regardless of the account’s self-pay account balance.
Note

This option helps to identify those credit balance vouchers that exist on an account even when the self-pay balance is an amount due or zero.

$0 Bal Accts with Self-Pay Credit Bal Vouchers - Generates a list of vouchers with a self-pay credit balance but restricts the search results to only those accounts that have a self-pay account balance of zero.

Note

This option helps to identify those accounts that have zero dollar self-pay balance, because they have one or more vouchers with a self-pay credit balance and one or more vouchers with a self-pay balance due which cancel each other out.

Include Patient Name and Next Appt Date

Option is only enabled when “Self-Pay Credit Balance Vouchers” is selected in Include Items. When checked, the report includes the patient name along with the date and time of his or her next appointment when one exists. This allows you to decide if you want to refund money or hold onto it if the patient has an upcoming visit scheduled. This information displays just below the account information on the report.

Create Refund Transactions

Option is only enabled when “Self-Pay Credit Balance Vouchers” is selected in Include Items. IMPORTANT! Always run this report first without this option checked to identify vouchers that need to be reviewed to determine if the self-pay credit balance is valid.

When checked, the system automatically creates refund transactions on vouchers with self-pay credit balances. Checking this option also enables the following four fields located below it: Transaction Date, Batch #, Batch Category, and Transaction Code. You must enter a transaction date, a batch number, and select a transaction code to be used for the self-pay refund transactions before you can run the report.

The system generated payment batch is automatically given a batch comment of “Transactions related to credit balances.”

You must close and update this system generated payment batch. Despite being automatically, the system does not automatically close it.
Once the batch with the refunds is generated (in this case the batch does not have to be updated), the vouchers with refund transactions no longer appear when the report is run again.

--- Note ---

When a voucher exists that has an adjustment amount applied that is greater than the charge amount and a payment is also applied to a service line, then the refund transaction is automatically created; the adjustment amount is included as part of the refund. For example, if a voucher contains a service line that has a $0 charge amount and an adjustment for $15 applied against it along with a $5 credit card payment, the refund amount will show as $20.

---

In order to correct any over-stated refund amounts, two options are available:

> Run a preliminary report first (without checking Create Refund Transactions), and void or reverse out any adjustments that inflated the amount of a credit balance voucher.

> Review all the refund transactions that were created in the Payment Batch before it is closed and updated, and make any necessary corrections (voids and reversals) on a per voucher basis.

### Transaction Date

Enter the date that is to be used as the transaction date on the system generated refunds if Create Refund Transactions is checked.

### Batch #

Enter the batch number that is assigned to the system generated payment batch for the refund transactions if Create Refund Transactions is checked.

--- Note ---

When Assign Batch Numbers is checked on the General tab in Practice/Organization Options, “(New)” displays in this field. Once you choose to print, preview, or export the report, a message appears that indicates the number assigned to the batch.

---

### Batch Category

Enabled only when you check Create Refund Transactions.

Only required if you checked Require Batch Category on the General tab in Practice/Organization Options.
Click the down arrow button to select a batch category from the drop-down list.
Displays the batch categories created in Batch Category Maintenance that you have access to according to department/practice security.

**Transaction Code**

Click the down arrow button and select a refund transaction code from the drop-down list to be associated with the self-pay refunds if you checked *Create Refund Transactions.*
Financial Processing Reports

Financial Analysis Reports

Financial Analysis provides five reports:

> **Daily Charge Analysis**, on page 69
> **Daily Payment Analysis**, on page 74
> **Daily Void Analysis**, on page 79
> **Daily Batch Analysis**, on page 86
> **Unassigned Payment Analysis**, on page 93
> **Bank Reconciliation Report**, on page 101
Daily Charge Analysis

Use the Daily Charge Analysis to analyze charges for procedures by providers, departments, and/or locations. It helps to tie specific transactions to a general ledger on a daily basis. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.


The following information prints on the Daily Charge Analysis:

- Service Date
- Voucher #
- Procedure Code & Description
- Type of Service
- Fee
- Patient # & Name
- Batch Totals - Total number of vouchers and total amount of charges for batch
- Report Totals - Total number of vouchers and total amount of charges for all batches on report
### Daily Charge Analysis Sample

#### Daily Charge Analysis

**Allscripts Practice**  
**Batch Status - Open, Closed**

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Voucher</th>
<th>Procedure Code</th>
<th>TOS</th>
<th>Fee</th>
<th>Patient No.</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/30/2009</td>
<td>510611670</td>
<td>99212 Est Patient Level 2</td>
<td>MEDICAL</td>
<td>84.90</td>
<td>100 Batty B Brown</td>
<td></td>
</tr>
<tr>
<td>06/30/2009</td>
<td>510613560</td>
<td>99212 Est Patient Level 2</td>
<td>MEDICAL</td>
<td>84.90</td>
<td>7941405 Willow W Wanning</td>
<td></td>
</tr>
<tr>
<td>Totals for Batch</td>
<td>Number of Vouchers: 7</td>
<td></td>
<td></td>
<td>252.30</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Allscripts TEST 031109 CHG (Open)**

<table>
<thead>
<tr>
<th>Batch 01109</th>
<th>Open</th>
<th>06/30/2009</th>
<th>51068530</th>
<th>99212 Est Patient Level 2</th>
<th>MEDICAL</th>
<th>84.90</th>
<th>8301470 Frank F Flower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch 01109</td>
<td>Open</td>
<td>06/30/2009</td>
<td>510688200</td>
<td>99201 Offce/Inpatient Unit, New</td>
<td>MEDICAL</td>
<td>81.90</td>
<td>7941405 Willow W Wanning</td>
</tr>
<tr>
<td>Totals for Batch</td>
<td>Number of Vouchers: 2</td>
<td></td>
<td></td>
<td>165.80</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Batch 01109 (Open)**

<table>
<thead>
<tr>
<th>Batch 01109</th>
<th>Open</th>
<th>07/01/2009</th>
<th>510613240</th>
<th>99212 Est Patient Level 2</th>
<th>MEDICAL</th>
<th>84.90</th>
<th>100 Batty B Brown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch 01109</td>
<td>Open</td>
<td>07/01/2009</td>
<td>510616250</td>
<td>99201 Offce/Inpatient Unit, New</td>
<td>MEDICAL</td>
<td>81.90</td>
<td>8301470 Frank F Flower</td>
</tr>
<tr>
<td>Totals for Batch</td>
<td>Number of Vouchers: 2</td>
<td></td>
<td></td>
<td>165.80</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Batch 01109 (Open)**

<table>
<thead>
<tr>
<th>Batch 01109</th>
<th>Open</th>
<th>07/02/2009</th>
<th>510616250</th>
<th>99201 Offce/Inpatient Unit, New</th>
<th>MEDICAL</th>
<th>81.90</th>
<th>8301470 Frank F Flower</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch 01109</td>
<td>Open</td>
<td>07/02/2009</td>
<td>510616250</td>
<td>99201 Offce/Inpatient Unit, New</td>
<td>MEDICAL</td>
<td>81.90</td>
<td>8301470 Frank F Flower</td>
</tr>
<tr>
<td>Totals for Batch</td>
<td>Number of Vouchers: 1</td>
<td></td>
<td></td>
<td>81.90</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Report Totals**  
Number of Vouchers: 8  
665.30

### Sample Daily Charge Analysis Grouped by Batch

#### Daily Charge Analysis tab

The Daily Charge Analysis tab allows you to select the criteria you want to use to run the report.
Daily Charge Analysis tab

Daily Charge Analysis tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Financial Processing Reports

Report Preferences

Note
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Batch
  - Batch Category
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Location
  - Level of Detail - Selections moved over from Available Group Fields appear here. The default level of detail is for report totals.

- Available Sort Fields
  - Patient Name - Default selection
  - Patient Number
  - Voucher Number

- New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Batch Status

Check one or more types of batches to display in the grid:

- Open Batches
- Closed Batches
- Updated Batches - A date range is required if Updated Batches is checked.

Query

Click to search for batches that meet the Batch Status options you checked.
Select All

Check Select All to report on all the batches listed in the grid or select one or more batches to include on the report.

For Those Using Department/Practice Security: If you select a batch in the grid that has vouchers in it from a department/practice to which you do not have access, a message appears after you click Run that says "Can not run Daily Charge Analysis. Access to one or more selected batches is denied due to Department Security."

Select Actual Providers

Specific actual providers can be selected.

Select Batch Categories

Specific batch categories can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

--- Note ---

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

--- End Note ---

Select Locations

Specific locations can be selected.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Financial Processing Reports

Daily Payment Analysis

Use the Daily Payment Analysis to analyze payments for providers, departments, and locations. It helps to tie specific transactions to a general ledger on a daily basis. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

**Dealing with Voids:** The Daily Payment Analysis does not reflect voids at all, instead voids appear on the Daily Void Analysis.

The following information prints on the Daily Payment Analysis:

- Date Paid
- Reference
- Voucher #
- Transaction
- Payment Amount
- Refund Amount
- Adjustment Amount
- Transfer Amount
- Patient # & Name
- Totals for level of detail selected
- Grand Totals
Daily Payment Analysis Sample

Daily Payment Analysis

Batch Status - Closed

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Reference</th>
<th>Voucher</th>
<th>Transaction</th>
<th>Payment</th>
<th>Refund</th>
<th>Adjust</th>
<th>Transfer Patient No. &amp; Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/30/2009 715</td>
<td>609146720</td>
<td>Insurance Payment</td>
<td>17.74</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>79955509 Mary M. Ryan</td>
</tr>
<tr>
<td>04/30/2009 775</td>
<td>609147730</td>
<td>EC25 Payment</td>
<td>4.23</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>33016104 Allen A. Reyes</td>
</tr>
<tr>
<td>04/30/2009 725</td>
<td>609147860</td>
<td>EC25 Payment</td>
<td>72.15</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17926800 Frances F. Ryan</td>
</tr>
<tr>
<td>04/30/2009 755</td>
<td>609148310</td>
<td>EC25 Payment</td>
<td>2.50</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17926800 Frances F. Ryan</td>
</tr>
<tr>
<td>04/30/2009 756</td>
<td>609148320</td>
<td>EC25 Payment</td>
<td>0.60</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17926800 Frances F. Ryan</td>
</tr>
<tr>
<td>04/30/2009 755</td>
<td>609148330</td>
<td>EC25 Payment</td>
<td>0.60</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17926800 Frances F. Ryan</td>
</tr>
<tr>
<td>04/30/2009 755</td>
<td>609148340</td>
<td>EC25 Payment</td>
<td>0.60</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17926800 Frances F. Ryan</td>
</tr>
<tr>
<td>04/30/2009 775</td>
<td>5541110</td>
<td>EC25 Payment</td>
<td>17.74</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>51060003 Dave D. Gupta</td>
</tr>
<tr>
<td>04/30/2009 755</td>
<td>110185590</td>
<td>EC25 Payment</td>
<td>35.25</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>39399610 Alex D. Orange</td>
</tr>
<tr>
<td>04/30/2009 755</td>
<td>160495520</td>
<td>EC25 Payment</td>
<td>11.78</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>17382538 Frances F. Ryan</td>
</tr>
<tr>
<td>04/30/2009 755</td>
<td>110226630</td>
<td>Managed Care Payment</td>
<td>1.49</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>14907270 Linda L. Levy</td>
</tr>
<tr>
<td>04/30/2009 756</td>
<td>110226620</td>
<td>Managed Care Adjustment</td>
<td>0.00</td>
<td>0.00</td>
<td>9.91</td>
<td>0.00</td>
<td>14907270 Linda L. Levy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>170.29</td>
<td>0.00</td>
<td>9.51</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total for Batch: 170.29

Batch Analysis Grouped by Batch

<table>
<thead>
<tr>
<th>Date Paid</th>
<th>Reference</th>
<th>Voucher</th>
<th>Transaction</th>
<th>Payment</th>
<th>Refund</th>
<th>Adjust</th>
<th>Transfer Patient No. &amp; Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/30/2009 775</td>
<td>510226000</td>
<td>EC25 Payment</td>
<td>89.84</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>65765509 Mike M. Ryan</td>
</tr>
<tr>
<td>04/30/2009 775</td>
<td>510226100</td>
<td>EC25 Adjustment</td>
<td>0.00</td>
<td>0.00</td>
<td>32.10</td>
<td>0.00</td>
<td>65765509 Mike M. Ryan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>99.84</td>
<td>0.00</td>
<td>32.10</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Total for Batch: 99.84

Report Totals: 260.13

41.67

Sample Daily Payment Analysis Grouped by Batch

Daily Payment Analysis tab

The Daily Payment Analysis tab allows you to select the criteria you want to use to run the report.
Financial Processing Reports

Daily Payment Analysis tab

Daily Payment Analysis tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**. Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Batch
  - Batch Category
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if *Enable Division* is checked in Database Options.
  - Location
- **Level of Detail** - Selections moved over from Available Group Fields appear here. The default level of detail is for report totals.

- **Available Sort Fields**
  - Order Entered - Default selection
  - Patient Name
  - Patient Number
  - Voucher Number
- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

**Batch Status**

Check one or more types of batches to display in the grid:

- Open Batches
- Closed Batches
- Updated Batches - A date range is required if *Updated Batches* is checked.

**Query**

Click to search for batches that meet the Batch Status options you checked.
Financial Processing Reports

Select All

Check Select All to report on all the batches listed in the grid or select one or more batches to include on the report.

**For Those Using Department/Practice Security:** If you select a batch in the grid that has vouchers in it from a department/practice to which you do not have access, a message appears after you click Run that says "Can not run Daily Payment Analysis. Access to one or more selected batches is denied due to Department Security."

Select Actual Providers

Specific actual providers can be selected.

Select Batch Categories

Specific batch categories can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

--- Note ---

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

---

Select Locations

Specific locations can be selected.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Daily Void Analysis

Use the Daily Void Analysis to analyze voids for actual providers, billing providers, departments/practices, and locations. Using this report, in addition to the Daily Charge Analysis and the Daily Payment Analysis, reflects the correct amount minus the voids. This helps to see how much voiding is being done and by whom. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

**TIP!** To get a list of only the transactions that are memo voided in specific batches, run the Daily Void Analysis for specific batches selecting the appropriate Include Option. Export the report to a CSV file. When you open the CSV file, you can sort by the Void Status column and delete the rows with a status of Voided. This displays only the transactions in the selected batches that are Memo Voided.

The following information prints on the Daily Void Analysis:

- Voided Charges Detail
  - Service Date
  - Voucher #
  - Procedure Code & Description
  - Type of Service
  - Fee
  - Patient # & Name
  - Batch Status
  - Original Batch #
  - Grand Totals - Number of Vouchers & Total Voided Fee Amount

- Voided Payment & Adjustments Detail
  - Date Paid
  - Reference
  - Voucher #
  - Transaction Code
  - Payment Amount
  - Refund Amount
Financial Processing Reports

- Adjustment Amount
- Transfer Amount
- Patient/Account No. & Name

A voided unassigned payment transaction always displays the account number and guarantor name in the detail with an "A#" in front of it. For example, A#12300 Molly Medicare. This is true even if an unassigned payment is associated with a patient. If the transaction is not an unassigned payment, this column displays the patient number and patient name with a "P#" in front of it. For example, P#12300 Molly Medicare. The account information displays if the transaction is an unassigned payment. Otherwise, the patient information displays.

- Batch Status
- Original Batch #
- Grand Totals - Payments, Refunds, Adjustments, and Transfers

- Totals Summary
- Voided Transactions - Combined report totals for Charges, Payments, Refunds, and Adjustments
Daily Void Analysis Sample

Daily Void Analysis

Batch Status - Open, Closed

Voided Payments & Adjustments

Sample Daily Void Analysis Grouped by Batch

Daily Void Analysis tab

The Daily Void Analysis tab allows you to select the criteria you want to use to run the report.
Financial Processing Reports

Daily Void Analysis tab

Daily Void Analysis tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Batch
  - Batch Category
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Location
  - Void Status - includes two statuses (Memo Voided or Voided)

  When you select the group field of "Void Status," the report displays the Memo Voided status group first, followed by the detail of the memo voided transactions. Next, the report displays the Voided status group, followed by the detail of the voided transactions.

- Level of Detail - Selections moved over from Available Group Fields appear here. The default level of detail is for report totals.

- Available Sort Fields
  - Patient Name - Default selection
  - Patient Number
  - Voucher Number
  - Order Entered

- New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

- View with Drill-Down - This option is not available on this report.

Batch Status

Check one or more types of batches to display in the grid:

- Open Batches
- Closed Batches
- Updated Batches - A date range is required if Updated Batches is checked.
Financial Processing Reports

Query

Click to search for batches that meet the Batch Status options you checked.

Select All

Check Select All to report on all the batches listed in the grid or select one or more batches to include on the report.

For Those Using Department/Practice Security: If you select a batch in the grid that has vouchers in it from a department/practice to which you do not have access, a message appears after you click Run that says "Can not run Daily Void Analysis. Access to one or more selected batches is denied due to Department Security."

Select Actual Providers

Specific actual providers can be selected.

Select Batch Categories

Specific batch categories can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

Note

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Locations

Specific locations can be selected.
Exclude Memo Voids

This check box is always enabled regardless of the other selection criteria you make for the report.

When checked, Memo Voided transactions (those with a status of Marked for Memo Void and Memo Voided) are excluded from the detail on the report. The only transactions that display on the report are those with a status of Marked for Void and Voided.

Include Voided Unassigned Payments

This check box is only enabled when Include Option is set to "Voided Charges, Payments & Adjustments" or "Payments & Adjustments."

When checked, voided unassigned payments that are in those batches you selected in the grid above are included on the report. Since an unassigned payment is not attached to a voucher, "UNASSIGN" displays in the Voucher column to denote the voided unassigned payment. This helps you see at a quick glance the difference between a voided payment and an unassigned voided payment.

For voided unassigned payments, the refund, adjustment, and transfer amounts will always be $0.00. The payment amount for the voided unassigned payment is included in the grand totals at the bottom of the report.

When you run the Daily Void Analysis for specific actual providers, billing providers, departments/practices, or locations, this check box is disabled and unchecked.

When you group the Daily Void Analysis by Actual Provider, Billing Provider, Department/Practice, or Location and you also check this option, the following message displays: "Include Voided Unassigned Payments must be unchecked when grouping by Actual Provider, Billing Provider, Location, Department/Practice, or Division."

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Daily Batch Analysis

Use the Daily Batch Analysis to generate a report of transaction counts and transaction totals for Open Batches, Closed Batches, and/or Updated Charge, Payment, and Void Batch Types. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The Daily Batch Analysis can be run for:

> Batches with the status of open and/or closed.
> Updated batches for a selected date range.

The following information prints on the Daily Batch Analysis:

> Batch#
> Operator
> Unassigneds (amount)
  Move to Unassigned transactions count and display in the Unassigneds column, because the money was truly moved to the Unassigneds bucket. Move to Unassigned transactions that have a transaction type of Misc Debit also count and display in the Refunds & Debits column.
> Charges (amount)
> Payments (amount)
> Refunds & Debits (amount)
  Move to Unassigned transactions that have a transaction type of Misc Debit count and display in the Refunds & Debits column. Move to Unassigned transactions also count and display in the Unassigneds column, because the money was truly moved to the Unassigneds bucket.
> Adjustments (amount)
> Transfers (amount)
> Procedure/Transaction Counts for Unassigneds, Charges, Payments, Refunds & Debits, Adjustments, and Transfers (Total procedure/transaction counts print for Charge and/or Payment Batches if selected.)
Voided Procedure/Transaction Counts for Unassigneds, Charges, Payments, Refunds & Debits, Adjustments, and Transfers (Total voided procedure/transaction counts print for Void Batches if selected.)

Grand Totals

- Total amounts for Unassigneds, Charges, Payments, Refunds & Debits, Adjustments, and Transfers (Total amounts print for Charge and/or Payment Batches if selected.)
- Total Procedure/Transaction Counts for Unassigneds, Charges, Payments, Refunds & Debits, Adjustments, and Transfers (Total procedure/transaction counts print for Charge and/or Payment Batches if selected.)
- Total Voided amounts for Unassigneds, Charges, Payments, Refunds & Debits, Adjustments, and Transfers (Total voided amounts print for Void Batches if selected.)
- Total Voided Procedure/Transaction Counts for Unassigneds, Charges, Payments, Refunds & Debits, Adjustments, and Transfers (Total voided procedure/transaction counts print for Void Batches if selected.)
Financial Processing Reports

Daily Batch Analysis Sample

Sample Daily Batch Analysis Grouped by Batch Type

Daily Batch Analysis tab

The Daily Batch Analysis tab allows you to select the criteria you want to use to run the report.
Daily Batch Analysis tab

Daily Batch Analysis tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Report Preferences

--- Note ---
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.
Selections display on the main report screen in the Report Preferences box.
The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Batch Category
  - Batch Type
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Location
  - Operator
- Level of Detail - Selections moved over from Available Group Fields appear here. The default level of detail is for report totals.
- Available Sort Fields - None available for this report.
- New Page per Major Sequence - Not available for this report.
- View with Drill-Down - Not available for this report.

Batch Status

Check one or more batch statuses to display in the grid:

- Open Batches
- Closed Batches
- Updated Batches - A date range is required if Updated Batches is checked.

Batch Type

Check one or more types of batches to display in the grid:

- Charge
- Payment
- Void
Query

Click to search for batches that meet the Batch Status and Batch Type options you checked.

Select All

Check Select All to report on all the batches listed in the grid or select one or more batches to include on the report. **For Those Using Department/Practice Security:** If you select a batch in the grid that has vouchers in it from a department/practice to which you do not have access, a message appears after you click Run that says "Can not run Daily Batch Analysis. Access to one or more selected batches is denied due to Department Security."

Select Actual Providers

Specific actual providers can be selected.

Select Batch Categories

Specific batch categories can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

Note

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

**For Those Using Department/Practice Security:** The departments/practices that appear are based on your department/practice security access.

Select Locations

Specific locations can be selected.
Financial Processing Reports

Select Operators

Specific operators can be selected.

Include Option

Click the down arrow and select one of the following transactions for the report:

- Voided Charges, Payments & Adjustments
- Voided Charges
- Voided Payments & Adjustments

Only enabled when you check Void under Batch Type.

Required field when you check Void under Batch Type.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Unassigned Payment Analysis

Use the Unassigned Payment Analysis to identify accounts with balances that have unassigned payments. Unassigned payments are not reflected in the A/R until they are applied to a voucher. Only accounts with a history of unassigned payments qualify for this report. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

Allows you to identify the following:

> Any Account that has ever had an unassigned payment posted to it and now has a remaining self-pay balance. This includes the following:
  > Accounts with an unassigned balance and with a self-pay account balance
  > Accounts with a $0.00 unassigned balance and with a self-pay account balance
  Note: Accounts with a remaining unassigned balance of $0.00 are included only when the self-pay account balance is greater than $0.00.

> Accounts with a remaining unassigned balance - This is the default selection. This includes the following:
  > Accounts with both an unassigned balance and a self-pay balance
  > Accounts with a self-pay balance of $0.00 when the remaining unassigned balance is greater than $0.00

The Unassigned Payment Analysis can be run for either:

> Updated Transactions - A date may be specified. This field may also be left blank.
> Non-Updated Transactions

For Those Using Department/Practice Security: When Department/Practice Security is enabled, the content of the lists on the select records Department/Practice and Location dialog is driven by the operator's security settings. When an associated department/practice and/or an associated location is/are selected for an unassigned payment, it qualifies for the analysis only if the operator has access to the associated department/practice and location. Unassigned payments which do not have either an associated department/practice or an associated location qualify when you set Select Departments/Practices to "All Departments/Practices" and Select Locations to "All Locations."
The following information prints on the Unassigned Payment Analysis:

- Account No.
- Guarantor Name
- Unassigned Acct Balance
- Self-Pay Acct Balance
- Transaction Detail - prints when Level of Detail is expanded in Report Preferences (Detailed):
  - Date Paid
  - Reference (from Quick Pay)
  - Amount ($ amount of the unassigned transaction/balance remaining)
  - Date Entered
  - Date Updated
  - Batch No.
  - Description (from Quick Pay)
  - Provider (as entered in Quick Pay)
  - Encounter Number
  - Associated Patient - if entered on the Quick Payment dialog, the Overpayment Warning dialog, or the Create Unassigned Transaction dialog
- Grand Totals - the total amount of the original unassigned amounts collected
# Unassigned Payment Analysis Samples

Sample Unassigned Payment Analysis for Only Unassigneds with Remaining Balance - No Group Fields (Summarized)

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Guarantor Name</th>
<th>Unassigned Acct Balance</th>
<th>Self-pay Acct Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000025</td>
<td>Quinn Q. Quibe</td>
<td>75.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10000019</td>
<td>Colby C. Colston</td>
<td>20.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10000091</td>
<td>Helen H. Honea</td>
<td>45.58</td>
<td>0.00</td>
</tr>
<tr>
<td>10000401</td>
<td>Evie E. Eked</td>
<td>15.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10000951</td>
<td>Jennifer J. Jelly</td>
<td>15.00</td>
<td>111.27</td>
</tr>
<tr>
<td>10002940</td>
<td>Jennifer H. Honey</td>
<td>90.00</td>
<td>20.00</td>
</tr>
<tr>
<td>10002930</td>
<td>Idi I Joo</td>
<td>20.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10002940</td>
<td>Quinn Q. Quibe</td>
<td>5.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10009690</td>
<td>Mary M. Marcon</td>
<td>20.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10009100</td>
<td>Mary J. Mary</td>
<td>15.00</td>
<td>-5.00</td>
</tr>
<tr>
<td>10009270</td>
<td>Yancy Y. Yoga</td>
<td>15.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10011100</td>
<td>Sally S. Stadie</td>
<td>20.00</td>
<td>254.06</td>
</tr>
<tr>
<td>10011120</td>
<td>Chris O. Ongia</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10011130</td>
<td>Victor V. Victor</td>
<td>15.00</td>
<td>-30.00</td>
</tr>
<tr>
<td>10011200</td>
<td>Larry L. Lewis</td>
<td>20.00</td>
<td>20.00</td>
</tr>
<tr>
<td>10012800</td>
<td>Pat B. Pugse</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10012870</td>
<td>Jennifer J. Jelly</td>
<td>20.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10012950</td>
<td>Karen A. Karenra</td>
<td>35.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10014110</td>
<td>Wilkes W. Whinning</td>
<td>20.04</td>
<td>9.14</td>
</tr>
<tr>
<td>10015000</td>
<td>Nancy N. Nian</td>
<td>15.28</td>
<td>0.00</td>
</tr>
<tr>
<td>10015100</td>
<td>Helen H. Honey</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10017780</td>
<td>Charles C. Colston</td>
<td>20.03</td>
<td>15.03</td>
</tr>
<tr>
<td>10017750</td>
<td>Tina T. Tani</td>
<td>0.03</td>
<td>0.03</td>
</tr>
<tr>
<td>10015000</td>
<td>William W. Whinning</td>
<td>6.92</td>
<td>0.00</td>
</tr>
<tr>
<td>10015150</td>
<td>Chris O. Ongia</td>
<td>20.00</td>
<td>24.34</td>
</tr>
<tr>
<td>10020250</td>
<td>Alver A. Aver</td>
<td>15.00</td>
<td>45.00</td>
</tr>
<tr>
<td>10021465</td>
<td>Mary M. Marcon</td>
<td>15.00</td>
<td>5.00</td>
</tr>
<tr>
<td>10024670</td>
<td>Yancy Y. Yoga</td>
<td>20.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10024640</td>
<td>Clinton C. Clinton</td>
<td>30.00</td>
<td>0.00</td>
</tr>
<tr>
<td>10024700</td>
<td>Jennifer J. Jersey</td>
<td>5.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
The Unassigned Payment Analysis tab allows you to select the criteria you want to use to run the report.

