



HIM Print Reports

HIM Print Reports

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Chapter 1 Introduction

1.1 Attestation Disclaimer

Promoting Interoperability Program attestation confirms the use of a certified Electronic Health Record (EHR) to regulatory standards over a specified period of time. Promoting Interoperability Program certified products, recommended processes and supporting documentation are based on TruBridge's interpretation of the Promoting Interoperability Program regulations, technical specifications and vendor specifications provided by CMS, ONC and NIST. Each client is solely responsible for its attestation being a complete and accurate reflection of its EHR use during the attestation period and that any records needed to defend the attestation in an audit are maintained. With the exception of vendor documentation that may be required in support of a client's attestation, TruBridge bears no responsibility for attestation information submitted by the client.

1.2 What's New

This section introduces the new features and improvements for the **Health Information Management Print Reports application** for release Version 22.01. A brief summary of each enhancement is given referencing its particular location if applicable. As new branches of Version 22.01 are made available, the original enhancements will be moved to the Previous Work Requests section. The enhancements related to the most current branch available will be listed under the main What's New section.

Each enhancement includes the Work Request (WR) Number and the description. If further information is needed, please contact **Client Services** Support.

Census Days Stay Report - New Columns -- FA-13206

DESCRIPTION: The following columns may be added to the Census Days Stay report in the CSV format by selecting them from the Advanced tab:

- Admitting Diagnosis Description
- Patient Admit Time
- Patient Discharge Time

DOCUMENTATION: See [Census Days Stay](#) 

Date & Time Added to the E-Sign Deficiency Report

DESCRIPTION: An option has been added to the E-Sign Deficiency Report to select "All Signed Documents". If this option is selected, the report will display the date and time the physician signed the E-Sign transcription.

DOCUMENTATION: See [E-Sign Deficiency Report](#) 

Death Register Added to the Report Dashboard

DESCRIPTION: The Death Register report has been added to the Report Dashboard.

DOCUMENTATION: See [Death Register - Report Writer](#)^[261]

Medical Records Billing Report - New Columns Added -- FA-13234

DESCRIPTION: The following columns may be added to the Medical Records Billing Report by selecting them from the Advanced tab:

- Accountants Category Code
- Accountants Category Description
- HIM Coding Status
- HIM Coding Status Date/Time
- HIM Coding Status User Name

DOCUMENTATION: See [Medical Records Billing Report](#)^[277]

Medical Records Billing Report & Coder Productivity Report - New Columns Added -- FA-12912

DESCRIPTION: The coder's user name, UBL and initials have been added as columns to the Medical Records Billing Report and Coder Productivity Report in the Report Dashboard, CSV format only

DOCUMENTATION: See [Medical Records Billing Report](#)^[277] and [Coder Productivity Report](#)^[243].

Medical Record Patient Index - ICD10 Report - New Columns -- FA-13283

DESCRIPTION: The following columns may be added to the Medical Records Patient Index - ICD10 report by selecting them from the Advanced tab:

- HIM Coding Status
- HIM Coding Status Datetime
- HIM Coding Status Elapsed Time
- HIM Coding Status User Name

DOCUMENTATION: See [Medical Record Patient Index - ICD10](#)^[283]

Patient Information Report - Added Consent Privacy Information -- FA-12875

DESCRIPTION: The Patient Information report has been updated to display the Consent/Privacy Settings defined for a patient. There is now a subsection for each patient record on the PDF format of the report identifying the patient's current Consent/Privacy Settings. Additionally, an option has been added to the parameters screen to "Exclude Patient Consent/Privacy Settings".

DOCUMENTATION: See [Patient Information](#)^[299]

Patient Information Report - Patient Note Field Added -- FA-12579

DESCRIPTION: A new "Patient Note" field has been added below the Email field on the Demographics section of the Patient Information report. This field will pull from the Patient Note field on the Contact/Billing Info tab of the Patient Profile.

DOCUMENTATION: See [Patient Information](#) 

Patient Information Screen - Added Consent Privacy Information -- FA-12727

DESCRIPTION: The Patient Information Screen has been updated to display a patient's current Consent/Privacy Settings.

DOCUMENTATION: See [Patient Information Screen](#) 

Chapter 2 Overview

The Health Information Management reporting system provides valuable administrative tools for planning and evaluating the hospital program as well as legal protection for the patient, hospital and physician. As the department receives and reviews medical reports, incomplete or inadequate records can be directed to responsible physicians or other parties for corrective action.

Health Information Management reports may be accessed via the Medical Records Print Report menu. To access, select **Print Reports** from the Hospital Base Menu or from the Hospital Base Menu choose **Master Selection** screen and then **Print Reports**.

NOTE: Facilities outside of the United States may choose a date format of MMDDYY, DDMMYY or YYMMDD to be used throughout the HIM Print Reports application. A TruBridge Representative will need to be contacted in order for the date format to be changed.

NOTE: Facilities outside of the United States may utilize a different address format to display on select Health Information Management reports. The address may display the Province and Postal Code instead of the State and Zip Code when the Country Code field is set to another country code other than "US". A TruBridge Representative will need to be contacted in order for the foreign address fields to display.

Chapter 3 Census Daily Reports

3.1 Build Daily Census Files

Before printing any of the Census reports, a Daily File must be built.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Build Daily Census Files**.
5. Select report parameters:
 - **Enter Date**: Enter the date to be used to print Census reports or select the date from the drop-down menu. The format is MMDDYY. The system will default to the current system date.
 - **Flag readmissions Within 30 Days?**: If selected, the file build will generate any readmissions within 30 days of the selected date. The Admissions Report will then reflect any patient that has been admitted within 30 days of discharge.
6. Select **Start** to generate the file.

Description and Usage

This option should be selected to build the daily census file for a specific date before printing any of the daily census reports.

3.2 Alpha Census

The Alpha Census report lists all census patients in alphabetical order for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Alpha Census**.
5. Select a print option.
6. Select report parameters:
 - **How Many?**: Enter the desired number of reports to print.
 - **Hospital Directory Patients Only**: If this option is selected, only patients that have this field selected in Registration and ADT will be included on the report.
 - **Exclude Protected Health Information**: If selected, the report will only include patient name and room information.
 - **Include Confidential Patients**: Select this option to include confidential patients on the report.
 - **All Stay Types**: Select this option to include all Stay Types on the report. If blank, enter the desired stay types.
7. Select **Print** to continue

Description and Usage

This report is an alphabetical listing, by patient last name, of the entire census. The report page breaks by patient Stay Type, and contains a significant amount of information about the Census.

Alpha Census

PATIENT-NAME	ROOM	NUMBER	F/C	AGE	SEX	MS	SERVICE	DAYS	ADMIT	PHYSICIAN	PHONE	MED-REC#
AARON JEAN	014-2	357994	M	85	F	M	MEDICAL	1	01/12/17	PHYSICIANA		000554
ABRAMS GREGG	010-2	357684	M	98	M	W	MEDICAL	1	01/12/17	PHYSICIANA		000473
ADDISON HARTLEY	300-9	357940	M	32	M	M	MEDICAL	1	01/12/17	PHYSICIANS		000355

Listed below is an explanation of each column.

-
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
 - **Room (Room Number):** Pulls to this column.
 - **Number (Account Number):** Pulls from Patient tab on the Registration and ADT screen.
 - **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
 - **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
 - **Sex:** Pulls from Patient tab on the Registration and ADT screen.
 - **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
 - **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
 - **Days:** The number of days past the patient's Admit date pulls to this column.
 - **Admit (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
 - **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
 - **Phone:** Pulls from Patient tab on the Registration and ADT screen .
 - **Med-Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

3.3 Admissions

The Admissions report provides a listing of patients admitted for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Admissions**.
5. Select a print option.
6. Select report parameters:
 - **How Many?**: Enter the desired number of reports to print.
 - **Enter Service Type (Blank for ALL)**: Enter a specific Service Code or skip to print report for all.
 - **Sort by Sub Type?**: If selected, the report will sort by Sub Type. If blank, the Sub Type column will not appear on the report.
 - **Include confidential patients?**: Select this option to include confidential patients on the report.
7. Select **Print** to continue.

Description and Usage

The Admissions report will list patients admitted for the date specified when the daily file was built. The report will list in alphabetical order and contains general patient information. It should be printed daily by the Business Office to verify the listing of Daily Admissions.

Admissions

```

RUN DATE: 01/12/17                                PAGE 1
TIME: 13:23   PAT. TYPE 1   ADMISSION LIST FOR 01/12/17 THURSDAY   H5CNADMIT
                                SERVICE TYPE= ALL

```

PATIENT-NAME	ROOM	NUMBER	F/C	AGE	SEX	MS	SERVICE	DAYS	CONDITION	ADM	PHYSICIAN	M.R.#
AARON JEAN	014-2	357994	M	85	F	M	MEDICAL	1	POOR	N	PHYSICIANA	000554
ABRAMS GREGG	010-2	357684	M	98	M	W	MEDICAL	1	POOR	E	PHYSICIANA	000473
ADDISON HARTLEY	300-9	357940	B	32	M	M	MEDICAL	1	FAIR	E	PHYSICIANS	000355
ALEXANDER BETTY	012-1	357683	P	55	F	D	MEDICAL	1	FAIR	D	PHYSICIANB	000040
ASKEW RANDY	014-1	357700	M	96	M	S	MEDICAL	1	POOR	N	PHYSICIANC	000630
BAKER JOHN	022-2	357243	B	37	M	S	MEDICAL	1	FAIR	E	PHYSICIANC	000072
BLACKWELL CHARLES	302-7	387952	B	80	M	M	MEDICAL	1	FAIR	E	PHYSICIANQ	000114
SMITH JOHNATHON	020-2	357455	M	28	M	S	MEDICAL	1	FAIR	E	PHYSICIANO	000084

TOTAL PATIENTS = 8

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service Code:** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** The number of days past the patient's Admit date pulls to this column.
- **Condition (Admitting Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Admit (Admit Code):** Pulls from Stay tab on the Registration and ADT screen. If the prompt, "Flag Readmissions within 30 Days" is answered Y when building the file, an asterisk (*) will appear to the right of the admissions code for 30 day readmissions.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Phone:** Pulls from Patient tab on the Registration and ADT screen.

- **Med-Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

3.4 Discharges

The Discharges report provides a listing of patients discharged on a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Discharges**.
5. Select a print option.
6. Select report parameters:
 - **How Many?:** Enter the desired number of reports to print.
 - **Enter Service Type (Blank for ALL):** Enter a specific Service Code or skip to print report for all.
 - **Sort by Subtype Y/N?:** If selected the report will sort by Sub Type. If blank the Sub Type column will not appear on the report.
 - **Include confidential patients?:** Select this option to include confidential patients on the report.
7. Select **Print** to continue.

Description and Usage

The Discharges report lists patients discharged on the date specified when choosing to Build Daily Files. The report is in alphabetical order and contains general patient information. It should be printed daily by the Business Office to verify the listing of Daily Discharges.

Discharges

```

RUN DATE: 01/12/17                                PAGE 1
TIME: 13:35   PAT. TYPE 1   DISCHARGE LIST FOR 01/12/17 THURSDAY   H5CNDISC
                                SERVICE TYPE= ALL

```

PATIENT-NAME	ROOM	NUMBER	F/C	AGE	SEX	MS	SERVICE	DAYS	COND.	DIS	PHYSICIAN	ADMITTED	M.R.#
ABRAMS GREGG	177-1	357951	M	98	M	W	MEDICAL	1	GOOD	H	PHYSICIANA	01/12/17	000554
ALGREEN BETTY	177-2	357990	B	55	F	M	MEDICAL	1	GOOD	H	PHYSICIANB	01/12/17	000473
ASKEW RANDY	177-3	357952	M	96	M	S	MEDICAL	1	GOOD	H	PHYSICIANC	01/12/17	000355
CORDERO LAUREN	301-6	357806	B	33	F	M	MEDICAL	1	GOOD	H	PHYSICIANV	01/12/17	000040
LEWIS DAVID	301-3	357803	B	39	M	M	MEDICAL	1	GOOD	H	PHYSICIANS	01/12/17	000630
PARKER JENNIFER	301-4	357804	B	37	F	D	MEDICAL	1	GOOD	H	PHYSICIANT	01/12/17	000072
WALKER JEFFREY	301-2	357802	M	66	M	S	MEDICAL	1	GOOD	H	PHYSICIANR	01/12/17	000114

TOTAL PATIENTS = 7

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service Code:** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** The number of days past the patient's Admit date pulls to this column.
- **Condition (Discharge Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Discharge (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitted (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Med-Rec # (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

3.5 Transfers Due

The Transfers Due report lists patients that occupy a room type other than the type they requested.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Transfers Due**.
5. Select a print option.
6. System prompts, "How Many?:"
 - Enter the desired number of reports to print.
7. Select **Print** to continue.

Description and Usage

The Transfers Due report is an alphabetical listing of those patients who currently occupy a room type other than the type they requested, which is also included on the report. This is determined by the code loaded in the Room Requested field on Stay tab on the Registration and ADT screen. For instance, if a Private room type is loaded in this field, and the patient is in a Semi-Private room, this patient will pull to the Transfers Due report.

This report should be printed daily by the Business Office personnel to keep track of the patient's room preferences and distributed to the Nursing Stations to determine availability for possible transfers.

Transfers Due

```

RUN DATE: 01/12/17                                PAGE 1
TIME: 14:25                                     TRANSFER-DUE LIST FOR 01/12/17 THURSDAY H5CNTRANS

PATIENT-NAME      ROOM  NUMBER---- AGE SEX MS SERVICE  DAYS CONDITION  PHYSICIAN
-----
PETERSON MEGAN ELAIN 109-1 321654    40 F S MEDICAL  1  FAIR    BAXTER J
CURRENT ROOM IS SEMI-PRI  TYPE ROOM WANTED IS PRIVATE
-----

TOTAL PATIENTS = 1

```

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service Code:** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** The number of days past the patient's Admit date pulls to this column.
- **Condition (Admitting Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.

3.6 Outpatient Register

The Outpatient Register provides a listing of Outpatients registered for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Outpatient Register**.
5. Select a print option.
6. Select report parameters:
 - **How Many?**: Enter the desired number of reports to print.
 - **Include confidential patients?**: Select this option to include confidential patients on the report.
 - **All service codes?**: Select this option to include all Service Codes on the report. If blank, enter up to 10 Service Codes.
7. Select **Print** to continue.

Description and Usage

The Out-Patient Register is an alphabetical listing of outpatients for the date specified when choosing to Build Daily Files.

Out-Patient Register

RUN DATE: 06/27/17
TIME: 07:54

O/P REGISTRATION FOR 04/14/17 Friday
SERVICE TYPE= ALL

PAGE 1
H5CNREG

PATIENT-NAME	ROOM	NUM.	TYPE	AGE	SEX	MS	SERVICE	DAYS	CONDITION	PHYSICIAN	M/R#	F/C
ADAMS JIMMY	201-1	356811	2	76	M	W	OBSERV	1	FAIR	BIXLER S	480648	MB
AUSTIN PAUL R	113-1	357195	2	52	M	S	O/P SURG	1	GOOD	HARDEN GW	481687	BB
CANNON RICHARD		357580	2	39	M	M	X-RAY	1	FAIR	HANLEY AL	480978	P
EDWARDS STEVE		356895	2	79	M	M	LAB	1	GOOD	HASHIMI DW	481555	MB
ENTWISTLE JOHN	114-1	357078	2	56	M	S	O/P SURG	1	POOR	APPLETON R	481472	BB
FIELDS TARA		357867	2	28	F	S	LAB	1	GOOD	BAXTER J	481328	CB
GARRET VICTOR W	112-1	356013	2	60	M	M	OBSERV	1	GOOD	HASHIMI DW	481011	BB
JONES ROBERT		357005	3	52	M	S	ER	1	POOR	KENNEDY I	480978	CB
LARSON MARY JO		357087	3	71	F	S	ER	1	POOR	HANLEY AL	481353	MB
MORGAN LAURA M	108-1	357135	2	67	F	M	OBSERV	1	GOOD	KUFFLER J	480984	MB
NORTON KRISTEN		357840	3	1	F	S	ER	1	POOR	ALFORD CW	480025	XB
PARKS GENE	103-1	357974	2	76	M	M	OBSERV	1	GOOD	PROULX MIC	481741	MB
PETORIA JANICE		357716	2	44	F	M	LAB	1	GOOD	MYERS KATE	480743	CB
PHILLIPS EMILY		357493	3	38	F	S	ER	1	POOR	ALFORD CW	481124	P
RAINES WILLIAM S	115-1	357010	2	38	M	M	O/P SURG	1	FAIR	HANLEY AL	480317	SB
ROGERS JESSICA		357593	3	51	F	M	ER	1	POOR	O'CONNOR K	481475	CB
SMITH BERNADETTE	116-1	357182	2	78	F	W	O/P SURG	1	GOOD	BAXTER J	480023	MB
TURNER JENNIFER M		357005	3	40	F	M	ER	1	POOR	O'CONNOR K	481255	CB
WALKER AMANDA R		357447	3	24	F	S	ER	1	POOR	HANLEY AL	480600	WB

TOTAL PATIENTS = 19

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Num (Account Number):** Pulls from Registration and ADT screen.
- **Type (Stay Type):** Pulls from Patient tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** The number of days between the Admit and Discharge dates will pull to this column.
- **Condition (Discharge Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **M/R# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.

3.7 ER Log

The ER Log contains patient information that is entered for emergency room patients upon arrival. This report also contains Summary Totals based on Disposition, Mode of Arrival and Triage Level.

NOTE: This report is also available in the Report Writer format on the Report Dashboard. Please refer to the [ER Log - Report Writer](#)²⁶⁷ topic in the Report Dashboard section of this user guide.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **ER Log**.
5. Select a print option.
6. System prompts, Admit Date Range: "Beginning Date" and "Ending Date:"
 - Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY.\
 - The system will default to the current system date.
7. Select **Print** to continue.

Description and Usage

The ER Log lists patient information as entered for each patient during registration. This report contains patient data concerning the Disposition, Mode of Arrival and Triage Level. These categories are also summarized on the totals page at the end of the report.

ER Log

RUN DATE: 07/16/17 TIME: 12:26		E/R LOG FROM 07/01/17 TO: 07/15/17							PAGE 1 CNERLOGP			
NAME MEDICAL RECORD #	NUMBER	AGE	SEX	----ADMIT----	----	DISCHARGE-----	----	ATTEND PHY FAMILY PHY	F/C	CHIEF COMPLAINT DISPOSITION	MODE OF ARRIVAL TRIAGE LEVEL	
				DATE	TIME	DATE	TIME	CODE				
PARKER BROOKE M 481714	357022	27	F	07/06/17	1439	07/06/17	1847	H	BARKETT V	CB	KNEE INJURY HOME	WHEELCHAIR NON-URGENT
EVANS RICK M 481008	357082	32	M	07/11/17	0840	07/11/17	1129	H	O'CONNOR K	BB	ABDOMINAL PAIN HOME	WALK NON-URGENT
BRYANT GEORGE W 481274	357129	67	M	07/13/17	0721	07/13/17	1220	H	ALFORD CW	MB	NAUSEA HOME	WALK NON-URGENT
JONES MARTIN A 480654	357142	51	M	07/01/17	1822	07/01/17	1506	H	MARTIN RIC APPLETON R	BB	HEAD TRAUMA ADMITTED TO HOSPITAL	AMBULANCE EMERGENT
STRINGFELLOW TERESA 481543	357201	39	F	07/04/17	2218	07/04/17	0201	H	O'CONNOR K OWENS DAN	MB	NAUSEA/VOMITING HOME	WALK NON-URGENT

ER Log Totals

RUN DATE: 7/16/17
TIME: 12:26

E/R LOG
FROM 07/01/17 TO: 07/15/17

PAGE 2
CNERLOGP

DISPOSITION SUMMARY:

```
-----
H  HOME                4
A  ADMITTED TO HOSPITAL 1
```

MODE OF ARRIVAL SUMMARY:

```
-----
WC WHEELCHAIR          1
WA WALK                 3
AM AMBULANCE           1
```

TRIAGE LEVEL SUMMARY:

```
-----
N  NON-URGENT          4
E  EMERGENT            1
** TOTAL VISITS **    5
```

Listed below is an explanation of each column.

- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Medical Record # (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **Admit Date:** Pulls from the ER Log field 1.
- **Admit Time:** Pulls from the ER Log field 1.
- **Discharge Date:** Pulls from the ER Log field 2.
- **Discharge Tme:** Pulls from the ER Log field 2.
- **Code (Discharge Code):** Pulls from the ER Log field 2.
- **Attend Phy (Attending Physician):** Pulls from the ER Log, field 3. This field defaults to the Attending Physician loaded on Stay tab on the Registration and ADT screen but may be over-keyed if necessary.
- **Family Physician:** Pulls from Stay tab on the Registration and ADT screen.
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Chief Complaint:** Pulls from the ER Log.

- **Disposition:** Pulls from the ER Log.
- **Mode of Arrival:** Pulls from the ER Log.
- **Triage Level:** Pulls from the ER Log.

3.8 Readmissions

The Readmissions report provides a list of patients that were discharged and readmitted.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Re-Admissions**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date:** Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Include Readmissions within: 30 day(s):** Enter the number of days that patients would have been readmitted within to be included on the report. The default is 30.
 - **Patient Types: (Blank for ALL):** Enter the desired Stay Types or blank to print report for all.
 - **Sub-Types: (Blank for ALL):** Enter up to 10 Sub-Types or blank to print report for all.
7. Select **Print** to continue.
8. System prompts, "Print LOS by Hour?"
 - Select **Yes** to have the patient length of stay reported in hours or **No** to exclude from report.

Description and Usage

The Readmissions report may be used to determine if a patient has been admitted previously. If a patient has been admitted prior to the current stay within a specified number of days, the accounts will need to be reviewed for being combined. The type of patient that will be displayed on the report will be determined by the Stay Type selected and the number of days since readmission.

Readmissions

RUN DATE: 2/24/17
TIME: 16:29

MEDICAL RECORDS RE-ADMISSION REPORT
1/01/17 THRU 1/31/17

PAGE 1
MRREADMITP

MR #	PATIENT NAME DX CODE DESCRIPTION	ATT PHY	-----ADMIT----- DATE TIME	--DISCHARGE-- DATE TIME	ACCT. NUMBER	LOS	HR LOS
135768	SIMMONS SHAMN M 1918 MALIG NEO BRAIN NEC	14155	1/01/17 9:04	1/01/17 11:34	321457		2:30
135752	SIMMS KIMBERLY C 1920 MAL NEO CRANIAL NERVES	12365	1/01/17 15:52	1/01/17 23:12	321639		8:00
135896	TANNER HARRY J 37951 CONGENITAL NYSTAGMUS	15846	1/06/17 17:01	1/06/17 22:35	321749		5.34
135697	THOMAS IVY S 37951 CONGENITAL NYSTAGMUS	19652	1/06/17 8:17	1/06/17 14:22	321750		6.05
135692	TOLBERT FRANK D 37951 CONGENITAL NYSTAGMUS	15980	1/06/17 8:24	1/06/17 12:15	321752		4:31
135458	WILLIAMS SHERRY B 12563		1/01/17 11:15	1/01/17 20:21	321970		9:06

Listed below is an explanation of each column.

- **Med-Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Att Phy (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Admit Time:** Pulls from the Stay tab on the Registration and ADT screen.
- **Discharge Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Discharge Time:** Pulls from the Stay tab on the Registration and ADT screen.
- **Acct Number (Account Number):** Pulls from Registration and ADT screen.
- **LOS (Length of Stay):** The number of days the patients were admitted.
- **Hr LOS (Length of Stay in Hours):** The number of hours the patients were admitted.
- **Dx Code (Diagnosis Code):** Lists the diagnosis code from the Medical Record Grouper screen page 1, field 21.
- **Description:** Lists the diagnosis code description.

3.9 Readmission Report

The Readmission Report will list patients that have been re-admitted to the hospital within the specified number of days.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Readmission Report**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter a beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date. This is the admit date range the report will use to determine if an account has been re-admitted.
 - **Include Readmissions within 30 day(s)**: Enter the number of days that patients would have been readmitted within to be included on the report. The default is 30.
 - **Patient Types: (Blank for ALL)**: Enter the desired Stay Types or blank to print report for all.
 - **Sub-Types: (Blank for ALL)**: Enter up to ten Sub-Types or blank to print report for all.
7. Select **Print** to continue.

Description and Usage

The Readmission Report lists patients that have been re-admitted to the hospital within a number of days since the original Admit Date. The system prompts for the number of days to check back. The report can use either the patient's Social Security Number or Medical Record Number to match like accounts and determine if an account has been re-admitted. The report defaults to using the patient's Social Security Number to determine like accounts. An execution switch "1" uses Social Security Number and execution switch "2" uses Medical Record Number. To change this, contact a TruBridge Financial Client Services Representative.

Readmission Report

RUN DATE: 6/02/17
TIME: 11:38

MEDICAL RECORDS RE-ADMISSION REPORT
5/01/17 THRU 5/31/17

PAGE 1
H5MRRADMP

MED REC. NUMBER	PATIENT NAME	--ADMIT-- DATE CDE	---DATE CDE	PATIENT ACNT NBR	FINAL DRG	PRI. INS.	STAY TYPE	SUB TYPE
441023	HIGGINS PATRICK	3/13/17 N	3/13/17 H	356572		BB	2	20
441023	HIGGINS PATRICK	4/28/17 N	4/28/17 H	357405		BB	2	20
440648	ALGREEN BERNICE	3/16/17 D	3/18/17 H	356589	080	M	1	
440648	ALGREEN BERNICE	4/10/17 N	4/10/17 H	357142		MB	2	22
441750	KAPPLIN BRIAN	4/13/17 N	4/15/17 H	357265		CB1	1	
431750	KAPPLIN BRIAN	4/24/17 E	4/24/17 A	357332		BB	2	20
431494	TOWNSHEND MARK	3/30/17 E	3/30/17 H	356763		BB	2	21
421494	TOWNSHEND MARK	4/07/17 E	4/07/17 H	357165		BB	2	20
421471	DALTREY PHILIP	3/19/17 N	3/22/17 H	356642	096	M	1	
431471	DALTREY PHILIP	4/16/17 N	4/16/17 H	357280		MB	2	22
461797	GARRISON MARTINA	4/01/17 E	4/09/17 H	357013		M	1	
461797	GARRISON MARTINA	4/12/17 N	4/12/17 H	357202		MB	2	20
451076	INGE BARBARA S	3/06/17 E	3/06/17 H	356231		BB	2	20
451076	INGE BARBARA S	4/06/17 N	4/06/17 L	357150		BB	2	22
451651	MARSHALL FRANCINE A	3/03/17 E	3/03/17 H	356001		CB3	2	21
451651	MARSHALL FRANCINE A	4/30/17 D	4/30/17 H	357862		CB3	2	21
431485	COWART MELISSA	3/03/17 N	3/03/17 H	356001		XB	2	20
431485	COWART MELISSA	4/18/17 B	4/18/17 F	357793		XB	2	20
481008	SULLIVAN PATRICIA A	4/16/17 N	4/21/17 H	357811		B	1	
481008	SULLIVAN PATRICIA A	4/23/17 E	4/23/17 H	357829		BB	2	20
431102	SHEPARD BART	3/06/17 B	3/14/17 H	356566	078	M	1	
461102	SHEPARD BART	4/02/17 E	4/08/17 H	357646		M	1	
458020	ANDERSON DREW	3/23/17 N	3/25/17 A	356118		B	1	
468020	ANDERSON DREW	4/11/17 D	4/11/17 H	357276		BB	2	20
434879	GARRISON ANITA S	4/12/17 E	4/13/17 H	357316		CB3	2	20
434879	GARRISON ANITA S	4/18/17 E	4/18/17 H	357367		CB3	2	22
460074	DAVIS CATHERINE L	3/30/17 E	3/30/17 H	356082		MB	2	20
460074	DAVIS CATHERINE	4/02/17 D	4/14/17 H	357389		M	1	

Listed below is an explanation of each column.

- **Med Rec. Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Admit Date/Cde (Admit Date/Admit Code):** Pulls the Admit date from Stay tab on the Registration and ADT screen. Also pulls the Admit code from Stay tab on the Registration and ADT screen.
- **Disc Date/Cde (Discharge Date/Discharge Code):** Pulls the Discharge date from Stay tab on the Registration and ADT screen. Also pulls the Discharge code from Stay tab on the Registration and ADT screen.
- **Patient Acnt Nbr (Patient Account Number):** Pulls from Registration and ADT screen.
- **Final DRG:** The final DRG is either the computed DRG or the paid DRG. If the DRG that was entered during receipting of the insurance claim is different than the computed DRG, it will pull to this column. The computed DRG pulls from the ICD10 Computed DRG field on the Grouper Patient Summary and the paid DRG pulls from the Received DRG field on the Grouper Patient Summary screen.
- **Pri Ins (Primary Insurance):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Stay Type:** Pulls from Patient tab on the Registration and ADT screen.
- **Sub Type:** Pull from Patient tab on the Registration and ADT screen.

Chapter 4 Case Management

4.1 Build Daily DRG Files

Before any daily reports can be printed, a file build must be done for the desired date to print reports.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Build Daily DRG Files**.
5. Select file parameters:
 - **Enter Date:** Enter the date to build the file or select the date from the drop-down menu. The format is MMDDYY. The system will default to the current system date.
 - **Stay Types:** The system will generate the file build for patient type 1 only. Enter any additional patient types.
6. Select **Print** to generate the file.

Description and Usage

Once the file build has completed, any of the print options under the DRG Daily Reports section may be printed. All reports will reflect patient data for the date and Stay Type entered during the file build.