### Sample Unassigned Payment Analysis for Only Accounts with Self-Pay Balance - No Group Fields (Summarized)

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Guarantor Name</th>
<th>Unassigned Acct Balance</th>
<th>Self-Pay Acct Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>100001000</td>
<td>Jupiter J. Jelly</td>
<td>0.00</td>
<td>26.12</td>
</tr>
<tr>
<td>100001001</td>
<td>Quinn G. Quine</td>
<td>0.00</td>
<td>200.20</td>
</tr>
<tr>
<td>100001012</td>
<td>Brian E. Brown</td>
<td>0.00</td>
<td>36.00</td>
</tr>
<tr>
<td>100001025</td>
<td>Bill J. Bock</td>
<td>0.00</td>
<td>120.22</td>
</tr>
<tr>
<td>100001038</td>
<td>Sam S. Simple</td>
<td>0.00</td>
<td>149.45</td>
</tr>
<tr>
<td>100001051</td>
<td>Georgia G. Green</td>
<td>0.00</td>
<td>15.00</td>
</tr>
<tr>
<td>100001052</td>
<td>Weaver T. Varadu</td>
<td>0.00</td>
<td>79.00</td>
</tr>
<tr>
<td>100001053</td>
<td>Jupiter J. Jelly</td>
<td>15.00</td>
<td>111.27</td>
</tr>
<tr>
<td>100001058</td>
<td>Dedora Z. Zera</td>
<td>0.00</td>
<td>6.32</td>
</tr>
<tr>
<td>100002001</td>
<td>Helen H. Honey</td>
<td>0.00</td>
<td>4.75</td>
</tr>
<tr>
<td>100002002</td>
<td>Jupiter J. Jelly</td>
<td>0.00</td>
<td>13.06</td>
</tr>
<tr>
<td>100002003</td>
<td>Hank H. Honey</td>
<td>66.00</td>
<td>36.00</td>
</tr>
<tr>
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<td>Chris C. Lorette</td>
<td>0.00</td>
<td>325.40</td>
</tr>
<tr>
<td>100003001</td>
<td>Dedora Z. Zera</td>
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<td>54.65</td>
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<tr>
<td>100003002</td>
<td>George G. Green</td>
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<td>30.00</td>
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<tr>
<td>100004001</td>
<td>Weaver T. Varadu</td>
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<td>117.78</td>
</tr>
<tr>
<td>100004002</td>
<td>Quinn G. Quine</td>
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<td>15.00</td>
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<tr>
<td>100006001</td>
<td>Dedora Z. Zera</td>
<td>0.00</td>
<td>26.00</td>
</tr>
<tr>
<td>100006002</td>
<td>Helen H. Honey</td>
<td>0.00</td>
<td>13.00</td>
</tr>
<tr>
<td>100006003</td>
<td>Yorpe P. Yorpe</td>
<td>0.00</td>
<td>17.00</td>
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<tr>
<td>100006004</td>
<td>Nancy N. Nanking</td>
<td>25.00</td>
<td>6.95</td>
</tr>
<tr>
<td>100006005</td>
<td>Walter W. Wasker</td>
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<td>89.60</td>
</tr>
<tr>
<td>100101001</td>
<td>Kate K. Kark</td>
<td>0.00</td>
<td>15.00</td>
</tr>
<tr>
<td>100101002</td>
<td>Larry L. Lonly</td>
<td>0.00</td>
<td>968.00</td>
</tr>
<tr>
<td>100101003</td>
<td>Olivia O. Orange</td>
<td>26.00</td>
<td>254.00</td>
</tr>
<tr>
<td>100111001</td>
<td>Apple A. Apple</td>
<td>0.00</td>
<td>3.47</td>
</tr>
<tr>
<td>100111002</td>
<td>Larry L. Lonly</td>
<td>26.00</td>
<td>20.00</td>
</tr>
<tr>
<td>100111003</td>
<td>Brian B. Brown</td>
<td>0.00</td>
<td>0.01</td>
</tr>
<tr>
<td>100111004</td>
<td>Kate K. Kark</td>
<td>0.00</td>
<td>458.00</td>
</tr>
<tr>
<td>100111005</td>
<td>Robert R. Roopy</td>
<td>0.00</td>
<td>46.00</td>
</tr>
<tr>
<td>100111006</td>
<td>Sadira S. Varadu</td>
<td>6.00</td>
<td>26.58</td>
</tr>
<tr>
<td>100112000</td>
<td>Uma U. Under</td>
<td>0.00</td>
<td>46.00</td>
</tr>
</tbody>
</table>
Unassigned Payment Analysis tab

Unassigned Payment Analysis tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Financial Processing Reports

Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Batch
  - Batch Category
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Location
- Level of Detail - Selections moved over from Available Group Fields appear here. Click the minus sign to the left of “Account” to generate a one line list of accounts that qualify.
- Available Sort Fields - None available for this report
- New Page per Major Sequence - This option is not available for this report.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Batch Categories

Specific batch categories can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

--- Note ---

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.
Select Locations

Specific locations can be selected.

Updated Transactions

Click this radio button to run the report for updated transactions.

Note

You must select either Updated Transactions or Non-Updated Transactions. You cannot select both.

Non-Updated Transactions

Click this radio button to run the report for transactions that have not yet been updated.

When this radio button is selected, the “Update Dates - From: To:” label below changes to “Entered Dates - From: To:”.

Note

You must select either Updated Transactions or Non-Updated Transactions. You cannot select both.

Update Dates - From: To

A date range for the transactions may be entered. The date fields are optional. If a date range is not entered, the system reports on any applicable data in the system.

Note

The date field label toggles from “Update Dates” to “Entered Dates” depending on which transaction radio button you selected.

Only Accounts with Self-Pay Balance

Check this option to list all accounts with self-pay balances, regardless of whether they have any unassigned payments.
Accounts qualify when they have a self-pay balance greater than $0.00. Accounts with a remaining unassigned balance of $0.00 are listed when the self-pay account balance is greater than $0.00.

Note

It is not recommended that you run this analysis with this option and Only Unassigned with Remaining Balance both checked. The detail is best reviewed when run separately.

Only Unassigned with Remaining Balance

Checked by default.

When checked, all accounts with unassigned balances are listed.

Accounts qualify when they have a remaining unassigned account balance greater than $0.00. Accounts with a self-pay balance of $0.00 are listed when the remaining unassigned balance is greater than $0.00.

Note

It may help to read this option as saying “Only Accounts with a Remaining Unassigned Balance.”

It is not recommended that you run this analysis with this option and Only Accounts with Self-Pay Balance both checked. The detail is best reviewed when run separately.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Bank Reconciliation Report

Use the Bank Reconciliation Report to reconcile payments entered in Allscripts PM with bank deposit amounts. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

Note

Unassigned amounts entered from the Quick Payment dialog are included only when a transaction code is selected. The selected group by fields cannot include Billing Provider. You should make sure all void batches have been updated prior to running this report.

For Those Using Department/Practice Security: This report honors the operators security settings. This means that the Select Records dialogs are filtered so that even when the selection is for "All" the results generated are only for those vouchers whose department/practice is one to which the operator has access.

Dealing with Voids: This report does not reflect voids.

The following information prints on the Bank Reconciliation Report:

> Batch Detail (only prints if grouped by Batch)
> Transaction Category Detail (only prints if grouped by Transaction Category)
> Transaction
> Date Paid
> Reference
> Patient or Account #
> Voucher #
> Transaction Code Abbreviation
> Transaction Code Description
> Amount
> Transaction Detail
  > Transaction Code
  > Totals for Transaction Code
Financial Processing Reports

报告总计 - 金额总计

银行对账单报告示例

### 银行对账单报告

#### 子菜单：管理付款（MGPAY）

<table>
<thead>
<tr>
<th>日期（日）</th>
<th>参考号</th>
<th>交易类型</th>
<th>患者或账号</th>
<th>金额</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
<tr>
<td>1/13/2009</td>
<td>0000111</td>
<td>管理付款</td>
<td>200121800</td>
<td>0.00</td>
</tr>
</tbody>
</table>

#### 总计

<table>
<thead>
<tr>
<th>交易类型</th>
<th>金额</th>
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</thead>
<tbody>
<tr>
<td>管理付款</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### 银行对账单报告以批次分组

银行对账单报告子菜单

报告总计 - 金额总计

银行对账单报告子菜单

The Bank Reconciliation Report tab allows you to select the criteria you want to use to run the report.
Bank Reconciliation Report tab

Bank Reconciliation Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Financial Processing Reports

Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Batch
  - Batch Category
  - Billing Provider - When you include this as a group by field, you must also check Exclude Unassigned Payments on the Bank Reconciliation Report tab. The billing provider is identified only when the unassigned payment is applied to a voucher. Until then, the system has no way of knowing who the billing provider is for an unassigned payment.
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Location
  - Operator - Indicates the operator who opened the batch, which contains the transaction, not the operator who posted the payment. Pulls from Abbreviation in Operator Maintenance. If you need to run this report to reconcile deposit amounts by operator, each operator should create unique batches that are used only by that operator.

- **Transaction Category**

- **Level of Detail** - Selections moved over from Available Group Fields appear here. The default level of detail is to list each payment total by transaction code. Click the minus sign to the left of “Transaction Code” to collapse the detail tree to only report totals by transaction code.

- **Available Sort Fields** - None available for this report.

- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers

Specific providers can be selected.
Select Batch Categories

Specific batch categories can be selected.

Select Billing Providers

Specific providers can be selected.

--- Note ---
If your selections include this option, you must check the option Exclude Unassigned Payments option since this information is not available until a payment is assigned.

Select Departments/Practices

Specific departments/practices can be selected.

--- Note ---
When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Locations

Specific locations can be selected.

Select Operators

Specific operators can be selected.

Select Transaction Codes

Specific categories, transaction types, or transaction codes can be selected.

Payment Dates - From: To
Update Dates - From: To
Entered Dates - From: To

Required fields.
Enter a date range in the format mm/dd/yyyy for the report.
Click on the up/down arrow to toggle the type of dates used for the report.
Financial Processing Reports

> Payment Dates - Default selection
This is the date that the operator entered in the date/transaction date field at the time he or she entered a payment. Includes all payments with a status of Entered, Updated, or Marked for Void.

> Update Dates
This is the date on which the batch containing the payment was updated. Includes all payments with a status of Updated and those updated payments that are Marked for Void (updated payments marked for void are only subtracted when the void batch is updated.)

> Entered Dates
This was the date on the work station/network system at the time the operator entered the payment. Allscripts PM stores this in the DateTime_Entered field on the payments tables. Includes all payment transactions with the status of Entered, Updated, or Marked for Void and whose entered date falls within the range defined.

Exclude Correction Batches

Checked by default.
When checked, all batches flagged as Correction Batches, which includes VRE batches, are excluded from the report. This prevents the report from being overstated when a payment is voided and re-entered on a subsequent day after it was originally posted.

Example: Today you do a void and re-enter on a $100 payment originally entered yesterday. If the Bank Reconciliation Report is then run for today without the Exclude Correction Batches option checked, the $100 payment shows for today. Therefore, the report is over by $100 from what the user actually collected today. If the Report is run for today with Exclude Correction Batches checked, the $100 voided payment correctly does not appear on the report. Therefore, the report balances with the amount of money collected today.

Exclude Unassigned Payments

Required when you are grouping by Billing Provider.
It is automatically checked and disabled by the system when a specific billing provider is selected.
It excludes unassigned amounts (assigned amounts are excluded by program default).

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Financial Posting Reports

Financial Posting provides one report:

> Transaction Journal, on page 108
Financial Processing Reports

Transaction Journal

Use the Transaction Journal to post transactions to patient accounts and update the accounts receivable totals. The Transaction Journal can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The update process posts the entered transactions and updates your practice's A/R totals.

A Transaction Journal is a record of one or more updated batches.

The process of updating or posting entered transactions is done on the Transaction Journal tab found under Financial Processing > Financial Posting.

Update void batches separately before any related charge or payment batches.

Charge and payment batches may be updated at the same time.

--- Note ---

Only closed batches can be updated.

--- Note ---

The following information prints on the Transaction Journal for void batches:

--- Note ---

If a void batch contains charges and payments, the report prints a section for each.
When assigned payments are voided, the transaction is listed in both the payments and the unassigned sections. For instance, if you void a $20 assigned payment, the payment transaction prints in the body of the journal and the detail of when it was applied to the voucher prints in the unassigned portion of the journal with the total in the Assigned column.
Manually voided transactions designated as marked voids are included in totals.
Manually voided transactions designated as memo voids are not included in totals.
VRE Void batches are automatically updated by the system. The totals for VRE Void batches appear in the Totals Summary section of the Transaction Journal on a line labeled "VRE Void Batches Since Last Update."

---

VOIDED CHARGES
> Void Batch Detail
> Voucher #
> Transaction Date
> Patient # & Name/Payor
> Actual Provider/Department
> Billing Provider/Place of Service
> Referring Doctor/Location
> Voucher Charge
> Service Date
> Procedure Code/Description
> Diagnoses
> Type of Service
> Units
> Procedure Fee
> Batch Totals
>  > Proof Totals - Displays blank since Proof Totals cannot be entered for Void Batches.
>  > Actual Totals - Totals of the actual entries
>  > Charges
>  >  > Amount
>  >  > Proc Count - The total number of procedures entered in a batch.
>  >  > Hash - The sum of all the procedure codes numbers entered in a batch, excluding modifiers and codes containing alpha characters

**Voided Payments and Adjustments**

> Void Batch Detail
> Date Paid
> Remittor/Reference - Includes the type of payment, adjustment, or EOB and the procedure code to which it was applied
> Patient # & Name/Voucher #
> Payment
Financial Processing Reports

- Adjustment
- Transfer

- Unassigned Payments - When assigned payments are voided, the payment is listed in both the regular Payment column and the Unassigned Payments section at the bottom of the journal.
  Example: A voided $20 assigned payment appears as a Payment, as well as an entry under Unassigned Payments, along with the detail of when it was applied to the voucher.

- Batch Totals
  - Total Unassigned Amount
  - Total Assigned Amount
  - Total Payment Amount = Payments + marked voided assigned payments
  - Total Adjustment Amount
  - Total Transfer Amount

Payments & Adjustments - Recap by Transaction

- The Recap by Transaction Totals in each column should equal $0.00.
- Voided Transaction Count - Memo voided transactions are included in the voided transaction count.
  - Unassigned Payments
  - Assigned Payments - Voided Assigned payments are not counted in the Assigned payments column. They are counted in the Payment column. This column will not display a count.
  - Payment - Voided Assigned payments are counted in the Payment column. They are not counted in the Assigned payments column.
  - Refund
  - Adjustment - Voided Withheld transactions are counted in the Adjustment column.
  - Transfer

Totals Summary

- Previous A/R
  CAUTION! The previous A/R on this Transaction Journal should match the new A/R
from the last updated Transaction Journal. If these totals do not match, contact Allscripts PM Support immediately.

> VRE Void Batches Since Last Update

The date and time the Update is performed is recorded and the system checks to see if any voids were updated using the Void Re-Enter function since the last Update was performed. This line reflects the totals of any charges voided using Void Re-Enter and the totals of any payments voided using Void Re-Enter as well as a calculated Net Amount.

Keep in mind that where Voids are concerned the effect on A/R is the reverse of regular charges and payments. For instance, normally charges add to A/R and payments subtract from A/R. However, voided charges subtract from A/R while voided payments add to A/R. To illustrate this point, if I had voided charges on my Transaction Journal Totals Summary of $142.00 and voided payments of $15.00, the Net Amount for these would be -$127.00.

> New Transactions

Since void batches should be closed and updated separately from charge and payment batches, each category on this line should equal $0.00.

> Voided Transactions

- Total Voided Charges
- Total Voided Payments (will include voided assigned payments)
- Total Voided Refunds
- Total Voided Adjustments

Net Amount for Voided Transactions = Voided Charges - Voided Payments + Voided Refunds - Voided Adjustments

> Net This Journal

- Charges = New Charge Transactions - Voided Charges
- Payments = New Payment Transactions - Voided Payments (includes voided assigned amounts)
- Refunds = New Refund Transactions - Voided Refunds
- Adjustments = New Adjustment Transactions - Voided Adjustments

Net Amount for this journal = Charges - Payments + Refunds - Adjustments

> New A/R = Previous A/R + Net Amount for this journal
Financial Processing Reports

> Unassigned Transactions
The status of unassigned transactions prints at the end of each journal.
> Previous Unassigned = Total of unassigned amounts before these transactions were updated
> New Transactions
Since void batches should be closed and updated separately from payment and charge batches, each category on this line should equal $0.00.
> Voided Transactions
> Total Voided Unassigned payments updated with this journal
> Total Assigned payments updated with this journal
Assigned payments are included in the Payments total.
> Net Amount Voided Transactions = - (Total Voided Unassigned) + Total Voided Assigned amounts
> New Unassigned = Previous Assigned + Net Amount Voided Transactions
This amount indicates how much unassigned dollars are associated with accounts in your practice.

The following information prints on the Transaction Journal for charge batches:

Note

When a journal includes charge and payment batches, the report prints a section for each and the Totals Summary page includes the totals for all batches.

Charges

> Charge Batch Detail
> Voucher #
> Transaction Date
> Patient # & Name/Payor
> Actual Provider/Department
> Billing Provider/Place of Service
> Referring Doctor/Location
> Voucher Charge
Service Date
Procedure Code/Description
Diagnoses
Type of Service
Units
Procedure Fee
Batch Totals
  Proof Totals (totals entered in Batch Management)
  Actual Totals (totals of the actual entries)
    Amount
    Procedure Count - The total number of procedures entered in a batch.
    Hash - The sum of all procedure codes numbers entered in a batch excluding modifiers and codes containing alpha characters.
Charges

Totals Summary

Previous A/R
CAUTION! The previous A/R on this Transaction Journal should match the new A/R from the last updated Transaction Journal. If these totals do not match, contact Allscripts PM Support immediately.

VRE Void Batches Since Last Update
The date and time the Update is performed is recorded and the system checks to see if any voids were updated using the Void Re-Enter function since the last Update was performed. This line reflects the totals of any charges voided using Void Re-Enter and the totals of any payments voided using Void Re-Enter as well as a calculated Net Amount.

Keep in mind that where Voids are concerned the effect on A/R is the reverse of regular charges and payments. For instance, normally charges add to A/R and payments subtract from A/R. However, voided charges subtract from A/R while voided payments add to A/R. To illustrate this point, if I had voided charges on my Transaction Journal Totals Summary of $142.00 and voided payments of $15.00, the Net Amount for these would be -$127.00.
Financial Processing Reports

> New Transactions
  > Total Charges
  > Total Payment $ amount = Payments (includes assigned payments) - Refunds
  > Total Refunds
  > Total Adjustments
  > Net Amount = Charges - Payments + Refunds - Adjustments

> Voided Transactions
Since void batches should be closed and updated separately from payment and charge batches, each category on this line should equal $0.00.

> Net This Journal
  > Total Charges
  > Total Payments = Payments (includes assigned payments) - Refunds
  > Total Refunds
  > Total Adjustments
  > Net Amount for this journal = Charges - Payments + Refunds - Adjustments

> New A/R = Previous A/R + Net Amount for this Journal

> Unassigneds - At the end of each journal you are given the status of unassigned transactions.
  > Previous Unassigned = the total of unassigned amounts before these transactions were updated
  > New Transactions
  > Voided Transactions
  > Total Voided Unassigned payments updated with this journal
  > Total Assigned payments updated with this journal
  Assigned payments are included in the Payments total.
  > Net Amount Voided Transactions = - (Total Voided Unassigned) + (Total Voided Assigned amounts)
  > New Unassigned = (Previous Assigned) + (Net Amount Voided Transactions)
This amount indicates how much unassigned dollars are associated with accounts in your practice.

The following information prints on the Transaction Journal for payment batches:
Note

When a journal includes charge and payment batches, the report prints a section for each and the Totals Summary page includes the totals for all batches.
When assigned payments are applied to a voucher, the transaction is listed both under Payment and under Unassigned Payments at the bottom of the journal.
Example: If you assign a $20 unassigned payment, the payment transaction appears in the body of the journal, and the detail of when it was applied to the voucher appears in the unassigned portion of the journal, with the total in the assigned column.

Payments & Adjustments

- Payment Batch Detail
- Date Paid
- Remittor/Reference
- Patient # & Name/Voucher #
- Voucher Payment/Adjustment/Transfer Transactions
- Total Voucher Payment
- Total Voucher Adjustment
- Total Voucher Transfer
- Unassigned Payments
  - Date Paid
  - Remittor/Reference
  - Patient # & Name/Voucher #
  - Unassigned Amount
  - Assigned Amount
- Batch Totals
  - Total Unassigned Amount
  - Total Assigned Amount
  - Total Payment Amount = Payments (includes assigned payments) - Refunds
  - Total Adjustment Amount
  - Total Transfer Amount

Payments & Adjustments - Recap by Transaction
Financial Processing Reports

> Transaction Abbreviation
> Transaction Description
> Unassigned Payments
> Assigned Payments
> Payments (includes assigned amounts; excludes refunds)
> Refunds
> Adjustments
> Recap by Transaction Totals
> Transaction Count
  > Unassigned Payments
  > Assigned Payments - Applied Unassigned payments are not counted in the
  Applied Unassigned payments column. They are counted in the Payment column.
  This column will not display a count.
  > Payment - Zero dollar payments are counted. Also, Applied Unassigned payments
  are counted in the Payment column. They are not counted in the Applied
  Unassigned payments column.
  > Refund - Move to Unassigned transactions that have a transaction type of Misc
  Debit are counted in the Refund column. In addition, since the dollar amount is
  also being moved into Unassigned, the transaction is counted as an Unassigned
  Payment Transaction in the Unassigned column. This means for every refund
  transaction that is the result of a Move to Unassigned transaction, there should be
  a matching Unassigned Payment transaction.
  > Adjustment
  > Transfer

Totals Summary

> Previous A/R
  **CAUTION!** The previous A/R on this Transaction Journal should match the new A/R
  from the last updated Transaction Journal. If these totals do not match, contact
  Allscripts PM Support immediately.
> VRE Void Batches Since Last Update
  The date and time the Update is performed is recorded and the system checks to see
  if any voids were updated using the Void Re-Enter function since the last Update was
performed. This line reflects the totals of any charges voided using Void Re-Enter and the totals of any payments voided using Void Re-Enter as well as a calculated Net Amount.

Keep in mind that where Voids are concerned the effect on A/R is the reverse of regular charges and payments. For instance, normally charges add to A/R and payments subtract from A/R. However, voided charges subtract from A/R while voided payments add to A/R. To illustrate this point, if I had voided charges on my Transaction Journal Totals Summary of $142.00 and voided payments of $15.00, the Net Amount for these would be -$127.00.

> New Transactions
  > Total Charges
  > Total Payment Amount = Payments (includes assigned payments) - Refunds
  > Total Refunds
  > Total Adjustments
  > Net Amount = Charges - Payments + Refunds - Adjustments

> Voided Transactions
Since void batches should be closed and updated separately and before charge and payment batches, each category on this line should equal $0.00.