4.2 Daily Report by Patient Name

The Daily Report by Patient Name lists patients in alphabetical order for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **By Patient Name**.
5. Select a print option.
6. Select report parameters:
 - **Financial Class: (Blank for All)**: Enter a specific Financial Class or skip to print report for all
 - **How Many?**: Enter the desired number of reports to print.
7. Select **Print** to continue.

Description and Usage

The Daily Report by Patient Name is an alphabetic sequence that prints all patients for the date entered in the file build. Depending on how the file build was selected, it can print for a specific Stay Type or for all Stay Types.

The primary usage of this report is to provide a concise list of daily DRGs of interim or in-house patients.

Daily Report by Patient Name

RUN DATE: 04/06/17 TIME: 10:31		D.R.G. CURRENT PATIENTS FOR 04/06/17 Wednesday					HSDRCNAME		PAGE 1	
		SEQUENCE= PATIENT NAME					FINANCIAL CLASS: ALL			
		-----DAYS-----					PRIMARY			
PATIENT NAME	NUMBER	NS	ROOM	PHYSICIAN	CUR	GEO.	DIFF	PAYOR	REVENUE	REIMB. D.R.G.
ADAMS JIMMY	101560	01	150-1	JONES L	2	3.2	1.2	B	2673.00	2780.05 295 DIABETES AGE 0-35
BOLTZ CAROLYN	100982			BAXTER J	1	2.3	1.3	XB	2632.80	2000.32 102 OTHER RESPIRATORY
BOSARGE GLORIA	356830	04	206-1	HENDERSONT	1	2.7	1.7	B	44024.80	2549.60 132 ATHEROSCLEROSIS W CC
COLLINS CHRISTOPHER	+100252	03	107-2	PARKISON	2	4.6	2.6	MEDICARE	201.21	3670.46 083 MAJOR CHEST TRAUMA
DAULTON WILLIAM P	100670			ATKINSON	1	1.7	.7	BB	3008.00	1623.68 324 URINARY STONES W/O CC
DEGRAEVE JACK	101222			JOHNSON F	1	.0	1.0-	BB	1400.00	.00
FERRELL CYNTHIA D	356921			DOUGLASS J	1	5.0	4.0	BB	5908.31	4737.68 211 HIP & FEMUR
FRANSEN MELISSA	101726	05	ICU-3	REYNOLDS J	3	2.1	.9-	MEDICARE	2107.02	3309.31 309 MINOR BLADDER
GARRISON MARK	101897			SAWYER RIC	1	.0	1.0-	MEDICARE	.00	.00
GARY MIKE R	100356			HINTON JW	1	5.5	4.5	XB2	1572.00	3967.02 242 SEPTIC ARTHRITIS
GIBBS HAROLD P	101653	03	210-2	BARKETT V	15	10.8	4.2-	X	295.00	8693.04 415 O.R. PROCEDURE FOR
HOWARD JACK A	101791	04	204-1	ALMEIDA F	2	3.5	1.5	B	406.90	3182.38 185 DENTAL & ORAL DIS
JACKSON SUE	101616	01	215-2	SAWYER RIC	2	2.5	.5	MEDICARE	69.00	2027.52 369 MENSTRUAL & OTHER
MORRISON CHARLES C	100332	03	167-2	NEWBERRY V	2	.0	2.0-	B	25058.70	.00
MERCHANT NICHOLAS	357058	01	121-2	HASHEMI R	3	4.1	1.1	B	900.00	2281.76 131 PERIPHERAL VASCULAR
MIXON SHERRY	356937	01	220-1	NEWBERRY V	4	2.3	1.7-	B	5007.65	4035.39 053 SINUS & MASTOID
PETERSON LEIGH	356944			DOUGLASS J	1	.0	1.0-	BB	.00	.00
RICHARDS PHILIP M	356927			DOUGLASS J	1	.0	1.0-	BB	985.88	.00
REEVES CHRISTOPHER	100802	04	240-1	HASHEMI R	7	8.3	1.3	X9	25.00	7900.02 075 MAJOR CHEST
SANDERS RAYMOND	101556	03	162-1	BARKETT V	3	2.6	.4-	MEDICARE	709.30	2076.25 183 ESOPHAGITIS,GASTROENT
STEMPLER LOUIS J	100268			APPLETON C	1	.0	1.0-	MEDICARE	.00	.00
THOMPSON JAMES D	100989			SHAPIRO V	1	.0	1.0-	DB5	48.00	.00
TURNER KIMBERLY	012200	06	203-1	CHILDS HW	2	3.2	1.2	MEDICARE	1050.20	2780.05 295 DIABETES AGE 0-35
VAUGHN LAURA ANN	110896	01	241-1	APPLETON R	3	3.7	.7	BK	9714.30	2999.53 091 SIMPLE PNEUMONIA
VINCINT LINDA	356926			BROWNING J	1	.0	1.0-	MEDICARE	.00	.00
WILLIAMS JOBETH	357840	02	141-1	BAXTER J	2	.0	2.0-	MEDICARE	112.65	.00
WILSON JANNA F	356574	04	204-2	SMITH WILL	6	4.5	1.5-	MEDICARE	958.00	4159.68 176 COMPL PEPTIC ULCER
WOODRUFF CHRISTINE	100548			SMITH WILL	1	2.7	1.7	MEDICARE	1080.00	1651.25 284 MINOR SKIN DISORDERS
WOODS MARY ELLEN	105789	01	211-1	NEWBERRY V	3	2.5	.5-	BB	2058.70	2027.52 365 OTHER FEMALE SYSTE
TOTAL PATIENTS = 29									112057.42	61638.76

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **NS (Nursing Station):** Of the room in which the patient is located.
- **Room:** Displays the patient's room number.
- **Physician (Attending physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Cur Days (Current Days):** Is the number of days the patient has been admitted.
- **Geo Days (Geometric Length of Stay):** Associated with the computed DRG for the patient.
- **Diff (Difference):** Displays the difference between the patient's current length of stay and the patient's geometric length of stay. This column takes the GEO column and subtracts the CUR column.
- **Primary Payor:** The patient's primary Financial Class pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **Revenue:** The charges on the patient's account detail pull to this column.
- **Reimb (Reimbursement):** Based on the calculated DRG.

- **DRG:** The patient's calculated DRG from the Grouper Patient Summary screen. This column pulls the DRG description next to the DRG.

4.3 Daily Report by Room

The Daily Report by Room provides a list of patients by room number for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **By Room**.
5. Select a print option.
6. System prompts, "How Many?:"
 - Enter the desired number of reports to print.
7. Select **Print** to continue.

Description and Usage

The Daily Report by Room lists patients in room number sequence and will page break by nursing station.

The primary purpose of this report is to provide a list of daily DRGs of interim or in-house patients. Because it provides a daily list of incurred revenue, this report can be utilized to monitor forecasted profit and/or losses, estimated upon calculated DRGs for interim patients.

Daily Report by Room

RUN DATE: 04/10/17
TIME: 11:54

D.R.G. CURRENT PATIENTS FOR 04/06/17 Thursday
SEQUENCE= ROOM

PAGE 1
H5DRROOM

NS ROOM	PATIENT NAME	NUMBER	PHYSICIAN	CUR	-----DAYS-----		PRIMARY	REVENUE	REIMB.	D. R. G.
					GEO.	DIFF				
01 110-1	ROBERTS ESTELLE	357160	SWAIN RON	5	4.3	.7-	X	3287.86	1813.95	236 FRACTURES OF HIP & PELVIS
01 110-2	LOWING MARTHA G	352000	NOVAK	5	3.2	1.8-	B	3426.76	2659.91	414 OTHER MYELOPROLIF DIS
01 120-1	SMITH BILL	357066	BAXTER J	5	5.5	.5	X	2945.10	4316.36	477 NON-EXTENSIVE O.R. PROC
01 120-2	BARNEAU DONNA MARIE	356799	MAYSON H	5	4.3	.7-	B	1651.50	3827.24	127 HEART FAILURE & SHOCK
01 122-1	SMITH MARY	357709	RICHARDSON	10	5.4	4.6-	D	6296.30	4157.79	089 SIMPLE PNEUMONIA PLEURISY
01 123-1	JONES KATHLEEN	357186	PIETRI J.	2	2.6	.6	M	2857.50	2076.25	183 ESOPHAGITIS,GASTROENT
01 126-1	GARRISON MARK	357222	ATKINSON	5	3.4	1.6-	P	1561.30	2893.76	073 OTHER EAR, NOSE, MOUTH
01 128-1	BOOKER FRANCES	356644	MAYSON H	1	2.6	1.6	M	1568.12	1829.19	445 TRAUMATIC INJURY AGE>17
01 132-1	PINSON TONYA A	356801	JONES LI	2	3.0	1.0	B	2738.60	2244.36	035 DISORDERS OF NERVOUS
01 134-1	SMITH VICTORIA	356202	NOVAK	3	4.4	1.4	B	4263.92	3457.77	180 G.I. OBSTRUCTION W CC

RUN DATE: 04/10/17
TIME: 11:54

Evident Community Hospital
D.R.G. CURRENT PATIENTS FOR 04/06/17 Thursday
SEQUENCE= ROOM

PAGE 2
H5DRROOM

NS ROOM	PATIENT NAME	NUMBER	PHYSICIAN	CUR	-----DAYS-----		PRIMARY	REVENUE	REIMB.	D. R. G.
					GEO.	DIFF				
02 204-1	CHAPMAN COREY	356930	DOUGLASS J	2	1.3	.7-	B	864.50	2366.76	036 RETINAL PROCEDURES
02 205-1	JOHNSON MONICA	357299	NEWBERRY	6	5.5	.5-	C	4700.00	5238.30	477 NON-EXTENSIVE O.R. PROC
02 205-2	MILES STEVEN K	357313	KILDEARE	6	9.5	3.5	B	9550.00	13819.77	468 EXTENSIVE O.R. PROCEDURE
02 208-1	DULEY GEOFF	356935	HENDERSONT	3	2.6	.4-	P	2378.80	2264.01	140 ANGINA PECTORIS
02 210-1	MIXON SHERRY	356937	CHILDS HW	3	1.9	1.1-	B	1137.65	1964.43	143 CHEST PAIN

Listed below is an explanation of each column.

- **NS (Nursing Station):** Of the room in which the patient is located.
- **Room-1:** Displays the patient's room number.
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **Physician:** The patient's Attending physician pulls from the Stay tab on the Registration and ADT screen.
- **Cur Days (Current Days):** Is the number of days the patient has been admitted.
- **Geo Days (Geometric Length of Stay):** Is associated with the computed DRG for the patient.
- **Diff (Difference):** Displays the difference between the patient's current length of stay and the patient's geometric length of stay. This column takes the GEO column and subtracts the CUR column.
- **Primary Payor:** The patient's primary Financial Class pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **Revenue:** The charges on the patient's account detail pull to this column.
- **Reimb (Reimbursement):** Based on the calculated DRG.
- **DRG:** This is the patient's calculated DRG from the Grouper Patient Summary screen. This column pulls the DRG description next to the DRG.

4.4 Daily Report by Physician

The Daily Report by Physician provides a list of all patients by Attending physician for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **By Physician**.
5. Select a print option.
6. System prompts, "How Many?:"
 - Enter the desired number of reports to print.
7. Select **Print** to continue.

Description and Usage

The Daily Report by Physician lists patients grouped by Attending physician.

The primary purpose of this report is to provide a list of daily DRGs of interim or in-house patients. Because it provides a daily list of incurred revenue, this report can be utilized to monitor forecasted profit and/or losses, estimated upon the calculated DRGs for interim patients.

Daily Report by Physician

RUN DATE: 11/10/17
TIME: 11:35

D. R. G. CURRENT PATIENTS FOR 11/06/17 Monday
SEQUENCE= PHYSICIAN

PAGE 1
H5DRCPHY

PHYSICIAN	PATIENT NAME	NUMBER	NS	ROOM	CUR	-----DAYS-----			PRIMARY	REVENUE	REIMB.	D. R. G.
						GEO.	DIFF	PAYOR				
ALFORD CW	JOHNSON BARBARA M	302800	03	211-1	7	7.6	.6	X	4385.05	9626.84	292	OTHER ENDOCRINE,NUTRIT
ALFORD CW	TOWNSHEND JOSEPH	300368	02	204-2	5	5.4	.4	B	920.00	5616.00	021	VIRAL MENINGITIS
ANDERSON M	BOOKER LAURA A	300383	01	121-1	6	5.8	.2	C	7901.00	8564.54	286	ADRENAL & PITUITARY
BROWNING J	WHITLEY GEANIE	356926	01	102-1	2	3.8	1.8	M	2059.75	2825.00	294	DIABETES AGE >35
HAMILTON J	EWING DAVID	356921	01	103-2	4	4.6	.6	B	1910.31	3948.50	016	NONSPECIFIC CEREBROVASCULAR
HENDERSON T	DAWSON GEOFF	356935	02	108-2	6	6.7	.7	P	4378.80	6161.13	079	RESPIRATORY INFECTIONS
IJOHNSTONE	NICHOLSON ANDREA	357159	01	111-1	5	4.7	.3	C	5225.18	4635.30	165	APPENDECTOMY W COMPLICATED
KILDEARE	YARBOROUGH JENNIFER	357313	02	105-1	6	9.5	3.5	B	15577.25	13819.77	468	EXTENSIVE O.R. PROCEDURE
O'CONNOR K	DEGREAVE ANDREW	356299	01	105-2	7	5.5	1.5	C	5700.00	5238.30	477	NON-EXTENSIVE O.R. PROC
O'CONNOR K	TREVOR HOWARD	357046	01	106-1	5	3.6	1.4	D	5970.60	5124.52	124	CIRCULATORY DISORDERS EXCEPT
OLLINGER E	DULEY BABY GIRL	356916	02	205-1	4	3.1	.9	X	687.06	572.33	391	NORMAL NEWBORNS
OLLINGER E	LATRIGUE BABY GIRL	356914	03	235-1	4	3.1	.9	M	462.24	572.33	391	NORMAL NEWBORNS
OLLINGER E	MICHAEL DAVID	357179	02	209-1	1	3.2	2.2	B	7324.95	5331.54	479	OTHER VASCULAR PROCEDURES
SMITH D	LAWRENCE CHERYL	357555	01	101-1	2	3.4	1.4	X	2060.74	1320.54	322	KIDNEY & URINARY TRACT
STEELE RW	BARNEAU DONNA MARIE	356799	03	229-1	6	4.3	1.7	M	2651.50	3827.24	127	HEART FAILURE & SHOCK
TAYLOR J	TRICKY HENRY	357550	02	213-2	3	2.9	.1	C	4534.72	3043.50	402	LYMPHOMA & NON-ACUTE
WILLIAMS S	ROBERTS ESTELLE	357160	03	233-1	5	4.3	.7	X	1991.86	1813.95	236	FRACTURES OF HIP & PELVIS
TOTAL PATIENTS = 17												

Listed below is an explanation of each column.

- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **NS (Nursing Station):** Of the room in which the patient is located.
- **Room:** Displays the patient's room number.
- **Cur Days (Current Days):** Is the number of days the patient has been admitted.
- **Geo Days (Geometric Length of Stay):** Is associated with the computed DRG for the patient.
- **Diff (Difference):** Displays the difference between the patient's current length of stay and the patient's geometric length of stay. This column takes the GEO column and subtracts the CUR column.
- **Primary Payor:** The patient's primary Financial Class pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **Revenue:** The charges on the patient's account detail pull to this column.
- **Reimb (Reimbursement):** Based on the calculated DRG.
- **DRG:** This is the patient's calculated DRG from the Grouper Patient Summary screen. This column pulls the DRG description next to the DRG.

4.5 Daily Report by DRG

The Daily Report by DRG provides a list of patients by DRG for a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **By DRG**.
5. Select a print option.
6. System prompts, "How Many?:"
 - Enter the desired number of reports to print.
7. Select **Print** to continue.

Description and Usage

The Daily Report by DRG lists patients grouped by calculated DRG.

The primary usage of this report is to provide a list of daily DRGs of interim or in-house patients. Because it provides a daily list of incurred revenue, this report can be utilized to monitor forecasted profit and/or losses, estimated upon the calculated DRG for interim patients.

Daily Report by DRG

RUN DATE: 04/11/17
TIME: 12:29

D. R. G. CURRENT PATIENTS FOR 04/06/17 Thursday
SEQUENCE= D. R. G. NUMBER

PAGE 1
H5DRCDRG

PRIMARY D. R. G.	REVENUE	REIMB.	PATIENT NAME	NUMBER	NS	ROOM	PHYSICIAN	CUR	-----DAYS-----		
									GEO.	DIFF	PAYOR
020	8985.40	9741.31	MORRISON JANICE W	357102	01	114-1	LOWERY J	1	8.0	7.0	M
021	6120.00	5616.00	TOWNSHEND JOSEPH	358368	01	116-1	ALFORD CW	6	5.4	.6	B
035	2738.60	2244.36	PINSON TONYA A	356801	03	342-1	HASHIMI DW	4	3.0	1.0	B
048	2016.32	1116.33	MAURIN CATHERINE	357111	03	345-1	CLARK ALAN	1	2.9	1.9	B
055	2225.18	3160.47	SPARKS NICHOLAS	357159	03	340-1	JOHNSTONE	4	2.0	2.0	P
058	1101.00	1027.55	BLACKWELL CHARLES	356950	01	112-2	PARKER WJ	7	1.5	5.5	C
073	3561.30	2893.76	DOMNING JADYN	357222	03	347-1	BROWNING J	5	3.4	1.6	B
079	4378.80	6161.13	DOUGLAS GEOFF	356935	02	214-1	FUNNEMAN R	6	6.7	.7	M
079	8162.10	6161.13	EVERETT WAYNE	356953	01	113-2	ANDERSON M	5	6.7	1.7	M
089	5296.30	4157.79	SMITH MARY	357709	01	119-1	RICHARDSON	10	5.4	4.6	D
089	4165.40	4157.79	YARBOROUGH EMORY	356947	03	343-1	PARKER WJ	5	5.4	.4	M
096	4350.50	3024.09	CARRINGTON MARY	356938	02	215-1	MAYSON H	4	4.2	.2	B
122	621.00	4324.01	TURNER FRANK R	357187	01	120-1	MAYSON H	4	3.9	.1	B
126	10032.00	9398.66	HARVISON KAREN	358856	01	111-1	BAXTER J	11	10.0	1.0	M
127	2651.50	3827.24	BARNEAU DONNA MARIE	356799	03	348-1	STEELE RW	3	4.3	1.3	X
127	4632.40	3827.24	CHAMBLISS STEPHEN	356787	03	341-1	MAYSON H	3	4.3	1.3	M
131	900.00	2281.76	CANNON MICHAEL R	357058	01	117-1	DAVIS WILL	3	4.1	1.1	B
131	4324.95	2281.76	MICHAEL DAVID C	357179	02	211-1	OLLINGER E	10	4.1	5.9	B
139	1910.31	1882.08	EWING DAVID	356921	01	116-2	HAMILTON J	4	2.2	1.8	X
143	1137.65	1964.43	MIXON SHERRY	356937	01	110-1	CLARK ALAN	3	1.9	1.1	B
152	9302.63	7230.24	KENNEDY EDWIN	356954	03	346-1	MAYSON H	1	7.2	6.2	B
167	5164.50	3163.11	CHAPMAN COREY	356930	02	104-B	PARKER WJ	2	2.5	.5	B
167	2205.66	2069.81	PETERSON LEIGH	356944	01	118-1	BAXTER J	1	2.5	1.5	X
180	963.92	915.30	SMITH VICTORIA	356202	03	246-2	BROWNING J	6	4.4	1.6	C
183	1108.46	2076.25	EDWARDS STEVE	356941	01	115-1	PARKER WJ	3	2.6	.4	M
183	4857.50	2076.25	RUTLEDGE JOAN M	358186	03	248-2	OWENS RUTH	1	2.6	1.6	M

TOTAL PATIENTS = 26

Listed below is an explanation of each column.

- **DRG:** The patient's calculated DRG from the Grouper Patient Summary screen. This column pulls the DRG description next to the DRG.
- **Revenue:** The charges on the patient's account detail pull to this column.
- **Reimb (Reimbursement):** Based on the calculated DRG.
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **NS (Nursing Station):** Of the room in which the patient is located.
- **Room:** Displays the patient's room number.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Cur Days (Current Days):** Is the number of days the patient has been admitted.
- **Geo Days (Geometric Length of Stay):** Is associated with the computed DRG for the patient.
- **Diff (Difference):** Displays the difference between the patient's current length of stay and the patient's geometric length of stay. This column takes the GEO Column and subtracts the CUR column.
- **Primary Payor:** The patient's primary Financial Class pulls from the Guarantor/Ins tab on the Registration and ADT screen.

4.6 2 Day Old Discharges

The 2 Day Old Discharges report will list all patients discharged two days prior to the date entered in the file build for the patient type selected.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **2 Day Old Charges**.
5. Select a print option.
6. System prompts, "How Many?:"
 - Enter the desired number of reports to print.
7. Select **Print** to continue.

Description and Usage

The 2 Day Old Discharges report lists all two day old discharged patients. The report will print for two days prior to the date entered to generate the file build.

The primary purpose of this report is to flag those patients that have been discharged for two days. Because insurance cannot be billed until the patient account has been coded, this report can assist in flagging those charts that should be expedited to enable insurance billing.

2 Day Old Discharges

RUN DATE: 04/17/17 TIME: 15:07		D.R.G. DISCHARGES FOR 04/14/17 Friday										PAGE 1 H5DRDISC
PATIENT NAME	NUMBER	NS	ROOM	PHYSICIAN	----DAYS-----			ACCUM. REVENUE	MEDICARE REIMBURSE	REV. DIFF.	DRG	PRIMARY PAYOR
					CUR	GEO.	DIFF					
BALL JEFFREY	357560	01	114-1	LOWERY J	4	2.7	1.3-	2924.92	2253.05	-671.87	332	B
BRYAN LISA	357824	02	216-1	SMITH K G	3	2.7	.3-	3175.52	2253.05	-922.47	332	C
BRYAN MARCUS W	357283	01	119-1	ANDERSON M	5	4.6	.4-	2893.80	3670.46	776.66	083	B
DALEY ROGER	357069	01	116-1	RICHARDSON	1	1.5	.5	2587.50	2144.25	-443.25	042	M
FLEMING PAT R	357270	01	118-1	O'CONNOR K	3	2.3	.7-	3663.14	2640.59	-1022.55	053	X
GEORGE CHRISTOPHER	357707	02	214-1	OWENS RUTH	3	3.9	.9	5300.00	4119.26	-1180.74	144	M
LARSON JENNIFER	357071	03	223-1	WILLIAMS J	5	4.0	1.0-	1392.50	2704.11	1311.61	243	M
PETERSON LEIGH	356944	01	111-1	PARKER WJ	4	2.5	1.5-	1708.24	2069.81	361.57	167	X
SMITH BILL	356954	02	215-2	HARPER AL	3	4.0	1.0	2401.50	2105.72	-295.78	278	B
WILLIAMS JERRY K	357059	03	221-1	O'CONNOR K	1	1.8	.8	1121.80	2184.67	1062.87	313	M
** TOTALS **								27168.92	26144.97	-1023.95		

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **NS (Nursing Station):** Of the room in which the patient is located.
- **Room:** Displays the patient's room number.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Cur Days (Current Days):** Is the number of days the patient has been admitted.
- **Geo Days (Geometric Length of Stay):** Is associated with the computed DRG for the patient.
- **Diff (Difference):** Displays the difference between the patient's current length of stay and the patient's geometric length of stay. This column takes the GEO column and subtracts the CUR column.
- **Accum Revenue (Accumulated Revenue):** Pulls the balance on the patient's account detail.
- **Medicare Reimburse:** Displays the patient's reimbursement based on the calculated DRG.
- **Rev. Diff. (Revenue Difference):** The difference between the patient's actual charges on the Account Detail and the DRG reimbursement. This column takes the Medicare Reimbursement amount and subtracts the Accum Revenue amount.
- **DRG:** The patient's calculated DRG from the Grouper Patient Summary screen.
- **Primary Payor:** The patient's primary Financial Class pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **Totals:** Lists the Totals for the Accumulated Revenue, Medicare Reimbursement and Revenue Difference between the patient's actual charges on the Account Detail and the DRG reimbursement.

Chapter 5 Monthly Reports

5.1 Build Monthly Work Files

Before any of the Monthly reports may be printed, a file build must be generated for a specified date range.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Build Monthly Work Files**.
5. Select file parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **All patient types?**: Select this option to include all Stay Types on the report. If blank, enter the desired Stay Types.
6. Select **Generate** to continue.

Description and Usage

Once the file build has completed, any of the Monthly reports may be printed. These reports will reflect patient data for the dates and Stay Types entered in the file build.

5.2 Monthly Admissions

The Monthly Admissions Report prints a listing of patients that have admissions dates within the file build date range.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Monthly Admissions**.
5. Select a print option.
6. Select report parameters:
 - **How Many?**: Enter the desired number of copies to print.
 - **Enter Service Type (Blank for ALL)**: Enter a specific Service Code or skip to print report for all.
 - **Sort By Subtype?**: If selected the report will sort by Sub Type. If blank the Sub Type column will not appear on the report.
7. Select **Print** to continue.

Description and Usage

The Monthly Admissions Report is designed to list all patients that were admitted for a given month. Patients are sorted by Admit date and the report will insert a page break for each Stay Type. Two grand total pages are included for each Stay Type. The first displays totals by Financial Class sorted by Physician. The second displays totals by Financial Class sorted by Service Code.

Monthly Admissions

RUN DATE: 08/20/17 TIME: 13:44 PAT. TYPE 1 MONTHLY ADMISSION LIST FOR 7/17 SERVICE TYPE= ALL										PAGE 1 HSCNMADM	
PATIENT-NAME	ROOM	NUMBER	F/C	AGE	SEX	MS	SERVICE	ADM	PHYSICIAN	ADMITTED	MR-NUM
LEGROS DAVE F	112-0	2401465	BB	38	M	M	LAB	N	TOWNSHEND	07/01/12	30201
MORTENSEN ELINE W	112-0	2401302	BB	34	F	S	MEDICAL	A	CLAYTON	07/03/12	10005
MOORE MICHELLE E	123-1	2401304	B	34	F	S	MEDICAL	A	CLAYTON	07/03/12	10025
JOHNSON JAN	124-1	2401312	B	34	F	S	MEDICAL	A	CLAYTON	07/03/12	10155
ROWE SUSAN MARIE	3147	2400298	M	94	F	S	MEDICAL	C	SMITH JOHN	07/03/12	10074
SMITH GORDON L	112-3	2401228	MB	29	M	S	MEDICAL	N	NORMAN B	07/03/12	59018
PHILLIPS JOHN MICHAEL	3052	2401345	P	27	M	S	AMBULATO	B	CLAYTON	07/06/12	10087
THOMAS JOHN	4349	2401401	B4	52	M	S	CSS	N	CLAYTON	07/08/12	11400
WATKINS KIMBERLY	VA-21	2401347	P	38	F	S	OBSERV	5	CLAYTON	07/09/12	40013
BYRD J NEAL	MG003	1106835	P	36	M	M	MEDICAL	A	GREER M	07/11/12	28745
JOKELA MEDEA AEGINA	026-1	1108554	M	35	F	S	MEDICAL	N	CLAYTON	07/11/12	17190
PHILLIPS JOHN MICHAEL	3508	2401457	P	27	M	S	MEDICAL	A	GREER M	07/12/12	10019
JONES SAM J	VA-4	2401463	P	56	M	S	MEDICAL	S	CLAYTON	07/13/12	10293
WILLIAMS ALLYSON	VA-13	2401462	DBT	38	F	S	IC	B	CLAYTON	07/13/12	03521
CLAYTON KIM	VA-8	2401476	P	38	F	S	MEDICAL	S	CLAYTON	07/16/12	10065
YORK DENISE A	03-A	3000048	P	41	F	M	MEDICAL	D	GREER M	07/16/12	10045
YORK JEREMY M	03-B	1001297	P	25	M	M	MEDICAL	C	GREER M	07/16/12	10044
BELL CATHERINE	92504	V000077	XB4	45	F	S	MEDICAL	R	GREER M	07/17/12	14805
MCPHEE TRACY A	92503	V000010	P	106	F	W	AMBULATO	L	ALTON B	07/17/12	10152
BUSCHMANN MARK	003-1	2690001	B	39	M	M	I/P	A	BUSCHMANN	07/18/12	00130
MILLER LINDSAY	92505	2401518	P	NB	F	S	MEDICAL	N	TOWNSHEND	07/19/12	10058
DAVIS PHILLIP	117-A	Z123456	P	45	M	S	OUTSERV	4	TOWNSHEND	07/20/12	10020
DUNN AMELIA GRACE	02-1	6521101	BB1	3	F	S	MEDICAL	N	TOWNSHEND	07/20/12	99988
EVANS JOE	601-3	2007356	BN	39	M	M	LAB	A	TOWNSHEND	07/20/12	10206
LEGROS DAVE F	02-1	1000100	B1	38	M	M	I/P	N	TOWNSHEND	07/20/12	15222
SANDERS JOHN WESLEY	113-4	0809045	B	43	M	M	MEDICAL	A	MCDONALD	07/20/12	12352
RESP CHARGES AND LOC	087-1	8888898	MB	29	F	M	MEDICAL	H	MITRA S	07/22/12	10143

Listed below is an explanation of each column

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Adm (Admission Code):** Pulls from Stay tab on the Registration and ADT screen.
- **Physicians (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitted (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **MR-Num (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

5.3 Monthly Discharges

The Monthly Discharges report provides a listing of patients discharged on a specific date.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Monthly Discharges**.
5. Select a print option.
6. Select report parameters:
 - **How Many?**: Enter the desired number of copies to print.
 - **Enter Service Type (Blank for ALL)**: Enter a specific Service Code or skip to print report for all.
 - **Sort by Subtype**: If selected the report will sort by Sub Type. If blank the Sub Type column will not appear on the report.
 - **Include hours in grand totals?**: Select this option to include hours in the grand totals section of this report.
7. Select **Print** to continue.

Description and Usage

The Monthly Discharges Report lists all patients that were discharged in a given month. Patients are sorted by discharge date and the report page breaks for each Stay Type. Two grand total pages are included for each Stay Type. The first displays totals by Financial Class by Physician. The second displays totals by Financial Class by Service Code.

Monthly Discharges

PATIENT-NAME	ROOM	NUMBER	F/C	AGE	SEX	MS	SERVICE	DAYS	COND.	DIS	PHYSICIAN	ADMITTED	DISC	MR-NUM	HRLY LOS
ADDER JESSICA M		3071168	XB1	27	F	X	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	121307	
CARLTON LINDA R		3071152	MB5	42	F	S	EMERG	1		1	SMITH DON	03/11/17	03/11/17	045392	
CAROL ANGEL A		3071178	SB2	28	F	M	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	133862	
JONES SHARRON Y		3071210	SB2	28	F	M	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	086260	
OLLIN LUCY R		3071182	P	6	F	S	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	121524	
PETERSON BAYLOR M		3071187	EBF	10	M	S	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	149871	
TAYLOR BYAN D		3071207	BB5	28	M	S	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	149875	
THONG BOBBY V		3071149	WB9	57	M	M	EMERG	1		1	SMITH DON	03/11/17	03/11/17	067149	
VAN FRANK J		3071161	BB6	59	M	M	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	032144	
WELTON EMORY K		3071163	WB	38	M	M	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	149870	
WESTLRY LEO C		3071196	MB5	59	M	M	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	042147	
WOLLY MITCHEL		3071191	BB6	47	F	M	EMERG	1		1	BAGATA LAR	03/11/17	03/11/17	052547	
TOTAL PATIENTS = 12 NEWBORNS = 0 TOT DAYS = 12 AVG DAYS = 1.0 TOT CHGS = \$3021.90 TOT HRS = :00															

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** This column pulls the number of days the patient was admitted within the current month.
- **Cond (Discharge Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Dis (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitted (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **MR-Num (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Hrly Los (Hourly Length of Stay):** Is the length of the patient stay in hours.

5.4 Death Register

The Death Register lists all patients that have expired in the designated month.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Death Register**.
5. Select a print option.
6. System prompts, "How Many?"
 - Enter the desired number of copies to print.
7. Select **Print** to continue.

Description and Usage

The Death Register lists in Discharge date sequence by Stay Type all patients that have expired in the designated month. This report may be printed and submitted to the Department of Permanent Vital Statistics. Discharge Codes that will pull to this report are 20, 40, 41 and 42.

Death Register

RUN DATE: 05/01/17 TIME: 09:41		MONTHLY DEATH REGISTER FOR 4/17							PAGE 1 H5CNMEXP				
PATIENT-NAME	ROOM	NUMBER----	AGE	SEX	MS	SERVICE	DAYS	ADMITTING COND.	CD	PHYSICIAN	ADMITTED	DISC	M/R#
SMITH FRANK	122-1	356954	71	M	S	MEDICAL	3	POOR	N	BARKETT V	04/11/17	04/14	481254
MURDOCK MYRTLE	114-1	357209	78	F	S	MEDICAL	5	POOR	E	HASHIMI DW	04/11/17	04/16	480487
WARD SALLIE	124-1	357769	67	F	M	MEDICAL	5	POOR	N	HANLEY AL	04/12/17	04/17	481258
JAY CULPEPPER	131-1	357201	39	M	M	SURGICAL	12	POOR	E	SCHRINER J	04/10/17	04/22	481367
GARY VAUGHN		357211	31	M	S	ER	1	POOR	E	STEELE RW	04/09/17	04/09	480145
BEST EARL		357227	51	M	M	ER	1	POOR	E	SCHRINER J	04/26/17	04/26	480263
TOTAL PATIENTS = 6													

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.

- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** This column pulls the number of days the patient was admitted.
- **Admitting Cond (Admitting Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitting Cd (Admission Code):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitted (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Med-Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

5.5 Birth Register

The Birth Register lists all newborns in a designated month.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Birth Register**.
5. Select a print option.
6. System prompts, "How Many?"
 - Enter the desired number of copies to print.
7. Select **Print** to continue.

Description and Usage

The Monthly Birth Register will list all newborns discharged in a given month. The report sorts in Birth Date sequence. The total number of newborns with a separate breakdown by Sex is given as well as average length of stay. This report may be printed and submitted to the Department of Permanent Vital Statistics.

Birth Register

RUN DATE: 05/01/17
TIME: 10:27

MONTHLY BIRTH REGISTER FOR 4/17

PAGE 1
H5MRBREG

NUMBER	NAME	SEX	MOTHER'S NAME	-----BIRTH-----			ATTENDING PHYSICIAN	LENGTH OF STAY	---MOTHER'S---	
				DATE	TIME	WEIGHT			NUMBER	FC
352329	GUILLOTTE JOSEPH T	MALE	GUILLOTTE NANCY	04/06	09:27	9/00	123987	3	514630	M
354636	MCGUIRE JASON	MALE	MCGUIRE FRANCINE	04/06	08:14	8/01	102300	2	516430	B
357151	CANTRELL HALEY ANN	FEMALE	CANTRELL PAM	04/06	14:34	9/03	154000	2	518456	C
352672	THOMAS AMELIA	FEMALE	THOMAS JULIA	04/06	12:54	7/03	154900	3	519470	M
TOTAL NEWBORNS		2 MALE	2 FEMALE	0 UNKNOWN	1	TOTAL LOS	45	AVERAGE LOS	45.0	

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **Mother's Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Birth Date:** Pulls from Patient tab on the Registration and ADT screen.
- **Birth Time:** Pulls from Stay tab on the Registration and ADT screen.
- **Birth Weight:** Pulls from Clinical tab on the Registration and ADT screen.
- **Attending Physician:** Pulls from Stay tab on the Registration and ADT screen.
- **Length of Stay:** Pulls the number of days the patient was admitted.
- **Mother's Number:** Pulls the mother's account number from Patient tab on the Registration and ADT screen.
- **Mother's Financial Class:** Pulls from Guarantor/Ins tab on the Registration and ADT screen of the mother's account.

5.6 Census Days Stay

The Census Days Stay report is a listing of all patients by Stay Type within a given month.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Census Days Stay**.
5. Select a print option.
6. Select report parameters:
 - **Include 24-Hour Patients?**: Select this option to include these patients.
 - **Sort By Subtype?**: If selected the report will sort by Sub Type. If blank the Sub Type column will not appear on the report.
 - **How Many?**: Enter the desired number of copies to print.
7. Select **Print** to continue.

Description and Usage

The Census Days Stay report lists all patients that had a hospital stay within a given month. Patients are sorted by Stay Type and Sub Type and are listed in alphabetical order.

This report includes grand total pages for each Stay Type, and Sub Type if selected, sorted by physician and Service Code. Each physician's total patients and total patient days are listed for Medicare, Medicaid, Blue Cross, Commercial, Private Pay, Total Number of Patients/Days and Average Days. This information is also listed on a second total page for each Stay Type sorted by Service Code. The last page of this report totals all patients by physician and Service Code.

Census Days Stay (By Sub Type)

RUN DATE: 11/02/17
 TIME: 11:33

PAT. TYPE 1 MONTHLY CENSUS DAYS FOR 10/12

PAGE 1
 H5CNMDAYS

SUB-TYPE: 06

PATIENT-NAME	ROOM	NUMBER	F/C	AGE	SEX	MS	SERVICE	DAYS	COND.	DIS	PHYSICIAN	ADMITTED	DISC
AARONS JAMES	025-1	358156	M	69	M	W	MEDICAL	5	FAIR		DALLAS	10/27/17	
COLLINS TERRY	016-1	358144	B	35	M	S	MEDICAL	2	GOOD	H	BENTLE	10/07/17	10/09
JOHNSON ROBERT	038-1	358136	M	63	M	M	MEDICAL	3	FAIR	H	BROWN	10/12/07	10/15

SUBTYPE TOTAL = 3

Census Days Stay (By Physician)

RUN DATE: 11/02/17
 TIME: 09:48

PAT. TYPE 1 MONTHLY CENSUS DAYS FOR 10/17

PAGE 19
 H5CNMDAYS

PHYSICIAN	--MEDICARE--		--MEDICAID--		BLUE	CROSS	--COMMERCIAL--		--PRIVATE--		--TOTAL--		AVG.
	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	DAYS
414658 SMITH D	0	0	1	4	5	18	0	0	0	0	6	22	3.6
414589 HARRIS T	0	0	0	0	1	3	0	0	0	0	1	3	3
414525 PARKER D	0	0	0	0	0	0	0	0	8	17	8	17	2.1
411901 ANDERSON G	6	14	0	0	5	14	0	0	0	0	11	28	2.5
410504 WILLIAMS A	5	17	0	0	0	0	0	0	0	0	5	17	3.4
413050 BARKETT V	0	0	0	0	7	17	0	0	0	0	7	17	2.4
417025 HAROLDSON H	0	0	0	0	6	17	0	0	0	0	6	17	2.8
GRAND TOTALS	11	31	1	4	24	69	0	0	8	17	44	99	2.3

Census Days Stay (By Service Code)

RUN DATE: 11/02/17
 TIME: 09:48

PAT. TYPE 1 MONTHLY CENSUS DAYS FOR 10/17

PAGE 27
 H5CNMDAYS

SERVICE CODE	--MEDICARE--		--MEDICAID--		BLUE	CROSS	--COMMERCIAL--		--PRIVATE--		--TOTAL--		AVG.
	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	DAYS
SURGICAL	12	31	6	17	4	9	7	17	2	4	31	78	2.5
ICU	2	7	3	10	2	5	1	2	2	6	10	30	3
MEDICAL	3	10	2	5	2	7	1	3	2	7	10	17	3.2
GRAND TOTALS	17	48	11	42	9	21	9	32	6	17	51	125	2.5

Census Days Stay (By Totals by FC)

RUN DATE: 11/02/17
 TIME: 09:48 PAT. TYPE ALL MONTHLY CENSUS DAYS FOR 10/17 PAGE 30
 H5CNMDDAYS

-----SERVICE CODE-----	--MEDICARE--		--MEDICAID--		-BLUE CROSS-		-COMMERCIAL-		--PRIVATE---		----TOTAL----		AVG.
	PATS	DAYS	PATS	DAYS	DAYS								
SURGICAL	14	44	12	34	8	122	3	51	0	0	17	251	14.8
MEDICAL	15	187	12	18	21	149	3	51	9	119	50	524	10.5
OBSERV	2	28	0	0	0	0	1	17	0	0	3	45	15.0
EMERGENC	3	19	1	17	6	67	3	22	1	17	14	142	10.1
ONCOLOGY	1	17	0	0	0	0	0	0	0	0	1	17	17.0
PEDIATRIC	1	17	3	51	1	17	0	0	0	0	5	85	17.0
ICU	2	34	2	18	2	41	0	0	0	0	6	11	1.8
THERAPY	2	34	0	0	3	37	0	0	0	0	5	71	14.2
ACUTE	3	51	0	0	3	51	0	0	3	51	9	153	17.0
PEDS	2	34	0	0	1	17	1	17	0	0	4	68	17.0
LAB	5	53	3	51	2	34	0	0	1	17	11	155	14.1
OCC THER	1	17	0	0	2	34	0	0	0	0	3	51	17.0
XRAY	1	1	0	0	1	17	0	0	1	17	3	35	11.7
O/P SURG	0	0	0	0	1	14	0	0	0	0	1	14	14.0
SWINGBED	2	34	0	0	0	0	0	0	0	0	2	34	17.0

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **F/C (Financial Class Code):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** The number of days between the first day of the month, or the patient's Admit Date if within the specified month, and the as of date used for this report.
- **Cond (Discharge Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Dis (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitted (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.

5.7 Administrative Summary

The Administrative Summary provides statistics on Admit dates, Age, Sex, Discharge code, Service Code, Physicians, Zip Codes, Primary Insurance, City and Sub Types. The information may be printed in detail or summary format.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Administrative Summary**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Patient Type**: A Stay Type may be selected from the drop-down menu or **All** may be selected to include all Stay Types. If **All** is entered, after the report generates, another prompt to Enter Patient Type will appear. A separate report can be entered for each Stay Type.
7. If the above information is correct, select **Generate**.
8. Select additional printing parameters:
 - **Patient Type**: Select the Stay Type to be used for the report. A separate report can be entered for each Stay Type. This prompt will only appear if the "Patient Type" prompt listed above was entered with **All**.
 - **Print Detail?**: If selected, the report will pull the patient Account Numbers/Names associated with the statistic. If left blank, the report will list the totals only for each statistic.
 - **Print Primary Ins Net Rev**: Select this option to print the Net revenue for the primary insurance of each claim.
9. System prompts, "Print more reports?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.
10. System prompts, "Generate new report?"
 - Select **Yes** to return to the Report Control Options screen for additional reports or **No** to continue.

Description and Usage

The Administrative Summary Report lists monthly Revenue by Admit codes, Age, Sex, Discharge codes, Service Codes, Physicians, Zip Codes, Primary Insurance and City. The report is based on Discharge dates. A separate report can be printed for each statistic. For each of these categories, the system prints a Code, Count, Revenue and Description.

Administrative Summary (By Service Codes)

CODE	COUNT	REVENUE	DESCRIPTION	NUMBER	NAME	LOS
A	2	5169.34	ACUTE	101899	BAKER ALICE	2
B	21	15292.80	OB/GYN	101903	BAKER KERRI	1
E	235	211341.55	ER	101904	BAKER MARIE	1
G	7	14195.01	CHEMO	101905	BAKER AMOS	1
L	74	11390.50	LAB	101924	COOLIE DENNIS	1
M	9	9878.86	MEDICAL	101933	CROCKER JAMES	3
O	24	21036.53	OBSERV	101949	DAVIS KEITH	1
P	33	18448.27	PEDIATR	101941	DAVIS TRACY	1
S	117	301443.40	OP SURG	101881	DAVIS VAL	15
X	83	10475.98	X-RAY	102038	MARKS VENNIE	2
Y	42	11194.00	THERAPY	101956	MATHERS CHARLES	12

	647	629866.24				

Administrative Summary (By Physicians)

CODE	COUNT	REVENUE	DESCRIPTION	NUMBER	NAME	LOS
411700	21	16608.36	GRAHAM EVERETT	101897	ELLIS PATTY	5
412300	19	12226.01	O'CONNOR KEVIN R	101941	EVANS LYLE	1
414300	45	33307.25	ANDERSON KATE	101949	FALKNER RAYMOND	2
402000	18	13122.50	MOORE MARCUS M	102038	KNADA MARIA	4
403400	9	6747.00	SHERMAN GEORGE W	101956	OBERLY KATHY	6
403600	22	16013.76	GREENE ROBIN	101881	TONOS JOE	1
404200	16	9592.23	WELLS JACK	101882	WARE DOROTHY	2
404800	33	19634.02	PONDS JANNY	101883	YAGER THAD	

	647	629866.24				

Administrative Summary (By Primary Insurance)

RUN DATE: 05/06/17
TIME: 11:37

STATISTICS FROM 04/01/17 TO 04/30/17
*** PRIMARY INSURANCE ***

PAT. TYPE 2 PAGE 10
H5ARSTIX

CODE	COUNT	REVENUE	DESCRIPTION
BB	133	129478.16	BLUE CROSS O/P
BB1	7	6285.45	BCBS OF MS O/P
BBR	31	29544.66	BLUE CROSS RECURRING
CB	93	90489.27	COMMERCIAL O/P
CB1	83	76251.00	CENTRAL BENEFITS
MB	151	146937.97	MEDICARE O/P
MBR	24	23362.86	MEDICARE RECURRING
P	28	22340.74	PRIVATE PAY
SB	3	6726.00	CHAMPUS O/P
XB	72	70966.85	MEDICAID O/P
XBR	20	19461.00	MEDICAID RECURRING
XEC	2	8022.28	MEDICAID SNF
	647	629866.24	

Administrative Summary (By City)

RUN DATE: 05/06/17
TIME: 11:37

STATISTICS FROM 04/01/17 TO 04/30/17
*** CITY ***

PAT. TYPE 2 PAGE 11
H5ARSTIX

CODE	COUNT	REVENUE	DESCRIPTION
CHICKASAW	18	16521.70	
DAPHNE	38	36973.50	
FAIRHOPE	19	18487.00	
MOBILE	428	420469.06	
PRICHARD	26	25100.67	
THEODORE	102	99256.22	
WILMER	10	9707.85	

Listed below is an explanation of each column.

- **Code:** This column represents the code, Admission, Age, Sex, etc.
- **Count:** Pulls the number of patients discharged who were admitted with that code.
- **Revenue:** Pulls the total amount of revenue that was generated for that code.
- **Description:** Pulls the code description.

If the report is printed in detail the following headings will display:

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **LOS (Length of Stay):** The number of days the patient was admitted

Chapter 6 Admit/Disch Date Range Reports

6.1 Build Date Range Files

Before any of the date range reports can be printed, a file build must be generated for the specified date range.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Build Date Range Files**.
5. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **All Stay Types**: Select this option to include all Stay Types on the report. If blank, enter the desired Stay Types.
 - **All Sub-types**: Select this option to include all Sub-Types on the report. If blank, enter the desired Sub-Types.
6. Select **Print** to continue.

Description and Usage

Once the file build has completed, any of the print options under the Admit/Discharge Date Range Reports section of the Medical Records Print Report Menu may be printed. All reports will reflect patient data for the dates and Stay Types entered during the file build.

6.2 Admission/Discharge by Physician

The Admission/Discharge by Physician report will provide total patients and length of stay for each physician by Financial Class. It may be printed for Admissions or Discharges for a given date range.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Admit/Disch by Physician**.
5. Select a print option.
6. Select report parameters:
 - **Print by:** Select **Admissions** or **Discharges** from the drop-down menu. This will determine if the report should pull figures based on admissions or discharges for the dates entered in the file build.
 - **Sort by:** Select **Patient Type** or **Sub-Type**. This will determine how the report sorts the accounts.
7. Select **Print** to continue.

Description and Usage

The Admissions or Discharges by Physician Report lists in physician number sequence the number of patients, number of days, average length of stay and total revenue for each Financial Class. The figures will represent the number of admissions or discharges, depending on how the prompt above is answered, by physician for the date range specified. If the report is printed for admissions, the number of patients not yet discharged from the hospital will display as well. This report prints patient types separately.

Admission/Discharge by Physician - Admissions

RUN DATE: 04/03/17 TIME: 14:25		ADMISSIONS BY PHYSICIAN FROM: 03/01/17 TO: 03/31/17 PATIENT TYPE: 1															PAGE 1 HSMRDRABP				
DR.#	PHYSICIAN NAME	--MEDICARE--			--MEDICAID--			-BLUE CROSS-			-COMMERCIAL-			---PRIVATE---			----TOTAL----			NOT DISC.	TOTAL REVENUE
		PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS		
111300	SAWYER RICHARD	1	0	0	0	0	0	1	5	5	0	0	0	3	8	2	5	13	2	1	32176
111600	NEWBARRY VICTOR	2	7	3	0	0	0	3	1	0	0	0	1	0	0	6	8	1	3		12472
112000	PARKER WILLIAM J	7	19	2	2	5	2	0	0	0	1	3	3	0	0	0	10	27	2	1	58317
112100	DOUGLAS THOMAS	13	20	1	1	0	0	0	0	0	4	7	1	0	0	0	18	27	1	4	10737
112500	TAYLOR ELIZABETH M	1	0	0	0	0	0	1	16	16	1	0	0	0	0	0	3	16	5	2	9401
113000	JOHNSON ROBERT B	2	12	6	0	0	0	1	1	1	0	0	0	0	0	0	3	13	4		12090
113200	OWENS CYNTHIA	5	15	3	0	0	0	0	1	3	3	0	0	0	0	0	6	18	3		6524
113600	ALBERTS FRANK	0	0	0	0	0	0	1	8	8	0	0	0	0	0	0	1	8	8		761
113800	SHAPIRO VICKI	8	28	3	1	3	3	2	6	3	1	0	0	0	0	0	12	37	3	3	106522
113900	O'CONNOR KEVIN R	3	8	2	0	0	0	1	0	0	3	11	3	0	0	0	7	19	2	1	6337
114600	HENDERSON THEODORE	2	1	0	1	0	0	3	13	4	0	0	0	0	0	0	6	14	2	2	26172
114800	JOHNSTONE WILLIAM R	2	6	3	0	0	0	1	1	1	0	0	0	0	0	0	3	7	2		55209
101200	KIRBY BRIAN	0	0	0	0	0	0	1	1	1	4	10	2	1	2	2	6	13	2		6158
101500	BROWNING JASON	9	25	2	0	0	0	1	0	0	1	4	4	0	0	0	11	29	2	1	1659
101800	WILLIAMS MARILYN	0	0	0	0	0	0	1	2	2	0	0	0	0	0	0	1	2	2		596
101900	BLAKE JACK	18	69	3	3	1	0	0	0	0	1	2	2	1	1	23	73	3	4		76271
102200	ANDERSON JAMES	2	2	1	0	0	0	1	0	0	0	0	0	0	0	0	3	2	0	1	4650
102600	CYPERT JAMES E JR	1	9	9	1	6	6	0	0	0	0	0	0	0	0	0	2	15	7		6233
103100	BARKETT MICHAEL	4	12	3	0	0	0	0	0	0	0	0	0	0	0	0	4	12	3		5751
TOTALS:		--MEDICARE--			--MEDICAID--			-BLUE CROSS-			-COMMERCIAL-			---PRIVATE---			----TOTAL----			NOT DISC.	TOTAL REVENUE
PATS:		80			9			18			17			6			130			23	
DAYS:		233			15			54			40			11			353			2	
LOS :			2		1			3			2			1				2			

Listed below is an explanation of each column.

- **DR # (Physician Number):** Pulls the physician number.
- **Physician Name:** Pulls the physician name.
- **Pats (Patients):** For each Financial Class listed, this number represents the total number of patients admitted for the listed physician.
- **Days:** For each Financial Class listed, this number represents the total number of days the patients were admitted for the listed physician.
- **LOS (Average Length of Stay):** Is the average number of days the patients were admitted for the listed physician. This column takes the total number of days and divides the total number of patients for the listed physician.
- **Total Pats (Total Patients):** Lists the total number of patients admitted for the listed physician.
- **Total Days:** Lists the total number of days the patients were admitted for the listed physician.
- **Total LOS (Total Length of Stay):** Lists the average length of stay for all Financial Classes for the listed physician.
- **Not Disc (Not Discharged):** Lists the number of patients that have not been discharged for the listed physician. This column does not pull if the report was run for Discharges.
- **Total Revenue:** Lists the total revenue of accounts that fall under the listed physician.

NOTE: The Total Revenue will only include charges that have 'Include in DRG Report' set to Y in the Charge Summary Code table.

6.3 Admission/Discharge by Physician/Financial Class

The Admission/Discharge report by Physician/Financial Class Report will provide total patients and length of stay for each physician by Financial Class code. Unlike the Admission/Discharge by Physician report, it will also provide a listing of routine days and ICU days and list the average revenue per case. It may be printed for Admissions or Discharges for a specified date range.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Admit/Disch by Phy/Fin Class**.
5. Select a print option.
6. Select report parameters:
 - **Print by:** Select **Admissions** or **Discharges** from the drop-down menu. This will determine if the report should pull figures based on admissions or discharges for the dates entered in the file build.
 - **Sort by:** Select **Patient Type** or **Sub-Type**. This will determine how the report sorts the accounts.
7. Select **Print** to continue.

Description and Usage

The Admissions or Discharges by Physician/Financial Class Report lists in physician number sequence the number of patients, routine days, ICU days, total days, average length of stay, total revenue and average revenue by case for each Financial Class. The figures will represent the number of admissions or discharges, depending on how the prompt above is answered, by physician for the date range selected. This report prints patient types separately.

Admission/Discharge by Physician/Financial Class - Admissions

RUN DATE: 05/04/17
TIME: 11:20

ADMISSIONS BY PHYSICIAN/FINANCIAL CLASS
FROM: 04/01/17 TO: 04/30/17 PATIENT TYPE: 1

PAGE 1
H5MRDRABPF

AVG. REVENUE DR. #	PHYSICIAN NAME	FINANCIAL CLASS	NUMBER OF PATIENTS	ROUTINE DAYS	ICU DAYS	TOTAL DAYS	AVERAGE LOS	TOTAL REVENUE	PER CASE
111500	DAVIS WILLIAM R	MB MEDICARE	6	12	0	12	2	6750	1125
111500	DAVIS WILLIAM R	P PRIVATE	1	5	0	5	5	891	891
PHYSICIAN TOTALS			7	17	0	17	2	7641	1091
111800	HASHIMI ROBERT	B BLUE CROSS	2	26	0	26	13	2164	1082
111800	HASHIMI ROBERT	M MEDICARE	1	6	0	6	6	892	892
111800	HASHIMI ROBERT	M MEDICARE	2	11	1	12	6	2084	1042
PHYSICIAN TOTALS			5	43	1	44	8	5140	1028
112300	O'CONNOR KEVIN	B BLUE CROSS	5	19	3	22	4	4274	854
112300	O'CONNOR KEVIN	M MEDICARE	1	7	0	7	7	1050	1050
PHYSICIAN TOTALS			6	26	3	29	4	5324	887
113600	ANDERSON JAMES	B BLUE CROSS	3	8	0	8	2	3081	1027
113600	ANDERSON JAMES	B BLUE CROSS	2	6	0	6	3	2169	1084
113600	ANDERSON JAMES	M MEDICARE	3	14	2	16	5	6879	2293
113600	ANDERSON JAMES	P PRIVATE	1	5	0	5	5	854	854
PHYSICIAN TOTALS			9	33	2	35	3	12983	1442
103400	SHERMAN GEORGE W	MB MEDICARE	3	17	0	17	5	4593	1531
PHYSICIAN TOTALS			3	17	0	17	5	4593	1551
GRAND TOTALS:			30	136	6	142	4	35681	1189

Listed below is an explanation of each column.

- **DR # (Physician Number):** Pulls the physician number.
- **Physician Name:** Pulls the physician name.
- **Financial Class:** Pulls the Financial Class code and the Financial Class description.
- **Number of Patients:** The number of patients for each Financial Class and a total number of patients for each physician will display in this column.
- **Routine Days:** The routine days represent the number of days patients were admitted, excluding ICU rooms, for the listed physician and Financial Class.
- **ICU Days:** The ICU days represent the number of days patients were admitted in ICU beds for the listed Financial Class. ICU beds are beds that have a room type of "I" or "C".
- **Total Days:** Represents the total number of days the patients were admitted for the listed Financial Class.
- **Average LOS (Average Length of Stay):** The average length of stay is the average number of days the patients were admitted for the listed Financial Class. This column takes the total days and divides that figure by the total number of patients. This column also lists an average number of days for all Financial Classes for the listed physician.
- **Total Revenue:** Lists the total revenue of all accounts that fall under the Financial Class for each physician.

- **Average Revenue Per Case:** The average revenue for each Financial Class is the total revenue divided by the number of patients.

6.4 Admission/Discharge by County

The Admission/Discharge by County report will provide total patients and length of stay of each physician by county code. It may be printed for Admissions or Discharges for a given date range.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Admit/Disch by County**.
5. Select a print option.
6. Select report parameters:
 - **Print by:** Select **Admissions** or **Discharges** from the drop-down menu. This will determine if the report should pull figures based on admissions or discharges for the dates entered in the file build.
 - **Sort by:** Select **Patient Type** or **Sub-Type**. This will determine how the report sorts the accounts on the report.
7. Select **Print** to continue.

Description and Usage

The Admissions or Discharges by County Report lists in physician number sequence by county code the number of patients, number of days and average length of stay for each Financial Class. The report also lists the revenue for each physician. The figures will represent the number of admissions or discharges, depending on how the prompt above is answered, by county for the date range specified. If the report is printed for admissions, the number of patients not yet discharged from the hospital will display as well. The report prints patient types separately.