> Net This Journal
  > Total Charges
  > Total Payments = Payment (includes assigned payments) - Refund
  > Total Refunds
  > Total Adjustments
  > Net Amount for this journal = Charges - Payments + Refunds - Adjustments

> New A/R = Previous A/R + Net Amount for this journal

> Unassigned Transactions
The status of unassigned transactions prints at the end of each journal.
  > Previous Unassigned = Total of unassigned amounts before these transactions were updated
  > New Transactions
    > Total unassigned payments updated with this journal
Financial Processing Reports

- Total assigned payments updated with this journal
  Assigned payments are included in the Payments total and affect the A/R.
- Net Amount = Total Unassigned Payments - Total Assigned Payments
- Voided Transactions
  Since void batches should be closed and updated separately from payment and charge batches, each category on this line should equal $0.00.
- New Unassigned = Previous Assigned + Total of New Transactions
  This is the current total of unassigned dollars associated with accounts in your practice.
## Transaction Journal Samples

**Sample Transaction Journal for Void Batches - Charges (No Group Fields)**

<table>
<thead>
<tr>
<th>Voucher</th>
<th>Date</th>
<th>Patient No.</th>
<th>Name</th>
<th>Actual Provider</th>
<th>Billing Provider</th>
<th>Place of Service</th>
<th>Referring Doctor</th>
<th>Chosen</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>11199280</td>
<td>04/30/2009</td>
<td>17622278</td>
<td>Robert R. Red</td>
<td>56250</td>
<td>25</td>
<td>Office, Outpatient, Mat. New</td>
<td>384.0</td>
<td>SURG</td>
<td>100.00</td>
</tr>
<tr>
<td>04/30/2009</td>
<td>200576</td>
<td>Thors Egbert, Card Tubal</td>
<td>384.0</td>
<td>SURG</td>
<td>100.0</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/30/2009</td>
<td>200069</td>
<td>Transcatheter Aortotube Int</td>
<td>384.0</td>
<td>SURG</td>
<td>100.0</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/30/2009</td>
<td>73300</td>
<td>Sclerolysis Of Vein</td>
<td>384.0</td>
<td>SURG</td>
<td>100.0</td>
<td>100.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Batch Totals:**
- Amount: 495.00
- Proc Code: 4
- Home: 392.00

**Chosen: 495.00**
### Sample Transaction Journal for Void Batches - Payments & Adjustments (No Group Fields)

#### Transaction Journal

<table>
<thead>
<tr>
<th>Date</th>
<th>Remitter Reference</th>
<th>Payment</th>
<th>Adjustment</th>
<th>Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/01/2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Memo Void Unassigned Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/01/2009</td>
</tr>
<tr>
<td>Cash</td>
</tr>
<tr>
<td>1745210 (Addy Y)</td>
</tr>
<tr>
<td>Paid by cash</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Batch Totals for</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

### Sample Transaction Journal for Void Batches - Recap by Transactions (No Group Fields)

#### Transaction Journal

<table>
<thead>
<tr>
<th>Transaction Description</th>
<th>Unassigned</th>
<th>Assigned</th>
<th>Payment</th>
<th>Refund</th>
<th>Adjustment</th>
<th>Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unassigned Payments</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recap by Transaction</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Net Payments:</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voided Transaction</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>
### Transaction Journal

#### Allscripts Practice

<table>
<thead>
<tr>
<th>Description</th>
<th>Charges</th>
<th>Payments</th>
<th>Refunds</th>
<th>Adjustments</th>
<th>Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous ARs:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>162776.70</td>
</tr>
<tr>
<td>YRE Void Batches Since Last Update:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New Transactions:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-161.00</td>
</tr>
<tr>
<td>Voided Transactions:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-161.00</td>
</tr>
<tr>
<td>Net This Journal:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>-161.00</td>
</tr>
<tr>
<td>New ARs:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>162776.54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Unassigned</th>
<th>Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Unassigned:</td>
<td></td>
<td>475625.41</td>
</tr>
<tr>
<td>New Transactions:</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Voided Transactions:</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New Unassigned:</td>
<td></td>
<td>475625.41</td>
</tr>
</tbody>
</table>

Transactions have been updated as final on 4/6/2010 2:29:50PM by

---

**Sample Transaction Journal for Void Batches - Totals Summary (No Group Fields)**
### Transaction Journal

**Allscripts Practice**

#### Charges

<table>
<thead>
<tr>
<th>Voucher</th>
<th>Date</th>
<th>Patient No. &amp; Name</th>
<th>Actual Provider Practice</th>
<th>Billing Provider Place of Service</th>
<th>Refer Doctor Location</th>
<th>Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>4372610</td>
<td>10/24/2010</td>
<td>L3965729 Zach 2 Zone</td>
<td>23672</td>
<td></td>
<td></td>
<td>189.00</td>
</tr>
</tbody>
</table>

**Procedure Information**

- **Date:** 10/24/2010
- **Drug Code:** 08009000602
- **Drug Name:** Methylprednisolone 80 Mg (Drg)

**Financial Information**

- **Units:** 1.00
- **Rate:** 189.00
- **Unit of Measure:** UN
- **Unit Price:** 189.00

**Batch Details**

- **Batch:** (first) – Created 4/25/2009 11:50:03 PM - By: John Doe
- **Batch Category:** None

---

**Sample Transaction Journal for Charge Batches - Charges (No Group Fields)**
## Sample Transaction Journal for Charge Batches - Totals Summary (No Group Fields)

<table>
<thead>
<tr>
<th>Description</th>
<th>Charges</th>
<th>Payments</th>
<th>Refunds</th>
<th>Adjustments</th>
<th>Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous AR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10277671.01</td>
</tr>
<tr>
<td>VHR Void Batches Since Last Update</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New Transactions:</td>
<td>299.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1892.00</td>
</tr>
<tr>
<td>Voided Transactions:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Net This Journal:</td>
<td>299.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1892.00</td>
</tr>
<tr>
<td>New AR:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10277671.01</td>
</tr>
</tbody>
</table>

### Unassigned vs. Assigned

<table>
<thead>
<tr>
<th>Description</th>
<th>Unassigned</th>
<th>Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Unassigned:</td>
<td>0.00</td>
<td>475025.41</td>
</tr>
<tr>
<td>New Transactions:</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Voided Transactions:</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New Unassigned:</td>
<td>0.00</td>
<td>475025.41</td>
</tr>
</tbody>
</table>

Transactions have been updated as of 4/6/2010 2:46:24PM by
## Transaction Journal

**Allscripts Practice**

**Payments & Adjustments**

<table>
<thead>
<tr>
<th>Date</th>
<th>Remitter Reference</th>
<th>Patient No. &amp; Name Voucher</th>
<th>Payment</th>
<th>Adjustment</th>
<th>Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/01/2009</td>
<td>SelfPay VISA</td>
<td>10571276 Dr. John B Green</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/02/2009</td>
<td>SelfPay VISA</td>
<td>20020101 Jerry J Duffy</td>
<td>25.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/02/2009</td>
<td>SelfPay VISA</td>
<td>5006702 William W Waring</td>
<td>25.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/03/2009</td>
<td>SelfPay VISA</td>
<td>1388140 Tim T Tien</td>
<td>29.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/03/2009</td>
<td>SelfPay VISA</td>
<td>9405326 Nancy D nylon</td>
<td>25.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/04/2009</td>
<td>SelfPay VISA</td>
<td>6096196 Don E Evident</td>
<td>59.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/05/2009</td>
<td>SelfPay VISA</td>
<td>1784620 Kyle C Kemle</td>
<td>49.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/05/2009</td>
<td>SelfPay VISA</td>
<td>6737138 Victoria Y Viller</td>
<td>59.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/06/2009</td>
<td>SelfPay VISA</td>
<td>17656100 Frank F Flora</td>
<td>19.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/07/2009</td>
<td>SelfPay VISA</td>
<td>19807700 Roberto R red</td>
<td>29.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>04/08/2009</td>
<td>SelfPay VISA</td>
<td>8229202 Jerry J Duffy</td>
<td>15.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Sample Transaction Journal for Payment Batches - Payments & Adjustments (No Group Fields)**
### Transaction Journal

**Allscripts Practice**

#### Payments & Adjustments - Recap by Transaction

<table>
<thead>
<tr>
<th>Transaction Description</th>
<th>Unassigned</th>
<th>Assigned</th>
<th>Payment</th>
<th>Refund</th>
<th>Adjustment</th>
<th>Transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unassigned Payments:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPDA</td>
<td>58.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CPDC</td>
<td>275.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**Recap by Transaction Totals:**

| Total                  | 334.00     | 0.00    | 0.00    | 0.00   | 0.00       | 0.00     |
| Net Payments:          | 0.00       | 0.00    | 0.00    | 0.00   | 0.00       | 0.00     |
| Transaction Count:     | 11.00      | 0.00    | 0.00    | 0.00   | 0.00       | 0.00     |

---

**Sample Transaction Journal for Payment Batches - Recap by Transaction (No Group Fields)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Charges</th>
<th>Payments</th>
<th>Refunds</th>
<th>Adjustments</th>
<th>NetAmount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous ARU:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>10276991.02</td>
</tr>
<tr>
<td>YTD Void Batches Since Last Update</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Previous Unassigned</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New Transactions:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Yielded Transactions:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Net This Journal:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New AR:</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Assigned</td>
<td>475965.41</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Transactions</td>
<td>10276991.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yielded Transactions</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>New Unassigned</td>
<td>475965.41</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Transactions have been updated as of 11/30/10 2:58:44PM by

---

**Sample Transaction Journal for Payment Batches - Totals Summary (No Group Fields)**
The Transaction Journal tab allows you to select the criteria you want to use to run the report.

Transaction Journal tab fields

This tab also includes a Run button.
Preliminary Journal

Select this option to run a journal and review the entries without updating the transactions.

--- Note ---

Unless you select *Preliminary Journal*, the update process is completed when you click Run, even if you click *Preview* or *Export* on the Print dialog.

---

Update Transactions

Select this option to update transactions and change the A/R.

Reprint Journal for Updated Transactions

Select this option to reprint journals for a specified update date. The detail of the reprinted journal is the same as that of the original journal except for the following:

- The batch detail line indicates “Reprint.”
- The Totals Summary page *does not* include the following information:
  - Previous A/R
  - New A/R
  - Previous Unassigned
  - New Unassigned
  - When and by whom the transactions were updated as final.

Report Preferences

Select report preferences as desired and click *OK*.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- Available Group Fields - Highlighting and moving fields from left to right determines the print output of the report. The program default is to group all detail by batch number. This allows you to easily and quickly proof batch totals as well as transaction and service detail. Report detail can be grouped by the following:
  - Batch Category
- Level of Detail - The detail that prints on the batch report is determined by the Level of Detail you select on the Report Preferences dialog. You can run this report for detail on the batch category (if you select as an Available Group Field), batch, transaction, or service level.

The default setting is to group detail by batch and to report down to the service level.
Regardless of whether you include Batch Category in the Level of Detail, the "Category" prints on the report at the end of the batch information line. If a batch does not have a batch category assigned to it, "none" prints.

If you select Batch Category as an Available Group Field and collapse the Level of Detail up to Transaction Journal, the following things occur: (1) The non-recap pages do not print. (2) The recap pages print full detail, grouped by Batch Category.

If you select Batch Category as an Available Group Field and collapse the Level of Detail up to Batch Category, the following things occur: (1) The non-recap pages print the summary information as it does when collapsed up to Batch. (2) The recap pages print a one line summary for each batch category with grand totals at the bottom.

If you select Batch Category as an Available Group Field and collapse the Level of Detail up to Batch, the following things occur: (1) The non-recap pages print the summary information. (2) The recap pages print full detail, grouped by Batch Category.

If you do not select Batch Category as an Available Group Field and collapse the Level of Detail up to Transaction Journal, the following things occur: (1) The non-recap pages do not print. (2) The recap pages print full detail.

If you do not select Batch Category as an Available Group Field and collapse the Level of Detail up to Batch, the following things occur: (1) The non-recap pages print the summary information. (2) The recap pages print full detail.

> Available Sort Fields - None available for this report.
> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information prints continuously.
> View with Drill-Down - Not available for this report

**Require Associated Payment Batches with Charge Batches**

When you check this box and click Run, if you are trying to update a charge batch that has an associated payment batch and you are not updating that associated payment batch (which is in an "Open" or "Closed" status) at the same time, a hard stop warning appears that says "Associated Payment Batch (x) must be updated with the Charge Batch (x)" where (x) denotes the respective batch numbers. After you click OK to close the warning message, you can either select the appropriate associated payment batch or deselect the charge batch that has an associated payment batch. One or the other must be done before you can click Run and successfully complete the process.
Note
This check box is a "sticky setting," meaning each time you open the Transaction Journal tab the check box defaults to how you had it set (checked or unchecked) the last time you updated transactions on this workstation.

All Closed Batches
Check this option to select all batches listed in the grid below for the report or select one or more batches from the grid below to include on the report.

Note
Void batches should be updated before or along with any related charge or payment batches.
Charge and payment batches may be updated at the same time.
Financial Processing Reports
Billing Reports

About Billing Reports

Two types of reports are available under Billing in Allscripts PM:

> **Claims Review Reports** - Claims review reports provide billing assistance by identifying and generating a list of unpaid claims. Reports can also be generated for ANSI claims.

> **Occupational Medicine Reports** - Occupational Medicine provides an Unpaid Invoices Report that lists billed and/or unbilled corporate invoices that have not yet been paid.

Allscripts PM provides the following billing reports:

> **Claims Review Reports**, on page 132
> **Occupational Medicine Reports**, on page 147
Billing Reports

Claims Review Reports

Claims Review provides two types of reports:

> Unpaid Claims Report, on page 133
> ANSI Reports, on page 143
Unpaid Claims Report

The Unpaid Claims Report provides a useful tool for working unpaid and partially paid accounts that are aging. Use it to do any of the following:

> List unpaid claims using user-defined aging brackets and restricting the list to claims over a specified number of days old (unpaid claims).
> Identify insurance claims that have not been billed (unbilled claims).
> Identify self-pay claims that have not been paid.

The Unpaid Claims Report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The Unpaid Claims Report has three sections:

> Unpaid Claims List
> Claim Summary Analysis - Shows the percentage and dollar amounts of claims that fall within each aging bracket by insurance carrier and category including self-pay. Use this analysis to look for reimbursement issues by carrier.
> Insurance Category Analysis - Provides a graphic view of your unpaid claims by insurance category including self-pay.

The following information prints on the Unpaid Claims Report:

Unpaid Claims List

> Carrier
> Contact person at carrier
> Claim or Voucher #
  C# - Claim number indicates the voucher has been billed.
  V# - Voucher number indicates the voucher has not been billed, therefore it does not have dates listed in the Original or Current Bill Date columns.
> Guarantor Name
> Actual Provider
> Service Date
> Original Bill Date & Media
Billing Reports

- Current Bill Date & Media
- Charges
- Payments
- Adjustments
- Net Due
- Age
- Patient Name, DOB, Certificate #, and Validation Status (if Include Patient, Name, Patient DOB, Certificate # and Validation is checked)
- Claim notes, voucher notes, and service notes attached to claim, if any exist (if Include Claim, Service and Voucher Notes is checked)
- Totals by Carrier
  - Number of Claims
  - Total Charges
  - Total Payments
  - Total Adjustments
  - Total Net Due

Claim Summary Analysis

- Insurance Category
- Insurance Carrier
- Aging Bracket Amount Due
- Aging Bracket % = Aging Bracket Amount Due / Total Carrier Amount Due
- Total Carrier Amount Due
- % Categ = Total Carrier Amount Due / Total Insurance Category Amount Due
- % Total = Total Carrier Amount Due / Analysis Totals Total Amount Due
- Totals for Insurance Category
  - Aging Bracket Amount Due
  - Aging Bracket % = Aging Bracket Amount Due / Total Insurance Category Amount Due
  - Total Insurance Category Amount Due
% Total = Total Insurance Category Amount Due / Analysis Totals Total Amount Due

Analysis Totals
  > Aging Bracket Amount Due
  > Aging Bracket % = Aging Bracket Amount Due / Analysis Totals Total Amount Due
  > Analysis Totals Total Amount Due

Insurance Category Analysis
  > Graphic representation of the % of the total that each category makes up
## Unpaid Claims Report Samples

### Sample Unpaid Claims Report - Unpaid Claims List (No Group Fields)

<table>
<thead>
<tr>
<th>Claimor Voucher</th>
<th>Guarantor - Account Number</th>
<th>Actual Provider</th>
<th>Service Date</th>
<th>Original Bill Date &amp; Media</th>
<th>Current Bill Date &amp; Media</th>
<th>Changes</th>
<th>Payments</th>
<th>Adjusts</th>
<th>Net Due Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCBS NC Blue Card/Out of State</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPA270599</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Name: Jerry D. Allen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/1/2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross: 625.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Units: 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge: 6250.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals for BCBS NC Blue Card/Out of State</td>
<td>1 Claims</td>
<td>625.00</td>
<td>0.00</td>
<td>0.00</td>
<td>625.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carolina Access</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CPA290249</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Name: Nancy N. Allen</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/26/2008</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anesthesiology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross: 1425.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Units: 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charge: 14250.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals for Carolina Access</td>
<td>1 Claims</td>
<td>1425.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1425.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Totals</td>
<td>2 Claims</td>
<td>1875.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1875.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Unpaid Claims Report tab

The Unpaid Claims Report tab allows you to select the criteria you want to use to run the report.
Billing Reports

Unpaid Claims Report tab

Unpaid Claims Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Insurance Category
  - Insurance Reporting Class
  - Location
- Level of Detail - Selections moved over from Available Group Fields appear here. The default level of detail is to print down to services and payment detail.
- Available Sort Fields
  - Age of Claim - Default selection
  - Claim Balance
  - Guarantor Name
- New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Account Types

Specific account types can be selected.

Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.
Billing Reports

Select Claim Note Types

Specific claim note types can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

Note

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers

Specific categories, reporting classes, groups, specific carriers, or range of carriers can be selected.

Note

Insurance categories, classes, and groups created for Occupational Medicine continue to appear on the related selected records dialogs; however, if selected the report does not list any vouchers with Occupational Medicine services.

In addition to being able to select insurance carriers, you also have the ability to select self-pay.

Note

You cannot select both self-pay and insurance claims.

Select Locations

Specific locations can be selected.

Aging Brackets for Summary

To use aging brackets for the report that differ from those that display in this field, click the Dialog button to display the Specify Aging Brackets dialog.
Use the spin buttons to select the aging brackets for this report and click **OK**.

**Age by Billing Date**

Default selection. 
Select this radio button to age claims on the report by billing date.

**Age by Service Date**

Select this radio button to age claims on the report by service date. 
To capture any vouchers that may not have been billed, select *Age by Service Date*.

**Include Claims Over**

Enter the number of days over which all claims listed must be older than.

--- **Note** ---

If this option is set, do not enter Billing/Service Dates in the date fields below.

---

**Billing Date - From: To**/ **Service Date - From: To**

Select a range of dates if desired.

--- **Note** ---

The “Billing/Service Date” field label toggles, depending upon which Age by radio button you selected.

---

**Select Claim Type**

Click the down arrow button and select one of the following from the drop-down list:

> Billed Claims Only - Default selection
> Unbilled Claims Only
> All Claims - When selecting “All Claims” to include both billed and unbilled claims, select the *Age by Service Date* radio button.

**Select Balance Option**

Click the down arrow button and select one of the following from the drop-down list:
Billing Reports

- All Balances - Default selection
- Exclude Credit Balances (to work collections)
- Credit Balances Only (to research credits for posting correction or refunding)

Include Partially Paid Claims

Checked by default.
When checked, partially paid claims are included in the report.
When unchecked, partially paid claims are excluded from the report.

Include Patient Name, Patient DOB, Certificate # and Validation

Check this option to include the patient’s name, date of birth, and certificate number when family billing is being used. Also included is a notation for each Claim/Voucher indicating its validation status, such as “Validation: Passed Paper Validation,” Validation: Passed EC Validation,” and “Validation: Not Validated.”

Include Claim, Service and Voucher Notes

Check this option to include claim, service, and voucher notes which have been attached to a claim.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
ANSI Reports

Use the ANSI Reports to generate a readable version of unsolicited claim statuses (277) and a Functional Acknowledgement (997) for both 837P and 837I electronic claim formats.

Setup Requirements

Prior to downloading the ANSI 277 and the ANSI 997 files from the carrier or clearinghouse, a shared directory must be created for each called “ANSI 277 Reports” and “ANSI 997 Reports” on the server where your Allscripts PM database resides. These folders should be created in \NtierFiles\<Practice Name>\. A subfolder for each carrier or clearinghouse from which an ANSI 277 and ANSI 997 file is to be downloaded should also be created within its respective folder.

Download Files from Carrier or Clearinghouse

Prior to running the ANSI Reports, the ANSI 277 and ANSI 997 files must be downloaded from the carrier or clearinghouse by following the instructions for retrieving files provided by the carrier or clearinghouse. Once the files are downloaded, save the file to the appropriate folder on your server under either “ANSI 277 Reports” or “ANSI 997 Reports.” If the files are zipped, they must be unzipped before running the ANSI Reports.
Billing Reports

ANSI Reports Sample

Sample ANSI 997 Report

The ANSI Reports tab allows you to print user friendly reports parsed from ANSI files using the following fields on the tab.
ANSI Reports tab

ANSI Reports tab fields

This tab also includes a Run button.

ANSI 277 Unsolicited Claim Status Report

Select this radio button to translate an ANSI 277 unsolicited file into a readable report. The Unsolicited Claims Status Report is generated by the carrier or clearinghouse.
Note

This Unsolicited Claim Status Report, which is automatically generated by the carrier or clearinghouse, is not the same as an ANSI 277 Claim Status Response generated upon request via the ANSI 276 Claim Status Request. This ANSI Report is not designed to translate ANSI 277 Claim Status Response files.

This report provides the following information:

- Reports the status of claims accepted for further processing as well as those claims that were rejected at the time of transmission.
- Lists errors that will prevent claims from being processed. This allows the users to know within 30 minutes of the transmission which claims must be corrected, flagged for rebill, and resubmitted. All errors must be manually corrected. Each edited voucher must then be flagged for rebill so these vouchers are validated and billed out again as soon as possible.

ANSI 997 Functional Acknowledgement Report

Select this radio button to translate an ANSI 997 file into a readable report. The ANSI 997 report is generated by the carrier or clearinghouse. It is available immediately after the claim file is submitted. The exact time varies by carrier or clearinghouse. Some carriers or clearinghouses may delay the acceptance of a claim file if it sent late in the day, making the corresponding ANSI 997 file available only on the next business day.

The ANSI 997 report indicates whether the file as a whole was accepted or not by the carrier or clearinghouse. It also reports any syntactical errors within the file.

ANSI File

Click the browse button to find the ANSI 277 or ANSI 997 file you wish to translate. The path of the selected file will display in the field.

Output Format

Only enabled if you selected ANSI 277 Unsolicited Claim Status Report. Click the down arrow button and select the appropriate format from the drop-down list.

- Standard ANSI X12N 837I v4010A1 - Intended for use by clients who receive their ANSI 277 file from carriers or clearinghouses for claims billed using the Standard ANSI X12N 837I v4010A1 format.
- Standard ANSI X12N 837P v4010A1 - Intended for use by clients who receive their ANSI 277 file from carriers or clearinghouses for claims billed using the Standard ANSI X12N 837P v4010A1 format.
Occupational Medicine Reports

Occupational Medicine provides one report for those practices that bill corporations for services rendered.

> Unpaid Invoices Report, on page 148
Unpaid Invoices Report

Use the Unpaid Invoices Report to list billed and/or unbilled corporate invoices that have not yet been paid. The Unpaid Invoices Report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Unpaid Invoices Report:

- Occupational Medicine Carrier
- Contact person at Occ. Med. Carrier
- Voucher #
- Patient Name
- Actual Provider
- Service Date
- Original Bill Date
- Current Bill Date
- Charges
- Payments
- Adjustments
- Net Due
- Age
- Invoice Totals
  - Total Charges
  - Total Payments
  - Total Adjustments
  - Total Net Due
- Totals by Occ. Med. Carrier
  - Number of Vouchers
  - Total Charges
  - Total Payments
  - Total Adjustments
  - Total Net Due
Report Totals
  > Total Number of Vouchers
  > Total Charges
  > Total Payments
  > Total Adjustments
  > Total Net Due
Billing Reports

Unpaid Invoices Report Sample

Unpaid Invoices Report
Allscripts Practice

<table>
<thead>
<tr>
<th>Voucher</th>
<th>Patient Name</th>
<th>Actual Provider</th>
<th>Service Date</th>
<th>Original Bill Date</th>
<th>Current Bill Date</th>
<th>Charges</th>
<th>Payments</th>
<th>Adjusts</th>
<th>Net Due</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>15000</td>
<td>Dale M. Brown</td>
<td>06/14/2009</td>
<td>06/30/2009</td>
<td>07/16/2009</td>
<td>08/03/2009</td>
<td>65.00</td>
<td>0.00</td>
<td>0.00</td>
<td>65.00</td>
<td>451</td>
</tr>
<tr>
<td>09050</td>
<td>Hank H. Honey</td>
<td>06/14/2009</td>
<td>06/30/2009</td>
<td>07/16/2009</td>
<td>08/03/2009</td>
<td>55.00</td>
<td>0.00</td>
<td>0.00</td>
<td>55.00</td>
<td>250</td>
</tr>
<tr>
<td>09050</td>
<td>John J. Jones</td>
<td>06/14/2009</td>
<td>06/30/2009</td>
<td>07/16/2009</td>
<td>08/03/2009</td>
<td>40.00</td>
<td>0.00</td>
<td>0.00</td>
<td>40.00</td>
<td>100</td>
</tr>
<tr>
<td>Totals for Invoice #: 1500</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>160.00</td>
<td>0.00</td>
<td>0.00</td>
<td>160.00</td>
<td>100</td>
</tr>
<tr>
<td>15000</td>
<td>Dale M. Brown</td>
<td>06/14/2009</td>
<td>06/30/2009</td>
<td>07/16/2009</td>
<td>08/03/2009</td>
<td>65.00</td>
<td>0.00</td>
<td>0.00</td>
<td>65.00</td>
<td>451</td>
</tr>
<tr>
<td>09050</td>
<td>Hank H. Honey</td>
<td>06/14/2009</td>
<td>06/30/2009</td>
<td>07/16/2009</td>
<td>08/03/2009</td>
<td>55.00</td>
<td>0.00</td>
<td>0.00</td>
<td>55.00</td>
<td>250</td>
</tr>
<tr>
<td>09050</td>
<td>John J. Jones</td>
<td>06/14/2009</td>
<td>06/30/2009</td>
<td>07/16/2009</td>
<td>08/03/2009</td>
<td>40.00</td>
<td>0.00</td>
<td>0.00</td>
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<td>100</td>
</tr>
<tr>
<td>Totals for Invoice #: 7400</td>
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<td></td>
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<td>160.00</td>
<td>0.00</td>
<td>0.00</td>
<td>160.00</td>
<td>100</td>
</tr>
</tbody>
</table>

Sample Unpaid Invoices Report (No Group Fields)

Unpaid Invoices Report tab

The Unpaid Invoices Report tab allows you to select the criteria you want to use to run the report.
Unpaid Invoices Report tab

Unpaid Invoices Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Billing Reports

Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if Enable Division is checked in Database Options.
  > Location
  > Level of Detail - Selections moved over from Available Group Fields appear here. The default level of detail is to print down to services and payment detail.

> Available Sort Fields
  > Age of Invoice - Default selection
  > Invoice #
  > Patient Name

> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Occ. Med. Carriers

Specific Occupational Medicine Carriers can be selected.

Age by Billing Date

Default selection.

Select this radio button to age invoices on the report by billing date.

Age by Service Date

Select this radio button to age invoices on the report by service date.
Include Invoices Over

Enter the number of days over which all invoices listed must be older than.

Note

If this option is set, do not enter Billing/Service Dates in the date fields below.

Billing Date - From: To/Service Date - From: To

Select a range of dates if desired.

Note

The “Billing/Service Date” field label toggles, depending upon which Age by radio button you selected.

Select Invoice Type

Click the down arrow button and select one of the following from the drop-down list:

> Billed Invoices Only - Default selection
> Unbilled Invoices Only
> All Invoices - When selecting “All Invoices” to include both billed and unbilled invoices, select the Age by Service Date radio button.

Include Partially Paid Invoices

Checked by default.

When checked, partially paid invoices are included in the report.

When unchecked, partially paid invoices are excluded from the report.
Collections Reports

About Collections Reports

Two types of reports are available under Collections in Allscripts PM:

- **Self-Pay Follow Up Reports** - Self-Pay Follow Up reports provide a list of accounts with past due self-pay balances. Self-pay reports can be generated in many different ways to assist with account review.

- **Collection Reports** - Collection Reports provide a list of accounts that have had balances transferred to a collection agency.

Allscripts PM provides the following collection reports:

- **Self-Pay Follow Up Reports**, on page 156
- **Collection Reports**, on page 165
Collections Reports

Self-Pay Follow Up Reports

Self-Pay Follow Up provides one report:

> Account Summary Report, on page 157
Account Summary Report

The Account Summary Report can be run in multiple ways to help process self-pay accounts. Insurance balances, if any, also display on this report.

Use the Account Summary Report to do any of the following:

> List aged accounts with self-pay balances for collections work.
> List small balance accounts for write-off.
> List credit balance accounts to look for posting errors or payments that need to be refunded for either self-pay accounts or for vouchers.
> List accounts with a specific account type, such as Budget.

The Account Summary Report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The following information prints on the Account Summary Report:

> Guarantor demographic information
> Account aging grid of balances
> Account type/account comment
> Statement and dunning status (Y or N)
> Last statement date and amount/last payment date and amount
> Emergency contact information (if Include Emergency Contact Information is checked)
  > Account's Emergency Contact Name
  > Account's Emergency Contact Address
  > Account's Emergency Contact Home Phone Number
  > Account's Emergency Contact Work Phone Number
  > Account's Emergency Contact Cell Phone Number
> Employer information (if Include Employer Information is checked)
  > Guarantor's Employer Name
  > Guarantor's Employer Address
  > Guarantor's Employer Phone Number
Collections Reports

> Patient information
  > Patient number and name/DOB/sex
  > First service date/last service date
  > Policy information: currently active policies/certificate #/group #/subscriber

> Voucher detail (if selected in Level of Detail on Report Preferences dialog)
  > Voucher
  > Service Date
  > Original Bill Date
  > Patient No. & Name/Payor
  > Location
  > Actual Provider
  > Department/Practice
  > Charges
  > Pmts/Adjs
  > Net Due
  > Age

> Payment detail (if selected in Level of Detail on Report Preferences dialog)
  > Procedure code
  > Procedure description
  > Diagnosis
  > Units
  > Charge
  > Payment transactions by date
  > Reference comment

> Collection notes and statement history (if Print Statement/Collection Notes is checked)
  > Statement dates/times
  > Statement balances
  > Dunning levels
  > Notes (if any)
Account Summary Report Sample

Account Summary Report tab

The Account Summary Report tab allows you to select the criteria you want to use to run the report.
Collections Reports

Account Summary Report tab

Account Summary Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

1. Click the down arrow button to open the list, then highlight and click your selection.
2. Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if Enable Division is checked in Database Options.
  > Level of Detail - Selections moved over from Available Group Fields appear here. Click the minus sign in front of “Guarantor” to collapse detail for Voucher and Payments and to generate a summary report for each account. Voucher and Payment detail can be included. When Voucher detail is included, the detail also includes those vouchers whose balance is out to insurance.

> Available Sort Fields
  > Guarantor Name - Default selection. Detail displays for each patient related to the guarantor’s account.
  > Account Number
  > Highest Balance

> New Page per Major Sequence - Not available for this report.

> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Account Types

Specific account types can be selected.

Select Actual Providers

Specific actual providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.
Collections Reports

__________ Note ___________________________________________________________________

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

__________

For Those Using Department/Practice Security: The departments/practices that appear are based on your department/practice security access.

Select Locations

Specific locations can be selected.

Age by Billing Date

Default selection.
Select this radio button to age account balances on the report by billing date.

Age by Service Date

Select this radio button to age account balances on the report by service date.
To capture any vouchers which may not have been billed, select Age by Service Date.

Include Only Accounts with Self-Pay Balances Over

To restrict the report by balance age, click the spin button arrows to set the minimum balance age (in days) to include the account on the report.

Include Only Accounts with no Self-Pay Pmt within

To restrict the report by days since last payment, click the spin button arrows to set the minimum number of days since receiving a payment.

Include Only Accounts with Self-Pay Balance

To restrict by minimum self-pay balance, toggle the icon to > and enter the minimum balance in the field.
To restrict by small balance write-offs, toggle the icon to < and enter a maximum small balance.
To restrict by credit balances for posting errors or refunds, toggle the icon to < and enter "$0.00."

First Letter of Guarantor Last Name - From: To

To restrict accounts to a specific range of guarantors, enter the first letters of the Guarantor's Last Name in the From and To fields.

For example, entering From "C" To "M" generates a report of Accounts where the Guarantor's last names begin with Ca through Mz.

Include Items

Click the down arrow button and select one of the following from the drop-down list:

> All Items - When voucher or payments detail is selected, this option includes the Account's Self-Pay and Insurance unpaid and paid items and credit balance vouchers.
> Unpaid Items Only - Default selection. When voucher or payments detail is selected, this option includes the Insurance balances.
> Accounts with Credit Balance Vouchers Only - When voucher or payments detail is selected, prints only the detail for the voucher with the credit balance.

Exclude Budget Accounts

Check to exclude accounts with budget payments set up.

Include Emergency Contact Information

When checked, the following information prints on the report, if it is available:

> Account's Emergency Contact Name
> Account's Emergency Contact Address
> Account's Emergency Contact Home Phone Number
> Account's Emergency Contact Work Phone Number
> Account's Emergency Contact Cell Phone Number

Include Employer Information

When checked, the following information prints on the report, if it is available:

> Guarantor's Employer Name
> Guarantor's Employer Address
> Guarantor's Employer Phone Number
Collections Reports

Print Multiple Accounts per Page

Check to print multiple accounts per report page.
By default this option is unchecked which prints one account per page.

Print Statement/Collection Notes

Check to print the following on this report after the voucher detail:
Prints Collection Notes, which includes:
> Date written
> Subject line
> Added text
Prints Statement History, which includes:
> Statement bill date
> Balance Due
> Dunning Message level

For Those Using Department/Practice Security: The Collection Notes and Statement History that display are based on your department/practice security access.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Collection Reports

Collection Reports provides one report:

> Collection Account Report, on page 166
Collections Reports

Collection Account Report

Use the Collection Account Report to list accounts that have had balances transferred to a “carrier” flagged as a collection agency. This report can be generated by account type, provider, department and/or location. It includes account demographic and collection information, and can also include voucher and payment detail. It can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

---

**Note**

When exported to a CSV format, two files are created. One file contains the demographic detail and the other contains the financial detail. The second file is automatically given the file suffix of “-RPT” with a file extension of “.CSV.”

---

The following information prints on the Collection Account Report:

- Guarantor demographic information
- Account aging grid of balances
- Account type/account comment
- Statement and dunning status (Y or N)
- Last statement date and amount/last payment date and amount
- Emergency contact information (if *Include Emergency Contact Information* is checked)
  - Account's Emergency Contact Name
  - Account's Emergency Contact Address
  - Account's Emergency Contact Home Phone Number
  - Account's Emergency Contact Work Phone Number
  - Account's Emergency Contact Cell Phone Number
- Employer information (if *Include Employer Information* is checked)
  - Guarantor's Employer Name
  - Guarantor's Employer Address
  - Guarantor's Employer Phone Number
- Patient information
> Patient number and name/DOB/sex
> First service date/last service date
> Policy information: currently active policies/certificate #/group #/subscriber
> Voucher detail (if selected in Level of Detail on Report Preferences dialog)
> Voucher
> Service Date
> Original Bill Date
> Patient No. & Name/Payor
> Location
> Actual Provider
> Department/Practice
> Charges
> Pmts/Adj
> Net Due
> Age
> Payment detail (if selected in Level of Detail on Report Preferences dialog)
> Procedure code
> Procedure description
> Diagnosis
> Units
> Charge
> Payment transactions by date
> Reference comment
> Collection notes and statement history (if Print Statement/Collection Notes is checked)
> Statement dates/times
> Statement balances
> Dunning levels
> Notes (if any)
Collections Reports

Collection Account Report Sample

Sample Collection Account Report (No Group Fields)

Collection Account Report tab

The Collection Account Report tab allows you to select the criteria you want to use to run the report.
Collection Account Report tab

Collection Account Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Collections Reports

Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Level of Detail - Selections moved over from Available Group Fields appear here. Click the minus sign in front of “Guarantor” to collapse detail for Voucher and Payments and to generate a summary report for each account. Voucher and Payment detail can be included.

- **Available Sort Fields**
  - Guarantor Name - Default selection. Detail displays for each patient related to the guarantor’s account.
  - Account Number
  - Highest Balance
  - New Page per Major Sequence - Not available for this report.
  - View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Account Types

Specific account types can be selected.

Select Actual Providers

Specific actual providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.
**Note**

When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

---

**For Those Using Department/Practice Security:** The departments/practices that appear are based on your department/practice security access.

**Select Locations**

Specific locations can be selected.

**Age by Billing Date**

Default selection.

Select this radio button to age account balances on the report by billing date.

**Age by Service Date**

Select this radio button to age account balances on the report by service date.

**Include Items**

Click the down arrow button and select one of the following from the drop-down list:

- All Items - Includes all vouchers, even those with net due balance of $0.00
- Collection Only - Includes only those vouchers where the remittor is a collection carrier
- New Transfers to Collection Only
  - Requires *Transferred to Collections - From: To* dates
  - Includes only those vouchers whose balances were transferred to a collection carrier within the specified date range
  - Includes vouchers with net due balance of $0.00
- Unpaid Items
  - Includes all vouchers regardless of remittor
  - Includes vouchers with credit balances

**Transferred to Collections - From: To**

Enter a range of dates to include on your report.

A date range must be specified when "New Transfers to Collections Only" is selected in *Include Items.*
Leave the date fields blank to include all dates.

Example: If you leave the From date field, the report includes accounts transferred from the first date used to transfer balances to a collection carrier. If you leave the To date field blank, the report includes all accounts transferred up to and including the last date used to transfer account balances to a collection carrier.

Select Collection Carriers

Specific collection carriers or a range of collection carriers can be selected.

Exclude Budget Accounts

Check to exclude accounts with budget payments set up.

Include Emergency Contact Information

When checked, the following information prints on the report, if it is available:

> Account's Emergency Contact Name
> Account's Emergency Contact Address
> Account's Emergency Contact Home Phone Number
> Account's Emergency Contact Work Phone Number
> Account's Emergency Contact Cell Phone Number

Include Employer Information

When checked, the following information prints on the report, if it is available:

> Guarantor's Employer Name
> Guarantor's Employer Address
> Guarantor's Employer Phone Number

Print Multiple Accounts per Page

Check to print multiple accounts per report page.

By default this option is unchecked which prints one account per page.

Print Statement/Collection Notes

Check to print the following on this report after the voucher detail:

Prints Collection Notes, which includes:

> Date written
> Subject line
> Added text

Prints Statement History, which includes:

> Statement bill date
> Balance Due
> Dunning Message level

**For Those Using Department/Practice Security:** The Collection Notes and Statement History that display are based on your department/practice security access.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Collections Reports
Reporting

About Reporting

In Allscripts PM, you can define reporting periods and then generate many reports to track and analyze transactions that occurred within each of those periods.

Reporting Periods

In Allscripts PM, reporting periods can be defined in order to group financial information. Once defined, the system knows which information to use as you generate reports based on those reporting periods.

A reporting period is a way of grouping financial information. When you set the beginning of reporting period, you give the system a marker so that it "knows" which information to use when you generate certain reports.

Running a report based on a reporting period is different from running it based on dates of service. Occasionally, charges for services rendered in one month may be keyed into the system in the next. The charges for those services would belong to the financial (or reporting) period during which they were updated (posted).

Opening and Closing Reporting Periods

The process used for ending one reporting period and starting a new one, makes it possible for the practice to continue posting transactions that apply to the current period, while entering transactions that will later be updated to the new reporting period. When this is done, however, you must be sure that the transactions in each batch are all for the same reporting period.

Do not update any batch that includes transactions you want posted to the new reporting period.
Open a New Reporting Period

1. Go to System Administration > Practice/Organization Set Up > Reporting Periods tab.

2. On the calendar, click the date you want the new reporting period to begin. For example, if you updated all the batches for the current period on the 3rd, you should select the 4th as the beginning of the new reporting period. In this case, you should not update batches for the new reporting period until the 4th because that is the first day of your new reporting period.

3. Check Start of Reporting Period.

4. Click Save (Alt+s).
   
   Be sure to wait until the date of the new period to update any batches that are to be posted to the new reporting period. You cannot update batches to two different reporting periods on the same day.

Close a Reporting Period

1. Enter all charges for the current reporting period.

2. Enter all payments for the current reporting period.

3. Proof and close each batch that relates to the current reporting period.

4. Update all closed batches that relate to the current reporting period.

5. Run the following three reports:
   
   a. Aged Trial Balance (ATB)
      
      Report Preferences: Insurance Category (with no detail)
      Leave all Select Records fields set to “All...”
      Select Age by Service Date
   
   b. Transaction Update Summary (TUS)
      
      Select Range of Reporting Periods
   
   c. A/R Analysis - found under Comparative Analysis Reports
      
      Report Preferences: Insurance Category
      Leave all Select Records fields set to “All...”
      Enter the reporting period.
6. Verify that the grand totals for each of these reports match.

IMPORTANT! If the grand totals do not match, call Allscripts PM Support.

7. Verify that the grand total on the A/R Analysis matches the total accounts receivable (A/R) on the last updated Transaction Journal (Financial Processing > Financial Posting > Transaction Journal).

HINT! Print the Aged Trial Balance after you update the last transaction journal that is to be posted to the current reporting period and before you update batches for a new period to provide a snapshot of your financial status. We recommend that you keep a copy of each month’s ATB on file, since you cannot rerun it for previous reporting period(s). The A/R Analysis and the Transaction Update Summary reports can be run at any time for any reporting period.
Reporting Reports

An array of reports that can be used to balance and analyze financial transactions for a Practice/Organization can be found under Reporting in Allscripts PM. These reports are grouped into the following categories:

> **Period End Reports** - Period End Reports are used to balance and close each month or other defined period. These reports include the Aged Trial Balance, the Transaction Update Summary, and the Transaction Analysis.

> **Comparative Analysis Reports** - Comparative Analysis Reports are used to determine and manage the performance of the practice. These reports include the A/R Analysis, Productivity Analysis, Procedure Analysis, Profile Analysis, Performance Variance Report, Performance Management Report, and Revenue Detail Report.

> **Payment Analysis Reports** - Payment Analysis Reports are used to analyze the level of reimbursement the practice receives for services rendered. These reports include Reimbursement Exceptions, Reimbursement Review, Reimbursement Comment Analysis, Carrier Reimbursement Review, and Allowed Amount Analysis.

> **Patient Analysis Reports** - Patient Analysis Report are used to analyze the patient database. Lists of patients can be provided by age, gender, and/or location, and can track those with specified diagnoses and/or who have had specified procedures. These lists are generated in the Clinical Analysis Report. The Patient Change Report generates a list of patient records that have been modified during a specific period of time as well as what information was changed and the user who performed the change. This report is only available if you check Track Patient Changes found on the Registration tab in Practice/Organization Options.

Allscripts PM provides the following report categories under Reporting:

> **Period End Reports**, on page 179
> **Comparative Analysis Reports**, on page 202
> **Payment Analysis Reports**, on page 257
> **Patient Analysis Reports**, on page 297
Period End Reports

Use the following Period End Reports to balance financial transactions and close out a reporting period before starting a new one:

- Aged Trial Balance, on page 180
- Transaction Update Summary, on page 190
- Transaction Analysis, on page 196
Aged Trial Balance

Use the Aged Trial Balance (ATB) report to capture a snapshot of your Accounts Receivable (A/R) at the time you run the report. It shows the following:

- Total receivables outstanding by insurance category/carrier (including self-pay)
- Percent of total due by carrier in relation to the category and analysis totals
- Percent of the total due by category in relation to the analysis totals

The receivables analyzed are dictated by your selection criteria and how you set the aging brackets.

Totals change each time you update transaction journals.

This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format. In addition, the ATB can be exported from the Preview screen to .xls, .htm, .rtf, and .doc formats.

The Aged Trial Balance is made up of three sections:

- Aged Trial Balance - The detail that appears on the ATB is governed by the Group Fields, Level of Detail, and the Sort Field selected in Report Preferences.
- Accounts Receivable Analysis - This section analyzes outstanding receivables by insurance category. All self-pay accounts are incorporated into a Self-Pay category, which is included in this report. This section of the ATB also includes an Insurance Category Analysis in graphic form.
- Account Type Analysis

Dealing with Voids: Voids are reflected for the month in which the void is updated.

The following information prints on the Aged Trial Balance:

Aged Trial Balance

- Account #/ Guarantor Name/ Account Type
- Service Date
- Current Bill Date
- Voucher Number
Reporting

Claim Number
Carrier (Prints the Carrier's name or "Self-Pay").
Total Charge for the service
Payments/Adjustments applied to the voucher
Balances by aging bracket/Total due for each voucher
Totals due from each Carrier/Self-Pay
Total balances for the Account
Report Totals

Accounts Receivable Analysis

--- Note ---
The receivables analyzed are determined by the following choices you made on the Aged Trial Balance tab: (1) Whether you include or exclude selected records. (2) How you defined the aging brackets.

---

Category Name
Carrier Name
Totals due by each Carrier that include the following for each Carrier
  > A Totals column and a % column for each aging bracket
  > % of the Category Total that is due by the Carrier
  > % of the Total analyzed receivables that is due by the Carrier
Totals by Category
  > A Totals column and a % column for each aging bracket for the Category
  > % of the Total analyzed receivables that is due by the Carriers within the Category
Analysis Totals
  > A Totals column and a % column for each aging bracket
  > Analysis Total Due (Total receivables based on those analyzed)
  > Insurance Category Analysis pie chart and legend

Account Type Analysis
Note

The content of the report is determined by the following choices made on the Aged Trial Balance tab: (1) To include or exclude selected records and (2) the definition of the aging brackets.

- Account Type
- A total & % column for each aging bracket for each Account Type
- Total Due for each Account Type
- % of the analysis total that is due by each Account Type
- Analysis Totals
  - A total and % column for each aging bracket
  - Analysis Total Due
- Account Type Analysis pie chart and legend
## Aged Trial Balance Samples

### Sample Aged Trial Balance - Aged Trial Balance (Grouped by Insurance Category)

<table>
<thead>
<tr>
<th>Insurance Category</th>
<th>0 To 30 Days</th>
<th>31 To 60 Days</th>
<th>61 To 90 Days</th>
<th>Over 90 Days</th>
<th>Total Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield of NC</td>
<td>4463594</td>
<td>0.00</td>
<td>0.00</td>
<td>565926457</td>
<td>57038051</td>
</tr>
<tr>
<td>Cigna</td>
<td>4005427</td>
<td>0.00</td>
<td>0.00</td>
<td>232274729</td>
<td>29627916</td>
</tr>
<tr>
<td>Commercial Insurance</td>
<td>9669419</td>
<td>0.00</td>
<td>0.00</td>
<td>5058145</td>
<td>606428</td>
</tr>
<tr>
<td>Medicare</td>
<td>2752448</td>
<td>0.00</td>
<td>0.00</td>
<td>124772787</td>
<td>121745256</td>
</tr>
<tr>
<td>Self Pay</td>
<td>283369</td>
<td>0.00</td>
<td>0.00</td>
<td>19251226</td>
<td>20029613</td>
</tr>
<tr>
<td>Report Totals</td>
<td>2945368</td>
<td>0.00</td>
<td>0.00</td>
<td>231534192</td>
<td>234477253</td>
</tr>
</tbody>
</table>
## Aged Trial Balance

### Allscripts Practice

#### Sample Aged Trial Balance - Accounts Receivable Analysis (Grouped by Insurance Category)

<table>
<thead>
<tr>
<th>Insurance Category: Medicare</th>
<th>0 To 30 Days</th>
<th>31 To 60 Days</th>
<th>61 To 90 Days</th>
<th>Over 90 Days</th>
<th>Total Due</th>
<th>Total %</th>
<th>Categ Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare HC</td>
<td>3962.48</td>
<td>0%</td>
<td>0.00</td>
<td>0.00</td>
<td>121890.94</td>
<td>100%</td>
<td>125853.42</td>
</tr>
<tr>
<td>Medicare Retail</td>
<td>0.00</td>
<td>0%</td>
<td>0.00</td>
<td>0.00</td>
<td>3565.91</td>
<td>100%</td>
<td>3565.91</td>
</tr>
<tr>
<td>Medicare SC</td>
<td>157.00</td>
<td>100%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0%</td>
<td>157.00</td>
</tr>
<tr>
<td>Totals for MEDIGRE</td>
<td>4122.48</td>
<td>0%</td>
<td>0.00</td>
<td>0.00</td>
<td>121890.94</td>
<td>100%</td>
<td>125853.42</td>
</tr>
</tbody>
</table>

#### Insurance Category: Self-Pay

| Self-Pay                     | 7302.90      | 4%             | 0.00          | 0.00         | 182912.20 | 100%    | 200295.10    | 100% 9%  |
| Totals for Self-Pay          | 7302.90      | 4%             | 0.00          | 0.00         | 182912.20 | 100%    | 200295.10    | 100% 9%  |

### Analysis Totals

- **Total**: 25435.38
- **%**: 3%
- **30 Days**: 8%
- **60 Days**: 24%
- **120 Days**: 62%
- **Over 180 Days**: 2%
- **Total Overdue**: 15%
The Aged Trial Balance tab allows you to select the criteria you want to use to run the report.

Sample Aged Trial Balance - Account Type Analysis (Grouped by Insurance Category)
Aged Trial Balance tab

Aged Trial Balance tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Account Type
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if Enable Division is checked in Database Options.
  > Insurance Carrier
  > Insurance Category
  > Insurance Reporting Class
  > Location
  > Place of Service
  > Usual Provider

> Level of Detail - Selections moved over from Available Group Fields appear here. The default is to print detail down to the voucher level. To make this report more readable when you run it without voucher detail (i.e., the Level of Detail is collapsed to Aged Trial balance, Guarantor, or Carrier Balances), the column headers used for displaying voucher detail do not print.

> Available Sort Fields
  > Guarantor Name - Default selection.
  > Account Number

> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Account Types

Specific account types can be selected.
Reporting

Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.

Select Departments/Practices
Specific departments/Practices can be selected.
When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers
Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.
Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations
Specific locations can be selected.

Select Places of Service
Specific places of service can be selected.

Select Usual Providers
Specific usual providers can be selected.

Aging Brackets
The totals, which print on the report in each bracket, are determined by your selection for aging balances.
The balances analyzed are determined by how you distribute the aging in each bracket. The default setting is driven by the Practice/Organization Option defined for your practice.
As you change a number in an active field on the Specify Aging Brackets dialog, the system auto adjusts the numbers in the related grayed or uneditable field found on the Aged Trial Balance tab.

For example, if you want to report on balances over 90 days, then enter "91" in the first bracket. The second bracket should be 30 days higher than the first, and so on. The report will produce an analysis of your receivables that are 91 days and older for the qualifying selected records.

**Age by Billing Date**

Default selection.

Select this radio button to age account balances on the report by billing date. Keep in mind that those vouchers without a bill date are considered current.

**Age by Service Date**

Select this radio button to age account balances on the report by service date.