Admission/Discharge by County - Admissions

RUN DATE: 05/03/17 TIME: 9:40		ADMISSIONS BY COUNTY/PHYSICIAN FROM: 04/01/17 TO: 04/30/17 PATIENT TYPE: 1															PAGE 1 H5NRDRABC					
COUNTY CD.	DR.#	PHYSICIAN NAME	--MEDICARE--			--MEDICAID--			--BLUE CROSS--			--COMMERCIAL--			--PRIVATE--			---TOTAL---			NOT DISC.	TOTAL REVENUE
			PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS	PATS	DAYS	LOS		
003	011600	NEWBARRY VICTOR	1	2	2	6	13	2	4	10	2	1	3	3	0	0	0	12	28	2	0	5541
003	012100	DOUGLAS THOMAS	12	31	2	7	21	3	9	16	1	0	0	0	1	2	2	29	70	2	0	22349
003	013000	JOHNSON ROBERT	1	0	0	12	28	2	1	3	3	0	0	0	0	0	0	14	31	2	1	8372
003	013900	O'CONNOR KEVIN R	3	20	6	1	0	0	2	7	3	1	3	3	0	0	0	7	30	4	1	6022
		COUNTY TOTALS:	17	53	3	26	62	2	16	36	2	2	6	3	1	2	2	62	159	2	2	42284
004	012000	PARKER WILLIAM J	14	45	3	11	31	2	0	0	0	2	10	5	1	10	10	28	96	3	0	12062
		COUNTY TOTALS:	14	45	3	11	31	2	0	0	0	2	10	5	1	10	10	28	96	3	0	12062
010	013200	OWENS CYNTHIA	9	28	3	7	24	3	2	9	4	1	6	6	0	0	0	19	67	3	0	21024
010	103100	BARKETT V MICHAEL	2	9	4	0	0	0	0	0	4	14	3	1	0	0	0	7	23	3	1	8505
		COUNTY TOTALS:	11	37	3	7	24	3	2	9	4	5	20	3	1	0	0	26	90	3	1	29529
012	012100	DOUGLAS THOMAS	18	56	3	6	22	3	1	3	3	1	2	2	1	3	3	27	86	3	0	8547
012	013000	JOHNSON ROBERT	24	81	3	9	29	3	0	0	2	7	3	2	14	7	37	131	3	0	11048	
012	103400	SHERMAN GEORGE W	2	9	4	0	0	0	3	8	2	0	0	0	1	1	1	6	18	3	0	6011
		COUNTY TOTALS:	44	146	3	15	51	3	4	11	2	3	9	3	4	18	4	70	235	3	0	25606
014	012200	ALFORD CHRIS WILLIAM	9	22	2	1	3	3	0	0	0	11	32	2	0	0	0	21	57	2	0	42118
014	012300	ARDOYNO CHRISTOPHER	7	16	2	1	4	4	6	18	3	0	0	0	0	0	0	14	38	2	0	6236
014	013800	SHIPIRO VICKI	16	50	3	0	0	0	1	5	5	0	0	0	1	0	0	18	55	3	1	8520
		COUNTY TOTALS:	32	88	2	2	7	3	7	23	3	11	32	2	1	0	0	53	150	2	1	56874
016	102800	WARD HOWARD C	6	22	3	1	4	4	8	25	3	1	4	4	0	0	0	16	55	3	0	3352
		COUNTY TOTALS:	6	22	3	1	4	4	8	25	3	1	4	4	0	0	0	16	55	3	0	3352
018	011600	NEWBARRY VICTOR	21	85	4	13	40	3	1	1	1	2	7	3	0	0	0	37	133	3	0	41055
018	012000	PARKER WILLIAM J	1	6	6	10	61	6	5	11	2	1	2	2	0	0	0	17	80	4	0	7922
018	013200	OWENS CYNTHIA	5	13	2	4	21	5	1	3	3	1	0	0	0	0	0	11	37	3	1	3015
018	013500	APPLETON RON J	2	7	3	0	0	0	6	14	2	0	0	0	0	0	0	8	21	2	0	1738
018	014600	HENDERSON THEODORE	14	44	3	0	0	0	0	0	2	10	5	0	0	0	0	16	54	3	0	2104
018	102000	MOORE MARCUS M	1	3	3	0	0	0	0	0	0	0	0	0	0	0	0	1	3	3	0	5587
		COUNTY TOTALS:	44	158	2	27	122	4	13	29	2	6	19	3	0	0	0	90	328	3	1	61421
GRAND TOTALS:			168	549	3	89	301	3	50	133	2	30	99	3	8	30	3	345	1113	3	5	231128

Listed below is an explanation of each column

- **County CD (County Code):** Pulls from Patient tab on the Registration and ADT screen.
- **DR # (Physician Number):** Pulls the physician number.
- **Physician Name:** Pulls the physician name.
- **Pats (Patients):** For each Financial Class listed, this number represents the total number of days the patients were admitted for the listed physician.
- **Days:** For each Financial Class listed, this number represents the total number of days the patients were admitted for the listed physician.
- **LOS (Average Length of Stay):** Is the average number of days the patients were admitted for the listed physician. This column takes the total number of days and divides the total number of patients for the listed physician.
- **Total Pats (Total Patients):** Lists the total number of patients admitted for the listed physician.
- **Total Days:** Lists the total number of days the patients were admitted for the listed physician.
- **Total LOS (Total Length of Stay):** Lists the average length of stay for all Financial Classes for the listed physician.

- **Not Disc (Not Discharged):** Lists the number of patients that have not been discharged for the listed physician. This column does not pull if the report was run for Discharges.
- **Total Revenue:** The total revenue of accounts that fall under the listed physician.

6.5 Admission/Discharge by County/Financial Class

The Admission/Discharge by County/Financial Class Report will provide total patients and length of stay of each physician by Financial Class code for each county code. It may be printed for Admissions or Discharges for a specified date range.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Admit/Disch by County/Fin Class**.
5. Select a print option.
6. Select report parameters:
 - **Print by:** Select **Admissions** or **Discharges** from the drop-down menu. This will determine if the report should pull figures based on admissions or discharges for the dates entered in the file build.
 - **Sort by:** Select **Patient Type** or **Sub-Type**. This will determine how the report sorts the accounts on the report.
7. Select **Print** to continue.

Description and Usage

The Admission or Discharge by County/Financial Class lists the same information that the Admission or Discharge by County provides except this report will lists totals by the Financial Class code. The report lists in county code sequence the number of patients, Financial Class code, number of patients, routine days, ICU days, totals days, average length of stay, total revenue and average revenue by case for each Financial Class code. The figures will represent the number of admissions or discharges, depending on how the prompt above is answered, by physician for the date range selected. The report prints patient types separately.

Admission/Discharge by County/Financial Class - Admissions

RUN DATE: 05/06/17
TIME: 9:55

ADMISSIONS BY COUNTY/PHYSICIAN/FINANCIAL CLASS
FROM: 04/01/17 TO: 04/30/17 PATIENT TYPE: 1

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H5MRDRABCF

COUNTY AVG. REVENUE CD. DR. #	PHYSICIAN NAME	FINANCIAL CLASS	NUMBER OF PATIENTS	ROUTINE DAYS	ICU DAYS	TOTAL DAYS	AVERAGE LOS	TOTAL REVENUE	PER CASE
014 012300	O'CONNER KEVIN R	M MEDICARE	3	8	0	8	2	17214	5738
014 012300	O'CONNER KEVIN R	X MEDICAID	2	6	0	6	3	15600	7800
PHYSICIAN TOTALS:			5	14	0	14	2	32814	6562
014 102000	MOORE MARCUS M	B BLUE CROSS	11	36	0	36	3	62402	5672
014 102000	MOORE MARCUS M	C COMMERCIAL	4	18	4	22	5	29581	7395
014 102000	MOORE MARCUS M	M MEDICARE	6	19	2	21	3	31308	5218
PHYSICIAN TOTALS:			21	73	6	79	3	123291	5871
COUNTY TOTALS:			26	87	6	93	3	156105	6004
018 011700	GRAHAM EVERETT	B BLUE CROSS	6	27	4	31	5	22750	3791
018 011700	GRAHAM EVERETT	M MEDICARE	10	33	0	33	3	47545	4754
PHYSICIAN TOTALS:			16	60	4	64	4	70295	4393
018 014300	ANDERSON KATE	B BLUE CROSS	1	19	5	24	24	34238	34238
018 014300	ANDERSON KATE	C COMMERCIAL	2	13	0	13	6	4142	2071
018 014300	ANDERSON KATE	C COMMERCIAL	5	21	0	21	4	10563	2112
018 014300	ANDERSON KATE	M MEDICARE	11	41	8	49	4	36022	3274
PHYSICIAN TOTALS:			19	94	13	107	5	84965	4471
COUNTY TOTALS:			35	154	17	171	4	155260	4436
GRAND TOTALS:			97	308	31	339	3	471711	4863

Listed below is an explanation of each column.

- **County CD (County Code):** Pulls the 3-digit county code.
- **DR # (Physician Number):** Pulls the physician number.
- **Physician Name:** Pulls the physician name.
- **Financial Class:** Pulls the Financial Class code and the Financial Class description.
- **Number of Patients:** Pulls the number of patients for each Financial Class code. It also lists physician totals per county and county totals.
- **Routine Days:** The routine days represent the number days patients were admitted, excluding ICU rooms, for the listed Financial Class. This column also lists physician totals per county and county totals.
- **ICU Days:** The ICU days represent the number of days patients were admitted in ICU beds for the listed Financial Class. ICU beds are beds that have a room type of "I" or "C". This column also lists physician totals per county and county totals.
- **Total Days:** Represents the total number of days the patients were admitted for the listed Financial Class. It also lists physician totals per county and county totals.
- **Average LOS (Average Length of Stay):** The average length of stay is the average number of days the patients were admitted for the listed Financial Class. This column takes the total days and divides the total number of patients. It also lists physician totals per county and county totals.

- **Total Revenue:** Lists the total revenue of all accounts that fall under the Financial Class for each physician. It also lists physician totals per county and county totals.
- **Avg. Revenue Per Case:** The average revenue for each Financial Class is the total revenue divided by the number of patients. This column also lists physician totals per county and county totals.

6.6 Admission/Discharge by Name/Address

The Admission/Discharge by Name and Address Report provides address information for patients in a specified date range. It may be printed for Admissions or Discharges.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Admit/Disch by Name/Address**.
5. Select a print option.
6. Select report parameters:
 - **Print by:** Select **Admissions** or **Discharges** from the drop-down menu. This will determine if the report should pull figures based on admissions or discharges for the dates entered in the file build.
 - **Sort by:** Select **Patient Type** or **Sub-Type**. This will determine how the report sorts the accounts on the report.
7. Select **Print** to continue.

Description and Usage

The Admissions/Discharges Name and Address Report lists in Account Number sequence the Name, Phone Number, Occupation, Address, Sex, Birth Date, Financial Class, length of stay, Physician Number, Marital Status, Discharge Code and Medical Records Number for each patient. The report prints separately for each patient type and includes newborns on a separate page.

Admission/Discharge by Name/Address

RUN DATE: 05/01/17 TIME: 11:18		ADMISSIONS - NAMES & ADDRESSES FROM: 04/01/17 TO: 04/30/17							PATIENT TYPE: 1			PAGE 1 MRDRABPA
NO.	NAME, PHONE, OCCUPATION	ADDRESS	SEX	BIRTH DATE	INS	LOS	PHYSICIAN	MAR	ST	DIS CODE	MED.REC.#	
100176	SHELTON MICHAEL P 334-438-5801 ENGINEER	862 GOVERNMENT ST APT 8A MOBILE AL 36604	M	10/06/1975	B	2	103600		S	H	481731	
100179	GAINS JANNA K 334-639-7478 ADMIN ASSISTANT	2501 CONTI STREET MOBILE AL 36607	F	03/30/1956	B	3	113500		M	N	481788	
100183	FRANKLIN VICTOR 334-476-8705 SALES	871 HANNON ST MOBILE AL 36607	M	03/21/1962	B	4	106700		S	H	481789	
100187	MARTIN FRANCIS 334-438-9898 CASHIER	451 DALPHIN ST APT 23T MOBILE AL 36604	F	07/06/1976	C	2	104700		S	H	481799	
100192	REMBERT KENNY 334-639-8531 BANK TELLER	227 FLORENCE PL MOBILE AL 36607	M	04/24/1973	X	6	115900		S	H	481792	
100202	YOUNG WILBERT 334-639-5709 RETIRED	1204 HIGHWAY 98 DAPHNE AL 36526	M	06/11/1935	M	2	105200		W		481739	
100205	MORGAN SHARON M 334-660-7284	3600 VISTA RIDGE MOBILE AL 36693	F	12/14/1950	C2	3	103400		M	H	481387	
100206	MITCHELL SALLY 334-666-1492 RETIRED	601 AUTUMN RIDGE DR MOBILE AL 36695	F	03/01/1946	B	3	106600		M	H	481803	
100208	BOLTZ CAROLYN 334-438-8590 UNEMPLOYED	501 SPANISH FORT BLV SPANISH FORT AL 36527	F	03/12/1947	M	8	100300		M	N	481804	

Listed below is an explanation of each column.

- **NO. (Patient Number):** Pulls the patient number.
- **Name, Phone, Occupation:** Pulls the patient name, guarantor phone number, and guarantor occupation. The patient name pulls from the Patient tab on the Registration and ADT screen. The guarantor phone number pulls from the Guarantor/Ins tab on the Registration and ADT screen. The guarantor occupation pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **Address:** Pulls from the Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from the Patient tab on the Registration and ADT screen.
- **Birth Date:** Pulls from the Patient tab on the Registration and ADT screen.
- **Ins (Insurance):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **LOS (Length of Stay):** Pulls the patient's length of stay.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from the Patient tab on the Registration and ADT screen.
- **Dis Code (Discharge Code):** Pulls from the Stay tab on the Registration and ADT screen.
- **Med-Rec# (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.

6.7 Discharge Log

The Discharge Log provides a list of all patients discharged in a specified date range. It may be printed in Account Number sequence or Discharge date sequence.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Discharge Log**.
5. Select a print option.
6. Select report parameters:
 - **Print by:** Select **Discharge Date** or **Patient Number** from the drop-down menu.
 - **Sort By:** Select **Patient Type** or **Sub-Type**. This will determine how the report sorts the accounts on the report.
 - **Suppress SSN:** Selecting this option will prevent the Social Security Number from printing on the report.
7. Select **Print** to continue.

Description and Usage

The Discharge Log lists the Patient's Name, Account Number, Social Security Number, Age, Sex, Race, Marital Status, Attending Physician, Discharge date, Length of Stay, Service, Discharge Code, Medical Records complete, Primary Insurance, Secondary Insurance, Assigned DRG, Paid DRG, Covered Charges, DRG Amount Paid, Remittance Date, Covered Days, ICU Days, Nursery Days, Private Days and County Code. The report prints separately for each patient types and includes newborns on a separate page.

- **DRG Pd (DRG Paid):** Is the DRG that was entered during receipting. It pulls from the Receipted DRG field on the Grouper Patient Summary screen.
- **Covered Charges:** Include charges on the patient's Account Detail except for any charges that have Include in DRG Rep set to N in the Charge Summary Code table.
- **DRG\$ Paid (DRG Dollars Paid):** Lists the amount paid by the patient's primary insurance.
- **Remit Date (Reimbursement Date):** Lists the receipt date of the patient's primary insurance.
- **CVD DY (Covered Days):** The number of days the patient has been admitted with room types other than "P", "I", "C", or "N".
- **Ic Dy (ICU Days):** The number of days the patient has been admitted in an ICU bed. ICU beds are beds have a room type of "I" or "C".
- **Ny Dy (Nursery Days):** The number of days the patient has been admitted in a nursery room.
- **Pvt Dy (Private Days):** The number of days the patient has been admitted in a private room.
- **Cty (County Code):** Pulls from the Patient tab on the Registration and ADT screen.

Chapter 7 DRG Monthly, Qtrly, Yrly Reports

7.1 DRG Worksheet

The DRG Worksheet consists of two parts: the DRG Worksheets and the Physician Attestations. Both reports will provide a list of diagnosis and procedure codes entered by Medical Records. When selecting this selection, the option to print DRG Worksheets only, Physician Attestations only, or Both will appear.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Worksheet**.
5. Select a print option.
6. Select report parameters:
 - **Select:** Select Both, DRG Worksheets, or Physician Attestations from the drop-down menu.
 - **Print Official Attestation:** Select this option to print the Official Attestation for the physician to sign.
 - **Include All DRG Options:** If selected, all the options for DRG calculations listed in the MR Grouper screen in "A" will print to the DRG Worksheet. If left blank, this prompt will suppress printing all the DRG calculation options, and will print only the DRG calculated on the MR Grouper screen.
 - **Patients:** Select Inhouse, Discharged, or Selected from the drop-down menu.
 - **Inhouse:** This selection will print DRG Worksheets for all in-house patients.
 - **Discharged:** This selection will print DRG Worksheets for discharged patients for a given day. Selecting this selection will prompt for a Discharge date.
 - **Selected:** This selection will allow up to 50 Account Numbers to be entered and will print DRG Worksheets for the selected patients.
 - **Specify Insurance (or ALL):** Enter the Financial Class to print or enter **ALL** to pull for all Financial Classes.
 - **Enter Discharge Date:** Enter the discharge date or select the date from the drop-down menu. The format is MMDDYY. The system will default to the current system date.
 - **Enter up to 50 Account Numbers:** Enter up to 50 account numbers if Selected was chosen at the Patients prompt.
7. Select **Print** to continue.
8. System prompts, "Print another report?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.

Description and Usage

The DRG Worksheet will provide the following information. The worksheet prints the diagnosis and procedure codes currently sequenced on the DRG Grouper and Maintenance screen, the DRG's MDC and relative weight, geometric length of stay, anticipated reimbursement, charges-to-date, profit-to-date, outlier days and actual stay. The weighted value of the diagnosis and procedures are listed using a surgical hierarchy as the weighing value. Finally, the report provides a list of all diagnosis and procedure combinations showing their computed value, GLOS, DRG, principal diagnosis, second diagnosis and principle procedure.

The primary purpose of the DRG Worksheet is to provide Medical Records with a printed worksheet of current diagnosis and procedure codes that have been entered for individual patients. Because the anticipated reimbursement, charges-to-date and geometric length of stay is provided, coordinators can monitor and manage patient stays in a more efficient and effective manner. Physicians may use these worksheets to verify diagnosis and procedure codes entered for their patients.

The DRG Attestations lists the diagnosis and procedure codes currently sequenced on the DRG Grouper and Maintenance screen, the DRG's MDC and relative weight, geometric length of stay, anticipated reimbursement, charges to date, profit to date, outlier days and actual stay. A narrative description of Diagnosis and Procedures are listed at the bottom.

The primary purpose of the attestation is to provide the physician with a list of diagnosis and procedure codes entered by the Medical Records department for him or her to attest to its validity. At the bottom of the official attestation, space is provided for the physician to verify the codes on the attestation with his or her signature and date of signature.

DRG Worksheet

```

RUN DATE 07/26/17                                     H5DRWORK2
TIME 08:18 |                                         D.R.G. WORKSHEET

PATIENT-: 357709 SMITH MARY AGE. 47 SEX..F DISC CODE..01/HOME MEDICAL RECORD#.. 080096 ROOM.010-3
ADMIT DIAGNOSIS:4660 ACUTE BRONCHITIS DISC DATE..07/16/17 ADM DATE 07/13/17 PHY:ANDERSON GARY
THE DIAGNOSIS AND PROCEDURES ARE CURRENTLY SEQUENCED AS FOLLOWS:
PRINCIPAL DIAG-: 486 PNEUMONIA, ORGANISM NOS PRINCIPAL PROC-: 3322 07/14/17 STIMPLER A
SECONDARY DIAG-1: 4660 ACUTE BRONCHITIS SECONDARY PROC-:
SECONDARY DIAG-# 496 CHR AIRWAY OBSTRUCT NEC SECONDARY PROC-:

THE ABOVE SEQUENCE WILL PRODUCE DRG 089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC
MDC 04 REL. WT. 1.1006

5.40 DAYS IS THE AVERAGE GLOS. $3,480.20 WILL BE THE REIMBURSEMENT AMOUNT
$4,293.90 ARE THE CHARGES TO DATE.

0 IS THE OUTLIER CUTOFF. $813.70CR IS THE LOSS TO DATE

THIS PATIENT STAYED 3 DAYS.

THE WEIGHTED VALUE OF THE ABOVE DIAGNOSIS AND PROCEDURES ARE AS FOLLOWS:
BEST DIAG: 486 PNEUMONIA, ORGANISM NOS BEST PROC: 3322 FIBER-OPTIC BRONCHOSCOPY
2ND BEST-: 496 CHR AIRWAY OBSTRUCT NEC
3RD BEST-: 4660 ACUTE BRONCHITIS

THE FOLLOWING IS A LIST OF ALL DIAGNOSIS AND PROCEDURE COMBINATIONS AND THEIR COMPUTED VALUES:
PAYMENT GLOS DRG PRINCIPAL DIAGNOSIS 2ND DIAGNOSIS PRINCIPAL PROCEDURE
3480.20 5.40 089 486 PNEUMONIA, ORGANISM NOS 496 CHR AIRWAY OBSTRUCT NEC
3068.81 4.60 088 496 CHR AIRWAY OBSTRUCT NEC 486 PNEUMONIA, ORGANISM NOS
2531.25 4.20 096 4660 ACUTE BRONCHITIS 486 PNEUMONIA, ORGANISM

```


7.2 Build DRG Work Files

Before any of the DRG Monthly, Quarterly or Yearly reports can be printed, a file build must be generated for a specific date range.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Build DRG Work Files**.
5. Select file parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Stay Types: (Leave Blank for "All")**: Enter the desired Stay Types or blank to print report for all.
 - **Service Codes**: Select **All**, **Exclude** or **Include**. Up to ten Service Codes can be excluded or included in the DRG Reports. Choose **All** to include all service codes.
6. Select **Generate** to continue.

Description and Usage

Once the file build has been completed, any of the print options under the DRG Monthly/Quarterly/Yearly reports can be run. These reports will reflect patient data for the dates and Stay Types entered in the file build.

7.3 DRG Profit and Loss

The DRG Profit & Loss Report outlines revenue made or lost on a patient for a specific ICD-9 DRG. For ICD-10 DRG data, please see the [Acute IP DRG Case Mix](#)²²⁴ report.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Profit and Loss**.
5. Select a print option.
6. Select report parameters:
 - **Enter Payor Code: (Blank for ALL):** Enter a specific Financial Class or skip to print report for all. It is recommended this report be printed for one Financial Class at a time.
 - **Enter Physician #: (Blank for ALL):** Enter a specific physician number or skip to print report for all.
 - **Print Summary Only:** If selected, then the report will summarize totals for each DRG and list a recap at the end of the report. If blank the report will be detailed.
 - **Exclude Accounts Without a Finish Date:** If selected, only accounts with a finish date loaded in the Medical Records Grouper screen will pull to the report.
 - **Compute Case Mix From:** From the drop-down menu select **Computed DRG** to compute the Case mix based on data from the Computed DRG. The computed DRG may be pulled from the DRG Grouper Screen or from an interface. Select **Receipted DRG** to compute the Case Mix based on data from the DRG entered during receipting. If no DRG is entered during receipting, the report will default to the computed DRG to provide the Case Mix information.
7. Select **Print** to continue.
8. System prompts, "Print another report?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.

Description and Usage

The DRG Profit & Loss Report displays the profit or loss on a patient for a specific DRG. It may be printed for a specific Financial Class or all Financial Classes. The report prints in two parts for each DRG. The first part prints general information such as the Patient Number, Name, Admit date, Discharge date, Insurance, Revenue, Reimbursement, Insurance Expected Pay, the DRG Relative Weight, the DRG GLOS and the ACPS. The second part prints a breakdown of the Gross Revenue, Relative Cost-to-Charges Ratio, Cost (based on RCC) and Profit or Loss, by Summary Charge Code. The totals of each are printed for all Summary Charge Codes. Also, Gross Revenue, Reimbursement, Patient Portion, Contractual Gain or Loss, Gross Profit & Loss and Net Gain or Loss is printed for all patients reimbursed on the particular DRG. It also prints the Total Number of Patients, Geometric Length of Stay, Average Geometric Length of Stay, Variance between the two and the Case Mix for that DRG. The report will print either in detail or summarized totals.

This report may determine the profit/loss margin on a specific DRG and also determine the amount of revenue being made or lost for individual physicians. When printed by specific payors, the amount of revenue being made or lost for individual Financial Classes may be determined. Case Mix is the relative weight for a given DRG. The case mix index for a facility is the sum of all DRG relative weights divided by the number of patients included in the calculation. The purpose of relative weight (case mix) is to assign a numerical value to each DRG that is indicative of the resources used to care for a patient with the diagnoses and procedures included in the given DRG.

DRG Profit and Loss

```

RUN DATE = 01/13/17                                PAGE 11
TIME = 8:16                                         D.R.G. PROFIT & LOSS REPORT          H5DRPL

D.R.G. ---: 393 OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC
DATE FROM: 01/01/15   PAYOR----: ALL - USING MEDICARE AMOUNTS
TO---: 12/31/15     PHYSICIAN: ALL

NUMBER  NAME                ADMIT  DISC  INS  REVENUE F/C  REIMBURSE  EXPECT-PAY  R/WEIGHT  GLOS  ACPS
-----
357820  SMITH ELLA KATHERINE      03/30/1504/01/15M  588.90 M M      .00    588.90  1.6563  4.70  4683.65

```

RUN DATE = 01/13/17 PAGE 12
 TIME = 8:16 D.R.G. PROFIT & LOSS REPORT H5DRPL

D.R.G.----: 393 OTHER DIGESTIVE SYSTEM DIAGNOSES W MCC
 DATE FROM: 01/01/15 PAYOR----: ALL - USING MEDICARE AMOUNTS
 TO--: 12/31/15 PHYSICIAN: ALL

CODE	DESCRIPTION	GROSS		COST	GROSS P&L
		REVENUE	R.C.C.		
43	CENTRAL SUPPLIES NON-STERILE	25.00	.28	7.00	18.00
46	EMERGENCY ROOM	439.90	2.93	1291.88	-851.98
55	LABORATORY	122.40	.34	41.66	80.74
78	PHARMACY	1.60	.19	.31	1.29
***** TOTALS *****		588.90		1340.85	-751.95

GROSS REVENUE---: 588.90 # OF PATIENTS--: 1
 REIMBURSEMENT---: .00 LOS GEOMETRIC: 4.7
 NON-DRG REVENUE-: .00 AVERAGE--: 2.0
 ----- VARIANCE--: 2.7
 CONT. GAIN (LOSS): -588.90
 =====
 GROSS P & L-----: -751.95 CASE MIX-----: 1.6563

 NET GAIN (LOSS)--: -1340.85
 =====

DRG Profit and Loss (Report in Summary)

RUN DATE = 01/13/17 PAGE 20
 TIME = 8:16 D.R.G. PROFIT & LOSS REPORT HDRPL

*** GRAND TOTALS ***

DATE FROM: 01/01/15 PAYOR----: ALL - USING MEDICARE AMOUNTS
 TO--: 12/31/15 PHYSICIAN: ALL

CODE	DESCRIPTION	GROSS		COST	GROSS P&L
		REVENUE	R.C.C.		
01	ROOM CHG-PVT-MEDICAL/SURGICAL	1451.55	.00	.00	1451.55
02	ROOM CHG-S/PVT-MEDICAL/SURG	2695.00	1.12	3028.37	-333.37
30	DURABLE MEDICAL EQUIPMENT	125.00	.56	70.67	54.33
3B	PSYCHIATRIC THERAPY	6.00	.25	1.50	4.50
3C	OTHER THERAPUTIC SERVICES	175.00	.30	52.50	122.50
3D	OCCUPATIONAL THERAPY	514.00	.30	154.20	359.80
43	CENTRAL SUPPLIES NON-STERILE	18497.45	.28	5179.84	13317.61
44	CENTRAL SUPPLY STERILE	194.90	.70	136.43	58.47
45	IV SOLUTIONS	347.80	.32	114.45	233.35
46	EMERGENCY ROOM	25814.55	2.93	75811.14	-49996.59
47	IV THERAPY	252.00	.32	82.93	169.07
53	LABORATORY	42.80	.34	14.66	28.14
55	LABORATORY	3362.20	.34	1144.46	2217.74
64	EKG/ECG	199.00	.40	81.01	117.99
73	RADIOLOGY	5062.00	.44	2238.72	2823.28
78	PHARMACY	10772.87	.19	2060.20	8712.67
84	RESPIRATORY THERAPY	249.80	.29	74.49	175.31
85	PHYSICAL THERAPY	176.00	.58	102.72	73.28
BT	BALANCE TRANSFER	-207.50	.00	.00	-207.50
MI	MISCELLANEOUS-PT CONVENIENCE	-215.25	.00	.00	-215.25
OT	OTHER TREATMENT ROOM	290.40	.00	.00	290.40
RH	RURAL/CLINIC	1830.00	.00	.00	1830.00
SL	PROF FEES/EMERGENCY ROOM	118.58	.00	.00	118.58
WO	BAD DEBT WRITE OFF	-17116.45	.00	.00	-17116.45
***** TOTALS *****		54637.70		90348.29	-35710.59

GROSS REVENUE---: 54637.70 # OF PATIENTS--: 117
 REIMBURSEMENT---: .00 LOS GEOMETRIC: .5
 NON-DRG REVENUE--: -1364.20 AVERAGE--: 53.5
 ----- VARIANCE--: 52.9-

CONT. GAIN(LOSS): -56001.90

GROSS P & L-----: -35710.59 CASE MIX-----: .0947

NET GAIN(LOSS)--: -91712.49

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from the Patient tab on the Registration and ADT screen.
- **Admit (Admit Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Ins (Primary Insurance):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen.
- **Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **F/C (Financial Class):** This column is made up of two parts. The first column pulls the patient's Financial Class from Guarantor/Ins tab on the Registration and ADT screen. The second column pulls the Financial Class that was used to compute the DRG reimbursement.
- **Reimburse:** Pulls the Medicare Reimbursement for the DRG.
- **Expect-Pay (Expected Pay):** Pulls from the Patient's primary insurance claim.
- **R/Weight (Medicare Relative Weight):** Pulls for the DRG.
- **GLOS (Medicare Geometric Length of Stay):** Pulls for the DRG.
- **ACPS (Average Cost per Stay):** Pulls from AHIS Control Table, Page 5.
- **Code (Summary Code):** Pulls the Summary Code.
- **Description:** Pulls the Summary Code description listed in the Summary Charge Code Table.
- **Gross Revenue:** Pulls the total revenue for the listed Summary Charge Code. If "Include In DRG Rep" is set to "N", the Summary Charge Code will not be included in the totals.
- **RCC (Ratio of Cost to Charges):** Pulls from the Summary Charge Code Table.
- **Cost:** Is the Gross Revenue multiplied by the Ratio of Cost to Charges.
- **Gross P&L (Gross Profit & Loss):** Is computed by subtracting the Cost from the Gross Revenue.

Totals

- **Gross Revenue:** This is a total of the Gross Revenue column.
- **Reimbursement:** Lists the Grand Total reimbursement for all patients for the listed DRG.
- **Non-DRG Revenue:** The difference between the total patient revenue and the total insurance coverage. This figure is the revenue column minus the expected pay column.
- **Cont Gain (Contractual Gain):** The Gross Revenue is subtracted from the sum of the patient portion and Reimbursement to obtain the Contractual Gain (Loss).
- **Gross P&L:** This is a total of the Gross P&L column.
- **Net Gain (Loss):** The Contractual gain (loss) is added (subtracted) from the Gross Profit and Loss to obtain the Net Gain (Loss).
- **# of Patients (Number of Patients):** Is the total number of patients for the listed DRG.
- **LOS Geometric:** The Geometric Length of Stay of the listed DRG.
- **Average (Average Length of Stay):** Is the total patient days divided by the number of patients for the listed DRG.
- **Variance:** Is the difference between the GLOS and the Average Length of Stay.
- **Case-Mix:** Case Mix is the relative weight for a given DRG.

7.4 DRG Profit and Loss by Physician

The DRG Profit & Loss Report by Physician is similar to the DRG Profit & Loss Report, except it breaks out DRG codes by Physician. The DRG Workfile must be built before running this report. For ICD-10 DRG data, please see the [Acute IP DRG Case Mix^{\[224\]}](#) report.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Profit/Loss by Physician**.
5. Select a print option.
6. Select report parameters:
 - **Enter Payor Code: (Blank for All)**: Enter a specific Financial Class or skip to print report for all. It is recommended this report be printed for one Financial Class at a time.
 - **Enter Physician # (Blank for All)**: Enter a specific physician number or skip to print report for all.
 - **Print Summary Only**: Leave blank to include a list of all patients, along with patient revenue information. Select this field to include a list of just the summary code revenue for each DRG by Physician.
 - **Exclude Accounts Without a Finish Date?**: If selected, only accounts with a finish date loaded in the Medical Records Grouper screen will pull to the report.
 - **Compute Case Mix From: (Computed DRG or Receipted DRG)**: From the drop-down menu select **Computed DRG** to compute the Case mix based on data from the Computed DRG. The computed DRG may be pulled from the DRG Grouper Screen or from an interface. Select **Receipted DRG** to compute the Case Mix based on data from the DRG entered during receipting. If no DRG is entered during receipting, the report will default to the computed DRG to provide the Case Mix information.
7. Select **Print** to continue.
8. System prompts, "Print another report?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.

Description and Usage

The DRG Profit & Loss Report by Physician includes the same information as the DRG Profit & Loss except it lists DRG revenue/loss for each physician. It may be printed for a specific Financial Class or all Financial Classes. The report prints in two parts for each DRG per Physician. The first part, which only prints if “Include Patient Detail” is set to “Y”, prints general information such as the Patient Number, Name, Stay Type, Service Code, Admit date, Discharge date, Insurance, Revenue, Reimbursement, Insurance Expected Pay, the DRG Relative Weight, the DRG GLOS and the ACPS. The second part prints a breakdown of the Gross Revenue, Relative Cost-to-Charges Ratio, Cost (based on RCC), and Profit or Loss, by Summary Charge Code. The totals of each are printed for all Summary Charge Codes. Also, Gross Revenue, Reimbursement, Patient Portion, Contractual Gain or Loss, Gross Profit & Loss and Net Gain or Loss is printed for all patients reimbursed on the particular DRG. It also prints the Total Number of Patients, Geometric Length of Stay, Average Geometric Length of Stay, Variance between the two and the case mix for that DRG.

This report may determine the profit/loss margin on a specific DRG and also determine the amount of revenue being made or lost for individual physicians. The case mix can be used to determine the average reimbursement rate for the specific DRG per Physician. The case mix index for a facility is the sum of all DRG relative weights divided by the number of patients included in the calculation.

DRG Profit and Loss by Physician (Patient Detail)

```

RUN DATE.: 01/13/17                                PAGE 29
RUN TIME.: 8:49                                    H5DRPLPHY

                                PATIENT DETAIL

                                PHYSICIAN: 004592 ANDY BYRD
DATE FROM: 01/01/15                                PAYOR....: ALL--PAYORS
DATE TO...: 12/31/15                               D.R.G....: 065 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA

NUMBER  NAME                TYPE CODE  ADMIT  DISC  INS  REVENUE F/C  REIMBURSE  EXPECT-PAY  R/WEIGHT  GLOS  ACPS
-----
357724  BRODY WILLIAM FRANCES  1  M    04/08/15 04/10/15 M  13561.90 M M    .00  13561.90  1.0776  3.50  4683.65

```

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **Name (Patient Name):** Pulls from the Patient tab on the Registration and ADT screen.
- **Type (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen.
- **Code (Admitting Condition):** Pulls from the Stay tab on the Registration and ADT screen.
- **Admit (Admit Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Ins (Primary Insurance):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen.

- **Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **F/C (Financial Class):** This column is made up of two parts. The first column pulls the patient's Financial Class from the Guarantor/Ins tab on the Registration and ADT screen. The second column pulls the Financial Class that was used to compute the DRG reimbursement.
- **Reimburse:** Pulls the Medicare Reimbursement for the DRG.
- **Expect-Pay (Expected Pay):** Pulls from the patient's primary insurance claim.
- **R/Weight (Medicare Relative Weight):** Pulls for the DRG.
- **GLOS (Medicare Geometric Length of Stay):** Pulls from the DRG.
- **ACPS (Average Cost per Stay):** Pulls from AHIS Control Table, Page 5.

DRG Profit and Loss by Physician (DRG Summary)

```

RUN DATE.: 01/13/17                                PAGE 30
RUN TIME.: 8:49                                    H5DRPLPHY

                                D.R.G. SUMMARY

                                PHYSICIAN: 004592 ANDY BYRD
DATE FROM: 01/01/15    PAYOR...: ALL--PAYORS
DATE TO...: 12/31/15    D.R.G....: 065 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA

                                GROSS          GROSS
                                REVENUE R.C.C.    COST      P & L
-----
46  EMERGENCY ROOM              13196.00  2.93    38753.48  -25557.48
55  LABORATORY                   365.90   .34     124.55   241.35

TOTALS                          13561.90  .00     38878.03  -25316.13

GROSS REVENUE...: 13561.90          # OF PATIENTS: 1
REIMBURSEMENT...: .00                LOS GEOMETRIC: 3.5
NON-DRG REVENUE.: .00                LOS AVERAGE...: 208.0
-----                               LOS VARIANCE...: 211.5
CONT. GAIN(LOSS): -13561.90          CASE MIX.....: 1.0776
-----

GROSS P & L.....: -25316.13
-----
NET GAIN(LOSS)...: -38878.03
-----

```

Listed below is an explanation of each column.

- **Code (Summary Code):** Pulls the Summary Code.
- **Description:** Pulls the Summary Code description listed in the Summary Charge Code Table.
- **Gross Revenue:** Pulls the total revenue for the listed Charge Summary Code. If "Include In DRG Rep" is set to "N", the Summary Charge Code will not be included in the totals.

- **RCC (Ratio of Cost to Charges):** Pulls from the Summary Charge Code Table.
- **Cost:** The Cost is the Gross Revenue multiplied by the Ratio of Cost to Charges.
- **Gross P&L (Gross Profit & Loss):** Is computed by subtracting the Cost from the Gross Revenue.

DRG Profit and Loss by Physician (Physician Summary)

RUN DATE.: 01/13/17	PAGE 31
RUN TIME.: 8:49	H5DRPLPHY
PHYSICIAN SUMMARY	
PHYSICIAN: 004592 ANDY BYRD	
DATE FROM: 01/01/15	PAYOR....: ALL--PAYORS
DATE TO...: 12/31/15	D.R.G....: ALL--FOR PHYSICIAN & PAYOR(S)

CODE	DESCRIPTION	GROSS REVENUE	R.C.C.	COST	GROSS P & L
46	EMERGENCY ROOM	13196.00	2.93	38753.48	-25557.48
55	LABORATORY	365.90	.34	124.55	241.35
TOTALS		13561.90	.00	38878.03	-25316.13

GROSS REVENUE...:	13561.90	# OF PATIENTS:	1
REIMBURSEMENT...:	.00	LOS GEOMETRIC:	3.5
NON-DRG REVENUE...:	.00	LOS AVERAGE...:	208.0
CONT. GAIN(LOSS):	-13561.90	LOS VARIANCE...:	211.5
	=====	CASE MIX.....:	1.0776
GROSS P & L.....:	-25316.13		

NET GAIN(LOSS) ..:	-38878.03		
	=====		

Listed below is an explanation of each column.

- **Code (Summary Code):** Pulls the Summary Code.
- **Description:** Pulls the Summary Code description listed in the Summary Charge Code Table.
- **Gross Revenue:** Pulls the total revenue for the listed Charge Summary Code. If “Include In DRG Rep” is set to “N”, the Summary Charge Code will not be included in the totals.
- **RCC (Ratio of Cost to Charges):** Pulls from the Summary Charge Code Table.
- **Cost:** The Cost is the Gross Revenue multiplied by the Ratio of Cost to Charges.
- **Gross P&L (Gross Profit & Loss):** Is computed by subtracting the Cost from the Gross Revenue.

DRG Profit and Loss by Physician (Report Summary)

RUN DATE.: 01/13/17
 RUN TIME.: 8:49

PAGE 89
 H5DRPLPHY

REPORT SUMMARY

PHYSICIAN: ALL--FOR PAYOR(S)
 DATE FROM: 01/01/15 PAYOR....: ALL--PAYORS
 DATE TO...: 12/31/15 D.R.G....: ALL--FOR PHYSICIAN & PAYOR(S)

CODE	DESCRIPTION	GROSS		COST	GROSS P & L
		REVENUE	R.C.C.		
01	ROOM CHG-PVT-MEDICAL/SURGICAL	1451.55	.00	.00	1451.55
02	ROOM CHG-S/PVT-MEDICAL/SURG	2695.00	1.12	3028.37	-333.37
30	DURABLE MEDICAL EQUIPMENT	125.00	.56	70.67	54.33
3B	PSYCHIATRIC THERAPY	6.00	.25	1.50	4.50
3C	OTHER THERAPUTIC SERVICES	175.00	.30	52.50	122.50
3D	OCCUPATIONAL THERAPY	514.00	.30	154.20	359.80
43	CENTRAL SUPPLIES NON-STERILE	18497.45	.28	5179.84	13317.61
44	CENTRAL SUPPLY STERILE	194.90	.70	136.43	58.47
45	IV SOLUTIONS	347.80	.32	114.45	233.35
46	EMERGENCY ROOM	25814.55	2.93	75811.14	-49996.59
47	IV THERAPY	252.00	.32	82.93	169.07
53	LABORATORY	42.80	.34	14.66	28.14
55	LABORATORY	3362.20	.34	1144.46	2217.74
64	EKG/ECG	199.00	.40	81.01	117.99
73	RADIOLOGY	5062.00	.44	2238.72	2823.28
78	PHARMACY	10772.87	.19	2060.20	8712.67
84	RESPIRATORY THERAPY	249.80	.29	74.49	175.31
85	PHYSICAL THERAPY	176.00	.58	102.72	73.28
BT	BALANCE TRANSFER	-207.50	.00	.00	-207.50
MI	MISCELLANEOUS-PT CONVENIENCE	-215.25	.00	.00	-215.25
OT	OTHER TREATMENT ROOM	290.40	.00	.00	290.40
RH	RURAL/CLINIC	1830.00	.00	.00	1830.00
SL	PROF FEES/EMERGENCY ROOM	118.58	.00	.00	118.58
WO	BAD DEBT WRITE OFF	-17116.45	.00	.00	-17116.45
TOTALS		54637.70	.00	90348.29	-35710.59
GROSS REVENUE....		54637.70	# OF PATIENTS: 117		
REIMBURSEMENT....		10154.73	LOS GEOMETRIC: 0.5		
NON-DRG REVENUE..		-1364.20	LOS AVERAGE...: 53.5		
-----			LOS VARIANCE...: 52.9-		
CONT. GAIN(LOSS):		-45847.17	CASE MIX.....: 0.0947		
=====					
GROSS P & L.....		-35710.59			

NET GAIN(LOSS)..		-81557.76			
=====					

Listed below is an explanation of each column.

- **Code (Summary Code):** Pulls the Summary Code.
- **Description:** Pulls the Summary Code description listed in the Summary Charge Code Table.
- **Gross Revenue:** Pulls the total revenue for the listed Charge Summary Code. If "Include In DRG Rep" is set to "N", the Summary Charge Code will not be included in the totals.

- **RCC (Ratio of Cost to Charges):** Pulls from the Summary Charge Code Table.
- **Cost:** The Cost is the Gross Revenue multiplied by the Ratio of Cost to Charges.
- **Gross P&L (Gross Profit & Loss):** Is computed by subtracting the Cost from the Gross Revenue.

DRG Profit and Loss by Physician (Total Physician Summary)

RUN DATE.: 01/13/17	PAGE 90				
RUN TIME.: 8:49	H5DRPLPHY				
TOTAL PHYSICIAN SUMMARY					
DATE FROM: 01/01/15	PHYSICIAN: ALL--FOR PAYOR(S)				
DATE TO...: 12/31/15	PAYOR....: ALL--PAYORS				
	D.R.G.....: ALL--FOR PHYSICIAN & PAYOR(S)				
PHYSICIAN	PHY NUMBER	VOLUME	AVG LOS	AVG CHARGES	CASE MIX INDEX

	000000	3	10.3	.00	.0000
ARCHER JOHN D	000010	4	51.8	502.03	.6139
DONALD HARPER	000424	4	19.0	1762.25	.2460
ALLISON MARGARET	001299	1	1.0	3375.20	.0000
WILLIAMS KERRI BUTTS	001393	1	394.0	967.70	.0000
BOLTON CHERYL	001948	1	41.0	280.50	.0000
BARNETT ROD	003426	6	152.3	23.23	.0000
SAMANTHA WALLACE	003767	2	1.0	345.00	.0000
ANDY BYRD	004592	1	208.0	13561.90	1.0776
BAXTER JAMES NBA	010000	39	83.1	205.30	.0598
JAMES BAXTER	011587	3	87.7	162.90	.0000
KINSEY CHLOE	020083	12	2.6	132.92	.0000
COLEMAN DAVID	053155	17	26.6	8.76	.0498
MICHAEL BENEDICT	062885	1	127.0	34.40	.0000
BROWN ALICE C	100000	8	104.0	713.77	.4223
DANIEL E SMITH	123475	1	1.0	.00	.0000
RICHARD JOHNSON	147852	1	70.0	2541.00	.0000
PAULSON JANET	161900	1	1.0	.00	.0000
SMITH JOHN DAVID	200000	1	558.0	1078.00	.0000
ROTH MARY H	201160	1	1.0	.00	.0000
SEMINAR PHYSICIAN G	300070	1	67.0	.00	.0000
GRAFF JAMIE	430000	1	33.0	.00	.0000
WILLIAMS KATHERINE	800000	6	171.7	1160.53	.0000
Evident Community Hosp	999999	1	1.0	.00	.0000

Listed below is an explanation of each column.

- **Physician:** Pulls from the Stay tab on the Registration and ADT screen.
- **Phy Number:** Pulls from the Stay tab on the Registration and ADT screen.
- **Volume:** The number of patients seen by the physician within the file build date range.
- **Avg LOS:** This is the average length of stay for patients of the physician.
- **Avg Charges:** This is the gross revenue divided by Volume for the physician.
- **Case Mix Index:** The sum of all DRG relative weights divided by the number of patients included in the calculation.

7.5 DRG Sequence

The DRG Sequence report provides a listing of all physicians reimbursed for each DRG and gives a cost analysis by DRG. For ICD-10 DRG data, please see the [Acute IP DRG Case Mix²²⁴](#) report.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Sequence**.
5. Select a print option.
6. Select report parameters:
 - **Enter Payor Code (Blank for All)**: This prompt is for the Cost Analysis by DRG, which is the first section of the report. Enter a specific Financial Class or skip to print report for all.
 - **Exclude Accounts Without a Finish Date**: If selected, only accounts with a finish date loaded in the Medical Records Grouper screen will pull to the report.
 - **Compute Case Mix From: (Computed DRG or Receipted DRG)**: From the drop-down menu select **Computed DRG** to compute the Case mix based on data from the Computed DRG. The computed DRG may be pulled from the DRG Grouper Screen or from an interface. Select **Receipted DRG** to compute the Case Mix based on data from the DRG entered during receipting. If no DRG is entered during receipting, the report will default to the computed DRG to provide the Case Mix information.
7. Select **Print** to continue.
8. System prompts, "Print another report?" Select **Yes** to answer prompts for additional reports or **No** to continue.
 - **Enter Payor Code (Blank for All)**: This prompt is for the DRG sequence, which is the second section of the report. Enter a specific Financial Class or skip to print report for all.
 - **Exclude Accounts without a Finish Date**: If selected, only accounts with a finish date loaded in the Medical Records Grouper screen will pull to the report.
 - **Enter Bad Debt Percentage**: Enter the percentage that will be considered un-collectable debt. The Bad Debt percentage will be based on patient portion and will be included in the calculation of the Profit & Loss.
9. Select **Print** to continue.

Description and Usage

This report is an effective tool for analyzing the performance of physicians in relation to DRG. costs and lengths of stay on individual DRGs. Administrators may evaluate the DRG Revenue, Cost, Reimbursement and Contractual Cost for each physician to determine areas of profitability. This

report also allows managers to analyze the profit or loss on a specific DRG considering a certain percentage of un-collectable debt.

DRG Sequence (By DRG)

RUN DATE = 6/06/15 TIME = 11:58		D.R.G. --- COST ANALYSIS BY DRG 05/01/12---05/31/12							PAYOR-----: M 8% BAD DEBT ESTIMATE		PAGE 1 H5DRDRG2	
DRG	# OF PATS	DRG REV	DRG RCC	DRG REIMB	CONTR	AVG CONTR	NON-DRG REVENUE	BAD DEBT %	P&L	AVG P&L	---AVERAGE HOSPITAL	LOS--- NATIONAL
020	2	16267.36	13362.56	16307.54	-188.98	-94.49	148.80	11.90	3081.88	1540.94	4.5	8.0
090	3	6675.48	3449.21	6425.04	135.19	45.06	115.25	9.22	3081.86	1027.29	10.0	4.0
097	1	2692.15	2552.85	1861.52	789.38	789.38	41.25	3.30	-653.38	-653.38	3.0	3.3
123	1	4644.81	4458.51	4446.69	83.12	83.12	115.00	9.20	93.98	93.98	3.0	2.7
144	1	5300.00	2497.00	3447.94	1852.06	1852.06	.00	.00	950.94	950.94	3.0	3.9
167	1	2986.60	2814.24	2647.62	218.98	218.98	120.00	9.60	-56.22	-56.22	3.0	2.5
	14	58297.88	45457.48	52537.35	5069.23	362.09	691.30	55.30	7715.87	551.13	5.4	4.8

DRG Sequence (By Physician)

RUN DATE = 6/06/15 TIME = 11:58		D.R.G. --- DRG SEQUENCE 05/01/12---05/31/12							PAYOR-----: M		PAGE 1 H5DRDRG		
DRG	PHYSICIAN	# OF PAT.	GEO LOS	AVG LOS	DIFF	GROSS REVENUE	RCC COST	P&L	# OF PAT.	GROSS REVENUE	NON-DRG REVENUE	REIMBURSE	CONT. P&L
020	SHERMAN GE	2	8.0	4.5	3.5	16267.36	13362.56	2904.80	2	16267.36	148.80	16307.54	188.98
	** T O T A L **	2	8.0	4.5	3.5	16267.36	13362.56	2904.80	2	16267.36	148.80	16307.54	188.98
	CASE MIX	5.1572				2.5786							
090	MAYSON H	1	4.0	17.0	13.0-	2900.00	.00	2900.00	1	2900.00	.00	2141.68	-758.32
090	HAMILTON J	1	4.0	3.0	1.0	3548.28	3236.67	311.61	1	3548.28	115.25	2141.68	-1291.35
090	WILLIAMS S	1	4.0	10.0	6.0-	227.20	212.54	14.66	1	227.20	.00	2141.68	1914.48
	** T O T A L **	3	4.0	10.0	6.0-	6675.48	3449.21	3226.27	3	6675.48	115.25	6425.04	-135.19
	CASE MIX	2.0319				0.6773							
097	PETERS JG	1	3.3	3.0	.3	2692.15	2552.85	139.30	1	2692.15	41.25	1861.52	-789.38
	** T O T A L **	1	3.3	3.0	.3	2692.15	2552.85	139.30	1	2692.15	41.25	1861.52	-789.38
	CASE MIX	0.5887				0.5887							
123	O'CONNOR K	1	2.7	3.0	.3-	4644.81	4458.51	186.30	1	4644.81	115.00	4446.69	-83.12
	** T O T A L **	1	2.7	3.0	.3-	4644.81	4458.51	186.30	1	4644.81	115.00	4446.69	-83.12
	CASE MIX	1.4695				1.4695							
144	OWENS SHAN	1	3.9	3.0	.9	5300.00	2497.00	2803.00	1	5300.00	.00	3447.94	-1852.06
	** T O T A L **	1	3.9	3.0	.9	5300.00	2497.00	2803.00	1	5300.00	.00	3447.94	-1852.06
	CASE MIX	1.0904				1.0904							
167	WILSON RON	1	2.5	3.0	.5-	2986.60	2814.24	172.36	1	2986.60	120.00	2647.62	-218.98
	** T O T A L **	1	2.5	3.0	.5-	2986.60	2814.24	172.36	1	2986.60	120.00	2647.62	-218.98
	CASE MIX	0.8373				0.8373							
	** G R A N D **	14	4.8	5.4	.6-	58297.88	45457.48	12840.40	14	58297.88	691.30	52537.35	-5069.23
	CASE MIX	0.6361											

Listed below is an explanation of each column.

Cost Analysis by DRG

- **DRG:** Pulls from the DRG Grouper and Maintenance Screen field 10.
- **# of Pats (Number of Patients):** Is the total number of patients for the listed DRG.
- **DRG Rev (DRG Revenue):** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **DRG RCC (DRG Ratio of Cost to Charges):** The amount in this column is multiplied by the percent loaded in the Summary Charge Code Table page 1 to determine the Cost.
- **DRG Reimb (DRG Reimbursement):** Is the Medicare DRG Reimbursement.
- **Contr (Contractual):** The DRG Reimbursement and patient portion is subtracted from the DRG Revenue to compute the Contractual.
- **Avg Contr (Average Contractual):** The Contractual divided by the number of patients for the listed DRG computes the Average Contractual.
- **Non-DRG Revenue:** The difference between the total charges and the expected pay amount that will be billed to the Insurance Company.
- **Bad Debt % (Bad Debt Percentage):** Entered when printing the report will be multiplied by the Patient Portion to obtain the Bad Debt Percentage.
- **P&L (Profit and Loss):** The DRG RCC (Cost to Charge Ratio) and Bad Debt Percentage is subtracted from the DRG Reimbursement and patient portion to compute the Profit and Loss.
- **Avg P&L (Average Profit and Loss):** The Profit and Loss divided by the number of patients for the listed DRG computes the Average P&L.
- **Hospital:** The Average Length of Stay is the total number of patients days divided by the total number of patients.
- **National (National Length of Stay):** Is the Geometric Length of Stay for the listed DRG.

DRG Sequence

- **DRG:** Pulls from the DRG Grouper and Maintenance Screen field 10.
- **Physician:** Lists the Physicians that have patients with the listed DRG.
- **# of Pat (Number of Patients):** Is the total number of patients for the listed physician and DRG.
- **Geo LOS (Geometric Length of Stay):** For the listed DRG.

- **Avg LOS (Average Length of Stay):** The total number of patient days divided by the total number of patients.
- **Diff (Difference):** Lists the difference between the Average Length of Stay and the Geometric Length of Stay.
- **Gross Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **RCC Cost (Ratio of Cost to Charges Cost):** The Amount in the Gross Revenue column is multiplied by the amount loaded in the Summary Charge Code Table to determine the cost.
- **P&L (Profit and Loss):** The RCC Cost is subtracted from the Gross Revenue to compute the Profit and Loss.
- **# of Pat (Number of Patients):** Is the total number of patients for the listed physician and DRG.
- **Gross Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **Non-DRG Revenue:** The difference between the total charges and the expected pay amount that will be billed to the Insurance Company.
- **Reimburse:** The Medicare DRG Reimbursement.
- **Cont P&L (Contractual Profit and Loss):** The Gross Revenue is subtracted from the sum of the patient portion and Reimbursement to obtain the Contractual Profit and Loss.
- **Case-Mix:** The Relative Weight of the listed DRG multiplied by the number of patients for the listed DRG.
- **Relative Weight:** This amount is the Medicare Relative Weight for the listed DRG.

7.6 Cost Analysis by Physician

This report is the same as the DRG Sequence report except it sorts by physician instead of DRG. This report is intended for ICD-9 reporting only. For ICD-10 DRG data, please see the [Cost Analysis By Physician](#) ²⁵⁸ report located within the Report Dashboard.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Cost Analysis by Physician**.
5. Select a print option.
6. Select report parameters:
 - **Enter Payor Code (Blank for All)**: This prompt is for the Cost Analysis by Physician, which is the first section of the report. Enter a specific Financial Class or skip to print report for all.
 - **Pagebreak by Physician**: If selected, the report will page break for each physician. If left blank, the report will list physicians on the same page.
 - **Enter Bad Debt Percentage**: Enter the percentage that will be considered un-collectable debt. The bad debt percentage will be based on the patient portion and will be included in the calculation of the Profit & Loss.
 - **Print another report?**: Select **Yes** to answer prompts for additional reports or **No** to continue.
 - **Enter Payor Code (Blank for All)**: This prompt is for the Physician Sequence, which is the second section of the report. Enter a specific Financial Class or skip to print report for all.
 - **Pagebreak by Physician**: If selected, the report will page break for each physician. If left blank, the report will list physicians on the same page.
7. Select **Print** to continue.
8. System prompts, "Print another report?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.

Description and Usage

This report prints in two sections and is similar to the DRG Sequence report except it sorts by physician instead of DRG. Each report gives the same information, only in a slightly different format. The report lists for each physician the DRG, the number of patients, total charges, ratio of cost-to-charges, DRG Reimbursement, contractual amount, average contractual, patient portion, Bad Debt percentage, profit and loss, average profit and loss and average length of stay.

This report is an effective tool for analyzing the performance of physicians in relation to DRG costs and lengths of stay on individual DRGs. Administrators can evaluate the DRG revenue, cost, reimbursement and contractual cost for each physician to determine areas of profitability. This report also allows managers to analyze the profit or loss on a specific DRG considering a certain percentage of un-collectable debt.

Cost Analysis by Physician

RUN DATE = 6/15/15 TIME = 12:03		D.R.G. --- COST ANALYSIS BY PHYSICIAN 05/01/12---05/31/12							PAYOR----: M 8% BAD DEBT ESTIMATE		PAGE 1 DRPHY2	
DRG	# OF PATS	DRG REV	DRG RCC	DRG REIMB	CONTR	AVG CONTR	NON-DRG REVENUE	BAD DEBT %	P&L	AVG P&L	---AVERAGE HOSPITAL	LOS--- NATIONAL
PHYSICIAN: KUFFLER J												
089	2	7363.41	6715.42	6960.40	325.01	162.51	78.00	6.24	316.74	158.37	5.0	5.4
167	1	2986.60	2872.07	2647.62	218.98	218.98	120.00	9.60	-114.05	-114.05	3.0	2.5
TOT	3	10350.01	9587.49	9608.02	543.99	181.33	198.00	15.84	202.69	67.56	4.3	4.4
PHYSICIAN: PETERS JG												
089	1	4035.60	3269.06	3480.20	555.40	555.40	.00	.00	211.14	211.14	3.0	5.4
144	1	5300.00	6620.20	3447.94	1852.06	1852.06	.00	.00	-3172.26	-3172.26	3.0	3.9
TOT	2	9335.60	9889.26	6928.14	2407.46	1203.73	.00	.00	-2961.12	-1480.56	3.0	4.6
PHYSICIAN: O'CONNOR K												
090	1	3548.28	3346.52	2141.68	1291.35	1291.35	115.25	9.22	-1098.81	-1098.81	3.0	4.0
243	1	4644.81	4667.33	2063.42	2466.39	2466.39	115.00	9.20	-2498.11	-2498.11	3.0	4.0
313	1	2652.90	2691.42	1828.64	624.26	624.26	200.00	16.00	-678.78	-678.78	1.0	1.8
TOT	3	10845.99	10705.27	6033.74	4382.00	1460.67	430.25	34.42	-4275.70	-1425.23	2.3	3.2
12		41122.25	40037.06	30833.69	9414.31	784.53	874.25	69.94	-8399.06	-699.92	3.4	3.8

Cost Analysis by Physician (Physician Sequence)

RUN DATE = 6/15/15 TIME = 12:04		D.R.G. --- PHYSICIAN SEQUENCE 05/01/12---05/31/12							PAYOR----: M		PAGE 1 HSDRPHY		
PHYSICIAN	DRG	# OF PAT.	GEO LOS	AVG LOS	DIFF	GROSS REVENUE	RCC COST	P&L	# OF PAT.	GROSS REVENUE	NON-DRG REVENUE	REIMBURSE	CONT. P&L
KUFFLER J	089	2	5.4	5.0	.4	7363.41	6715.42	647.99	2	7363.41	78.00	6960.40	-325.01
KUFFLER J	167	1	2.5	3.0	-.5	2986.60	2872.07	114.53	1	2986.60	120.00	2647.62	-218.98
** T O T A L **		3	4.4	4.3	.1	10350.01	9587.49	762.52	3	10350.01	198.00	9608.02	-543.99
PETERS JG	089	1	5.4	3.0	2.4	4035.60	3269.06	766.54	1	4035.60	.00	3480.20	-555.40
PETERS JG	144	1	3.9	3.0	.9	5300.00	6620.20	-1320.20	1	5300.00	.00	3447.94	-1852.06
** T O T A L **		2	4.6	3.0	1.6	9335.60	9889.26	-553.66	2	9335.60	.00	6928.14	-2407.46
O'CONNOR K	090	1	4.0	3.0	1.0	3548.28	3346.52	201.76	1	3548.28	115.25	2141.68	291.35
O'CONNOR K	243	1	4.0	3.0	1.0	4644.81	4667.33	-22.52	1	4644.81	115.00	2063.42	-2466.39
O'CONNOR K	313	1	1.8	1.0	.8	2652.90	2691.42	-38.52	1	2652.90	200.00	1828.64	-624.26
** T O T A L **		3	3.2	2.3	.9	10845.99	10705.27	140.72	3	10845.99	430.25	6033.74	-4382.00
** G R A N D **		12	3.8	3.4	.4	41122.25	40037.06	1085.19	12	41122.25	874.25	30833.69	-9414.31

Listed below is an explanation of each column.