To capture any vouchers that may not have been billed, select *Age by Service Date*.

**Age by Original Billing Date Reflecting Transfers**

The report calculates the age of the claim based on either the original billing date of the claim or the most recent transfer, should one exist, subsequent to the original bill date.

The current billed date and the service date appear on the report as they usually do when it is expanded to view voucher detail. Either "Orig Bill Date" or "Transfer Date" prints on the report below each voucher. Both fields do not print at the same time. Only the applicable field for that particular claim actually prints. If the claim was not transferred to another payer, the original bill date of the claim populates the *Orig Bill Date* field and the aging calculation uses this date to determine the age of the claim. If the claim was transferred to another payer, the transfer date populates the *Transfer Date* field. In instances where the claim was transferred to a new payer, the billing date was stripped out, and the claim has not been billed yet, the *Current Bill Date* field is blank on the report.

Since using this Age By option queries detail for the report at a deeper level than either of the other two Age By options, performance may be affected when running the ATB with this option selected.

**Print Cover Page**

Check to print a cover page that contains the selection criteria as the first page of the report.
Transaction Update Summary

Use the Transaction Update Summary in conjunction with the Aged Trial Balance and the A/R Analysis to verify that your financial data is in balance. The Transaction Update Summary lists all journal entries updated within the dates specified for the reporting period(s) or update dates.

When run for previous periods or update dates, the Transaction Update Summary prints the financial data as it existed for the selected Reporting periods or Update Dates.

Report detail should match the appropriate columns on reports, such as the Transaction Analysis, the A/R Analysis, and the Productivity Analysis, when each report is run using the same criteria and reporting period(s).

This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

Dealing with Voids: Voids are reflected for the month in which the void is updated.

The following information prints on the Transaction Update Summary:

> Previous A/R - (Net Amount) Prints the opening balance for the Reporting Period or Update Date range that you selected
> Batch detail (columns)
  > Date/Time - Date/time batch was updated
  > Opened By - Operator who opened the batch
  > Batch #
  > Charges
  > Payments
  > Refunds & Debits
  > Total Adjustments
  > Net Amount
> Batch Type Totals
  > Charges
  > Payments
Refunds & Debits
Adjustments
Net Amount

Total A/R - Total accounts receivable as it stood at the end of the reporting period(s) or update dates that you selected

Total A/R = Previous A/R + Total Charges - Total Payments + Total Refunds + Debits - Adjustments
The Transaction Update Summary tab allows you to select the criteria you want to use to run the report.

**Sample Transaction Update Summary Grouped by Batch Type**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Opened By</th>
<th>Batch #</th>
<th>Charges</th>
<th>Payments</th>
<th>Refunds &amp; Debits</th>
<th>Adjustments</th>
<th>Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:02 am</td>
<td></td>
<td>13000</td>
<td>192.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>192.00</td>
</tr>
<tr>
<td>8:49 am</td>
<td></td>
<td>13001</td>
<td>234.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>234.00</td>
</tr>
<tr>
<td>3:14 pm</td>
<td></td>
<td>13002</td>
<td>356.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>356.00</td>
</tr>
<tr>
<td>4:19 pm</td>
<td></td>
<td>13003</td>
<td>137.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>137.00</td>
</tr>
<tr>
<td>5:08 pm</td>
<td></td>
<td>13004</td>
<td>334.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>334.00</td>
</tr>
<tr>
<td>5:18 pm</td>
<td></td>
<td>13005</td>
<td>334.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>334.00</td>
</tr>
<tr>
<td>5:28 pm</td>
<td></td>
<td>13006</td>
<td>586.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>586.00</td>
</tr>
<tr>
<td>5:30 pm</td>
<td></td>
<td>13007</td>
<td>235.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>235.00</td>
</tr>
<tr>
<td>5:32 pm</td>
<td></td>
<td>13008</td>
<td>1652.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1652.00</td>
</tr>
<tr>
<td>5:34 pm</td>
<td></td>
<td>13009</td>
<td>453.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>453.00</td>
</tr>
<tr>
<td>5:36 pm</td>
<td></td>
<td>13010</td>
<td>508.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>508.00</td>
</tr>
<tr>
<td>5:38 pm</td>
<td></td>
<td>13011</td>
<td>239.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>239.00</td>
</tr>
<tr>
<td>5:40 pm</td>
<td></td>
<td>13012</td>
<td>149.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>149.00</td>
</tr>
<tr>
<td>5:42 pm</td>
<td></td>
<td>13013</td>
<td>469.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>469.00</td>
</tr>
<tr>
<td>5:44 pm</td>
<td></td>
<td>13014</td>
<td>1235.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1235.00</td>
</tr>
<tr>
<td>5:46 pm</td>
<td></td>
<td>13015</td>
<td>574.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>574.00</td>
</tr>
<tr>
<td>5:48 pm</td>
<td></td>
<td>13016</td>
<td>353.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>353.00</td>
</tr>
<tr>
<td>5:50 pm</td>
<td></td>
<td>13017</td>
<td>228.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>228.00</td>
</tr>
<tr>
<td>5:52 pm</td>
<td></td>
<td>13018</td>
<td>127.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>127.00</td>
</tr>
<tr>
<td>5:54 pm</td>
<td></td>
<td>13019</td>
<td>321.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>321.00</td>
</tr>
<tr>
<td>5:56 pm</td>
<td></td>
<td>13020</td>
<td>293.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>293.00</td>
</tr>
<tr>
<td>5:58 pm</td>
<td></td>
<td>13021</td>
<td>1539.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1539.00</td>
</tr>
<tr>
<td>6:00 pm</td>
<td></td>
<td>13022</td>
<td>921.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>921.00</td>
</tr>
<tr>
<td>6:02 pm</td>
<td></td>
<td>13023</td>
<td>295.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>295.00</td>
</tr>
<tr>
<td>6:04 pm</td>
<td></td>
<td>13024</td>
<td>611.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>611.00</td>
</tr>
<tr>
<td>6:06 pm</td>
<td></td>
<td>13025</td>
<td>206.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>206.00</td>
</tr>
<tr>
<td>6:08 pm</td>
<td></td>
<td>13026</td>
<td>294.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>294.00</td>
</tr>
<tr>
<td>6:10 pm</td>
<td></td>
<td>13027</td>
<td>1394.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>1394.00</td>
</tr>
<tr>
<td>6:12 pm</td>
<td></td>
<td>13028</td>
<td>10,758</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>10,758</td>
</tr>
<tr>
<td>6:14 pm</td>
<td></td>
<td>13029</td>
<td>952.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>952.00</td>
</tr>
<tr>
<td>6:16 pm</td>
<td></td>
<td>13030</td>
<td>298.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>298.00</td>
</tr>
<tr>
<td>6:18 pm</td>
<td></td>
<td>13031</td>
<td>395.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>395.00</td>
</tr>
<tr>
<td>6:20 pm</td>
<td></td>
<td>13032</td>
<td>206.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>206.00</td>
</tr>
<tr>
<td>6:22 pm</td>
<td></td>
<td>13033</td>
<td>137.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>137.00</td>
</tr>
</tbody>
</table>
Transaction Update Summary tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Batch Type - Allows you to clearly identify void batches.
  - Date/Time Updated
- Level of Detail - Selections moved over from Available Group Fields appear here. The default is to print detail at the batch level.
- Available Sort Fields - None available for this report.
- New Page per Major Sequence - Not available for this report.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Range of Reporting Periods

Default selection.

Select this radio button to show batches updated during the specified range of reporting periods.

When you select this radio button, the Reporting Periods - From: To date fields become enabled.

Range of Update Dates

Select this radio button to show batches updated during the specified range of update dates.

When you select this radio button, the Update Dates - From: To date fields become enabled.

Reporting Periods - From: To

If you selected the Range of Reporting Periods radio button, enter reporting periods to use for this report.
Update Dates - From: To

If you selected the *Range of Updated Dates* radio button, enter update dates to use for this report.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Transaction Analysis

The Transaction Analysis prints a listing of all transaction codes by reporting period/update dates selected.

Transaction types reported include: Payment, Adjustment, Refunds, and Misc Debit.

Use the Transaction Analysis to report on specific transaction activity, such as capitation reimbursement, write-offs, and collection adjustments.

The detail matches columns on other reports, such as the A/R Analysis and the Productivity Analysis, when each report is run using the same criteria and reporting period(s).

You can print, preview, or export this report to Microsoft® Excel in a standard CSV format. In addition, the Transaction Analysis can be exported from the Preview screen to .xls, .htm, .rtf, and .doc formats.

**Dealing with Voids:** Voids are reflected for the month in which the void is updated.

The following information prints on the Transaction Analysis:

> Transaction Abbrev
> Transaction Description
> Amount associated with each transaction
> Group totals
### Transaction Analysis

#### Sample Transaction Analysis Grouped by Remitting Carrier

<table>
<thead>
<tr>
<th>Remitting Carrier</th>
<th>Transaction Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>AARP 2nd to MCR (2AARP)</td>
<td>Insurance Payment</td>
<td>3,760.83</td>
</tr>
<tr>
<td></td>
<td>Payment Totals:</td>
<td>3,760.83</td>
</tr>
<tr>
<td>Totals for Remitting Carrier (2AARP)</td>
<td></td>
<td>3,760.83</td>
</tr>
<tr>
<td>AARP MMR Complete HMO (UMC20)</td>
<td>United Healthcare Adjustment</td>
<td>3,000.58</td>
</tr>
<tr>
<td></td>
<td>Adjustment Totals:</td>
<td>3,000.58</td>
</tr>
<tr>
<td></td>
<td>Payment Totals:</td>
<td>2,090.41</td>
</tr>
<tr>
<td>Totals for Remitting Carrier (UMC20)</td>
<td></td>
<td>6,091.99</td>
</tr>
<tr>
<td>Absolute Total Care-Medicare SC (1)</td>
<td>Medical Adjustment</td>
<td>44,085.42</td>
</tr>
<tr>
<td></td>
<td>Adjustment Totals:</td>
<td>44,085.42</td>
</tr>
<tr>
<td></td>
<td>Payment Totals:</td>
<td>23,329.25</td>
</tr>
<tr>
<td>Totals for Remitting Carrier (TOTAL)</td>
<td></td>
<td>68,414.67</td>
</tr>
<tr>
<td>Advanced Freedom PFS (ADVANTP)</td>
<td>Medicare Adjustment</td>
<td>78.11</td>
</tr>
<tr>
<td></td>
<td>Adjustment Totals:</td>
<td>78.11</td>
</tr>
<tr>
<td></td>
<td>Payment Totals:</td>
<td>43.89</td>
</tr>
<tr>
<td>Totals for Remitting Carrier (ADVANTP)</td>
<td></td>
<td>122.00</td>
</tr>
<tr>
<td>Advanced Freedom PFS (ADVANTP)</td>
<td>Medicare Payment</td>
<td>518.70</td>
</tr>
<tr>
<td></td>
<td>Payment Totals:</td>
<td>518.70</td>
</tr>
<tr>
<td>Totals for Remitting Carrier (ADVANTP)</td>
<td></td>
<td>1,047.00</td>
</tr>
</tbody>
</table>
Transaction Analysis tab

The Transaction Analysis tab allows you to select the criteria you want to use to run the report.

### Sample Transaction Analysis (No Group Fields) - Only Adjustment Transaction Types

<table>
<thead>
<tr>
<th>Transaction Abbrev</th>
<th>Transaction Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>6230A02</td>
<td>Blue Cross Adjustment</td>
<td>49930.29</td>
</tr>
<tr>
<td>6330A02</td>
<td>Bilicare Adjustment</td>
<td>27.00</td>
</tr>
<tr>
<td>6130A02</td>
<td>QNHIP Adjustment</td>
<td>1191.49</td>
</tr>
<tr>
<td>6430A02</td>
<td>Medicare Adjustment</td>
<td>9390.73</td>
</tr>
<tr>
<td>6530A02</td>
<td>Managed Care Adjustment</td>
<td>4221.91</td>
</tr>
<tr>
<td>6630A02</td>
<td>Blue Medicare Adjustment</td>
<td>7750.17</td>
</tr>
<tr>
<td>6730A02</td>
<td>Small Balance Write Off</td>
<td>4.74</td>
</tr>
<tr>
<td>6830A02</td>
<td>United Healthcare Adjust</td>
<td>194.44</td>
</tr>
<tr>
<td>6930A02</td>
<td>United-Family Adjustment</td>
<td>199.00</td>
</tr>
<tr>
<td><strong>Adjustment Totals</strong></td>
<td></td>
<td><strong>50,300.65</strong></td>
</tr>
</tbody>
</table>


Transaction Analysis tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Location
  - Remitting Carrier - Includes Self-Pay
  - Transaction Category
- Level of Detail - Selections moved over from Available Group Fields appear here. The default is to print detail at the level of the transaction code.
- Available Sort Fields
  - Transaction Code - Default selection
  - Transaction Description
- New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.
When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

**Select Locations**

Specific locations can be selected.

**Select Remitting Carriers**

Specific categories, reporting classes, groups, or insurance carriers can be selected. Information pulls from Payment Entry and includes self-pay.

Insurance carriers can be assigned to more than one group. In addition, some carriers might not be assigned to any group. For this reason, the sum of separate group reports will not equal the totals given for all records.

**Select Transaction Codes**

Specific categories, transaction types, or transaction codes can be selected.

**Reporting Periods - From: To**

Default selection.

Select this radio button to run the report for a range of reporting periods, and then enter the desired reporting periods.

**Updates Dates - From: To**

Select this radio button to run the report for a range of update dates, and then enter the desired update dates.

**Print Cover Page**

Check to print a cover page that contains the selection criteria as the first page of the report.
Comparative Analysis Reports

Comparative Analysis Reports allow you to generate reports to analyze your practice’s productivity, A/R, procedures, and profiles; view performance variance for your practice; view Scheduling Relative Value Unit (RVU) and A/R for your practice; and get patient and voucher information along with basic financial detail. Allscripts PM provides seven types of Comparative Analysis Reports:

> A/R Analysis, on page 203
> Productivity Analysis, on page 212
> Procedure Analysis, on page 219
> Profile Analysis, on page 225
> Performance Variance Report, on page 231
> Performance Management Report, on page 238
> Revenue Detail Report, on page 247
A/R Analysis

Use the A/R Analysis to determine your total receivables and the number of days over a given period of time that it has taken to collect payment on your charges. This report is based on reporting periods.

This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format. In addition, the A/R Analysis can be exported from the Preview screen to .xls, .htm, .rtf, and .doc formats.

**Dealing with Voids:** Voids are reflected for the month in which the void is updated.

The following information prints on the A/R Analysis:

- Previous A/R
- Charges/Charges% - When information is grouped, Charge% equals the percent that the line item charges represent, relative to the group’s total charges. The group’s total Charge% equals the percent that the group’s charges are, relative to the total charges.
- Payments/Profile% - The Profile% represents your collection ratio (how much you have actually been paid on each dollar).
  \[ \text{Profile\%} = \frac{\text{Payments}}{\text{Payments} + \text{Adjust}} \]
- Refunds & Debits
- Adjust - Adjustments
- Trans-In - Transfers in
- Trans-Out - Transfers out
  These totals reflect the amounts transferred to and transferred from the payer.
- New A/R = Prev A/R + Charges - Payments + Refunds + Debits - Adjust + Trans In - Trans Out
- # Days - Number of A/R days is based on reporting options set for your practice

The report examples used in this manual are generated from a practice where the setting for the **A/R Days - Number of Periods of Accumulated Charges** is “6”; and the **A/R Days - Number of Days per Period** is “30.” This means that the system used charges accumulated over a rolling six-month period ending with, and including, the last reporting month we selected for the report. In our case, the total days used in
calculating the average charge was 180 (6 reporting periods times 30 days per period). The system then calculated the number of A/R Days by taking the New A/R and dividing it by the average charge.

To arrive at the average charge, the total charges are divided by the total days.

\[
\text{Average charge} = \frac{\text{total charges}}{\text{total days}}
\]

The total charges used are those accumulated over the six periods plus the amounts transferred to the payer ("Trans-In") minus the amounts transferred from the payer ("Trans-Out") over the same six-month period. It is important to understand that given the reporting options, unless we run a report for a six-month period, we will not see these accumulated six-month figures in print.

To arrive at the number of A/R days, the New A/R is divided by the average charge.

\[
\text{# of Days} = \frac{\text{New A/R}}{\text{average charge}}
\]

Below is an illustration of how the data on the A/R Analysis differs just by checking or unchecking *Calculate A/R Days using Actual Days*. The settings used for the examples are as follows:

- **Settings on Reporting tab in Practice/Organization Options**
  - A/R Days - Number of Periods of Accumulated Charges = 6
  - A/R Days - Number of Days per Period = 30
  - Oct 2009 is the current, open reporting period
  - The date is 10/26/2009

**Example 1:** *Calculate A/R Days using Actual Days* is not checked. # Days is calculated by accumulating Charges, Transfers In, and Transfers Out from the beginning of the May 2009 reporting period, which is set at 5/5/2009 to the current date (May - October is 6 reporting periods).

- Total Charges = $29,295.86
- Total Days = 180 (30 days * 6 periods)
> Average Charges = $162.75 ($29,295.86 Total Charges / 180 Total Days
> # Days = 73 ($11,934.80 New A/R / $162.75 Average Charges)

Example 2: *Calculate A/R Days using Actual Days* is checked. # Days is calculated by accumulating Charges, Transfers In, and Transfers Out from 180 days back from the current date (180 days back from 10/26/2009 is 4/29/2009).

> Total Charges = $30,272.36
  The total charges are higher in this example, because charges from 4/29/2009 - 5/4/2009 are now included.
> Total Days = 180
> Average Charges = $168.18 ($30,272.36 Total Charges / 180 Total Days)
> # Days = 71 ($11,934.80 New A/R / $168.18 Average Charges)

The # Days calculated when *Calculate A/R Days using Actual Days* is checked is lower, because it reflects a full 180 days of financials regardless of when the reporting periods start.
### A/R Analysis Samples

#### Sample A/R Analysis Grouped by Ins Carrier - One Reporting Period

<table>
<thead>
<tr>
<th>Carrier</th>
<th>A/R Analysis Grouped by Ins Carrier - One Reporting Period</th>
<th>Adjust</th>
<th>Charge-To</th>
<th>Credits</th>
<th>Out</th>
<th>Out(PHP)</th>
<th>Out(PHP) Date</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1199 National Benefit Fund</td>
<td>Totals for Insurance Carrier (1199)</td>
<td>1138.06</td>
<td>106</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21st Century Benefits Plans</td>
<td>Totals for Insurance Carrier (21st)</td>
<td>798.82</td>
<td>122</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>4.25</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>34.06</td>
<td>106</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>445.64</td>
<td>244</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>19.91</td>
<td>74</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>0.00</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>121.42</td>
<td>42</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>327.00</td>
<td>310</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AARP</td>
<td>Totals for Insurance Carrier (AARP)</td>
<td>0.00</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### A/R Analysis Grouped by Ins Carrier - Six Reporting Periods

**A/R Analysis tab**

The A/R Analysis tab allows you to select the criteria you want to use to run the report.

<table>
<thead>
<tr>
<th>A/R Analysis</th>
<th>Charges</th>
<th>Payments</th>
<th>refunds &amp; debts</th>
<th>Adjust</th>
<th>Trans-In</th>
<th>Trans-Out</th>
<th>New A/R</th>
<th># Days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals for Insurance Carrier (110004)</strong></td>
<td>1130.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>1130.00</td>
<td>100</td>
</tr>
<tr>
<td><strong>Totals for Insurance Carrier (CENT)</strong></td>
<td>1200.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>1200.00</td>
<td>100</td>
</tr>
<tr>
<td><strong>Totals for Insurance Carrier (21st Century)</strong></td>
<td>1300.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>1300.00</td>
<td>100</td>
</tr>
<tr>
<td><strong>Totals for Insurance Carrier (AAG</strong>*200**</td>
<td>1400.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>1400.00</td>
<td>100</td>
</tr>
<tr>
<td><strong>Totals for Insurance Carrier (AAG</strong>*201**</td>
<td>1500.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>100.00</td>
<td>1500.00</td>
<td>100</td>
</tr>
</tbody>
</table>

---

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A/R Analysis tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

---

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if *Enable Division* is checked in Database Options.
  > Insurance Carrier
  > Insurance Category
  > Insurance Reporting Class
  > Location
  > Place of Service
  > Procedure Category
  > Procedure Code
  > Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select "Procedure Code & Modifier" as an Available Group Field.

  Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.

> Level of Detail - Selections moved over from Available Group Fields appear here.
> Available Sort Fields - None available for this report.
> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.
Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers

Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Modifiers

Specific modifiers can be selected.

Select Places of Service

Specific places of service can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.
Reporting Periods - From: To

Select a range of reporting periods for the report.

Calculate A/R Days using Actual Days

When checked, “# Days” is calculated based on the actual number of days derived from the settings on the Reporting tab in Practice/Organization Options. For example, if in Practice/Organization Options A/R Days - Number of Periods Accumulated Charges is set to “6” and A/R Days - Number of Days per Period is set to “30”, the “# Days” is calculated based on total charges accumulated 180 days back from the current date. This is useful when the A/R Analysis is run for current, open reporting periods. It allows practices to evaluate the “# Days” at any time, even during the middle of a reporting period.

When not checked, “# Days” is calculated based on total charges accumulated for 6 reporting periods back, which may not be a true 180 days depending on the current date. It is best to run the A/R Analysis for closed reporting periods when this option is not checked.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Productivity Analysis

Use the Productivity Analysis to view monthly charge and payment information for selected reporting periods and determine the productivity levels for providers, departments, locations, and places of service.

The Productivity Analysis report also provides Relative Value Unit (RVU) information.

This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format. In addition, the Productivity Analysis can be exported from the Preview screen to .xls, .htm, .rtf, and .doc formats.

**Dealing with Voids**: Voids are reflected for the month in which the void is updated. For example, if your Practice/Organization pays providers based on this report and a payment that was posted in January is voided in February, the void comes out of the Payment column for that provider in February, because that is when the void was updated. Past report information does not change if you run the report again in the future.

The following information prints on the Productivity Analysis:

- Units - Number of procedures performed
- Total RVUs - Relative Value Units
- Charges
- Chg% - Line item Charges / total Charges
- Estimated Payments = Charges * Average Profile Percent (when Calculate Estimated Payments is checked)
- Payments
- Prof% - Profile% = Payments / (Payments + Adjust)
- Refunds & Debits
- Adjust - Adjustments
- Transf. In/Out - Transfers in and out
- Net = Charges - (Payments + Adjust) + (Refunds & Debits)
### Productivity Analysis Sample

#### Productivity Analysis tab

The Productivity Analysis tab allows you to select the criteria you want to use to run the report.
Reporting

Productivity Analysis tab

Productivity Analysis tab fields

This tab also includes Store and Run buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Insurance Carrier
  - Insurance Category
  - Insurance Reporting Class
  - Location
  - Place of Service
  - Procedure Category
  - Procedure Code
  - Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select “Procedure Code & Modifier” as an Available Group Field.
    Shows procedure codes and modifier combinations entered in the following places: (1) manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.
  - Usual Provider
- Available Sort Fields - None available for this report.
- New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.
Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.

Select Departments/Practices
Specific departments/practices can be selected.
When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers
Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.
Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations
Specific locations can be selected.

Select Modifiers
Specific modifiers can be selected.

Select Places of Service
Specific places of service can be selected.

Select Procedure Codes
Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.
Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.
Reporting Periods - From: To

Select a range of reporting periods for the report.

Include YTD Totals

When checked, a Year-to-date Totals line prints at the bottom of the report. This option can only be used for date ranges beginning on or after the start of the current reporting year.

Calculate Estimated Payments

When checked, a new column titled Estimated Payments is added to the report. This amount provides you with a global, practice-wide estimate of expected payments.

Works in conjunction with the Estimated Payments - Number of Periods for Average Profile Percent setting on the Reporting tab in Practice/Organization Options.

The estimated payment amount for any row on the report is calculated by multiplying the charges for that row by the Average Profile Percent (not the Prof% amount displayed on the row). The Estimated Payments - Number of Periods for Average Profile Percent setting on the Reporting tab in Practice/Organization Options is used to calculate the Average Profile Percent.

To calculate estimated payments, a global, practice-wide Average Profile Percent must first be calculated. This Average Profile Percent is calculated using payments and adjustments accumulated over a rolling number of reporting periods. This is specified on the Reporting tab in Practice/Organization Options ending with and including the last reporting period selected for the report under Estimated Payments - Number of Periods for Average Profile Percent. To arrive at the Average Profile Percent, divide the total accumulated payments for the specified number of reporting periods (6 is the default) by the total of the accumulated payments and adjustments over the same number of reporting periods.

Average Profile Percent = Total Payments accumulated for the specified number of reporting periods / (Total Payments for the same number of periods + Total Adjustments for the same number of reporting periods)

It is very important to understand that the Average Profile Percent used to calculate estimated payments includes all data for the specified period, and does not change based on the grouping options or the selection criteria when you run the Productivity Analysis. This formula uses the payment and adjustment totals for all providers, insurance carriers, departments/practices, and so forth. For instance, if the report is run for only one provider or insurance carrier, the payment and adjustment totals used to arrive at the Average Profile Percent looks at the amounts for All Providers and All Carriers, not just the amounts for the single provider or insurance carrier selected.
Since the Average Profile Percent is a global, practice-wide number, if users want to see the actual Profile Percent used in the calculation of estimated payments for each row on the report, the report should be run for all records for the same number of reporting periods as is set on the Reporting tab in Practice/Organization Options (default is 6).