Cost Analysis by Physician

- **DRG:** Pulls from the DRG Grouper and Maintenance Screen field 10.
- **# of Pats (Number of Patients):** Is the total number of patients for the listed physician and DRG.
- **DRG Rev (DRG Revenue):** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.

- **DRG RCC (Ratio of Cost to Charges):** The amount in the DRG REV column is multiplied by the percent loaded in the Summary Charge Code Table to determine the Cost.
- **DRG Reimb (DRG Reimbursement):** Is the Medicare DRG Reimbursement.
- **Contr (Contractual):** The DRG Reimbursement and patient portion is subtracted from the DRG Revenue to compute the Contractual.
- **Avg Contr (Average Contractual):** The Contractual divided by the number of patients for the listed DRG computes the Average Contractual.
- **Non-DRG Revenue:** The difference between the total charges and the expected pay amount that will be billed to the Insurance Company.
- **Bad Debt % (Bad Debt Percentage):** Entered when printing the report will be multiplied by the Patient Portion to obtain the Bad Debt Percentage.
- **P&L (Profit and Loss):** The DRG RCC (Cost to Charge Ratio) and Bad Debt Percentage is subtracted from the DRG Reimbursement and patient portion to compute the Profit and Loss.
- **Avg P&L (Average Profit and Loss):** The Profit and Loss divided by the number of patients for the listed DRG computes the Average P&L.
- **Hospital:** The Average Length of Stay is the total number of patients days divided by the total number of patients.
- **National:** The National Length of Stay is the Geometric Length of Stay for the listed DRG.

Physician Sequence

- **Physician:** Lists the Physicians that have patients with the listed DRG.
- **DRG:** Pulls from the DRG Grouper and Maintenance Screen field 10.
- **# of Pat (Number of Patients):** Is the total number of patients for the listed physician and DRG.
- **Geo LOS (Geometric Length of Stay):** For the listed DRG.
- **Avg LOS (Average Length of Stay):** The total number of patient days divided by the total number of patients.
- **Diff (Difference):** Lists the difference between the Average Length of Stay and the Geometric Length of Stay.
- **Gross Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.

- **RCC Cost (Ratio of Cost to Charges Cost):** The Amount in the Gross Revenue column is multiplied by the amount loaded in the Summary Charge Code Table to determine the cost.
- **P&L (Profit and Loss):** The RCC Cost is subtracted from the Gross Revenue to compute the Profit and Loss.
- **# of Pat (Number of Patients):** Is the total number of patients for the listed physician and DRG.
- **Gross Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **Non-DRG Revenue:** The difference between the total charges and the expected pay amount that will be billed to the Insurance Company.
- **Reimburse:** The Medicare DRG Reimbursement.
- **Cont P&L:** The Gross Revenue is subtracted from the sum of the patient portion and Reimbursement to obtain the Contractual Profit and Loss.

7.7 Patient Sequence

The DRG by Patient Sequence Report lists patients in alphabetical order for a specific date range and will list any Profit or Loss based on Ratio of Cost to Charges. For ICD-10 DRG data, please see the [Acute IP DRG Case Mix²²⁴](#) report.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Patient Sequence**.
5. Select a print option.
6. Select report parameters:
 - **Enter Payor Code (Blank for All):** Enter a specific Financial Class or skip to print report for all.
 - **Exclude Accounts Without a Finish Date:** If selected, only accounts with a finish date loaded in the Medical Records Grouper screen will pull to the report.
 - **Compute Case Mix From:** From the drop-down menu select **Computed DRG** to compute the Case mix based on data from the Computed DRG. The computed DRG may be pulled from the DRG Grouper Screen or from an interface. Select **Receipted DRG** to compute the Case Mix based on data from the DRG entered during receipting. If no DRG is entered during receipting, the report will default to the computed DRG to provide the Case Mix information.
7. Select **Print** to continue.

8. System prompts, "Print another report?"

- Select **Yes** to answer prompts for additional reports or **No** to continue.

Description and Usage

The DRG by Patient Sequence Report will lists all patients in alphabetical order and will include the physician, DRG, Geometric Length of Stay, Length of Stay, Gross Revenue, RCC Cost, Profit and Loss, Primary Insurance and Relative Weight for the specific DRG. The report is useful for analyzing Revenue, Costs and Profit or Loss for a particular patient.

Patient Sequence

RUN DATE = 6/14/15 TIME = 14:06		D. R. G. --- PATIENT SEQUENCE					PAYOR----: M 05/01/12---05/31/12		PAGE 1 H5DRPAT		
PATIENT NAME	NUMBER	PHYSICIAN	DRG	GEO LOS	LOS	DIFF	GROSS REVENUE	RCC COST	P&L	PRIMARY INS	RELWT
AGNEW JAMES W	357623	O'CONNOR K	090	4.0	3.0	1.0	3548.28	3106.61	441.67	M	.6773
BYRD DOUGLAS	357478	KUFFLER J	089	5.4	5.0	.4	3428.48	2662.54	765.94	M	1.1006
DALTREY JAMIE	357069	BARKETT V	042	1.5	2.0	.5-	3050.10	2820.91	229.19	M	.5676
DUNNING THOMAS S	357714	DAVIS WILL	097	3.3	4.0	.7-	2586.85	2364.82	222.03	M	.5887
FRANKS ALBERT W	357070	O'CONNOR K	243	4.0	3.0	1.0	4644.81	4259.01	385.80	M	.7158
GEORGE FRANCINE	357707	PETERS JG	144	3.9	3.0	.9	5300.00	4389.20	910.80	M	1.0904
GRANDS WILLA JEAN	357045	FITZNER R	107	7.3	9.0	1.7-	25737.45	17419.47	8317.98	M	4.0812
HARVEY SAMANTHA	357844	KELLY SAM	097	3.3	3.0	.3	2692.15	2505.31	186.84	M	.5887
HENLEY PATRICIA	357757	PETERS JG	089	5.4	6.0	.6-	4035.60	3099.62	935.98	M	1.1006
JACKSON GEORGE D	357837	WARD JANET	012	5.0	1.0	4.0	1268.70	395.32	873.38	M	.9370
JENNINGS BRIAN C	357616	WILLIAMS S	369	2.5	3.0	.5-	1896.75	1397.59	499.16	M	.5367
JOHNSON TARA	357157	WILLIAMS S	090	4.0	5.0	1.0-	2781.80	2437.84	343.96	M	.6773
JOSEPHS LAWRENCE	357921	WILSON JE	021	5.4	5.0	.4	77.50	73.36	4.14	M	1.4866
LANGWORTHY ROY	357071	WILLIAMS S	243	4.0	5.0	1.0-	3307.60	3016.21	291.39	M	.7158
MARTIN BESSIE J	357192	STIMPLER A	089	5.4	7.0	1.6-	4260.10	3058.74	1201.36	M	1.1006
MAURIN WILLIAM	357601	JONES KENN	089	5.4	4.0	1.4	4072.37	3212.11	860.26	M	1.1006
MCAFFEE PAULA A	357317	WILSON JE	020	8.0	5.0	3.0	7834.75	5984.99	1849.76	M	2.5786
MOON PATTERSON	357015	BARKETT V	427	3.6	6.0	2.4-	513.44	64.71	448.73	M	.5818
MOORE PAT W	357089	KUFFLER J	167	2.5	3.0	.5-	2986.60	2654.15	332.45	M	.8373
PARKISON CATHERINE	357153	ALFORD CW	184	2.7	4.0	1.3-	1480.57	1433.79	46.78	M	.5930
PERRY ANNIE	357107	WILLIAMS S	399	3.2	2.0	1.2	2604.50	2331.39	273.11	M	.6836
RAINES SHONDRA	357149	WILLIAMS S	183	2.6	4.0	1.4-	2876.74	1379.48	1497.26	M	.5496
SHEPARD ABRAHAM	357946	JOHNSON W	047	2.7	6.0	3.3-	2367.10	2092.33	274.77	M	.4623
TAYLOR BEVERLY	357627	FITZNER R	295	3.2	5.0	1.8-	2364.50	1705.33	659.17	M	.7359
URQUHART ROOSEVELT JR	357913	FITZNER R	332	2.7	4.0	1.3-	8245.34	7901.26	344.08	M	.5964
WAGGONER KENNY	357680	CHRISTIANS	244	4.0	3.0	1.0	4382.05	3147.77	1234.28	M	.7199
WALKER REGINALD	357930	ALFORD CW	251	2.3	3.0	.7-	6158.19	6581.28	-423.09	M	.4517
WARD OLIVIA M	357769	KUFFLER J	089	5.4	5.0	.4	3934.93	3130.47	804.46	M	1.1006
WILLIS BETTY C	357059	O'CONNOR K	313	1.8	1.0	.8	2652.90	2513.76	139.14	M	.5783
* TOTALS *				3.8	4.0	.2-	121090.15	97139.37	23950.78		.9495

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **DRG:** The patient's DRG from the DRG Grouper screen field 10.
- **Geo LOS (Geometric Length of Stay):** Is associated with the computed DRG for the patient.
- **LOS (Length of Stay):** Displays the patient's length of stay.
- **Diff (Difference):** Displays the difference between the patient's Geometric Length of Stay and the patient's length of stay.

- **Gross Revenue:** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code table.
- **RCC Cost (Ratio of Cost to Charges Cost):** The amount in the Gross Revenue column is multiplied by the percent loaded in the Summary Charge Code table to determine the Cost.
- **P&L (Profit and Loss):** Is the difference between the Gross Revenue and RCC Cost.
- **Primary Ins (Primary Insurance):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Relwt (Medicare Relative Weight):** For the listed DRG.

7.8 DRG Cost Outliers

The DRG Cost Outlier report lists accounts that will possibly qualify for cost outlier status.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Cost Outliers**.
5. Select a print option.

Description and Usage

The DRG Cost Outlier report will pull accounts with calculated DRGs and will list the cost outlier status. This will give a more accurate computation of the expected reimbursement from intermediaries.

DRG Cost Outliers

RUN DATE = 5/02/15					
TIME = 7:19					
		D.R.G. COST OUTLIER REPORT	04/01/12---04/30/12		PAGE 3
					H5DRGOUTL
ACCOUNT	TOTAL	DRG	OUTLIER	REIMB	
NUMBER NAME.....	CHARGES	AMOUNT	AMOUNT	AMOUNT	
D.R.G.---: 089 SIMPLE PNEUMONIA & PLEURISY AGE >17 W CC					
101964 MCDELL DELORIS M	5,400.00	3,480.20	1,631.50	5,111.70	

Listed below is an explanation of each column.

- **Account Number:** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Total Charged:** Pull from the patient's account detail.
- **DRG Amount:** The DRG Amount is the Medicare Reimbursement for the listed DRG.
- **Outlier Amount:** The figures entered on the Insurance Company table, page 5 are used to compute the DRG Outlier amount.
- **Reimb Amount (Reimbursement Amount):** The total of the DRG amount and the Outlier amount.

7.9 25 Most Common DRGs

The 25 Most Common DRGs Report will list, from highest to lowest, the most common DRGs computed.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **25 Most Common DRGs**.
5. Select a print option.
6. Select report parameters:
 - **Enter Payor Code (Blank for All)**: Enter a specific Financial Class or skip to print report for all.
 - **Enter Physician # (Blank for All)**: Enter a specific physician number or skip to print report for all.
7. Select **Print** to continue.
8. System prompts, "Print another report?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Ins (Primary Insurance):** Pulls from the Claim Status screen once the insurance claim has reached the Billed status.
- **F/C (Primary Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **LOS (Length of Stay):** Is the number of days the patient was admitted.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Rank:** This column appears on the total's page and lists the DRG's in order of highest to lowest.
- **DRG:** The DRG listed is based on the calculated DRG on the DRG Grouper screen field 10.
- **Description:** Pulls the DRG description.
- **Patients:** Pulls the number of patients for the given DRG.
- **Length of Stay Total:** The total Length of Stay is the total number of days patients were admitted for the given DRG.
- **Length of Stay Average:** The Length of Stay divided by the number of patients for the given DRG.

7.10 DRG Month-to-Date

The Month-to-Date DRG Report lists all Medicare and Medicaid Inpatients within a month-to-date period.

NOTE: Before running this report, LTCH facilities should run the Auto-Compute option from the LTCH Reports in order to assure accuracy of DRG reimbursement figures. (Select Hospital Base Menu > Print Reports > LTCH Reports > Auto-Compute)

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Month-to-Date**.
5. Select a print option.
6. System prompts, "Beginning Date:" and "Ending Date:"
 - Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
7. Select **Print** to continue.

Description and Usage

The Month-to-Date DRG Report lists the calculated DRG and contractual profit and loss for all Medicare and Medicaid Inpatients within a month-to-date period. The report will insert page breaks for Medicare and Medicaid patients and lists the patients in alpha order by Financial Class.

DRG Month-to-Date

RUN DATE: 06/20/15
TIME: 13:14

MONTH-TO-DATE DRG -- MEDICARE
06/01/15 --- 06/15/15

PAGE 1
H5DRMTD

PATIENT	NUMBER	PHYSICIAN	ADMIT DATE	DISC DATE	GROSS CHARGES	DRG	REIMB.	NON-DRG REVENUE	CONT. P&L	STATUS
BARKER KIMBERLY S	357084	BROWNING J	06/03/15	06/06/15	1854.19	032	1615.51	64.30	-174.38	
CHAMBERLIN STEPHEN	356787	MAYSON H	05/28/15	06/03/15	6381.89	127	3203.51	199.40	-2978.98	
DEGRAEVE LORETTA	356178	WHITE CARL	06/04/15	06/09/15	2100.00	324	1359.07	100.00	-640.93	
DUNN ELIZABETH	357163	DUNSETH WA	06/01/15	06/04/15	3539.50	089	3480.20		-59.30	
GREEN PATRICK	357857	FITZNER R	06/08/15	06/12/15	1114.90	255	927.76		-187.14	
HAAS HAYDEN	356852	ALFORD CW	06/07/15		110.90					IN-HOUSE
HINTON PATRICIA	356956	PARKER WJ	06/02/15	06/06/15	4700.20	294	2364.61	78.75	-2256.84	
IKNER DARRYL	357251	CHRISTIANS	06/06/15		1762.35					IN-HOUSE
JACOBS JANICE R	357486	CARLOS VIC	06/03/15	06/13/15	5682.64	127	3203.51		-2479.13	
KRINKLE SALLY A	357464	EMORY FRAN	05/30/15	06/04/15	1864.80	301	1878.60		13.80	
LONG ROSEMARY R	356116	HANLEY AL	06/07/15		29652.70					IN-HOUSE
MORRISON KATHY W	357902	LOWERY J	05/27/15	06/02/15	2242.35	020	8153.77		5911.42	INCOM INS.
PRICE SHONDRA	357224	BIXLER S	06/10/15		595.89					IN-HOUSE
SCHUSTER MAX JR	357455	BARKETT V	06/02/15	06/06/15	2625.60	183	1737.88		-887.72	INCOM INS.
SEWELL MICKI S	357100	WILLIAMS A	05/18/15		.00					IN-HOUSE
SMITH CLARA	356225	SCHRINER J	06/04/15	06/08/15	771.81	369	1697.09		925.28	
STEBER MILDRED	357247	DUNSETH WA	06/03/15	06/06/15	2264.72	090	2141.68	2264.72	2141.68	
THORNTON STANLEY L	357824	DUNSETH WA	06/08/15	06/14/15	3930.10	404	2503.43		-1426.67	
TURNER CHUCK	357760	SCHRINER J	05/11/15	06/03/15	1330.71	127	3203.51	1330.71	3203.51	
ULMER GINGER A	356888	WATSON M	06/07/15	06/08/15	3003.58					NO DRG
WILLIAMS NICK	356148	FITZNER R	06/03/15	06/07/15	2657.90					NO DRG
WRIGHT ANTHONY M	357204	WHITE CARL	06/10/15		250.80					IN-HOUSE
WYATT IDA	357353	HARDEN GW	05/23/15	06/02/15	1723.25	251	1428.32		-294.93	
					80160.78		38898.45	4037.88	809.67	
		IN-HOUSE...	6							
		NO DRG.....	2							
		INCOMPLETE..	2							
		OKAY.....	13							
		TOTAL PATIENTS:	23							

Listed below is an explanation of each column.

- **Patient (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from SStay tab on the Registration and ADT screen.
- **Gross Charges:** Pulls the patient's charges through the end date entered when printing the report.
- **DRG:** Pulls the patient's calculated DRG from the DRG Grouper screen.
- **Reimb (Reimbursement):** Pulls the DRG Reimbursement.
- **Non-DRG Revenue:** The Non-DRG Revenue is the difference between the total charges and the expected pay amount that will be billed to the insurance company.
- **Cont P&L (Contractual Profit and Loss):** The Gross Revenue is subtracted from the sum of the patient portion and Reimbursement to obtain the Contractual Profit and Loss.

- **Status:** A status of IN-HOUSE, NO DRG, or INCOMPLETE will pull to this column. If an account does not have a status listed, the account is considered okay. A status of IN-HOUSE indicates the patient has not been discharged yet. A status of NO DRG indicates the patient has been discharged, but there has not been a DRG calculated yet. A status of INCOMPLETE INS. indicates the patient has been discharged, but there is not a primary insurance claim listed for the patient. Totals for each status are listed at the bottom of the report.

7.11 DRG Cross Checking

The DRG Cross Checking report lists all DRG accounts with DRGs that have received payment and lists the difference between the hospital's computed DRG Reimbursement and the DRG Reimbursement calculated by Medicare.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **DRG Cross Checking**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date:** Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Enter Insurance Code (* to wildcard):** Enter the desired financial class.
7. Select **Print** to continue.

Description and Usage

The DRG Cross Checking report lists all DRG paid accounts for the designated date range in alphabetical order.

This report can be used to identify differences between the hospitals computed DRG and the DRG calculated by Medicare.

DRG Cross Checking

RUN DATE = 05/18/15
TIME = 10:41

D. R. G. CROSS CHECKING REPORT
FROM 04/01/15 THRU 04/30/15

PAGE 1
H5DRCK

PATIENT		--HOSPITAL-- COMPUTED	--MEDICARE-- + PT. PORTION		---ACTUAL--- RECEIPT	
NUMBER	NAME	DRG REIMBURSE	DRG REIMBURSE	DIFF	REIMBURSEMENT	DIFF
357120	ANDERSON LAURA A	254 1375.51	254 1375.10	.41	1375.10	.41
357134	BLOUNT ROBERT J	243 2263.42	243 2263.11	.31	1487.11	776.31
357108	BRADY MARCUS	296 2737.42	296 2737.41	.01	2737.41	.01
357085	BROWNING JAMES	183 1737.88	183 1737.88	OKAY	1737.88	
357142	COOPER DONALD	123 4646.69	123 4646.70	.01-	4646.70	.01-
357181	CORNELSON IDA M	132 2273.14	132 2273.15	.01-	2273.15	.01-
357126	DAVIS GRETCHEN	477 5521.33		5521.33	.00	5521.33
357184	EALSEY HENRY	148 14513.64	148 14513.63	.01	14513.63	.01
357188	EMANUAL SUSAN	395 2591.65	395 2591.64	.01	2591.64	.01
357113	FAIRCHILD AMELIA	127 3311.92	127 3311.92	OKAY	2535.92	776.00
357106	FERRELL DANE	140 2467.27	140 2467.26	.01	2467.26	.01
357098	GARDNER DENNIS JR	026 3035.92	026 3034.76	1.16	3034.76	1.16
357118	GOUGH PHILIP	188 3391.97	188 3391.98	.01-	2615.98	775.99
357201	HAYES JUANITA	183 1737.88	183 1737.88	OKAY	961.88	776.00
357191	INGRAM BILLIE J	493 5552.95	493 5552.94	.01	5552.94	.01
357121	JERNIGAN BETTY G	174 4224.70	174 4224.70	OKAY	3448.70	776.00
351344	LEE ROSE A	014 5042.89	014 5042.89	OKAY	4266.89	776.00
357092	MCCANE FLOYD H	132 2841.43	132 2841.43	OKAY	2841.43	
357182	NASSAR AGNES R	121 6897.25	121 6897.25	OKAY	6121.25	776.00
357103	PIERCE ANDREW J	277 3518.25	277 3518.26	.01-	2742.26	775.99
357138	SEWELL RALPH P	088 3981.32	088	3981.32	.00	3981.32
357195	TAYLOR CHRISTOPHER R	132 2841.43	132 2841.43	OKAY	2065.43	776.00
357146	TOMLIN SHIRLEY	183 1737.88	183 1737.88	OKAY	1737.88	
357186	TUCKER IRENE	089 4594.64	089	.00	4594.64	4594.64
357094	VINCENT CORA	122 4682.68	122 4682.68	OKAY	4682.68	
357124	WASHINGTON ROBERTA	127 4293.69	127 4293.69	OKAY	4293.69	
357193	WILLIAMS CHARLES JR	122 4682.68	122 4682.68	OKAY	3906.68	776.00

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Hospital Computed DRG:** The DRG calculated by the system pulls from the DRG Grouper screen field 10.
- **Hospital Computed Reimburse:** Lists the Reimbursement calculated from the system and pulls from the bottom right-hand corner of the DRG Grouper screen.
- **Medicare + PT (Patient) Portion DRG:** Lists the DRG that was entered in Receipting and pulls from the second DRG listed in the DRG Grouper screen, field 10.
- **Medicare + PT (Patient) Portion Reimburse:** Pulls the reimbursement received by Medicare plus the patient portion.
- **Diff (Difference):** Lists the difference between the hospitals computed Reimbursement and the Medicare Reimbursement entered during receipting.
- **Actual Receipt Reimbursement:** Lists the Reimbursement entered during receipting.
- **Diff (Difference):** Lists the difference between the hospital computed Reimbursement and the actual receipted Reimbursement.

7.12 Hospital Acquired Conditions

CMS regulations require facilities to capture Hospital Acquired Conditions and Present on Admission codes. This report will follow trends with the occurrences of Hospital Acquired Conditions. This version of the report should only be used to display data associated with ICD-9 codes. To display data for ICD-10 codes please see the Report Writer version of the [Hospital Acquired Conditions](#)^[274] report.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 1**.
4. Select **Hospital Acquired Conditions**.
5. Select a print option.
6. Select report parameters:
 - **Present on Admission:** This defaults to **All**. Select the drop-down menu to select a specific Present on Admission code.
 - **All Physicians:** This defaults to **All**. Deselect the field to enter in specific physicians.
 - **All Nursing Stations:** This defaults to **All**. Deselect the field to enter in specific nursing stations.
 - **Sort Options:** This defaults to Hospital Acquired Conditions. Select the drop-down menu to select another sort option of **Physician, Room/Nursing Station, Discharge Date** or **DRG**.
7. Select **Print**.

Description and Usage

This report will list accounts with Hospital Acquired Conditions and sort by those conditions. Various other information will be tracked as well.

Hospital Acquired Conditions Report

RUN DATE.: 12/17/15
 RUN TIME.: 16:16

Hospital Acquired Conditions Report
 From 11/01/16 thru 12/17/15

PAGE 1
 XDRHAC

Sorted By: Hospital Acquired Conditions

MR Number	Account	Disc Disc	Code	Description	POA	DRG	ALOS	Room	NS	Physician	Total Charges	Reimburse
45620	108535	11/23/15	9984	Foreign Object Retained After	N	065	3.6	4380	400	123475 SMITHDANIE	500.00	18072.36
10001	108534	12/07/15	9984	Foreign Object Retained After	N	066	9.2	1005	769	123475 SMITHDANIE	774.00	326.30
45620	108535	11/23/15	9987	Foreign Object Retained After	N	065	3.6	4380	400	123475 SMITHDANIE	500.00	18072.36
10001	108534	12/07/15	9987	Foreign Object Retained After	N	066	9.2	1005	769	123475 SMITHDANIE	774.00	326.30
45620	108536	11/23/15	9991	Air Embolism	N	056	5.8	4380	400	123475 SMITHDANIE	636.00	25634.82

Total Patients: 3

RUN DATE.: 12/17/15
 RUN TIME.: 16:15

Evident Community Hospital
 Hospital Acquired Conditions Report
 From 11/01/15 thru 12/17/15

PAGE 2
 XDRHAC

Summary Page

Code	Description	Total Patients
9984	Foreign Object Retained After Surgery	2
9987	Foreign Object Retained After Surgery	2
9991	Air Embolism	1

Listed below is an explanation of each column.

- **MR Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Account (Account Number):** Pulls from Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Code (Hospital Acquired Condition Code):** Lists the Hospital Acquired Condition Code for the listed patient.
- **Description:** Lists the Hospital Acquired Condition code Description.
- **POA (Present on Admission):** Pulls from the DRG Grouper screen, page 1.
- **DRG:** Pulls from the DRG Grouper and Maintenance Screen field 10.
- **ALOS (Actual Length of Stay):** Is the number of days the patient was admitted.
- **Room (Room Number):** Pulls to this column
- **NS (Nursing Station):** Pulls to this column.
- **Physician:** Pulls the Attending Physician from the Stay tab on the Registration and ADT screen.
- **Total Charges:** Pull from the patient's Account Detail screen.
- **Reimburse:** Pulls the Medicare Reimbursement for the DRG.

Chapter 8 Transcription Reports

8.1 Build Transcription Work Files

Before the Transcription Turn Around Report and the Dict/Trans by Pat/Phy can be printed, a file build must be generated for a date range.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Build Transcription Work Files**
5. Select file parameters:
 - **Dictation log reports based on:** Select Dictations, Discharges, or Transcriptions from the drop-down menu.
 - **Beginning Date** and **Ending Date:** Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
6. Select **Generate** to continue.

Description and Usage

Before the dictation/transcription reports can be printed, a file build must be generated for a specific date range. The transcription reports will reflect the data entered in the file build.

8.2 Transcription Turn Around Times

The Transcription Turn Around Times report may be utilized to list productivity of transcriptions and dictations.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Transcription Turnaround**.
5. Select a print option.
6. Select report parameters:
 - **Enter Patient Type (Blank for All)**: Enter the desired Stay Types or blank to print report for all.
 - **Enter Service Code (Blank for All)**: Enter a specific Service Code or skip to print report for all.
 - **Sort by Transcriptionist or Physician**: Select either **Transcriptionist** or **Physician** from the drop-down menu.
 - **Enter Transcriptionist Initials (Blank for All)**: This prompt appears if the report is printed in transcription initial order. Enter a specific transcription initials or skip to print report for all.
 - **Enter Physician Number (Blank for All)**: This prompt appears if the report is printed in physician order. Enter a specific physician or skip to print report for all.
 - **Enter Category Code (Blank for All)**: Enter a category code or select a Category Code from the drop-down menu. Select a Category from the list. The default selections are taken from the Old Transcription Menu. A Category Code can be chosen if using New Transcription. However, the code must be loaded in the Physicians Headers in the Business Office Tables.

Description and Usage

The Transcription Turn Around Times report will print turn around times between Admit/Discharge date, Admit/Dictation date, Admit/Transcription date, Discharge/Dictation date and Dictation/Transcription date. The report sorts by either Physician or the Transcriptionist initials. In order to pull turn around times on this report, a dictation date/time and transcription date/time must be present on the patient account.