If the report is run for anything other than all records and the number of reporting periods set in Practice/Organizations Options, the Average Profile Percent used in the estimated payment calculation does not actually show anywhere on the report.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Procedure Analysis

Use the Procedure Analysis to view Relative Value Unit (RVU) information for procedures performed during one or more reporting periods. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

The Procedure Analysis does not include payment information.

Dealing with Voids: Voids are reflected for the month in which the void is updated.

The following information prints on the Procedure Analysis:

> Units
> Unit% = Line item Units / total Units
> Work RVUs
> Pract. Exp. RVUs
> Malpract. RVUs
> Total RVUs
> Charges
> Chg% = Line item Charges / total Charges
Procedure Analysis Sample

Sample Procedure Analysis Grouped by Procedure Frequency

The Procedure Analysis tab allows you to select the criteria you want to use to run the report.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Units</th>
<th>Unit%</th>
<th>Work RMOs</th>
<th>Proc. Exp. RMOs</th>
<th>Midpract. RMOs</th>
<th>Total RMOs</th>
<th>Charges</th>
<th>Chg%</th>
</tr>
</thead>
<tbody>
<tr>
<td>001213</td>
<td>37965</td>
<td>13%</td>
<td>34927.98</td>
<td>2825.56</td>
<td>1128.96</td>
<td>65299.64</td>
<td>52002.92</td>
<td>17%</td>
</tr>
<tr>
<td>001212</td>
<td>19705</td>
<td>7%</td>
<td>2808.28</td>
<td>2714.16</td>
<td>991.25</td>
<td>6409.65</td>
<td>41324.69</td>
<td>14%</td>
</tr>
<tr>
<td>001215</td>
<td>15709</td>
<td>6%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>251540.80</td>
<td>1%</td>
</tr>
<tr>
<td>001200</td>
<td>9690</td>
<td>4%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>159972.60</td>
<td>1%</td>
</tr>
<tr>
<td>001226</td>
<td>5849</td>
<td>2%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>219410.20</td>
<td>1%</td>
</tr>
<tr>
<td>001200</td>
<td>5140</td>
<td>2%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>16892.25</td>
<td>0%</td>
</tr>
<tr>
<td>001200</td>
<td>4080</td>
<td>2%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>25902.40</td>
<td>1%</td>
</tr>
<tr>
<td>001200</td>
<td>4147</td>
<td>2%</td>
<td>6042.33</td>
<td>1514.20</td>
<td>179.88</td>
<td>61730.60</td>
<td>61730.60</td>
<td>2%</td>
</tr>
<tr>
<td>001211</td>
<td>4670</td>
<td>1%</td>
<td>653.43</td>
<td>1783.57</td>
<td>42.70</td>
<td>4588.10</td>
<td>159080.65</td>
<td>1%</td>
</tr>
<tr>
<td>001212</td>
<td>3677</td>
<td>1%</td>
<td>551.05</td>
<td>470.21</td>
<td>36.77</td>
<td>1666.33</td>
<td>94906.03</td>
<td>0%</td>
</tr>
<tr>
<td>001212</td>
<td>3642</td>
<td>1%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>52090.80</td>
<td>0%</td>
</tr>
<tr>
<td>001212</td>
<td>3432</td>
<td>1%</td>
<td>1544.86</td>
<td>1887.60</td>
<td>102.06</td>
<td>3534.96</td>
<td>288033.40</td>
<td>1%</td>
</tr>
<tr>
<td>001200</td>
<td>3350</td>
<td>1%</td>
<td>567.56</td>
<td>1143.20</td>
<td>100.40</td>
<td>1770.25</td>
<td>215750.65</td>
<td>1%</td>
</tr>
<tr>
<td>001200</td>
<td>2294</td>
<td>1%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>32940.60</td>
<td>0%</td>
</tr>
<tr>
<td>001200</td>
<td>3199</td>
<td>1%</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>35840.60</td>
<td>0%</td>
</tr>
</tbody>
</table>
Procedure Analysis tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Diagnosis Category
  > Diagnosis Code
  > Division - Only appears if Enable Division is checked in Database Options.
  > Insurance Carrier
  > Insurance Category
  > Insurance Reporting Class
  > Location
  > Place of Service
  > Procedure Category
  > Procedure Charges
  > Procedure Code
  > Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select “Procedure Code & Modifier” as an Available Group Field.

  Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.
  > Procedure Frequency
  > Level of Detail - Selections moved over from Available Group Fields appear here.
  > Available Sort Fields - None available for this report.
  > New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.

Select Departments/Practices
Specific departments/practices can be selected.
When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Diagnosis Codes
Specific categories or diagnosis codes can be selected.

Select Insurance Carriers
Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.
Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations
Specific locations can be selected.

Select Modifiers
Specific modifiers can be selected.

Select Places of Service
Specific places of service can be selected.
Reporting

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Reporting Periods - From: To

Select a range of reporting periods for the report.

Include YTD Totals

When checked, a Year-to-date Totals line prints at the bottom of the report. This option can only be used for date ranges beginning on or after the start of the current reporting year.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Profile Analysis

Use the Profile Analysis to show payments associated with service dates. By associating payments and adjustments with their respective charges, collection rates can be viewed by provider, department/practice, insurance carrier, location, place of service, procedure code, and/or referring doctor. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

You can run this report to compare payments with a previous number of months or years. The report period for this report is defined using calendar months rather than a range of service dates or reporting periods.

**Dealing with Voids:** Voids are reflected for the month of the original transaction.

The following information prints on the Profile Analysis:

- Units
- Charges
- Payments
- Pmt% = Payments / Charges
- Adjust - Adjustments
- Adj% = Adjust / Charges
- Balance = Charges - (Payments & Adjust)
- Coll% = (Payments + Adjust) / Charges
- Prof% = Payments / (Payments + Adjust)
Profile Analysis Sample

Sample Profile Analysis Grouped by Insurance Category (Comparative by Previous Years, Same Month; previous years = 2)

Profile Analysis tab

The Profile Analysis tab allows you to select the criteria you want to use to run the report.
Profile Analysis tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if Enable Division is checked in Database Options.
  > Insurance Carrier
  > Insurance Category
  > Insurance Reporting Class
  > Location
  > Place of Service
  > Procedure Category
  > Procedure Code
  > Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select “Procedure Code & Modifier” as an Available Group Field.

  Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.

> Level of Detail - Selections moved over from Available Group Fields appear here.

> Available Sort Fields - None available for this report.

> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.
Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.
When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers

Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.
Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Modifiers

Specific modifiers can be selected.

Select Places of Service

Specific places of service can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.
Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.
Select Referring Doctors

Specific specialties, referral organizations, individual referring doctors, or range of referring doctors can be selected.

Comparative by Previous Months

Select this radio button to compare report data to the data from the previous month.
Example: Report is run for 03/2010. The data for 02/2010 and 01/2010 also prints as a point of comparison if No. of Previous Months is set to “2.”

Comparative by Previous Years, Same Month

Select this radio button to compare report data to data from the same month of the previous year.
Example: Report is run for 03/2010. The data for 03/2009 and 03/2008 also prints as a point of comparison if No. of Previous Years is set to “2.”

Month/Year of Report

Click in the field to select the current month for the report or use the spin buttons to select a different month/year.

No. of Previous Months/Years

Enter the number of months/years to include.
The No. of Previous Months/Years toggles, depending on which Comparative by radio button you selected.

Print Cover Page

Check to print a cover page which contains the selection criteria as the first page of the report.
Performance Variance Report

Use the Performance Variance Report to do the following:

> Compare patient visits, units, charges, and RVUs with previous reporting periods.
> Review referring doctor information.
> Look for performance variance between selected reporting periods.

**Dealing with Voids:** The way in which this report deals with voids depends on the *Reflect All Voids* option. See *Reflect All Voids*, on page 236.

The following information prints on the Performance Variance Report:

---

**Note**

Information is provided with comparisons to prior periods, if selected.

---

> Pt. Visits
> Units
> Charges
> Work RVUs
> Reporting vs. Comparative Variance = current totals / comparative totals * 100%
Performance Variance Report Sample

Sample Performance Variance Report Grouped by Actual Provider

The Performance Variance Report tab allows you to select the criteria you want to use to run the report.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pt Visits</td>
<td>Units</td>
<td>Units</td>
<td>Charges</td>
<td>Charges</td>
<td>Work RVUs</td>
<td>Work RVUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>242</td>
<td>986</td>
<td>561</td>
<td>1278</td>
<td>35,228.30</td>
<td>74,945.43</td>
<td>152.43</td>
<td>309.09</td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>100.66%</td>
<td>119.07%</td>
<td>116.05%</td>
<td>102.74%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pt Visits</td>
<td>Units</td>
<td>Units</td>
<td>Charges</td>
<td>Charges</td>
<td>Work RVUs</td>
<td>Work RVUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>261</td>
<td>373</td>
<td>695</td>
<td>718</td>
<td>40,944.27</td>
<td>52,203.89</td>
<td>249.23</td>
<td>421.42</td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>12.91%</td>
<td>95.99%</td>
<td>82.69%</td>
<td>71.86%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pt Visits</td>
<td>Units</td>
<td>Units</td>
<td>Charges</td>
<td>Charges</td>
<td>Work RVUs</td>
<td>Work RVUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>267</td>
<td>376</td>
<td>1,007</td>
<td>1,040</td>
<td>30,029.97</td>
<td>33,039.07</td>
<td>591.43</td>
<td>591.20</td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>36.61%</td>
<td>3.21%</td>
<td>9.91%</td>
<td>2.70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pt Visits</td>
<td>Units</td>
<td>Units</td>
<td>Charges</td>
<td>Charges</td>
<td>Work RVUs</td>
<td>Work RVUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>107</td>
<td>356</td>
<td>553</td>
<td>955</td>
<td>20,827.20</td>
<td>7,171.63</td>
<td>139.60</td>
<td>358.40</td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>74.51%</td>
<td>110.02%</td>
<td>140.62%</td>
<td>158.93%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pt Visits</td>
<td>Units</td>
<td>Units</td>
<td>Charges</td>
<td>Charges</td>
<td>Work RVUs</td>
<td>Work RVUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>64</td>
<td>87</td>
<td>80</td>
<td>99,495.85</td>
<td>40.00</td>
<td>469.50</td>
<td></td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pt Visits</td>
<td>Units</td>
<td>Units</td>
<td>Charges</td>
<td>Charges</td>
<td>Work RVUs</td>
<td>Work RVUs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>151</td>
<td>481</td>
<td>460</td>
<td>1,048</td>
<td>28,268.90</td>
<td>88,853.61</td>
<td>115.26</td>
<td>380.07</td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>151.83%</td>
<td>190.04%</td>
<td>205.73%</td>
<td>228.04%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grand Totals</td>
<td>1,155</td>
<td>3,016</td>
<td>3,056</td>
<td>6,816</td>
<td>842,198.94</td>
<td>73,690.59</td>
<td>158.73</td>
<td>291.19</td>
</tr>
<tr>
<td>Reporting vs. Comparative Variance</td>
<td>110.84%</td>
<td>127.78%</td>
<td>157.04%</td>
<td>83.82%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Performance Variance Report tab

Performance Variance Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if *Enable Division* is checked in Database Options.
  - Insurance Carrier
  - Insurance Category
  - Insurance Reporting Class
  - Location
  - Place of Service
  - Procedure Category
  - Procedure Code
  - Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select “Procedure Code & Modifier” as an Available Group Field.

  Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.

- **Referring Doctor**

- **Level of Detail** - Selections moved over from Available Group Fields appear here.
- **Available Sort Fields** - None available for this report.
- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.
Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers

Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Modifiers

Specific modifiers can be selected.

Select Places of Service

Specific places of service can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.
Select Referring Doctors

Specific specialties, referral organizations, individual referring doctors, or range of referring doctors can be selected.

Reporting Periods - From: To

Select the reporting periods to include on the report.

Comparative Periods - From: To

Select the reporting periods to use in comparison with the report data.

Include Reporting Variances

Check this option if you want the variances between the reporting period and the comparative period data to print.

Reflect All Voids

Check this option if you want this report to tie out to the Productivity Analysis and A/R Analysis. This means voids are reflected for the month in which the void is updated. For example, if a voucher that was posted in January is voided in February, the void comes out of the Visits, Units, Charges, and RVU columns in February because that is when the void was originally updated. Past report information does not change if you run the report again in the future.

Leave this option unchecked (the default) if you want this report to tie out to the Performance Management Report. This means voids are reflected for the month of the original transaction. For example, if a voucher that was posted in January is voided in February, the void comes out of the Visits, Units, Charges, and RVU columns in January when the voucher was updated. In order to see this change, you must run the report again, after the void is updated.

If a voucher is both posted and voided during the same reporting period, the report automatically reflects the void and removes the voucher amounts from the report. That is, the voucher amounts are deducted from the Pt. Visits, Units, Charges, and Work RVUs.

If a voucher is posted in one reporting period and voided in a different reporting period, this is what happens (see the table below):

> If you check Reflect All Voids, the void transaction is reflected in the report and the voided voucher amounts are deducted from the Pt. Visits, Units, Charges, and Work RVUs.
> If you do not check Reflect All Voids, the void transaction is reflected back to the original transaction period rather than the void transaction period. The original voucher numbers are included.
Example: Two vouchers of $500 each were posted in the same reporting period (see “Pre-void” in the table below). One of the vouchers was voided in the next reporting period. The chart below shows information included on the report if run for the reporting period in which the vouchers were originally posted:

<table>
<thead>
<tr>
<th>Status</th>
<th>Reflect All Voids</th>
<th>Pt. Visits</th>
<th>Units</th>
<th>Total Charges</th>
<th>Work RVUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-void</td>
<td></td>
<td>2</td>
<td>2</td>
<td>$1000</td>
<td>2</td>
</tr>
<tr>
<td>Post-void</td>
<td>Checked</td>
<td>2</td>
<td>2</td>
<td>$1000</td>
<td>2</td>
</tr>
<tr>
<td>Post-void</td>
<td>Not checked</td>
<td>1</td>
<td>1</td>
<td>$500</td>
<td>1</td>
</tr>
</tbody>
</table>

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Performance Management Report

Use the Performance Management Report to view scheduling, RVU, and A/R information:

> Scheduling - Provides the total number of hours available vs. scheduled, as well as the number of visits and units.
> RVUs - Provides total RVUs and, if the detailed format is selected, breaks them down by working, practice experience, and malpractice.
> A/R - Provides total charges and payments and, if the detailed format is selected, also shows adjustments, refunds and miscellaneous, and the net A/R.

Information on this report can be shown for any specified date range and grouped by provider (including referring doctor), department/practice, location, diagnosis, procedure, insurance, and many other choices.

This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

**Dealing with Voids:** Voids are reflected for the month of the original transaction, regardless of how this report is run.

The following information prints on the Performance Management Report:

> End Date - The end date is determined by the Date Interval and the Service Dates or Update Dates selected.

If you select one single date (11/13/09 to 11/13/09), the “End Date” column does not display a date.

> Scheduling Info - Scheduling information is available only when you select the Group Fields, Actual Provider, Location, and/or Department. No other group fields may be included in the selection. Only appointments with updated charges are counted.

Scheduling information is included when: (1) Each resource, scheduling department, and scheduling location is associated with a provider, department, or location; and (2) Charges for date(s) of service associated with the appointment date(s) are updated.

> Avail Hrs = Blocked duration time * the booking factor for each slot / 60 (taken from the Day Type).
Sched Hrs = Total number of hours actually scheduled with appointments (including memo appointments and appointments with the status of wait list).

No Show = Total number of appointments with the status, “No Show."

Total Visits - Visit information is pulled from the Charge Entry screen. Total Visits is calculated three different ways, depending upon the Group Fields you select in Report Preferences:

Total Visits = total number of patients seen

Multiple vouchers entered for a patient seen on the same day, by the same provider, in the same department, location, and place of service count as one visit.

HINT! To calculate visits where each voucher equals one visit, in Report Preferences, do not include “Procedure Category” or “Procedure Code” in your selected Group Fields (see explanations below).

Procedure category - If you select “Procedure Category” as a Group Field, Total Visits = number of times the procedure category is entered on vouchers in Charge Entry.

Example: When a voucher for a visit includes one procedure from the category “Medical” and two procedures from the category “Lab” and if the report is grouped by “Procedure Category,” the visit count would be two: 1 for the category Medical and 1 for the category Lab.

Procedure code - If you select “Procedure Code” as a Group Field, Total Visits = number of vouchers on which the procedure code is entered in Charge Entry (that is, the number of visits during which the service was rendered).

Example: If the procedure codes 99213 and 85048 are on the same voucher, each is given a count of one.

Excluded from the count are the second (third, etc.) vouchers used for a patient seen on the same day by the same provider in the same department at the same location.

Hint! For a procedure count, look at the Units column.
Reporting

> Total Units = total number of units entered for all procedures
  The count includes units associated with procedures on the second (third, etc.)
  vouchers that are entered for a patient seen on the same day by the same provider.

> RVU Information (RVU information must be entered in Procedure Code Maintenance
  for it to be included in the report.)

> A/R Information - This information only relates to the transactions applied for the date
  or dates selected:
  > Charges entered
  > Payments applied
  > Adjustments applied
  > Ref & Misc - Refunds and any transactions with the transaction type "Misc Debit"

> Grand Totals
### Performance Management Report Sample

#### Performance Management Report Tab

The Performance Management Report tab allows you to select the criteria you want to use to run the report.

#### Performance Management Report Sample Grouped by Actual Provider

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>End Date</th>
<th>Scheduling Info</th>
<th>Total Visits</th>
<th>Total Units</th>
<th>RVU Information</th>
<th>All Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total for Actual Provider (Office)</td>
<td>11/30/2010</td>
<td>24</td>
<td>85.00</td>
<td>Working</td>
<td>49.36</td>
<td>Charges: 597,000</td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Hrs:</td>
<td>2.65</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Shows:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mispred:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total RVUs</td>
<td>92.61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.69</td>
</tr>
<tr>
<td>Ref &amp; Misc</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total A</td>
<td>544.53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.69</td>
</tr>
<tr>
<td>Total B</td>
<td>649.53</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.69</td>
</tr>
<tr>
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<td></td>
<td></td>
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<td></td>
<td>0.69</td>
</tr>
<tr>
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<td></td>
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<td></td>
<td>0.69</td>
</tr>
<tr>
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<td>944.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.69</td>
</tr>
<tr>
<td>Grand Total</td>
<td>10,000</td>
<td></td>
<td>330.00</td>
<td>Working</td>
<td>167.82</td>
<td>431,000.00</td>
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<tr>
<td>School Hrs:</td>
<td>26.00</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No Shows:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Mispred:</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
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<tr>
<td>Ref &amp; Misc</td>
<td>0</td>
<td></td>
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<tr>
<td>Total A</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>0.69</td>
</tr>
</tbody>
</table>

### Copyright Notice

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Reporting Manual

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Performance Management Report tab

Performance Management Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

---

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Diagnosis Category
  > Diagnosis Code
  > Division - Only appears if Enable Division is checked in Database Options.
  > Insurance Carrier
  > Insurance Category
  > Insurance Reporting Class
  > Location
  > Place of Service
  > Procedure Category
  > Procedure Code
  > Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select “Procedure Code & Modifier” as an Available Group Field.

  Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.

> Referring Doctor

> Level of Detail - Selections moved over from Available Group Fields appear here.

> Available Sort Fields - None available for this report.

> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.

Select Departments/Practices
Specific departments/practices can be selected.
When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers
Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.
Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations
Specific locations can be selected.

Select Modifiers
Specific modifiers can be selected.

Select Places of Service
Specific places of service can be selected.

Select Primary Diagnosis Codes
Specific categories, individual diagnosis codes, or range of diagnosis codes can be selected.
Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected. Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Referring Doctors

Specific specialties, referral organizations, individual referring doctors, or range of referring doctors can be selected.

Detailed Format

Check to include detailed information.

Include Scheduling Information

Check to include the number of available vs. scheduled hours and no shows. To include scheduling information, you must select one or more of the following Available Group Fields in Report Preferences:

- Actual Provider
- Location
- Department/Practice

No other Group Fields can be included in the Report Preferences. Also, each resource, scheduling department, and scheduling location must be associated with a provider, department/practice, and location.

Date Interval

Click the down arrow button and select one of the following from the drop-down list:

- Daily
- Weekly
- Monthly
- Quarterly
- Yearly
First Day of Week

Select the appropriate day from the drop-down list if “Weekly” is selected in Date Interval above.
This field is only enabled if “Weekly” is selected above.

Service Dates/Update Dates: To

Enter the desired date range for the report.
To change the field label from “Service Dates” to “Update Dates,” click the up or down arrow toggle buttons.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Revenue Detail Report

Use the Revenue Detail Report to get the supporting detail behind the summarized comparative analysis reports. For example, when looking at a Procedure Analysis, a provider may want the list of patients that were seen on a given date or for a specific procedure as well as the charge amounts and payment amounts received for the service. This report provides you with patient and voucher information as well as basic financial detail. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

There are some important points to consider when looking at the Revenue Detail Report.

> Since this is a financial report, zero charge vouchers that also have zero units are not included. Zero charge services, even those with zero units, are included on the report for consistency as long as they are part of a voucher with a total charge greater than zero.

> If a voucher is voided and then re-entered on the same day (for instance to correct the carrier) and the same voucher number is used, both the void date of the old record and the update date of the new record are now on the same day. It is not feasible to exclude both records from the report. Therefore, both records appear on the report even though all the amounts are the same.

> When you set Format Option to “Summarize by Voucher,” the Net column on the report shows the balance due on that voucher. It does not represent the balance due for the patient or the account. When you set Format Option to “Summarize by Service,” the Net column shows the balance due on that service alone. It does not represent the balance due for the voucher, patient, or account.

> When the report is run by service date and in detailed format, the Units, Charges, Payments, Refunds & Debits, Adjustments, and Net columns tie out to the Performance Management Report when it is run with the same selection criteria and service dates.

> When the report is run for a range of service dates that equal a calendar month, the grand total amounts for Units, Charges, Payments, Adjustments, and Net tie out to the grand totals on the Profile Analysis when it is run with the same selection criteria and service dates. Both paid and unpaid vouchers are included.

> When the report is run for a range of update dates, the Units and Charges columns tie out to the Productivity Analysis, A/R Analysis, Procedure Analysis, and Performance
Variance Report, which must have Reflect All Voids checked, as long as they are run with the same selection criteria and update dates. Payments, Refunds & Debits, Adjustments, and Net amounts do not tie out to any other report in the system. Both paid and unpaid vouchers are included.

Dealing with Voids: When run by service date, voids are reflected for the month of the original transaction. When run by update date, voids are reflected for the month in which the void is updated.

The following information prints on the Revenue Detail Report:

**Summarize by Voucher**

- Service Date (of voucher)
- Voucher Number
- Patient Number
- Patient Name
- Units
- RVUs
- Charges
- Payments
- Refunds/Debits
- Adjustments
- Net
- Service & Payment Detail - Included when you check Include Service/Payment Detail
  - Service Date From (and Thru)
  - Procedure Code
  - Procedure Description
  - Primary Diagnosis Code
  - Units
  - Charge
  - Payment Date
  - Remitting Carrier Abbreviation
Summarize by Service

- Reference
- Transaction Description
- Amount

Summarize by Service

- Service Date From (and Thru)
- Procedure Code
- Procedure Description
- Primary Diagnosis Code
- Units
- RVUs
- Charges
- Payments
- Refunds/Debits
- Adjustments
- Net
- Voucher Number
- Patient Number
- Patient Name
- Payment Detail - Included when you check Include Service/Payment Detail
  - Payment Date
  - Remitting Carrier Abbreviation
  - Reference
  - Transaction Description
  - Amount
Revenue Detail Report Sample

Sample Revenue Detail Report (No Group Fields) - Summarize by Voucher

Revenue Detail Report tab

The Revenue Detail Report tab allows you to select the criteria you want to use to run the report.
Revenue Detail Report tab

Revenue Detail Report tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if *Enable Division* is checked in Database Options.
  - Insurance Carrier - Original Payer on the voucher.
  - Insurance Category - Groups carriers used as original Payers on qualifying services.
  - Insurance Reporting Class - Groups carriers used as original Payers on qualifying services.
  - Location
  - Place of Service
  - Procedure Category - Groups procedure codes used on qualifying services
  - Procedure Code
  - Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select “Procedure Code & Modifier” as an Available Group Field.
    - Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.
  - Referring Doctor
  - Usual Provider
- **Level of Detail** - Selections moved over from Available Group Fields appear here. The default Level of Detail is voucher/service. You cannot collapse or roll up the detail on this report.
- **Available Sort Fields**
  - Voucher Number - Default selection.
Date of Service
Patient Name
Patient Number
Medical Record Location - Include Medical Record Number and Location must be checked when you select this Available Sort Field.
New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
View with Drill-Down - Not available for this report.

Select Account Types
Specific account types can be selected.

Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.

Select Departments/Practices
Specific departments/practices can be selected.
When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers
Specific categories, reporting classes, groups, individual insurance carriers, or range of insurance carriers can be selected.
Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations
Specific locations can be selected.
Select Modifiers

Specific modifiers can be selected.

Select Patients

Specific patients or range of patients can be selected.

Select Places of Service

Specific places of service can be selected.

Select Primary Diagnosis Codes

Specific categories, individual diagnosis codes, or range of diagnosis codes can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Service Dates/Update Dates - From: To

Enter the desired date range for the report.

To change the field label from "Service Dates" to "Update Dates," click the up or down arrow toggle buttons.

When you select Service Dates as the field label, take into account the following:

> When you set Format Option to "Summarize by Voucher," the report returns vouchers that have a voucher service date that falls within the specified date range and also have an Update Status of "Updated" or "Marked Void."

> When you set Format Option to "Summarize by Service," the report returns services that have a service date that falls within the specified date range and also have an Update Status of "Updated" or "Marked Void."

> Regardless how you set Format Option, the Payments column on the report includes any payments associated with each voucher or service as long as their Update Status is "Updated" or "Marked Void." This means that both charge and payment amounts may change the next time the report is run depending on voids, i.e., if a voucher is voided and re-entered with a different service date.

When you select Update Dates as the field label, take into account the following:
The report returns vouchers or services, depending on which Format Option you select, with either an update date or void date in the date range. Also, included are any payments associated with each voucher or service regardless of when they were entered or updated as long as the Update Status is “Updated” or “Marked Void.”

Format Option

Click the down arrow button and select one of the following options from the drop-down list:

- Summarize by Voucher (keep voucher detail together) - Financial information is summarized at the voucher level. Data for all services on the voucher is used. Include Service/Payment Detail allows you to see all the procedures and payments that belong to each voucher. When the report is run for Selected Procedures, vouchers that include a selected procedure are returned in their entirety. This is helpful to see the complete financial detail of the qualifying visit for patients who had a particular procedure.

  This report may not be grouped by Procedure Category or Procedure Code when you select “Summarize by Voucher.”

- Summarize by Service (include only qualifying services) - Financial information is summarized for each service line. When the report is run for Selected Procedures, only the individual services that qualify based on the selection criteria chosen are included on the report. The report excludes any services that do not match the selection criteria even if they happen to be on the same voucher as a qualifying service. Include Service/Payment Detail allows you to see all the payments associated with a service. This is helpful to see the amounts associated only with a specific procedure regardless of what else is on the same voucher.

  This report may be grouped by Procedure Category or Procedure Code when you select “Summarize by Service.”

Include Service/Payment Detail

Check this option to see all the procedures and payments that belong to each voucher (Summarized by Voucher) or all the payments associated with a service (Summarized by Service).

Include Medical Record Number and Location

Check this option to have the patient's medical record number and location print on the report. This option must be checked when the selected Available Sort Field is Medical Record Number.

When you check this option, the Med. Rec. No and Med. Rec. Loc labels print on the report even if one or both do not exist for the patient.
Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Payment Analysis Reports

Payment Analysis Reports provides five reports that allow you to analyze the level of reimbursement received for services performed:

> Reimbursement Exceptions, on page 258
> Reimbursement Review, on page 265
> Reimbursement Comment Analysis, on page 272
> Carrier Reimbursement Review, on page 283
> Allowed Amount Analysis, on page 290
Reimbursement Exceptions

Use the Reimbursement Exceptions to identify insurance carriers where the allowed amounts recorded in Reimbursement Detail differs from the expected amount recorded in the Contractual Allowance tables, and then follow up with those carriers to see why the payment amount differs from the contractually agreed upon allowed amount. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

For an exception to appear on the report, you have to choose the option to ignore it when the Update dialog appears in Payment Entry. In Reimbursement Style Maintenance, checking Suppress Update of Contractual Allowances causes an exception without triggering the Update dialog in Payment Entry. If you adjust the existing contractual allowance or begin a new allowance, the system does not generate an exception, because either of these actions indicates that the new allowed amount is correct and the old one was out of date. For payments imported electronically, whether contractual allowances are updated is controlled solely by Automatically Update Contractual Allowances? on the Import Options tab in Electronic Remit Style Maintenance.

Services are only printed once on the report.

The following information prints on the Reimbursement Exceptions:

- Carrier Detail
  - Carrier Name
  - Carrier Contact
- Voucher Detail
  - Patient Name
  - Voucher
  - Actual Provider
  - Dept
  - Service Date
  - Units
  - Service Fee
- Contractual Allowance - Contractually allowed reimbursement for the carrier, based on data entered into the Insurance Carrier Maintenance (ICM) table
Allowed - Amount insurer actually allowed
Primary Paid - Amount that the primary insurer paid
Primary Adj - Amount adjusted off

Service Detail
- Procedure code and description
- Service Date
- Service Fee
- Units
- Defined Fee
- Contractual Allowance
- Allowed Amount
- Total Primary Payments
- Total Primary Adjustments

Transaction Detail
- Payment Date
- Remitter
- References
- Transaction Code Description
- Amount

Totals
- Voucher Totals
  - Service Fee
  - Units
  - Contractual Allowance
  - Allowed
  - Primary Paid
  - Primary Adj
- Carrier Totals and Report Grand Totals
  - Number of Exceptions
  - Service Fee
Reporting

- Contractual Allowance
- Allowed
- Primary Paid
- Primary Adj
Reimbursement Exceptions Sample

<table>
<thead>
<tr>
<th>BCBS NC State 2nd to MCR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name: Brian S. Brown</td>
</tr>
<tr>
<td>Voucher: N130140</td>
</tr>
<tr>
<td>Actual Provider: dmha</td>
</tr>
<tr>
<td>Proc: ifb1</td>
</tr>
<tr>
<td>Contact: 844-4688</td>
</tr>
<tr>
<td>Service Date: 10/03/2009</td>
</tr>
<tr>
<td>Defined Fee: 100.00</td>
</tr>
<tr>
<td>Contractual Allowance: 98.00</td>
</tr>
<tr>
<td>Allowed: 98.00</td>
</tr>
<tr>
<td>Primary Paid: 98.00</td>
</tr>
<tr>
<td>Primary Adj: 0.00</td>
</tr>
</tbody>
</table>

Reimbursement Exception

Allscripts Practice

Claims Paid on or after: 01/31/2009

4/23/2010 12:40:01 PM

Reimbursement Exceptions Sample

Sample Reimbursement Exceptions (No Group Fields) - All Transaction Detail

Reimbursement Exceptions tab

The Reimbursement Exceptions tab allows you to select the criteria you want to use to run the report.
Reimbursement Exceptions tab

Reimbursement Exceptions tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if *Enable Division* is checked in Database Options.
  - Insurance Category
  - Insurance Reporting Class
  - Location

- **Level of Detail** - Selections moved over from Available Group Fields appear here. The default Level of Detail is to print services and payments at the voucher level.
- **Available Sort Fields** - None available for this report.
- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

**Select Actual Providers**

Specific actual providers can be selected.

**Select Billing Providers**

Specific billing providers can be selected.

**Select Departments/Practices**

Specific departments/practices can be selected.

When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.
Select Insurance Carriers

Specific categories, reporting classes, groups, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

All Transaction Detail

Select this radio button to include transaction details from all payers.

Primary Transaction Detail

Select this radio button to include transaction details from just the primary carrier.

Claims Paid on or after

Enter a beginning date for the report.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Reimbursement Review

Use the Reimbursement Review to review reimbursement levels of each carrier for selected procedures. Information is provided in both dollar amounts and percentages. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

This report also includes RVUs.

This report includes updated payments only.

This report does not reflect payments for Occupational Medicine Carriers, because Allscripts PM automatically uses Summarized insurance reimbursement when you post payments to a voucher for an Occupational Medicine Carrier. Since the Reimbursement Review captures Allowed Amounts vs. Payments, when Summarized insurance reimbursement is used, the system does not capture Allowed Amounts or write to the Reimbursement Detail table. The Reimbursement Review does not show the payments for vouchers keyed to Occupational Medicine Carriers; these are reflected on the Revenue Detail Report.

The following information prints on the Reimbursement Review:

> Units - Number of entries for each procedure code
>
> Total RVUs = Units x Total RVU Amount (Work + PE + MP)

Example: Proc Code 99214

Work RVU = 1.50

PE RVU = 1.15

MP RVU = .08

Total RVUs = 2.73

> Amount Billed - Fee for service

> Primary Allowed - Amount the primary carrier allowed

> Primary Allowed% = Primary Allowed / Amount Billed

> Primary Payments - Amount the primary carrier paid

> Primary Payments% = Primary Payments / Primary Allowed

> Primary Adjust - Amount adjusted off for the primary carrier

> Primary Withheld - Additional amount withheld by the primary carrier
> Other Payments - Payments made by other carriers and self-pay
> Other Adjust - Refunds and other miscellaneous adjustments
> Total Payments = Primary Payments + Other Payments
> Total Payments% = Total Payments / Amount Billed
> Per RVU/Unit = Total Payments / RVU or Units (depends on the Calculate setting as to whether RVU or Units is used)
Reimbursement Review Sample

### Reimbursement Review

<table>
<thead>
<tr>
<th>Units</th>
<th>Total RVUs</th>
<th>Amount Billed</th>
<th>Primary Allowed</th>
<th>Primary Payments</th>
<th>Primary Adjusted</th>
<th>Primary withheld</th>
<th>Other Payments</th>
<th>Other Adjusted</th>
<th>Total Payments</th>
<th>% Per RVU</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Insurance Carrier: 21st Century Benefits Plans (CENT)</strong></td>
<td></td>
<td></td>
<td></td>
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<td>6.00</td>
<td>16.76</td>
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<td></td>
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<tr>
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<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total for Procedure Code Office Equipment Visit, New (90203)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td><strong>Total for Procedure Code Office Equipment Visit, New (90203)</strong></td>
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Sample Reimbursement Review Grouped by Ins Carrier, Proc Code with Payments by RVU

Reimbursement Review tab

The Reimbursement Review tab allows you to select the criteria you want to use to run the report.

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Reimbursement Review tab

Reimbursement Review tab fields

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if *Enable Division* is checked in Database Options.
  - Insurance Reporting Class
  - Location
  - Place of Service
  - Procedure Category
  - Procedure Code
  - Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select "Procedure Code & Modifier" as an Available Group Field.

  Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.

- **Level of Detail** - Selections moved over from Available Group Fields appear here.
- **Available Sort Fields** - None available for this report.
- **New Page per Major Sequence** - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- **View with Drill-Down** - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers

Specific actual providers can be selected.
Reporting

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers

Specific categories, reporting classes, groups, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Modifiers

Specific modifiers can be selected.

Select Places of Service

Specific places of service can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

All Payments

Default selection.
Select this radio button to include all carrier payments on the report.

**Primary Payments**
Select this radio button to include only primary carrier payments.

**Reporting Periods - From: To**
Select the reporting periods to include on the report.

**Calculate**
Click the down arrow button and select one of the following from the drop-down list:
- Payments per RVU - Default selection
- Payments per Unit

**Print Cover Page**
Check to print a cover page that contains the selection criteria as the first page of the report.
Reimbursement Comment Analysis

Use the Reimbursement Comment Analysis to review the reimbursement comments on all claims, paid in full claims only, or unpaid claims only in order to identify claim follow-up needed. These reports list transaction details, including patient name, voucher number, and date of service, as well as procedure and remittor information. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

You can include all payment and adjustment reimbursement comments including denials, only those for Original Payer transactions, or only those for Subsequent Payer transactions. Co-pay, co-insurance and deductible comments are not included in the output.

--- Note ---

The report sorts comments numerically by their abbreviations, which are maintained in the Reimbursement Comment Maintenance (RCM) table in System Administration > File Maintenance.

---

When you group the report by Reimbursement Comment or Reimbursement Category:

> Under this scenario a single service line may print multiple times on the report under different Comment (or Category) groups. So under each applicable group header, the patient/voucher info prints and then the service line(s) with this Comment (or Category) prints. Below each service line, all (primary, secondary, tertiary, etc.) adjustment transactions to which that particular comment was attached print, with the Comment Abbreviation in parentheses to the right of the Transaction Description. In addition, payment transactions where a Denial comment was applied print. When the report is run grouped by Reimbursement Category, if a service has multiple comments associated with it, and the comments are all associated with the same category, then multiple comments may print per service. For example, category Reimb Cat A has comments CO-16 and CO-18 associated with it. A service may have both of these comments assigned to them and so both would be listed for this service for this category.

Primary payment transaction detail does not print but instead is summarized in the existing “Primary Paid” service-level field. Other transactions such as refunds,
miscellaneous debits, transfers and rebills, do not print. This is the same for all
scenarios. The adjustment transactions mentioned above are summed for each
service in the column called Primary Adj.

Totals for each group and for the report grand totals are calculated (in all scenarios)
as follows:

> When you do not group the report at all or group it by something other than
Reimbursement Comment or Category, group totals and report totals display in
full for Service Fee, Contractual Allowance, Allowed, Primary Paid, and Primary
Adj.

> When you group the report by Reimbursement Comment or Category in any way,
totals for Service Fee, Contractual Allowance, Allowed, and Primary Paid are not
available (but Primary Adjustments are available), because grouping by
Reimbursement Comment or Category may cause individual service lines to
appear on the report more than once and could cause these totals to be
overstated.

> Number of claims totals calculated using a distinct count.

When run by Billing Date, any voucher that was billed in the defined range
qualifies to print on the report. If you did not check Keep Voucher Detail Together,
only the services with payment and adjustment reimbursement comments
including denials print. If you checked Keep Voucher Detail Together, all services
for the voucher print.

When run by Service Date, only those vouchers that have a voucher service date
(this is the date set in the Date From field for the first service entered on the
voucher in charge entry) in the defined range, and have at least one service with a
payment or adjustment reimbursement comment including denials, are returned.
When run by Payment Update Date, only those vouchers that have a service with
a payment updated in the defined range, and have at least one service with a
payment or adjustment reimbursement comment including denials, are returned. If
you did not check Keep Voucher Detail Together, only the services with payment
and adjustment reimbursement comments including denials print. If you checked
Keep Voucher Detail Together, all services for the voucher print.

When you group the report by Procedure Code or Procedure Category:
Under this scenario a single service line prints only once on the report, under the applicable Procedure Code or Category groups. This means vouchers with more than one service line do not print together. Under each applicable group header, the patient/voucher info prints and then the service line(s) in this Procedure Code or Category prints. Below each service line, only the adjustment transaction(s) to which that particular comment was attached prints, with the Comment Abbreviation in parentheses to the right of the Transaction Description.

When you group the report by Remark Code or Remark Code Category:

- Under this scenario, a single service line may print multiple times on the report under different Remark Code or Remark Code Category groups. Under each applicable group header, the patient/voucher info prints and then the service line(s) with this Remark Code prints. The remark codes appear on the report below any reimbursement comment line item and are listed by Remittor in the order that the payments were originally entered into the application. The remark code line shows the payment date, the Remittor, and the Remark Code. When grouped by Remark Code, the report prints totals for each Remark Code and a distinct count of the number of claims that contain this Remark Code. When grouped by Remark Code Category, the report prints totals for each Remark Code Category and a distinct count of the number of claims that contain this Remark Code Category.

**TIP!** If you want to see any service that had a particular remark code(s), and may also have had a particular reimbursement comment, run the report for selected Remark Codes only (do not select for Reimbursement Comments as well), along with no Groups and *Keep Voucher Detail Together* checked. This returns all Vouchers/Services with the selected Remarks, and prints all payment and adjustment transactions for those services, regardless of priority (primary, secondary) and whether they have a comment or not.

When you group the report by Actual Provider, Billing Provider, Department, Insurance Carrier, Insurance Category, Insurance Reporting Class, or Location and you did not check *Keep Voucher Detail Together*:

- Under this scenario, each qualifying voucher (and selected service detail) prints only once on the report. Records are sorted, by default, by Patient Last Name and then Voucher Number. Below the group header, the patient/voucher info prints and only those services that have a Comment print. Beneath each service, only payment and
adjustment reimbursement comments including denials print, and the Comment Abbreviation prints to the right of the Transaction Description.

When you group the report by Actual Provider, Billing Provider, Department, Insurance Carrier, Insurance Category, Insurance Reporting Class, or Location and you check *Keep Voucher Detail Together*:

> Under this scenario, each qualifying voucher (in its entirety) prints only once on the report. Records are sorted, by default, by Patient Last Name and then Voucher Number. Below the group header, the patient/voucher info prints. For each voucher, all services print, regardless of whether or not they have a Comment attached. Beneath each service, all adjustment transaction(s) print whether or not a Comment was applied to that transaction. For those transactions with a Comment, the Comment Abbreviation prints to the right of the Transaction Description.

When an “**” prints by a procedure code, it indicates that the actual allowed amount does not match the Contractual Allowed amount.

When run with the option to *Keep Voucher Detail Together*, the report prints all services for each qualifying voucher, regardless of whether or not the service has a Comment attached. Beneath each service, it prints all (primary, secondary, tertiary, etc.) adjustment transaction(s) whether or not a Comment was applied to that transaction. In addition, it prints only payment transactions where a Denial comment was applied. Other transactions such as refunds, miscellaneous debits, transfers, and rebills, do not print. For those transactions with a Comment, the Comment Abbreviation prints to the right of the Transaction Description.

The following information prints on the Reimbursement Comment Analysis:

> Voucher Detail
  > Patient Name
  > Voucher
  > Actual Provider
  > Department/Practice
  > Service Date
  > Service Fee
Reporting

> Units

> Service Detail
    > CPT code and description
    > Service Date
    > Service Fee
    > Units
    > Defined Fee
    > Contractual Allowance
    > Allowed Amount
    > Total Primary Payments
    > Total Primary Adjustments

> Transaction Detail
    > Payment Date
    > Remittor
    > References
    > Transaction Code Description (Comment Code if Payment or Adjustment)
      The *Include Transactions* selection determines which payment and adjustment comments appear. You can include all payment and adjustment reimbursement comments (including denials), only those for Original Payer transactions, or only those for Subsequent Payer transactions. Co-pay, co-insurance, and deductible comments are not included in the output.

> Amount
  Zero dollar payments print a "$0.00" in this row of detailed information.

> Claim, Service, and Voucher attached to the voucher (print if you check *Include Claim, Service and Voucher Notes*)

> Totals - Provides totals for each comment, including the number of claims on which the comment occurred.
Reimbursement Comment Analysis Sample

## Reimbursement Comment Analysis

**Allscripts Practice**

**Billing Dates: 04/01/2009 - 04/30/2009**

<table>
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<tr>
<th>Patient Name</th>
<th>Voucher</th>
<th>Actual Provider</th>
<th>Prac</th>
<th>Service Date</th>
<th>Defined Fee</th>
<th>Units</th>
<th>Service Fee</th>
<th>Contractual Allowance</th>
<th>Allowed</th>
<th>Primary Paid</th>
<th>Primary Adj</th>
</tr>
</thead>
</table>

### Reimbursement Comment: Absence of precertification/notification (CO-197)

- **Charlie C. Coates**
  - **Procedure:** 6050D
  - **Date:** 03/25/2009
  - **Reimb Code:** DENALS
  - **Remarks:** Reimbursement Comment: Absence of precertification/notification (CO-197)

### Reimbursement Comment: Adjusted based on diagnosis (CO-823)

#### Charlie C. Coates
- **Code:** 0600C
- **Date:** 02/26/2009
- **Remark:** Reimbursement Comment: Adjusted based on diagnosis (CO-823)

#### Mike M. Martinez
- **Code:** 0400D
- **Date:** 11/20/2008
- **Remark:** Reimbursement Comment: Adjusted based on diagnosis (CO-823)

#### Nancy V. Miller
- **Code:** 5540C
- **Date:** 12/28/2008
- **Remark:** Reimbursement Comment: Adjusted based on diagnosis (CO-823)

#### Peter Y. McNeil
- **Code:** 5540C
- **Date:** 01/25/2009
- **Remark:** Reimbursement Comment: Adjusted based on diagnosis (CO-823)

#### Tabitha Z. Zane
- **Code:** 0560C
- **Date:** 02/02/2009
- **Remark:** Reimbursement Comment: Adjusted based on diagnosis (CO-823)

### Sample Reimbursement Comment Analysis Grouped by Reimb Comment

#### Reimbursement Comment Analysis tab

The Reimbursement Comment Analysis tab allows you to select the criteria you want to use to run the report.

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### Reimbursement Comment Analysis tab

**Reimbursement Comment Analysis tab fields**

This tab also includes **Store** and **Run** buttons.

**Stored Job**

Allows you to recall previously stored selections. To select a stored job, use one of the following methods:

- Click the down arrow button to open the list, then highlight and click your selection.
- Position the cursor in the field, then type in the first letter of the stored job; use the **down arrow** key if necessary to scroll through the list.
Report Preferences

Note
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.
Selections display on the main report screen in the Report Preferences box.
The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if Enable Division is checked in Database Options.
  > Insurance Carrier
  > Insurance Category
  > Insurance Reporting Class
  > Location
  > Procedure Category
  > Procedure Code
  > Reimbursement Comment
  > Reimbursement Comment Category
  > Remark Code
  > Remark Code Category
> Level of Detail - Selections moved over from Available Group Fields appear here.
> Available Sort Fields - None available for this report.
> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
> View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.
Select Departments/Practices

Specific departments/practices can be selected.

When *Enable Division* is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers

Specific categories, reporting classes, groups, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Reimbursement Comments

Specific categories or reimbursement comments can be selected.

Select Remark Codes

Specific categories or remark codes can be selected.

Billing Dates - From: To/Pmt Update Dates - From: To

Enter a date range if you want to report on billing dates or payment update dates.

To change the field label from “Billing Dates” to “Pmt Update Dates,” click the up or down arrow toggle buttons.
Service Dates - From: To

Enter a date range if you want to report on service dates.
You can enter a Service Date date range in addition to entering a date range for Billing Dates/Pmt Update Dates.

Keep Voucher Detail Together

When checked, all services for any voucher that qualifies to be on the report print. Services qualify for the report if they have a payment transaction with a Denial comment, an adjustment comment, or a remark code (if the report is grouped by remark code/category or a remark code/category is selected) and meet all the other criteria that you entered. All services on a qualifying voucher print regardless of whether the individual service qualifies. This allows you to see the voucher in its entirety.
Option is disabled and unchecked when the report is grouped by Reimbursement Comment, Reimbursement Comment Category, Procedure Code, Procedure Category, Remark Code, or Remark Code Category.

Include Claim, Service and Voucher Notes

When checked, the report includes any claim, service, and voucher notes for each voucher that qualifies for the report.
Option is disabled unless you check Keep Voucher Detail Together.

Select Type of Claim

Click the down arrow button and select one of the following from the drop-down list:
> All Claims - Includes comments from all claims within the selected date range
> Paid in Full Only - Includes only comments on claims with a balance of $0.00
> Unpaid Only - Includes only comments on claims with balances above $0.00

Include Transactions

Click the down arrow button and select one of the following options from the drop-down list:
> All Transactions - Includes all denials and reimbursement comments for both Original Payer and Subsequent Payer adjustments and payments.
> Original Payer Transactions Only - Includes only denials and reimbursement comments for Original Payer adjustments and payments.
> Subsequent Payer Transactions Only - Includes only denials and reimbursement comments for Subsequent Payer adjustments and payments.
Note

All vouchers and transactions must have an Update Status of either "Updated" or "Marked Void" to qualify for this report.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Carrier Reimbursement Review

Use the Carrier Reimbursement Review to analyze the total collection percentages for an insurance carrier. These percentages are based on a review of all payment sources for a voucher (original carrier and all other payers, including self-pay). This analysis helps you determine what is realistically collectible, based on the payment history of a carrier. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

Only vouchers with updated payments and/or adjustments are included on this report.

The following information prints on the Carrier Reimbursement Review:

- Charges - Total charges from all vouchers that qualify
- Original Carrier Allowed - Determined by the option you select in Base Allowed Amounts On
  
  Example: A procedure fee of $50.00 has a contractual allowance of $40 entered into the Insurance Carrier Maintenance (ICM) table. In Payment Entry, however, adjustments of $15.00 plus a withhold of $5.00 are credited to the original carrier.
  
  - Contractual Allowed Amount - When you run this report basing allowed amounts on “Contractual Allowed Amount,” the amount used is $40.00.
  
  - Billed less Actual Adjustments - When you run this report basing allowed amounts on “Billed less Actual Adjustments,” the amount used is $30.00, because it is the result of the fee ($50) minus all adjustments and withholds credited ($20) to the original carrier in Payment Entry.
  
  - Original Carrier Allowed% = Original Carrier Allowed / Charges
  
  - Original Carrier Payments = Payments credited to the carrier originally designated as the payer on the voucher
  
  - Original Payment% = Original Carrier Payments / Charges
  
  - Original Carrier Adjustments = All adjustments and withholds credited to the carrier originally designated as the payer on the voucher
  
  - Original Adjustments% = Original Carrier Adjustments / Charges
  
  - Other Payments = Total of all payments credited to all payers other than the original carrier
  
  - Other Payments% = Other Payments / Charges
Reporting

- Other Adjustments = Total of all adjustments and withholds credited to all payers other than the original carrier
- Other Adjustments\% = Other Adjustments / Charges
- Total Payments = Original Carrier Payments + Other Payments
- Total Payments\% = Total Payments / Charges
- Remaining Balance = Total Charges - (Total Payments + Original Carrier Adjustments + Other Adjustments)
- Remaining Balance\% = Remaining Balance/Charges
- Grand Totals
Carrier Reimbursement Review Sample

Sample Carrier Reimbursement Review (No Group Fields)

Carrier Reimbursement Review tab

The Carrier Reimbursement Review tab allows you to select the criteria you want to use to run the report.
Carrier Reimbursement Review tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Report Preferences

Note

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if Enable Division is checked in Database Options.
  - Insurance Category
  - Insurance Reporting Class
  - Location
  - Place of Service
- Level of Detail - Selections moved over from Available Group Fields appear here.
- Available Sort Fields - None available for this report.
- New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Departments/Practices

Specific departments/practices can be selected.

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.
Select Insurance Carriers

Specific categories, reporting classes, groups, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Places of Service

Specific places of service can be selected.

Fully Paid Only

Select this radio button to include only those vouchers with a remaining balance of $0.00.

You cannot select this radio button if you selected All with Original Carrier Transactions.

All with Original Carrier Transactions

Select this radio button to include all vouchers with updated original carrier payment and/or adjustment transactions.

You cannot select this radio button if you selected Fully Paid Only.

Voucher Update Dates - From: To

Enter a date range to include on the report.

The update date is the calendar date on which a transaction journal is run. Each voucher included on the journal is stamped with that same update date.