Transcription Turn Around Times

RUN DATE: 07/26/17 TIME: 12:04		TRANSCRIPTION TURN AROUND TIMES							PAGE 1
		FROM: 07/17/17 TO: 07/26/17 PATIENT TYPE: ALL SERVICE: ALL							MRDLOGTR
		FOR TRANSCRIPTIONIST: ALL							
PATIENT NAME	NUMBER	ADM/DIS	ADM/DICT	ADM/TRAN	DIS/DICT	DIS/TRAN	DICT/TRAN	DOCUMENT	
ABBEY CAROLINE	100908	000/02/28	000/20/46	001/18/49	000/17/38	001/15/41	000/22/03	EEG	
HARPER DIANNE B	700011	003/07/44	006/21/18	007/00/03	003/13/34	003/16/59	000/02/45	PROGRESS NOTES	
LOGAN EDWARD M JR	356963	000/00/00	002/10/46	004/23/27	002/10/46	004/23/27	002/12/41	ECHOCARDIOGRAM	
SMITH JERRY R	A12568	000/00/00	000/12/33	000/23/53	000/12/33	000/23/53	000/10/40	EEG	
AVERAGE FOR: BKA		000/20/33	002/16/20	003/16/33	001/19/37	002/20/00	001/00/02		
TOTAL PATIENTS: 4									
PATIENT NAME	NUMBER	ADM/DIS	ADM/DICT	ADM/TRAN	DIS/DICT	DIS/TRAN	DICT/TRAN	DOCUMENT	
BRADLEY KACEY	357996	000/22/38	001/04/43	001/15/21	208/06/06	208/16/43	000/10/38	HISTORY AND PHYSICAL	
GREEN CHARLES	357976	001/21/22	001/22/40	005/12/59	000/01/18	003/15/37	003/14/19	DISCHARGE SUMMARY	
GREEN CHARLES	357976	001/21/22	001/22/42	005/18/57	000/01/20	003/21/35	003/20/15	HISTORY AND PHYSICAL	
GREEN CHARLES	357976	001/21/22	000/17/16	003/17/58	000/00/00	001/19/56	003/00/42	RADIOLOGY SUMMARY	
HARPER DIANNE B	700011	003/07/44	006/15/33	007/03/03	003/07/49	003/19/59	000/11/30	HISTORY AND PHYSICAL	
JOHNSON EVELYN R	357036	000/01/07	003/23/21	005/02/57	003/22/14	005/01/50	001/03/36	DISCHARGE SUMMARY	
JOHNSON EVELYN R	357036	000/01/07	002/23/21	005/02/46	002/22/14	005/01/39	002/03/25	OPERATIVE SUMMARY	
MALRIN CATHERINE	700359	000/00/00	113/22/54	115/19/53	113/22/54	115/19/53	001/20/59	HISTORY AND PHYSICAL	
OWENS MARK J	357000	000/06/54	002/20/00	005/18/33	003/02/54	006/00/47	002/22/33	HISTORY AND PHYSICAL	
SANFORD WILLIAM D	357317	005/18/17	012/02/27	012/23/00	006/08/10	007/04/43	000/20/33	HISTORY AND PHYSICAL	
AVERAGE FOR: PSM		001/14/35	014/19/53	016/20/44	034/04/41	036/02/40	002/00/51		
TOTAL PATIENTS: 10									
AVERAGE GRAND TOTAL PATIENTS: 14		001/09/26	011/08/35	013/02/24	024/22/40	026/14/28	001/17/45		

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **Adm/Dis:** Lists the turn around time between the patient’s Admit date/time and the Discharge date/time. All columns list DDD/HH/MM where DDD is days, HH is hours and MM is minutes.
- **Adm/Dict:** Lists the turn around time between the Admit date/time and the Dictation date/time.
- **Adm/Tran:** Lists the turn around time between the Admit date/time and the Transcription date/time.
- **Dis/Dict:** Lists the turn around time between the Discharge date/time and the Dictation date/time.
- **Dis/Tran:** Lists the turn around time between the Discharge date/time and the Transcription date/time.
- **Dict/Tran:** Lists the turn around time between the Dictation date/time and the Transcription date/time.
- **Document:** Lists the document transcription name.
- **Average:** Lists averages for each sort (transcription or physician) at the end of the report.

8.3 Transcription Productivity

The Transcription Productivity is a useful tool in monitoring Transcription productivity.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Transcription Productivity**
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Print in Detail?**
7. Select **Print** to continue.

Description and Usage

The Transcription Productivity Report is used by the Hospital in tracking the productivity of the transcriptionists. Included in the report are the transcriptionists' initials, account number and name, type of transcription document, transcription date and time, flag for new document, word count, line count, paragraph count, character count, characters with spaces count and a recap at the end of the report listing grand totals for each set of initials. This report is for documents created through MSWord.

The patient information that is pulled into the document will have to be a part of the header to ensure that it is not counted as part of the statistics.

Transcription Productivity (Detail)

RUN DATE: 9/04/17 TIME: 11:32		TRANSCRIPTION PRODUCTIVITY REPORT CHANGES FROM 09/01/17 THRU 09/30/17							PAGE 1 MRTRANP	
INIT NUMBER	NAME	DESCRIPTION	TRANSCRIPTION DATE	TIME	NEW DOC	WORD COUNT	LINE COUNT	PARA COUNT	CHAR COUNT	CHARW/S COUNT
JAM 106200	SMITH JOHN	HISTORY & PHYSICAL	9/06/17	10:17:35	*	1	1	1	35	35
JAM 108451	TAYLOR SAMUEL	DISCHARGE SUMMARY	9/06/17	10:19:22	*	10	1	1	40	49
JAM 105632	ZANDER MICHAEL	ER NOTE	9/06/17	10:20:29	*	3	1	1	15	17
Subtotal for						3	14	3	90	101
Grand Total.....						3	14	3	90	101
-----RECAP-----										
INITS	NEW	WORDS	LINES	PARAS	CHARS	CHARW/S				
JAM	1	3417	843	471	19753	24676				

Transcription Productivity (Summary)

RUN DATE: 9/04/17 TIME: 11:32		TRANSCRIPTION PRODUCTIVITY REPORT CHANGES FROM 09/01/17 THRU 09/30/17						PAGE 1 MRTRANP		
INIT NUMBER	NAME	DESCRIPTION	TRANSCRIPTION DATE	TRANSCRIPTION TIME	NEW DOC	WORD COUNT	LINE COUNT	PARA COUNT	CHAR COUNT	CHARW/S COUNT
	Subtotal for	AKM.....			8	301	276	73	2497	2831
	Subtotal for	JAM.....			11	1055	3803	169	10235	12590
	Subtotal for	TRG.....			9	452	396	92	3095	3845
Grand Total.....					28	1808	4475	4809	15827	19266

Listed below is an explanation of each column.

- **Initials (Transcriptionist Initials):** Pulls from the employee Sign On or is employee Sign On is not used the initials will need to be entered.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **Name (Patient Name):** Pulls from the Patient tab on the Registration and ADT screen.
- **Description:** The type of transcription document.
- **Transcription Date:** The date the document was transcribed.
- **Transcription Time:** The time the document was transcribed.
- **New Doc (New Document):** If this is a newly transcribed document an asterisk will pull to this column.
- **Word Count:** The number of words listed in the body of the document.
- **Line Count:** The number of lines listed in the body of the document.
- **Para Count (Paragraph Count):** The number of paragraphs listed in the body of the document.
- **Char Count (Character Count):** The number of characters listed in the body of the document.
- **Char W/S Count (Character with Space Count):** The number of characters with spaces count in the body of the document.
- **Recap:** The grand totals for each set of initials.

8.4 Dictation/Transcription by Patient/Physician

The Dictation/Transcription by Patient/Physician lists the documents for each patient that have been either dictated or transcribed.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Dictation/Transcription by Pat/Phys**
5. Select a print option.
6. Select report parameters:
 - **Enter Patient Type (Blank for All)**: Enter the desired Stay Types or blank to print report for all.
 - **Enter Service Code (Blank for All)**: Enter a specific Service Code or skip to print report for all.
 - **Sort By Patient or Physician (Patient, Physician)**: Select either **Patient** or **Physician** from the drop-down menu.
 - **Document Complete**: Select **Both**, **No**, or **Yes** from the drop-down menu. **Yes** will include only transcription documents that are transcribed. **No** will include only transcription documents are dictated. **Both** will print report for all.
7. Select **Print** to continue.

Description and Usage

The Dictation/Transcription by Patient/Physician may be printed either by physician or by patient. This report lists the documents for each patient that have been either dictated or transcribed. Some of the information that prints on the report is the physician who dictated the document, the type of document transcribed or dictated, the transcriptionist initials and whether the document has been transcribed.

Dictation/Transcription by Patient/Physician

RUN DATE: 07/26/17
TIME: 07:51

DICTATIONS/TRANSCRIPTIONS BY PHYSICIAN
FILE GENERATED BY: DICTATIONS
FROM: 07/01/17 TO: 07/26/17 PATIENT TYPE: ALL SERVICE: ALL

PAGE 3
MRDLOGDT

PATIENT NAME	NUMBER	ADMIT DATE	DISC DATE	DICTATING PHYSICIAN	DOCUMENT	TRANSCRIPTIONIST	TRANSCRIBED
ETHERIDGE JASON R	357317	07/11/17	07/17/17	MILLER LW	HISTORY AND PHYSICAL	PSM	Y
LAWSON CHRISTOPHER M	357221	07/04/17	07/06/17	MILLER LW	HISTORY AND PHYSICAL	DRH	Y
NETTLES SANDRA P	357506	07/26/17	07/26/17	MILLER LW	DISCHARGE SUMMARY		N
NETTLES SANDRA P	357506	07/26/17	07/26/17	MILLER LW	HISTORY AND PHYSICAL		N
POWERS RITA I	357200	07/14/17	07/18/17	MILLER LW	DISCHARGE SUMMARY	PSM	Y
POWERS RITA I	357200	07/14/17	07/18/17	MILLER LW	HISTORY AND PHYSICAL	PSM	Y
POWERS RITA I	357200	07/14/17	07/18/17	MILLER LW	PROGRESS NOTES	BKA	Y

TOTAL FOR PHYSICIAN: 7

RUN DATE: 07/26/17
TIME: 07:51

Evident Community Hospital
DICTATIONS/TRANSCRIPTIONS BY PHYSICIAN
FILE GENERATED BY: DICTATIONS
FROM: 07/01/17 TO: 07/26/17 PATIENT TYPE: ALL SERVICE: ALL

PAGE 4
MRDLOGDT

PATIENT NAME	NUMBER	ADMIT DATE	DISC DATE	DICTATING PHYSICIAN	DOCUMENT	TRANSCRIPTIONIST	TRANSCRIBED
RAWLINGS MELISSA M	101743	07/20/17	07/24/17	O'CONNOR K	DISCHARGE SUMMARY	CMM	Y
RAWLINGS MELISSA M	101743	07/20/17	07/24/17	O'CONNOR K	HISTORY AND PHYSICAL	CMM	Y
THOMPSON JEANETTE	101733	07/19/17	07/19/17	O'CONNOR K	DISCHARGE SUMMARY		N
THOMPSON JEANETTE	101733	07/19/17	07/19/17	O'CONNOR K	HISTORY AND PHYSICAL	CMM	Y

TOTAL FOR PHYSICIAN: 4

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Dictating Physician:** Lists the dictating physician and pulls from the Dictation Log option of the Medical Records screen.
- **Document:** This is the type of transcription document.
- **Transcriptionist:** This is the transcriptionist initials entered when transcribing a document.
- **Transcribed:** **Y** will pull if the document has been transcribed, and **N** will pull if it has not been transcribed.

8.5 Failed Faxes by Patient

The Failed Faxes By Patient report is a list of faxes sent from a facility that did not reach the correct destination.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Failed Faxes by Patient**.
5. Select a print option.
6. System prompts, "As of Date:"
 - Enter the date the report will be run through or select the date from the drop-down menu. The format is MMDDYY. The system will default to the current system date. Selecting **OK** without changing the date will run the report through the current date.

Description and Usage

This report provides a list of faxes that did not go through to the desired destination. Any fax appearing on this report will need resent. The fax number used in sending the information will print to the report providing a means of checking the validity of the number. Verification of the patient account number, date, time, sender and document sent may also be checked by utilizing this report.

Failed Fax Transmittals by Patient

RUN DATE 07/06/2017		FAILED FAX TRANSMITTALS BY PATIENT						PAGE 1	
TIME 13:51		AS OF DATE: 07/01/2017						FXFAILPT	
PATIENT#	DATE	TIME	DESCRIPTION	SENDER	SENDER FAX	DOCUMENT			
1	102697	06/21/2017	13:35	STEPHANIE BLACK	SSB	251-646-6159	RESULTS FOR: 002697	ANDERSON HEATHER	
2	102697	06/21/2017	13:35	STEPHANIE BLACK	SSB	251-656-5526	RESULTS FOR: 002697	ANDERSON HEATHER	
3	102697	06/21/2017	13:35	STEPHANIE BLACK	SSB	251-656-6932	RESULTS FOR: 002697	ANDERSON HEATHER	
4	102655	06/21/2017	13:36	KAREN O'CAIN	KDO	251-646-4569	CBC LAB TEST RESULT		
5	103311	06/21/2017	13:57	JOEY AMES	JEA	251-651-1259	EKG RESULTS		
6	123491	06/27/2017	14:06	SUSAN MELVA	SJM	251-639-8214	CHEST PA & LAT		
7	102221	06/27/2017	14:08	JOEY MELVA	JEA	251-639-5549	FEMUR X-RAY		
8	123981	07/01/2017	07:51	MICHELLE C CAIN	MCC	251-643-1992	RESULTS FOR: 123981	JONES SARA	
9	101132	07/01/2017	16:54	MICHELLE C CAIN	MCC	251-639-8214	GLUCOSE		
10	110132	07/01/2017	16:55	MICHELLE C CAIN	MCC	251-639-5599	RESULTS FOR: 110132	SIMON HERB	
11	101144	07/12/2017	08:56	LAURA ALBERT	LAA	251-638-8234	GLUCOSE		
12	120132	07/12/2017	09:27	LAURA ALBERT	LAA	251-638-1259	GLUCOSE		
13	102132	07/15/2017	11:17	KYLE ROBERTS	KMR	251-639-8569	RESULTS FOR: 102132	SMITH ABBEY	
14	113032	07/16/2017	08:01	STEPHANIE BLACK	SSB	251-698-1966	PT PROGRESS NOTES		
15	100748	07/18/2017	15:40	KAREN O'CAIN	KDO	251-639-8614	ALBUMIN		
16	125748	07/18/2017	16:43	JOEY AMES	JEA	251-665-2647	ALBUMIN		
17	100748	07/21/2017	13:36	MICHELLE C CAIN	MCC	251-639-5871	DIGOXIN		
18	100966	07/23/2017	16:24	MICHELLE C CAIN	MCC	251-639-9358	EKG RESULTS		
19	113573	07/26/2017	09:45	SUSAN MELVA	SJM	251-639-8526	RESULTS FOR: 113573	JEFFERIES CAROL	

Listed below is an explanation of each column.

- **Patient # (Patient Number):** Pulls from the Registration and ADT screen.
- **Date:** The date the fax was sent.
- **Time:** The time the fax was sent.
- **Description Sender:** Is the name of the employee sending the fax.
- **Sender:** The initials of the employee sending the fax
- **Fax:** The fax number to which the information was sent.
- **Document:** A description of the information sent.

Chapter 9 Coding Reports

9.1 Coder Productivity

The Coder Productivity report is a useful tool in monitoring coder productivity.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Coder Productivity**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: The report pulls figures based on Finish Date. Enter the beginning and ending Finish Date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Coder's Initials (Blank for ALL)**: Enter a specific coder's initials or skip to print report for all.
 - **Detail?**: Selecting this option will list the accounts that were coded within the selected date range.
7. Select **Print** to continue.

Description and Usage

The Coder Productivity report lists the number of accounts coded for the specified coder's initials from field 6 of the DRG Grouping and Maintenance screen for accounts with Finish dates within the date range. The report includes Coder's Initials, Service Type, Patient Type, Total for Each Patient Type and Total for Each Coder.

Coder Productivity

RUN DATE: 05/03/17 PAGE 1
 TIME: 09:00 CODER PRODUCTIVITY REPORT 04/01/17 TO 04/30/17 XMRCODER

CODER: DKH

Patient Type	Service Code	Total
1 I/P	I ICU	2
1 I/P	M MEDICAL	11
1 I/P	S SURGERY	9
Total Patient Type 1 :		22
2 O/P	E ER	35
2 O/P	L LAB	21
2 O/P	O O/P SURG	9
2 O/P	P PEDIATRI	3
Total Patient Type 2 :		68
5 SNF	M MEDICAL	3
Total Patient Type 5 :		3

TOTAL FOR DKH: 93

CODER: PSM

Patient Type	Service Code	Total
1 I/P	I ICU	4
1 I/P	M MEDICAL	10
1 I/P	N NURSERY	1
1 I/P	S SURGERY	5
1 I/P	V SWINGBED	2
Total Patient Type 1 :		22
2 O/P	*NO CODE*	3
2 O/P	B OBSERV	2
2 O/P	E ER	34
2 O/P	L LAB	20
2 O/P	O O/P SURG	15
2 O/P	P PEDIATRI	3
2 O/P	R MRI	2
2 O/P	X XRAY	12
2 O/P	Y THERAPY	6
Total Patient Type 2 :		97
5 SNF	M MEDICAL	2
Total Patient Type 5 :		2

TOTAL FOR PSM: 121

Listed below is an explanation of each column.

- **Coder (Coder Initials):** Pull from the DRG Grouper and Maintenance screen field 6.
- **Patient Type:** Pulls from the Patient tab on the Registration and ADT screen. The report lists totals by Stay Type for each coder.
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen. The report lists totals for each service type for each coder.
- **Total:** Pulls the total number of patients coded for each coder.

Coder Productivity in Detail

```

RUN DATE: 04/04/17          PAGE 1
TIME: 09:53                XMRCODER
CODER PRODUCTIVITY REPORT 04/04/17 TO 04/04/17
-----
      INITS  ACCOUNT  PATIENT NAME          STAY TYPE  SERVICE
-----
      AM    10100282  SMITH JOHN PATRICK    1  I/P      01  MEDICINE
      AM    00901427  SLIDER SALLY T       1  I/P      20  CLINIC
      AM    10100265  SHANE JOSHUA         1  I/P      G   EEG
      AM    10100266  SMITH ELLA KATHERINE 1  I/P      M   MEDICAL
      AM    10100254  KERVIN BETSY V       2  O/P      02  SURGERY
      AM    10100260  MAURIN PAT S         3  ER       O   OBSERV

TOTAL FOR AM :           6

      AM    1010029  DAVID SMITHE         1  I/P      *NO CODE*

TOTAL REVISED FOR AM :   1

      JCB   1010027  DAVID ROGERS         1  I/P      *NO CODE*

TOTAL FOR JCB:           1

```

- **Initis (Coder Initials):** Pull from the DRG Grouper and Maintenance screen field 6.
- **Account:** Pulls from Patient tab on the Registration and ADT screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Stay Type:** Pulls from Patient tab on the Registration and ADT screen.
- **Service:** Pulls from Patient tab on the Registration and ADT screen.
- **Total:** Pulls the total number of patients coded for each coder.

9.2 Approved Claims

The Approved Claims (Waiting for Charges) report lists claims at the Approved status.

How to Print

1. Select **Report Print Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Approved Claims**.
5. Select a print option.
6. Select report parameters:
 - **Sort By:** Select a sort option. The options include:
 - **a** - Alpha-Serv Cd-Ins
 - **b** - Alpha-Ins-Serv Cd
 - **c** - Serv Cd-Alpha-Ins
 - **d** - Serv Cd-Ins-Alpha
 - **e** - Ins-Alpha-ServCd
 - **f** - Ins-Serv Cd-Alpha
 - **Include Secondary Claims (Y/N):** Enter **Y** to include secondary claims or **N** to exclude secondary claims from the report.
 - **Print Medical Records Complete (Y/N/"B"oth):** Enter **Y** if the report should only print the accounts that have Medical Records complete, or enter **N** if the report should only print the accounts that do not have Medical Records complete. Enter **B** to print all accounts regardless of complete.
 - **Exclude patients with no discharge date (Y/N):** Enter **Y** to exclude patients that are not discharged. Enter **N** to include patients that are not discharged.
 - **Enter up to 10 Service Codes to pull (0-For all):** Enter up to 10 desired Service Codes or 0- Enter to print report for all.
7. System prompts, "Continue? (Y/N/0-Exit)"
 - Enter **Y** to print report. Enter **N** to change prompts. Enter **0** to exit without printing report.

Description and Usage

The Approved Claims report prints insurance claims that are at the Approved status. This report page breaks and subtotals by Financial Class, with a grand total number of Approved claims printing at the end of the report. Medical Records should use this report to attain a list of all accounts that need Medical Record coding before insurance can be billed.

Approved Claims (by Alpha Split)RUN-DATE: 06/30/17
TIME: 12:34

MR APPROVED INSURANCE (WAITING FOR CHARGES)

SORT BY.: Serv Cd-Alpha-Ins
BREAK BY: A TO ZPAGE 1
H5ISAPP2MR

PATIENT NAME	NUMBER	PT	INS	DISC. DATE	SERVICE CODE	MR NUMBER	CHARGES	COMMENTS	M/R COMP
BEVERLY BETTY JEAN	ANB019	4	BME		D	500579BB	0.00		N
BLANKMAN BILL	002690	2	MB		L	30497	0.00		N
BLECHERT JEREMY	102391	2	BB		F	30430	169.00		Y
BLECHERT JORDAN	N00475	2	MB		S	30360	30553.00		Y
BOLTZ CAROLYN	102157	2	MB		L	235689	176.00		Y
BRADWELL SYLVIA MARIE	003708	2	MB		L	A12478	0.00		N
BRADY ROBERT	414643	5	XLT	05/28/17	T	900035528	** 209.00		Y
BRENDLE JANE	Q32123	1	C		O	306357	0.00		N
BRENT GEORGE	401433	2	MB		L	A12713	0.00		N
CANNON ALLEN	300053	3	CB	06/26/17	E	123306491	441.00		Y
CANNON EDNA	003062	1	M		M	123403033	46.00		Y
CARBANIS RHODA	300009	3	XP	06/07/17	E	306384	* 46.00		Y
CARGYLE ELIZABETH	401430	1	M		O	306385	46.00		Y
CARLEY ELAINE	300006	3	BB	06/07/17	E	306379	** 46.00		Y
CARLINO ASHLYN	000048	2	BB	06/31/17	L	600035376	** 0.00		N
CARMICHAEL BRENDA	C11184	2	BB		L	400741	102.00		Y
CARREGO NANCY	003001	1	CB	06/07/17	M	306380	** 265.00		Y
CARRELL JULIUS	300008	3	XP	06/07/17	E	306382	** 162.00		Y
CARSTAIRS ELBERT	300013	3	MB	06/07/17	M	306388	** 70.00		Y
CARTER NICHOLAS	418346	2	XP1	06/01/17	L	654123	** 361.00		Y
COSTANZA GEORGE	001447	1	B		O	635251	169.00		Y
COX WESLEY	500053	2	XB		L	534533	0.00		Y

Approved Claims (by Service Code)RUN-DATE: 06/30/17
TIME: 12:34

MR APPROVED INSURANCE (WAITING FOR CHARGES)

SORT BY.: Serv Cd-Alpha-Ins
BREAK BY: LPAGE 26
H5ISAPP2MR

PATIENT NAME	NUMBER	PT	INS	DISC. DATE	SERVICE CODE	MR NUMBER	CHARGES	COMMENTS	M/R COMP
BRYANT KARY	102170	1	M1		L	000738	10678.00		Y
WYND GATE	121203	1	CBG		L	A12593	0.00		N
FOR SERVICE CD.: L				TOTAL APPROVED	2	TOTAL CHARGES	10678.00		

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from the Registration and ADT screen.
- **PT (Patient Type):** The patient type is the patient's Stay Type.
- **Ins (Insurance Code):** Pulls from the Insurance Claims by Patient screen.
- **Disc Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen.
- **Med-Rec# Number (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **Charges:** Pull from the patient's Account Detail screen.
- **Comments:** Pull from the Comment field of the Insurance Claims Status screen.
- **Med-Rec Comp (Medical Records Complete):** Is determined by a finish date being loaded in the DRG Grouper and Maintenance screen, field 6.

9.3 Claims With Missing Information (by Physician)

The Claims with Missing Information (By Physician) lists claims at the Unchecked status that are awaiting Medical Records Coding or need a M/R Verify Date for APC claims. The report lists claims by physician.

How to Print

1. Select **Report Print Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Claims W/Miss Info (P)**.
5. Select a print option.
6. System prompts, "Include Secondary Claims?"
 - Select **Yes** to include secondary claims or **No** to exclude secondary claims from the report.
7. System prompts, "Would you like to pull coder initials?"
 - If answered **Yes**, the coders initials will replace the "Current, 30, 60, 90 days" columns.
8. Select report parameters:
 - **As of date for insurance aging**: Enter the date the report will be run through or select the date from the drop-down menu. The format is MMDDYY. The system will default to the current system date.
 - **Print medical record number?**: Select this option to print the patient medical record number to report.
9. Select **Print** to continue.

Description and Usage

The Claims with Missing Information (By Physician) report should be printed and worked on a daily basis. The report page breaks and subtotals by physician. The last page of the report ages the expected pay under the columns Current, Over 30, Over 60 and Over 90. The last page also gives the total number of claims for each physician.

If coder initials are chosen to print, they will replace the aging columns.

Medical Records can use this report to see what needs to be coded. If a doctor has not assigned a diagnosis, this report may be used to determine which physicians are holding up the billing.

Outpatient claims with the comment "APC Claim" as the reason for not billing the claim, should be verified and have a M/R Verify Date entered on the Medical Records Insurance Modifier Maintenance screen.

Claims With Missing Information (by Physician)

RUN DATE: 07/12/17 TIME: 06:11		CLAIMS WITH MISSING INFORMATION (BY PHYSICIAN) AS OF 07/12/17										MEDICAL RECORDS H5ISPHYP	PAGE 3	
INSURANCE	NUMBER	NAME	MED. REC.#	DISC DATE	AMOUNT TO BE BILLED	CUR	30	60	90	#DAYS CHART DISC.	CHART LOCATION	#DAYS LOCA.	INSURANCE	M/R COMP
PRI.	357845	ROBERTS SALLY	481268	05/06/17	1130.25			X		68			MEDICARE O/P	Y
REASON FOR NOT BILLING ABOVE CLAIM: (APC CLAIM)														
PRI.	357666	WILCOX DEANNA	481471	07/06/17	3482.64		X			7	MAIN-FILE	5	MEDICARE-I/P	N
PRI.	357840	BARCLEY ANN	481639	07/09/17	4628.75	X				3		3	MEDICARE-I/P	N
PRI.	357045	PATTERSON JAN	481633	07/02/17	8012.00	X				10	MAIN-FILE	2	BLUE CROSS - I/P	N
PRI.	357421	TAYLOR VICTOR	481525	07/02/17	9055.01	X				10		3	BLUE CROSS - I/P	N
PRI.	357737	MARTIN WILLIAM	480658	07/03/17	422.64	X				9	TRANSCRIPT		MEDICARE O/P	Y
REASON FOR NOT BILLING ABOVE CLAIM: (APC CLAIM)														
* * * T O T A L S * * *					26731.29	TOTAL CLAIMS			6					

Claims With Missing Information (by Physician Totals)

RUN DATE: 07/12/17 TIME: 06:11		CLAIMS WITH MISSING INFORMATION (BY PHYSICIAN) AS OF 07/12/17					MEDICAL RECORDS H5ISPHYP	PAGE 77
NUMBER	NAME	CURRENT	OVER-30	OVER-60	OVER-90	BALANCE	CLAIMS	
121400	WILSON FRA	243.75				243.75	1	
124700	ANDERSON R	22118.40	3482.64	1130.25		26731.29	6	
124800	GILMORE SH	6958.05	1258.66			9108.46	4	
126200	JONES HENR				891.75	1920.30	2	
127100	BROWNING J		1481.80			1481.80	7	
128200	ANDERSON K	12588.74	2044.00			14632.74	4	
128400	SHELDS TI	10275.25				10275.25	2	
128600	SUMMERS JA	8241.00		2464.01		10705.01	3	
* * * T O T A L S * * *		60425.19	8267.10	3594.26	2812.05	75098.60	29	
TOTAL NUMBER OF ACCOUNTS CURRENT		19						
TOTAL NUMBER OF ACCOUNTS OVER-30		5						
TOTAL NUMBER OF ACCOUNTS OVER-60		3						
TOTAL NUMBER OF ACCOUNTS OVER-90		2						
TOTAL NUMBER OF ACCOUNTS		29						

Listed below is an explanation of each column.

- **Insurance:** This field states the primary status of the claim. PRI is listed for the primary claim and SEC for all other claims.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Med- Rec# (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Amount To Be Billed:** The expected pay amount pulls from the detail charges screen.
- **Current:** A **X** pulls to this column if the Discharge date is less than 30 days old.
- **30:** A **X** pulls to this column if the Discharge date is over 30 but less than 60 days old.
- **60:** A **X** pulls to this column if the Discharge date is over 60 but less than 90 days old.
- **90:** A **X** pulls to this column if the Discharge date is over 90 days old.
- **# Days Disc (Number of Discharge):** The number of days since discharge.
- **Chart Location:** The location of the patient's medical record chart pulls from Medical Records.
- **# Days Loca (Number of Days Location):** The number of days that the Health Information chart has been in its current location.
- **Insurance:** The insurance code pulls from the Insurance Claims by Patient screen.
- **Srv Cd (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Med-Rec Com (Medical Records Complete):** A **Y** indicates that Medical Records coding is complete and the Finish Date has been added to the grouper screen. A **N** indicates that coding is not complete.

9.4 Claims With Missing Information (by Insurance)

The Claims with Missing Information (By Insurance) report lists claims at the Unchecked status that either need some additional follow-up from Medical Records or another department as specified in the Comments section on the report or that need a M/R Verify Date for APC claims. The report lists claims by Insurance Company.

How to Print

1. Select **Report Print Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Claims W/Miss Info (I)**.
5. Select a print option.
6. Select report parameters:
 - **Sort By:** Select one of the following sort options from the drop-down menu:
 - **a** - Alpha-Serv Cd-Ins
 - **b** - Alpha-Ins-Serv Cd
 - **c** - Serv Cd-Alpha-Ins
 - **d** - Serv Cd-Ins-Alpha
 - **e** - Ins-Alpha-ServCd
 - **f** - Ins-Serv Cd-Alpha
 - **Include Secondary Claims:** Select this option to include secondary claims on the report.
7. Select **Print** to continue.
8. Select report parameters:
 - **Enter As of Date:** Enter the date the report will be run through or select the date from the drop-down menu. The format is MMDDYY. The system will default to the current system date.
 - **Service Codes:** Enter up to 10 Service Codes or select the next option to print report for all.
 - **Would you like to pull coder initials?:** If this prompt is answered **Yes**, the coders initials will replace the "Current, 30, 60, 90 days" columns. The report will print once this prompt is answered.