Base Allowed Amounts On

Click the down arrow button and select one of the following from the drop-down list:

- Contractual Allowed Amount - Contractual allowed amounts stored on the Contractual Allowance tab in Insurance Carrier Maintenance (ICM).
- Billed less Actual Adjustments - Information pulled from the Payment Entry screen: Fee (billed amount) minus all adjustments and withholds credited to the original carrier.
Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Allowed Amount Analysis

Use the Allowed Amount Analysis to do the following:

> Get a rough summary of what is on the Contractual Allowances tab in Insurance Carrier Maintenance.
> Aid in negotiating new agreements with contracted carriers.
> Identify those procedures, practice-wide, where the fee is abnormally high compared to the practice-wide average allowed amount, and whether this is due to one carrier or many.

This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

When analyzing the allowed amounts only payment transactions from the Original Carrier are utilized in the report.

Batches must be updated in order for transactions to affect the Allowed Amount Analysis.

Zero charge services are excluded from the report no matter which option is selected.

The following are a few different recommendations of Available Group Field selections and Base Allowed Amounts On settings for running the report.

> Group by Insurance Carrier, then Procedure Code, and base allowed amounts on Contractual Allowed Amount.
For each insurance carrier, this report lists procedures in alphabetical ascending order by procedure code. You can use this as a rough summary of what is on the Contractual Allowances tab in Insurance Carrier Maintenance. If you update contractual allowances for your contracted carriers frequently, this report boils down the average allowed amount for each procedure for the year while also showing the range of allowed amounts from the carrier.

> Group by Insurance Carrier, then Procedure Code, and base allowed amounts Billed less Actual Adjustments.
For each insurance carrier, this report lists procedures in alphabetical ascending order by procedure code. You can use this report when negotiating new agreements with contracted carriers. The report calculates the allowed amount using the billed amount less adjustments; therefore it provides an effective or actual allowed amount.
This amount can be used to identify any differences between contracted allowed amounts and actual allowed amounts. This report also lets you measure the benefit of a contract by putting contracted carriers’ and non-contracted carriers’ allowed amounts on par.

> Group by Procedure Allowed %, then Insurance Allowed %, and base allowed amounts on Billed less Actual Adjustments.

This report lists procedures in order of their average allowed percentage (highest to lowest), and within each procedure it lists carriers in order of their average allowed percentage (highest to lowest). You can use this report to identify those procedures, practice-wide, where the fee is abnormally high compared to the practice-wide average allowed amount, and whether this is due to one carrier or many. Based on this analysis, you can reduce your usual and customary charge, and thereby reduce an A/R inflated by high adjustments. Conversely, the report may also be used to identify those procedures where the average allowed amount closely meets or even exceeds the fee, indicating the industry usual and customary charge for that procedure may have increased; therefore you can now be charging too little for that procedure.

The following information prints on the Allowed Amount Analysis:

> Units - Total Units
> Avg Chg - Weighted Average Charge (service fee * units / units)
> High - Highest Allowed Amount
> % - High / Avg Chg
> Low - Lowest Allowed Amount
> % - Low / Avg Chg
> Avg - Weighted Average Allowed Amount (allowed * units / units)
> % - Avg / Avg Chg
### Allowed Amount Analysis

#### Allowed Amount Analysis Sample

**Service Dates:** 01/01/2009 - 01/30/2009

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>BCBS of NH (NHBC)</th>
<th>Units</th>
<th>Avg Chg</th>
<th>High %</th>
<th>Low %</th>
<th>Avg %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Allowed Amount Analysis</strong> tab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Sample Allowed Amount Analysis Grouped by Ins Carrier, Proc Code

- **Allowed Amount Analysis**

  The **Allowed Amount Analysis** tab allows you to select the criteria you want to use to run the report.
Allowed Amount Analysis tab

Allowed Amount Analysis tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Reporting

Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click **OK**.

Selections display on the main report screen in the *Report Preferences* box.

The following options are available on the Report Preferences dialog:

- **Available Group Fields**
  - Actual Provider
  - Billing Provider
  - Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  - Division - Only appears if *Enable Division* is checked in Database Options.
  - Insurance Carrier
  - Insurance Carrier Allowed % - Insurance Carrier and Insurance Carrier Allowed % are mutually exclusive. This means both Insurance Carrier and Insurance Carrier Allowed % cannot be selected on the same report.
  - Insurance Category
  - Insurance Reporting Class
  - Location
  - Place of Service
  - Procedure Allowed %
  - Procedure Category
  - Procedure Code - Procedure Code and Procedure Allowed % are mutually exclusive. This means both Procedure Code and Procedure Allowed % cannot be selected on the same report.
  - Procedure Code & Modifier - Allows the report to go down to the service detail level to be able to report procedure codes and modifier combinations, if you so choose. Up to four modifiers can appear on the report. If you do not want to see procedures codes with modifiers on the affected reports, do not select "Procedure Code & Modifier" as an Available Group Field.
  - Level of Detail - Selections moved over from Available Group Fields appear here.
  - Available Sort Fields - None available for this report.

Shows procedure codes and modifier combinations entered in the following places: (1) Manually in Charge Entry; (2) on the Billing Codes tab in Procedure Code Maintenance; (3) as a Default on the Procedure Code tab in Procedure Code Maintenance; (4) added as a modifier in anesthesia services by using the recalculate function; and (5) added as a modifier to services via Import Charges.
New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.

View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Actual Providers
Specific actual providers can be selected.

Select Billing Providers
Specific billing providers can be selected.

Select Departments/Practices
Specific departments/practices can be selected.

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Insurance Carriers
Specific categories, reporting classes, groups, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations
Specific locations can be selected.

Select Modifiers
Specific modifiers can be selected.

Select Places of Service
Specific places of service can be selected.
Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Service Dates - From: To

Enter a range of dates to include on the report.

Base Allowed Amounts On

Click the down arrow button and select one of the following from the drop-down list:

- **Contractual Allowed Amount - Default selection.**
  Uses the contractual allowed amount in effect for that service date from the Contractual Allowances tab in Insurance Carrier Maintenance. If you enable contractual allowance updating during Payment Entry, the report reflects the allowed history that this creates.
  Otherwise, if the contractual allowance table is not updated (except for periodic imports or manual review), the information on the report when run with this option may be limited. Likewise, if a contractual allowed amount has not been built for a particular procedure the allowed amount appears as zero.

- **Billed less Actual Adjustments - Calculates the allowed amount by subtracting adjustments (non-allowed amount) from the charge.**
  This can be useful if you do not have Contractual Allowed amounts built for all procedures, if you choose not to auto-update contractual allowances during Payment Entry, and if you use Summarized Reimbursement Styles that have no Allowed column in Payment Entry.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Patient Analysis Reports

Allscripts PM has two reports under Patient Analysis Reports:

> Clinical Analysis Report, on page 298
> Patient Change Report, on page 308
Clinical Analysis Report

Use the Clinical Analysis Report to gather data that will help you analyze the clinical procedures performed in your practice for any specified time range. You can also use this report to identify patients with specified diagnoses and/or who have had specific procedures performed, for follow-up or analysis. This report can be printed, previewed, or exported to Microsoft® Excel in a standard CSV format.

This is a service-based report. Patient statistics qualify for inclusion in this report based on whether or not they have been seen during the specified dates and fall within the criteria selected for inclusion.

Since records qualify based on the existence of services that meet the specified criteria, this report cannot be used to run a listing of patients by insurance carrier based on the policy information from Registration.

**Dealing with Voids:** Voids are reflected for the month of the original transaction. Services that have yet to be updated or that have been voided are excluded.

The following information prints on the Clinical Analysis Report:

--- Note ---

Report detail includes demographic as well as service information. The level of detail is governed by the selections you make in Report Preferences. The following two lists itemize the detail generated at its highest level.

---

**Demographic Information (Pulled from Registration)**

- Patient Name and Number
- Age - Ages 0-8 weeks are calculated based on the anniversary of the day of the week the child was born. Ages older than 2 months are calculated based on the anniversary of the birth date.
- Sex
- Home Phone
- Work Phone
- Usual Provider abbreviation
Primary Care Physician abbreviation

Service Detail (Pulled from Charge Entry)

> Voucher #
> Service Date
> Primary Diagnosis
> Actual Provider
> Service Date
> Procedure Code
> Procedure Description
> Units
> Diagnosis Code(s) and Description(s)
> Group Totals
  > Number of Patients
  > Number of Units
> Report Totals
  > Number of Patients
  > Number of Units

Demographic Analysis

> Number of patients by gender: Male, Female, and Total
> Number of patients by age: 0-4, 5-9, 10-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80+, and Total

These age ranges are predefined. They are not affected by any selections you make when running the report. An age range only prints on the report if it has at least one patient.

> Number of patients for the top 10 zip codes
> Pie graph depicting the percent of patients by gender
> Bar graph depicting the percent of patients by age
### Clinical Analysis

**Allscripts Practice**


---

#### Clinical Analysis Report Sample

<table>
<thead>
<tr>
<th>Patient No &amp; Name</th>
<th>Age</th>
<th>Sex</th>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Usual Provider</th>
<th>Prim Care Phys</th>
</tr>
</thead>
<tbody>
<tr>
<td>4106500 Allscripts</td>
<td>45</td>
<td>F</td>
<td>605-883-4300</td>
<td>605-883-6300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/20/2009 Print 95614</td>
<td>Primary Diag: 789.78</td>
<td>Actual Provider: Bob B. Brown, MD</td>
<td>Unk 1</td>
<td>Dia 1: 789.78 - Symptom, Nausea and fatigue NEC</td>
<td>Dia 2: 300.02 - Anxiety disorder, generalized</td>
<td></td>
</tr>
<tr>
<td>04/24/2009 Print 85205</td>
<td>Complete 2hr Wt/Sub Diff (abc)</td>
<td>Unk 1</td>
<td>Dia 1: 789.78 - Symptom, Nausea and fatigue NEC</td>
<td>Dia 2: 789.78 - Symptom, Nausea and fatigue NEC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/24/2009 Print 85000</td>
<td>Venipuncture handling</td>
<td>Unk 1</td>
<td>Dia 1: 789.78 - Symptom, Nausea and fatigue NEC</td>
<td>Dia 2: 789.78 - Symptom, Nausea and fatigue NEC</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

#### Reporting Manual

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Sample Clinical Analysis Report (No Group Fields) - Demographic Analysis

Demographic Analysis

Patient Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>276</td>
</tr>
<tr>
<td>Female</td>
<td>300</td>
</tr>
<tr>
<td>Total</td>
<td>576</td>
</tr>
</tbody>
</table>

Patient Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 4</td>
<td>5</td>
</tr>
<tr>
<td>5 - 9</td>
<td>6</td>
</tr>
<tr>
<td>10 - 14</td>
<td>12</td>
</tr>
<tr>
<td>15 - 19</td>
<td>15</td>
</tr>
<tr>
<td>20 - 24</td>
<td>22</td>
</tr>
<tr>
<td>25 - 29</td>
<td>16</td>
</tr>
<tr>
<td>30 - 34</td>
<td>36</td>
</tr>
<tr>
<td>35 - 39</td>
<td>42</td>
</tr>
<tr>
<td>40 - 44</td>
<td>55</td>
</tr>
<tr>
<td>45 - 49</td>
<td>55</td>
</tr>
<tr>
<td>50 - 54</td>
<td>55</td>
</tr>
<tr>
<td>55 - 59</td>
<td>55</td>
</tr>
<tr>
<td>60 - 64</td>
<td>54</td>
</tr>
<tr>
<td>65 - 69</td>
<td>41</td>
</tr>
<tr>
<td>70 - 74</td>
<td>44</td>
</tr>
<tr>
<td>75 - 79</td>
<td>45</td>
</tr>
<tr>
<td>80+</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>602</td>
</tr>
</tbody>
</table>

Top 10 Zip Codes

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>01234</td>
<td>602</td>
</tr>
</tbody>
</table>
Clinical Analysis Report tab

The Clinical Analysis Report tab allows you to select the criteria you want to use to run the report.

Clinical Analysis Report tab fields

This tab also includes **Store** and **Run** buttons.
Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.

Report Preferences

--- Note ---

This is the only dialog box you must open even if you intend to accept all the defaults.

--- End of Note ---

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

> Available Group Fields
  > Actual Provider
  > Billing Provider
  > Department/Practice - If Practice appears, instead of Department, based on the label options selected in Database Options, it will appear in alphabetical order, which means it will not be listed in the same place that Department would be.
  > Division - Only appears if Enable Division is checked in Database Options.
  > Insurance Carrier - When grouped by Insurance Carrier or restricted to one or more carriers, groups, categories, or classes, the Carrier listed is the original payer.
  > Insurance Category - When grouped by Insurance Category or restricted to one or more carriers, groups, categories, or classes, the Carrier listed is the original payer.
  > Insurance Reporting Class
  > Location
  > Place of Service
  > Prim Care Physician
  > Referring Doctor
  > Usual Provider

> Level of Detail - Selections moved over from Available Group Fields appear here. The default level of detail is Patient/Vouchers/Services. To roll up the level of detail, click the minus sign located to the left of "Patient" or double-click the name "Patient." This summary detail prints only the patient information. Voucher and service information would not be included in this instance.

> Available Sort Fields
  > Patient Name - Default selection.
Reporting

> Patient Number
> Medical Record Location - Include Medical Record Number and Location must be checked when you select this Available Sort Field.
> New Page per Major Sequence - When checked, this option triggers a page break between each major sequence. Left unchecked, the report information is printed continuously.
> View with Drill-Down - Not available on this report.

Select Actual Providers

Specific actual providers can be selected.

Select Billing Providers

Specific billing providers can be selected.

Select Demographics

Specific ages, genders, states, or zip codes can be selected.

Note
Demographics are pulled from Registration.
You can only enter Age using whole numbers as years, such as 1, 65, etc. To generate a list of patients under a year old, enter a range of 0 to 1.
State includes American Territories and Armed Forces designations.

Select Departments/Practices

Specific departments/practices can be selected.

When Enable Division is checked in Database Options, regardless of the label option that is selected, a Division tab also appears on the Select Departments/Practices dialog that allows you to filter on Divisions.

Select Diagnosis Codes

Specific categories, individual diagnosis codes, or range of diagnosis codes can be selected.

Primary Dx Only

Option is enabled when you specify one or more diagnosis codes or categories.
Check this option when you want a listing of all those vouchers where the primary diagnosis is either the selected code or is included in the category or range specified.

Select Insurance Carriers

Specific categories, groups, reporting classes, individual insurance carriers, or range of insurance carriers can be selected.

Keep in mind if you select specific insurance groups, since insurance carriers can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Locations

Specific locations can be selected.

Select Modifiers

Specific modifiers can be selected.

Select Places of Service

Specific places of service can be selected.

Select Procedure Codes

Specific categories, groups, procedure types, individual procedure codes, or range of procedure codes can be selected.

Keep in mind if you select specific procedure groups, since procedure codes can be assigned to more than one group or to no group, the sum of all individual group reports will not equal the totals on a report run for all records.

Select Referring Doctors

Specific specialties, referral organizations, individual referring doctors, or range of referring doctors can be selected.

Include Inactive Patients

Check to include inactive patients on the report.
Include Medical Record Number and Location

Check this option to have the patient's medical record number and location print on the report. This option must be checked when the selected Available Sort Field is “Medical Record Number.”

When this option is checked, the “Med. Rec. No” and “Med. Rec. Loc” labels print on the report even if one or both do not exist for the patient.

Service Dates - From: To

Enter the desired date range for the report.

Include Items

Click the down arrow button and select one of the following from the drop-down list:

> First Service Date in Date Range - Lists patients seen for the first time in your practice during the date range specified.

---

**Note**

If additional restrictions are selected, for example a specific diagnosis code or category, the list includes only those patients first seen within the date range whose first visit also contains the qualifying diagnosis code(s). The detail only includes the visit identified as the patient's first visit to the practice.

---

> All Services in Date Range - Lists all patients seen during the date range specified.

> Only Patients Not Seen Since This Date - Lists patients who have not been seen for any reason since the date entered.

Example: If you enter a date range of 11/01/2003 to 11/30/2003 you generate a list of patients who were seen in November 2003, but who have not been seen since then.

Selecting this option and a specific Procedure Code and/or Diagnosis Code, generates a list of patients who were seen for the specific procedure and/or diagnosis during the specified date range and who were not seen since for that procedure/code, even if they were seen for other reasons since the specified date range.

Example: To generate a list of patients who were seen from 11/01/2003 to 11/30/2003 for an abnormal pap and who were not seen since then for an abnormal pap, you would make the following selections:

> Select the Diagnosis Code for Abnormal Pap

> Enter the date range “From” 11/01/2003 “To” 11/30/2003
Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Patient Change Report

Use the Patient Change Report to generate the following:

- Summary list of the names of Patients whose information was changed in program specific fields in Registration during the selected date range.
- Detail list of selected Patients whose information was changed in program specific fields in Registration during the selected date range.

This report is only available when you check Track Patient Changes on the Registration tab in Practice/Organization Options. The system writes a record to the Patient_Changes table each time a change made in Registration is saved.

When you check Track Patient Changes on the Registration tab in Practice/Organization Options, Allscripts PM tracks changes made to 200 fields in Patient Registration. The Patient Change Report allows you to report on 67 of these fields. Other fields from the table are reportable using the general view, vwGenPatChangeInfo.

Baseline records are identified on the report with the words "Baseline Record" written in the far right column.

All baseline records print without changes highlighted. This is true even when a baseline record is system generated.

Subsequent records print with the changed fields highlighted within a box.

When multiple records exist for a Patient, they are listed consecutively beginning with the most recent. Sorting the report by Patient Number keeps all the information together for any Patient whose last name was changed.

The following information prints on the Patient Change Report:

- Patient Number & Name
- Date & time of the saved changes
- Operator's logon and name
- Baseline Indicator when applicable
- Patient Name
- Address 1
> Address 2
> City
> State
> Zip Code
> Patient Date of Birth
> Patient SSN
> Account Number
> Guarantor Name
> Guarantor SSN
> Account Type
> Policy 1, 2, 3, 4 (Primary, Secondary, Tertiary and Other)

The following is listed for each policy:
> Coverage
> Certificate Number
> Carrier Name
> Subscriber Name
> Subscriber DOB
> Patient Relationship to Subscriber
> Effective Date
> Expiration Date
### Patient Change Report Sample

**Patient Change Report**

Physicians Associated  
04/01/2009 - 04/30/2009

<table>
<thead>
<tr>
<th>Patient No. &amp; Name</th>
<th>Date &amp; Time</th>
<th>Operator</th>
<th>Policy 1</th>
<th>Policy 2</th>
<th>Policy 3</th>
<th>Policy 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Patricia Patient</td>
<td>1402/29/09 10:57:00 am</td>
<td>User 10</td>
<td>Primary</td>
<td>Texas Instruments Work Camp</td>
<td>Blue Care Elect</td>
<td>Other</td>
</tr>
<tr>
<td>DOB: 01/02/1946</td>
<td></td>
<td></td>
<td>Date of Birth:</td>
<td></td>
<td></td>
<td>01/22/1946</td>
</tr>
<tr>
<td>Guardian: Patricia Patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01/22/1946</td>
</tr>
<tr>
<td>Notes: Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01/22/1946</td>
</tr>
<tr>
<td>Effective Expiration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>01/22/1946</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>710 Elisa R Patient</th>
<th>1402/29/09 3:43:14 pm</th>
<th>User 10</th>
<th>Primary</th>
<th>Elisa R Patient</th>
<th>Other</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notes: Self</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>06/23/1996</td>
</tr>
<tr>
<td>Effective Expiration:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>06/23/1996</td>
</tr>
</tbody>
</table>

#### Sample Patient Change Report (No Group Fields)

**Patient Change Report tab**

The Patient Change Report tab allows you to select the criteria you want to use to run the report.
Patient Change Report tab fields

This tab also includes Store and Run buttons.

Stored Job

Allows you to recall previously stored selections.

To select a stored job, use one of the following methods:

> Click the down arrow button to open the list, then highlight and click your selection.
> Position the cursor in the field, then type in the first letter of the stored job; use the down arrow key if necessary to scroll through the list.
Report Preferences

--- Note ---
This is the only dialog box you must open even if you intend to accept all the defaults.

Select report preferences as desired and click OK.

Selections display on the main report screen in the Report Preferences box.

The following options are available on the Report Preferences dialog:

- Available Group Fields - None available for this report.
- Level of Detail - Selections moved over from Available Group Fields appear here. The default is to print detail of the changes made for each Patient. To roll up the level of detail, click the minus sign located to the left of "Patient" or double-click the name "Patient." This summary detail prints the Patient Name only.
- Available Sort Fields
  - Patient Name - Default selection.
  - Patient Number - Keeps all the information together for any Patient whose last name was changed.
- New Page per Major Sequence - Not available on this report.
- View with Drill-Down - Used when the report is previewed on the screen. When the Level of Detail is collapsed, this option is enabled.

Select Patients

Specific patients or range of patients can be selected.

Dates - From: To

Enter the desired date range for the report.

Include Inactive Patients

Check to include inactive patients on the report.

Print Cover Page

Check to print a cover page that contains the selection criteria as the first page of the report.
Knowing the Formulas

About the Formulas

The purpose of this section is to provide you with an understanding of the formulas used in the various reports.

Scheduling Reports

Appointment Analysis

Blocked Hours = Blocked duration of time * the booking factor for each time slot / 60

Note: Blocked duration of time is entered in minutes.

Contact Hours = Total # of hours that are actually scheduled with appointments

Note: Includes Memo appointments in the calculations, but excludes appointments with the status of Cancelled, No Show, or Bumped.

Res. Util.% (Resource Utilization%) = Contact Hours / Blocked Hours

Comparative Analysis Reports

A/R Analysis

Number of Days = Rolling balance depending on what has been entered on the Reporting tab in Practice/Organization Options for the number of months and days per month

Total Charges = Accumulated charges + accumulated transfers in - accumulated transfers out
Knowing the Formulas

Total Days = Number of days * number of periods (from Reporting tab in Practice/Organization Options)

Average Charges = Totals Charges / Total Days

# Days = New A/R / average charges (# days rounded to nearest whole number; .499 and below rounds down; .5 and above rounds up)

Chg% = Line item charges / total charges

Profile% = Payments / (payments + adjustments)

**Productivity Analysis**

Chg% = Line item charges / total charges

Profile% = Payments / (payments + adjustments)

Average Profile% = Total of payments accumulated for the time period / (total of payments accumulated for the time period + total of adjustments accumulated for the time period)

Estimated Payments = Charges * global Profile%

**Procedure Analysis**

Units% = Line item units / total units

Chg% = Line item charges / total charges

**Performance Variance Report**

Variances = (Current totals / Comparative totals) * 100%

**Payment Analysis Reports**

**Reimbursement Review**

Total RVUs = Units * Total RVU Amount (Work + ME + MP)

Primary Allowed% = Primary Allowed / Amount Billed
Knowing the Formulas

Primary Payments\% = Primary Payments / Amount Allowed

Total Payment\% = Total Payments / Amount Billed

Per RVU/Unit = Total Payments / RVU or Units (depends on the Calculate setting as to whether RVU or Units is used)

**Carrier Reimbursement Review**

Charges = Total charges from all vouchers that qualify

Original Carrier Allowed = Determined by the option you select for allowed amounts

Example: A procedure fee of $50.00 has the allowed amount of $40.00 entered on the contractual allowance table in Insurance Carrier Maintenance. In payment entry, however, adjustments of $15.00 plus a withhold of $5.00 are credited to the Original Carrier.

> When you run this report basing the allowed amounts on "Contractual Allowed Amount," the amount used is $40.00 because it is the amount recorded on the contractual allowance table.

> When you run this report basing the allowed amounts on "Billed less Actual Adjustments," the amount used is $30.00 because it the result of the fee (billed amount) minus all adjustments and withholds credited to the Original Carrier in payment entry.

Original Carrier Allowed\% = Original Carrier Allowed / Charges

Original Carrier Payments = Payments credited to the Carrier originally designated as the Payer on the voucher

Original Payment\% = Original Carrier Payments / Charges

Original Carrier Adjustments = All adjustments and withholds credited to the Carrier originally designated as the Payer on the voucher

Original Adjustments\% = Original Carrier Adjustments / Charges

Other Payments = Total of all payments credited to all payers other than the Original Carrier
Knowing the Formulas

Other Payments\% = \frac{\text{Other Payments}}{\text{Charges}}

Other Adjustments = \text{Total of all adjustments and withholds credited to all payers other than the Original Carrier}

Other Adjustments\% = \frac{\text{Other Adjustments}}{\text{Charges}}

Total Payments = \text{Original Carrier Payments} + \text{Other Payments}

Total Payments\% = \frac{\text{Total Payments}}{\text{Charges}}

Remaining Balance = \text{Total Charges} - (\text{Total Payments} + \text{Original Carrier Adjustments} + \text{Other Adjustments})

Remaining Balance\% = \frac{\text{Remaining Balance}}{\text{Charges}}

**Allowed Amount Analysis**

Avg Chg = \frac{\text{Sum of Service Fee}}{\text{Sum of Units}}

High = \text{Max (Allowed / Units)}

\% = \frac{\text{High}}{\text{Avg Chg}}

Low = \text{Min (Allowed / Units)}

\% = \frac{\text{Low}}{\text{Avg Chg}}

Avg = \frac{\text{Sum of Allowed}}{\text{Sum of Units}}

\% = \frac{\text{Avg}}{\text{Avg Chg}}

Allowed = \text{Contractual Allowed Amount (when Base Allowed Amounts On is set to "Contractual Allowed Amount")}

Allowed = \text{Service Fee - Adjustments (when Base Allowed Amounts On is set to "Billed less Actual Adjustments")}