Description and Usage

The Claims with Missing Information report should be printed and worked daily. The report page breaks and subtotals by insurance company. The last page of the report ages the expected payment under the columns Current, Over 30, Over 60 and Over 90. The last page also gives the total number of claims for each insurance company. There is a grand total that gives the totals of each aging column for all insurance companies and a grand total of the number of claims at the Unchecked status.

Medical Records can use the “M/R Comp” column on this report to see what accounts need follow-up. If they are waiting on the doctor to assign a diagnosis, this report may be used to determine which physicians are holding up the billing. Outpatient claims with the comment “APC Claim” as the reason for not billing the claim should be verified and have a M/R Verify Date entered on the Medical Records Insurance Modifier Maintenance screen.

Claims With Missing Information (by Insurance)

RUN DATE: 08/07/17 TIME: 06:24		CLAIMS WITH MISSING INFORMATION (BY INSURANCE) AS OF 08/07/17							PAGE 28 H5ISUNCKP			
INSURANCE	NUMBER	PATIENT NAME	DISC DATE	AMOUNT TO BE BILLED	CUR	30	60	90	PHYSICIAN	REASON FOR NOT BILLING	M/R COMP	SERV CD
M		MEDICARE - I/P										
PRI.	357478	BYRD DANNY	07/23/17	3350.48				X	KUFFLER J	RE-CERT NEEDED	Y	S
PRI.	357163	DUNN LAWRENCE	07/24/17	3539.50			X		DUNSETH WA	MISSING INS INFO	Y	S
PRI.	357757	HENLEY PATRICIA	07/23/17	4035.60	X				WILSON J	MISSING CHARGES	Y	M
PRI.	356956	HINTON DOROTHY S	08/06/17	4621.45	X				PARKER WJ	MISSING OR CHARGES	Y	S
PRI.	357076	KINGSLY RUSSELL T	08/06/17	2914.15	X				ANDERSON M	NOT CODED	N	M
PRI.	357486	KRINKLE DANA	07/20/17	5682.64			X		ADAMS RICH	CPT CODE MISSING	Y	M
PRI.	357464	MAURIN CATHERINE	08/06/17	1864.80	X				ANDERSON K	NOT CODED	N	M
PRI.	357217	WILSON SANDY A	08/02/17	400.00				X	PARKER WJ	DIAG TO BE CHECKED	Y	S
*** TOTALS ***				276324.62	TOTAL CLAIMS			8				

Claims With Missing Information (by Insurance Totals)

RUN DATE: 08/07/17 TIME: 06:24		CLAIMS WITH MISSING INFORMATION (BY INSURANCE) AS OF 08/07/17					PAGE 54 H5ISUNCKP
NUMBER	NAME	CURRENT	OVER-30	OVER-60	OVER-90	BALANCE	CLAIMS
B	BLUE CROSS - I/P	39899.15	206.72			40105.87	18
BP	BCBS PHYSICIAN		457.50			457.50	2
C1	HMO - I/P	850.00				850.00	2
C3	UNITES MUTUAL-I/P			3212.00		3212.00	1
M	MEDICARE-I/P	13436.00	9222.14	3350.48	400.00	26408.62	8
MB	MEDICARE - O/P	5025.75			162.75	5188.50	10
X	MEDICAID - I/P		1723.25		893.85	2617.10	3
*** TOTALS ***		59210.90	11609.61	6562.48	1456.60	78839.59	44

Listed below is an explanation of each column.

- **Insurance:** This field states the primary status of the claim. PRI is listed for the primary claim and SEC for all other claims.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen.
- **Amount To Be Billed:** The expected pay amount pulls from the detail charges screen.
- **Current:** A X pulls to this column if the Discharge date is less than 30 days old.
- **30:** A X pulls to this column if the Discharge date is over 30 but less than 60 days old.
- **60:** A X pulls to this column if the Discharge date is over 60 but less than 90 days old.

- **90:** A **X** pulls to this column if the Discharge date is over 90 days old.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Reason For Not Billing:** The comments that pull from the Comment field of the Insurance Claims Status screen.
- **Med-Rec Comp (Medical Record Complete):** A **Y** indicates Medical Records coding is complete, and the Finish Date has been added to the grouper screen. A **N** indicates that coding is not complete.
- **Srv Cd (Service Code):** Pulls from Patient tab on the Registration and ADT screen.

9.5 UB92 Insurance Edits

The UB92 Edit List is used by the Business Office or Medical Records Department to determine what additional information should be included on the insurance claims prior to billing.

How to Print

1. Select **Report Print Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Record**.
3. Select **Page 2**.
4. Select **UB92 Insurance Edits**.
5. Select a print option.
6. Select report parameters:
 - **Sort By**: Select one of the following sort options from the drop-down menu:
 - **a** - Alpha-Serv Cd-Ins
 - **b** - Alpha-Ins-Serv Cd
 - **c** - Serv Cd-Alpha-Ins
 - **d** - Serv Cd-Ins-Alpha
 - **e** - Ins-Alpha-ServCd
 - **f** - Ins-Serv Cd-Alpha
 - **g** - Dept Flag-Ins-Alpha
 - If sort option **g** - Dept Flag-Ins-Alpha is selected the following prompt will appear:
 - **Print for dept (Blank for all)**: Enter **I** for Insurance, **M** for Medical Records or **R** for Registration to receive edits for the specified department. If left blank all edits will print.
 - **Enter account numbers**: If selected patient account numbers will need to be entered and edits will be printed only for the claims on the accounts. The system brings up every claim for the given account number and prompts "Include this Claim" or "Exclude this Claim".
 - **Type of Claim to be edited (U-Unbilled, T-To be xmitted)**: Enter **U** to print edits for claims that are not billed and **T** to print edits for claims that are ready to be transmitted to the intermediary.
 - **Specific companies (Blank for all)**: If selected enter up to six company codes.
 - **Intermediary Codes (M, B, X, C or All)**: Enter Financial Class codes for which the report will run or enter **All** to print report for all.
 - **Include Secondaries**: Select this option to include secondary claims.
7. Select **Generate** to continue.

Description and Usage

The UB92 Edit List should be printed and worked on a daily basis.

The report prints a list of all insurance claims with errors that may cause the claim to be rejected. The report should be worked, reprinted and worked again until no errors exist.

If there are edits that should be suppressed for a specific Financial Class, this can be done in the Insurance Company table, page 3. A maximum of 50 edit numbers may be entered for each insurance company, preventing these edits from appearing on the report.

UB92 Edit List

RUN DATE: 03/26/17 TIME: 09:04		DEPT FLAG: R		INSURANCE CLAIMS EDIT				UNBILLED CLAIMS		PAGE 21 ISUBEDIT
PATIENT NAME.....NBR	INS CO.	STAY TYPE	---SERVICE--- FROM	TO	SRV EXP'D CD PAY	IN	EDIT-----	ERROR	CONDITIONS-----	
ALLEN TOM	418142	BB1	O/P	03/01/17	03/14/17	A	100.00	N	040 PATIENT'S STREET NOT ENTERED 041 PATIENT'S CITY NOT ENTERED 042 PATIENT'S STATE NOT ENTERED 043 PATIENT'S ZIP CODE NOT ENTERED 050 INVALID PATIENT SEX 060 ADMIT SOURCE MISSING 169 NEED HCPC CODE WITH LISTED REV CDS AND BILL TYPE 174 NEED VALID RADIOLOGY HCPC CODE 239 NONCOVERED CHARGES GREATER THAN ZERO 253 MISSING INSURED'S NAME IN FIELD 58 253 MISSING INSURED'S NAME IN FIELD 58 260 CONTRACT/CERTIFICATE NUMBER BLANK 268 MISSING CONTRACT NUMBER IN FIELD 60 292 MISSING PRINCIPAL DIAGNOSIS CODE IN FIELD 67	
HARRISON BILLY	414280	BB1	I/P	03/01/17	03/15/17	E	50.00	Y	377 INPATIENT CHARGE AMOUNT IS LESS THAN 0 329 DUP REV CODE AND CPT CODE 0000 060 ADMIT SOURCE MISSING 157 NEED ROOM CHARGE SUMMARY CODES FOR THIS BILLTYPE 231 ROOM CHARGE QUANTITIES NOT = COVERED DAYS 262 CONTRACT NBR IS BLANK OR ALL ZEROS 292 MISSING PRINCIPAL DIAGNOSIS CODE IN FIELD 67 304 ADMITTING DIAGNOSIS MUST BE ENTERED IN FIELD 76	
SMITH DONALD	415022	BB1	O/P	03/10/17	03/11/17	B	10.00	N	060 ADMIT SOURCE MISSING 224 SERVICE DATE ON CHARGE NOT WITHIN STATEMENT DATE 239 NONCOVERED CHARGES GREATER THAN ZERO 253 MISSING INSURED'S NAME IN FIELD 58 260 CONTRACT/CERTIFICATE NUMBER BLANK 268 MISSING CONTRACT NUMBER IN FIELD 60 386 EXPIRED DIAGNOSIS CODE 1234 310 PRINCIPAL PROCEDURE DATE < STMT 'FROM' DATE 335 ATTENDING PHYSICIAN'S UPIN NBR MISSING 327 MISSING SURGEON'S UPIN NRB	
SMITH DONALD	415022	BB1	O/P	02/01/17	02/28/17	A	50.00	N	060 ADMIT SOURCE MISSING 224 SERVICE DATE ON CHARGE NOT WITHIN STATEMENT DATE 421 ER OR OP STAY WITH ROOM CHARGES (REV CD 10X-21X) 239 NONCOVERED CHARGES GREATER THAN ZERO 253 MISSING INSURED'S NAME IN FIELD 58 260 CONTRACT/CERTIFICATE NUMBER BLANK 268 MISSING CONTRACT NUMBER IN FIELD 60 386 EXPIRED DIAGNOSIS CODE 1234 310 PRINCIPAL PROCEDURE DATE < STMT 'FROM' DATE 335 ATTENDING PHYSICIAN'S UPIN NBR MISSING 327 MISSING SURGEON'S UPIN NRB	
THURMON JOHN	122000	BB1	O/P	03/07/17	03/14/17	E	1000.00	Y	039 PATIENT NAME MUST INCLUDE LAST NAME AND FIRST IN 236 TOTAL CHARGES NOT GREATER THAN ZERO 331 EXPECTED PAY NOT GREATER THAN ZERO	

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Nbr (Patient account number):** Pulls from the Registration and ADT screen.
- **Ins Co (Insurance code):** Pulls from the Policy Information screen.
- **StayType:** Pulls from the Patient tab on the Registration and ADT screen.

-
- **Service From and To:** The service dates pull from the Insurance Claims Status screen. This will normally be the Admit and Discharge dates except for recurring patients.
 - **Srv Cd (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
 - **Exp'd Pay (Expect Pay):** Pulls from the Detail Charges screen.
 - **Elec Bill (Electronic Bill Switch):** Pulls from the Detail Charges screen. This indicates if the claim is going to be billed electronically.
 - **Edit Num (Edit Number):** Is the number that corresponds to the error that may cause this claim to reject.
 - **Error Conditions:** The reasons this claim may be rejected.

9.6 1500 Insurance Edits

The 1500 Edit List is used by the Business Office or Medical Records Department to determine what additional information should be included on the 1500 prior to billing.

How to Print

1. Select **Report Print Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **1500 Edit List**.
5. Select a print option.
6. Select report parameters:
 - **Sort By:** Select one of the following sort options from the drop-down menu:
 - **a** - Alpha-Serv Cd-Ins
 - **b** - Alpha-Ins-Serv Cd
 - **c** - Serv Cd-Alpha-Ins
 - **d** - Serv Cd-Ins-Alpha
 - **e** - Ins-Alpha-ServCd
 - **f** - Ins-Serv Cd-Alpha
 - **g** - Dept Flag-Ins-Alpha
 - If sort option **g** - Dept Flag-Ins-Alpha is selected the following prompt will appear:
 - **Print for dept (Blank for all):** Enter **I** for Insurance, **M** for Medical Records or **R** for Registration to receive edits for the specified department. If left blank all edits will print.
 - **Enter account numbers:** If selected patient account numbers will need to be entered and edits will be printed only for the claims on the accounts. The system brings up every claim for the given account number and prompts "Include this Claim" or "Exclude this Claim."
 - **Type of Claim to be edited (U-Unbilled, T-To be xmitted):** Enter **U** to print edits for claims that are not billed and **T** to print edits for claims that are ready to be transmitted to the intermediary.
 - **Specific companies (Blank for all):** If selected enter up to six company codes.
 - **Intermediary Codes (M, B, X, C or All):** Enter Financial Class codes for which the report will run or enter **All** to print report for all.
 - **Include Secondaries:** Select this option to include secondary claims.
7. Select **Generate** to continue.

Description and Usage

The 1500 Edit List should be printed and worked on a daily basis. The report gives a list of all Physician claims with errors that may cause the claim to be rejected. The report should be worked, reprinted and worked again until no errors exist.

If there are edits that should be suppressed for a specific Financial Class, this can be done in the Insurance Company table, page 3. A maximum of 50 edit numbers may be entered for each insurance company, preventing these edits from appearing on the report.

1500 Edit List

RUN DATE: 08/15/17 TIME: 15:51		DEPT FLAG: R		HCFA 1500 CLAIMS' EDIT'				UNBILLED CLAIMS		PAGE 1 H5ISBLEDP
PATIENT NAME.....NBR	INS CO.	STAY TYPE	---SERVICE--- FROM	SRV TO CD	EXP'D PAY	E	-----ERROR CONDITIONS-----			
ARNAU LUCY	417640	BP	I/P	05/01/17	05/09/17	A	12010.00	Y	005 PATIENT ADDRESS BLANK 010 PATIENT ZIP CODE MISSING 024 SUBSCRIBER NAME BLANK 025 SUBSCRIBER ADDRESS OR CITY BLANK 028 SUBSCRIBER STATE BLANK 029 SUBSCRIBER ZIP MISSING 031 INCORRECT CLAIM TYPE - NOT OUTPATIENT 047 NO DIAGNOSIS CODE PRESENT 062 ATTENDING PHYSICIAN NAME MISSING 067 EXPECTED PAY IS NOT GREATER THAN ZERO	
ARNAU LARRY	417643	BP	I/P	05/31/17	06/09/17	E	2550.00	Y	005 PATIENT ADDRESS BLANK 010 PATIENT ZIP CODE MISSING 016 CONTRACT/CERTIFICATE NUMBER BLANK 024 SUBSCRIBER NAME BLANK 025 SUBSCRIBER ADDRESS OR CITY BLANK 028 SUBSCRIBER STATE BLANK 029 SUBSCRIBER ZIP MISSING 031 INCORRECT CLAIM TYPE - NOT OUTPATIENT 047 NO DIAGNOSIS CODE PRESENT 062 ATTENDING PHYSICIAN NAME MISSING 067 EXPECTED PAY IS NOT GREATER THAN ZERO	
BORDEN CAROL	415385	BP	I/P	01/02/17	01/09/17	A	11000.00	Y	011 ADMISSION DATE INVALID 016 CONTRACT/CERTIFICATE NUMBER BLANK 031 INCORRECT CLAIM TYPE - NOT OUTPATIENT 047 NO DIAGNOSIS CODE PRESENT	
CAMERON COLLEEN	+ 417160	BP	I/P	05/01/17	05/09/17	E	7885.00	Y	005 PATIENT ADDRESS BLANK 010 PATIENT ZIP CODE MISSING 016 CONTRACT/CERTIFICATE NUMBER BLANK 024 SUBSCRIBER NAME BLANK 025 SUBSCRIBER ADDRESS OR CITY BLANK 028 SUBSCRIBER STATE BLANK 029 SUBSCRIBER ZIP MISSING 031 INCORRECT CLAIM TYPE - NOT OUTPATIENT 047 NO DIAGNOSIS CODE PRESENT 065 SURGEON NBR, PRIN PROC CODE OR PROC DATE MISSING	
CARLINO ASHLYN	414578	BP	O/P	06/15/17	06/15/17	V	175.00	Y	005 PATIENT ADDRESS BLANK 010 PATIENT ZIP CODE MISSING 016 CONTRACT/CERTIFICATE NUMBER BLANK 024 SUBSCRIBER NAME BLANK 025 SUBSCRIBER ADDRESS OR CITY BLANK 028 SUBSCRIBER STATE BLANK 029 SUBSCRIBER ZIP MISSING 033 DETAIL CHARGE DATE INVALID 033 DETAIL CHARGE DATE INVALID 045 MISSING CPT CODE 067 EXPECTED PAY IS NOT GREATER THAN ZERO	

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Nbr (Account Number):** Pulls from the Registration and ADT screen.
- **Ins Co. (Insurance Company):** Pulls from the Policy Information screen page 1.
- **StayType:** Pulls from the Patient tab on the Registration and ADT screen.

- **Service From and To:** The service dates pull from the Insurance Claim Status screen. This will normally be the Admit and Discharge dates except for recurring patients.
- **Srv Cd (Service Code):** Pulls from the Patient tab on the Registration and ADT screen.
- **Exp'd Pay (Expect Pay):** Pulls from the Detail Charges screen.
- **Elec Bill (Electronic Bill Switch):** Pulls from the Detail Charges screen. This indicates if this claim is going to be billed electronically.
- **Edit Num (Edit Number):** The number that corresponds to the error that may cause this claim to reject.
- **Error Conditions:** The reason for which a claim may be rejected.

9.7 MR Billing Report

The MR Billing Report will provide a list of accounts with claims that have not been coded. Please see [Medical Records Billing Report](#)^[277] for information on the Report Writer version of this report.

How to Print

1. Select **Report Print Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **MR Billing Report**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date:** Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Include patients without a discharge date?:** Select this option to include patients that are not discharged.
 - **Sort by Discharge Date:** Select this option to sort by Discharge Date.
 - **All Stay Types:** Select this option to include all Stay Types on the report. If blank, enter the desired Stay Types.
 - **All Service Codes:** Select this option to include all Service Codes on the report. If blank, enter up to ten Service Codes.
7. Select **Print** to continue.

Description and Usage

The MR Billing Report provides a list of accounts that have not been coded by the Medical Records Department. To pull to the report the account must not have a Contract Code on the Guarantor/Ins tab or a Finish Date in the Grouper. The report will print by patient type and service code, then by financial class, physician and days since discharge. Totals for each Stay Type and a grand total for all Stay Types are provided. The Health Information Management Department will use this report as a listing of accounts that need to be coded before being billed.

MR Billing Report

RUN DATE: 04/23/17 TIME: 10:53		PAT TYPE: I/P				PAGE 1 MRBILLRPT						
PATIENT NAME	MEDICAL NUMBER	REC NUMBER	ACCOUNT NUMBER	ADMIT DATE	DISCH DATE	PAT TYPE	SER CDE	F/C	TOTAL CHARGES	AGE	PHYSICIAN	CHART LOCATION
SMITH VERONICA	754221		100154	040117	040517	I/P	M	B	6100.32	17	THOMAS K	HIM
					COMMENTS:							
KREMAER ALEX C	459832		100177	040117	040517	I/P	M	M	22596.55	37	SAMS KYLE	MAIN-FILE
					COMMENTS:							
DILLON SARA	770895		101048	041017	041217	I/P	M	M	7240.50	10	SAMS KYLE	HIM
					COMMENTS:							
CARSON ALLEY	668365		101764	041517	041617	I/P	S	B	5752.21	20	KILLING B	MAIN-FILE
					COMMENTS:							
DANIELS ANNIE	785423		101919	041517	041717	I/P	M	B	950.00	5	SAMS KYLE	HIM
					COMMENTS:							
JONES BILL M JR	769823		101933	040117	040517	I/P	S	M	982.98	17	THOMAS K	HIM
					COMMENTS:							
YOUNG CAROL	462587		102013	042017	042317	I/P	S	W	1921.00	57	ALBERT JOS	HIM
					COMMENTS:							
HOWARD MELISSA	769841		102867	040217	041017	I/P	S	X	11598.55	12	THOMAS B	HIM
					COMMENTS:							
JONES JESSICA F	425698		103144	041517	042217	I/P	S	B	3698.98	42	THOMAS B	PHY CLIN 1
					COMMENTS:							
DAWSON WILLIAM N	398741		100315	041617	042217	I/P	M	C	5589.75	68	THOMAS B	PHY CLIN 1
					COMMENTS:							

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Medical Rec Number (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **Account Number:** Pulls from Registration and ADT screen.
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Discharge Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Pat Type (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen.
- **Ser Cde (Service Code):** Pulls from the Patient tab on the Registration and ADT screen.
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Total Charges:** Pulls the total charges from the account detail.
- **Age:** Pulls the number of days since discharge.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.

- **Chart Location:** The current location of the patient's chart.

Chapter 10 JCAHO/Agency Reports

10.1 Top Diagnosis/Procedures

The Top Diagnosis/Procedures Report lists the top 50 diagnosis and procedure codes ranked in order. This version of the report should only be used to display data associated with ICD-9 codes. To display data for ICD-10 codes please see the [Top ICD10 Diagnoses](#)³³⁵ and [Top ICD10 Procedures](#)³³⁸ reports.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Top Diagnosis/Procedures**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending discharge date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **All patient types?**: Select this option to include all Stay Types on the report. If blank, enter the desired Stay Types.
7. Select **Print** to continue.

Description and Usage

The Top Diagnosis/Procedures Report will list the top 50 principal diagnosis and principal procedure codes used in the specified time range, ranked in order. The report will sort the diagnosis/procedure codes, number of times the code was used during the specified date range, charge amount per use and average charge amount. The top 50 diagnosis codes will list on one page and the top 50 procedure codes will list on a separate page.

Top Diagnosis/Procedures (Most Common Diagnosis)

CODE	DESCRIPTION	COUNT	CHARGES	AVERAGE
4019	HYPERTENSION NOS	21	8095.50	385.50
7890	ABDOMINAL PAIN, UNSPECIFIED SITE	16	7122.45	445.15
V761	OTH SCREEN MAMMO FOR MAL NEOPLASM	11	2467.01	224.27
3469	MIGRNE UNSPEC W/O MEN INTRCT MIGRNE	10	1958.01	195.80
7245	BACKACHE NOS	9	3952.75	439.19
7865	CHEST PAIN NOS	8	5292.88	661.61
4280	CONGESTIVE HEART FAILURE	7	11282.79	1611.82
7242	LUMBAGO	7	8053.80	1150.54
7823	EDEMA	6	4707.05	784.51
2859	ANEMIA NOS	6	2326.02	387.67
4739	CHRONIC SINUSITIS NOS	6	2392.70	398.78
4939	ASTHMA W/O STATUS ASTHM	5	3019.23	603.85
7840	HEADACHE	5	2825.00	565.00
V300	SING LIVEBORN IN HOSP DEL WO CSECT	5	3741.32	748.26
1101	DERMATOPHYTOSIS OF NAIL	5	840.00	168.00
4139	ANGINA PECTORIS NEC/NOS	4	1405.00	351.25
481	PNEUMOCOCCAL PNEUMONIA	4	8671.37	2167.84
5990	URIN TRACT INFECTION NOS	4	4949.67	1237.42
V670	SURGERY FOLLOW-UP	4	1671.13	417.78
2826	SICKLE-CELL ANEMIA NEC	4	6937.48	1734.37

Top Diagnosis/Procedures (Most Common Procedures)

CODE	DESCRIPTION	COUNT	CHARGES	AVERAGE
8659	SKIN SUTURE NEC	19	7260.95	382.16
8737	MAMMOGRAPHY NEC	12	2716.21	226.35
4516	EGD WITH CLOSED BIOPSY	8	6544.09	818.01
5732	CYSTOSCOPY NEC	6	2137.72	356.29
3334	THORACOPLASTY	5	9263.55	1852.71
4523	COLONOSCOPY	4	6268.70	1567.18
184	SUTURE EXT EAR LAC	3	2291.85	763.95
2751	SUTURE OF LIP LACERATION	3	2855.70	951.90
4836	ENDOSCOPIC POLYPECTOMY OF RECTUM	2	3499.75	1749.88
7569	REPAIR OB LACERATION NEC	2	6012.00	3006.00
806	EXCIS KNEE SEMILUN CARTL	2	2975.00	1487.50
8941	TREADMILL STRESS TEST	2	1600.50	800.25
9929	INJECT/INFUSE NEC	2	1338.68	669.34
0331	SPINAL TAP	1	602.74	602.74
111	CORNEAL INCISION	1	8869.74	8869.74
283	TONSILLECTOMY/ADENOIDEC	1	3687.75	3687.75
3332	PNEMOTHORAX-LUNG COLLAPS	1	4595.00	4595.00
3491	THORACENTESIS	1	2577.80	2577.80
3899	VENOUS PUNCTURE NEC	1	97.50	97.50
4266	STERN ESOPHAGOCOLOS NEC	1	176.87	176.87
4442	SUTURE DUODEN ULCER SITE	1	110.90	110.90

Listed below is an explanation of each column.

- **Code:** Lists the diagnosis/procedure code.
- **Description:** Lists the diagnosis/procedure code description.
- **Count:** Lists the number of times the primary diagnosis/procedure code was used.
- **Charges:** Lists the total charge amount for the listed diagnosis/procedure code.
- **Average:** Lists the average charge amount for the listed diagnosis/procedure code. The average charge is the charges divided by the count.

10.2 Advanced Directive Log

The Advanced Directive Log is based on Discharge date and will list the patient's status for an Advanced Directive, DNR and Restraints.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Advanced Directive Log**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending discharge date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Advanced Directive: (Y, N, U, A)**: Enter **Y** if the patient has an Advanced Directive (such as a living will), **N** if the patient does not have an Advanced Directive, **U** if Unknown or **A** if Not Applicable.
 - **DNR: (Y/N)**
 - **Restraints: (Y/N)**
7. Based on how the three questions above are answered, the report will pull only the accounts that meet the specific parameters. For those accounts, the report will show how each of these fields is answered. If blank the report will pull for all.
8. Select **Print** to continue.

Description and Usage

The Advanced Directive Log will list how the Advanced Directive, DNR (Do Not Resuscitate) and Restraints fields from Patient Registration are answered. The report gives the ability to pull only accounts that meet specific parameters.

This report is useful for identifying all Advanced Directives on file in the hospital to monitor for JCAHO and state reviews.

Directive Log

RUN DATE: 05/06/17 TIME: 07:57		ADVANCED DIRECTIVE LOG DISCHARGES FROM: 04/30/17 TO: 04/30/17					PAGE 1 MRADLOG
NAME	ACCT NUM	MR NUM	DISCHARGE DATE	ADV DIR	DNR	RESTRAINTS	
BAYLESS NANCY	356954	480255	04/30/17	Y	Y	N	
DEMPSEY EARL W	357739	480321	04/30/17	N	N	N	
DOUGLAS PRICELLA	357313	480570	04/30/17	A			
DUNN DOE A	356503	481501	04/30/17	Y	Y	N	
EDWARDS CANDICE	356895	481555	04/30/17	U			
ENTWISTLE JOHN	357078	481472	04/30/17	N	N	N	
FRANCIS JAMES	357990	481537	04/30/17	A		N	
FRANKLIN JIMMY	357052	481640	04/30/17	N	N	N	
GAME TARA S	357053	481632	04/30/17	Y	Y	N	
GILLESPIE JAY	357060	481634	04/30/17	N			
HAAS ROSA M	357061	480258	04/30/17	Y	Y	N	
HALL SLOANE	357062	481651	04/30/17	N	N	N	
HANDLEY DOUGLAS	357665	481112	04/30/17	Y	Y	N	
HENDERSON MARY M	356931	480819	04/30/17	N	N	N	
HERNANDEZ RICKY	357404	480598	04/30/17	Y	Y	N	
MAURIN ROBERT	357900	479005	04/30/17	U			
MCCLESKY HEATHER	356013	480076	04/30/17	N	N	N	
STANTON ELIZABETH	357377	479044	04/30/17	N	N	N	
STONEWALL DEBRA	356977	481022	04/30/17	U			
THOMAS RUTH	357232	481065	04/30/17	Y	Y	N	
TOOLE KIRK B	357046	480035	04/30/17	U	Y	N	

Listed below is an explanation of each column.

- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Acct Num (Account Number):** Pulls from Registration and ADT screen.
- **MR Num (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Adv Dir (Advanced Directive):** Pulls from Patient tab on the Registration and ADT screen.
- **DNR (Do Not Resuscitate):** Pulls from Clinical tab on the Registration and ADT screen.
- **Restraints:** Pulls from Clinical tab on the Registration and ADT screen.

10.3 Cancer Registry Pull List

The Cancer Registry Pull List prints certain diagnosis codes based on a specified diagnosis code range and date range. This version of the report should only be used to display data associated with ICD-9 codes. To display data for ICD-10 codes please see the Report Writer version of the [Cancer Pull List](#)^[235] or the [Cancer Pull List Screen](#)^[237].

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Cancer Registry Pull List**.
5. Select a print option.
6. Select report parameters:
 - **Generate by:** Select either **Admit Date** or **Discharge Date** from the drop-down menu.
 - **Beginning Date** and **Ending Date:** Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Patient Type:** The default is **All** or choose a stay type from the drop-down menu.
 - **Include History Accounts**
 - **Suppress SSN?:** Select this option to prevent the patient's social security number from printing on the report.
 - **Diagnosis Ranges: (Up to 50):** Enter the Diagnosis range desired, up to 50 diagnosis ranges can be entered for each report.
7. Select **Print** to continue.

Description and Usage

The Cancer Registry Pull List gives Patient Name, Medical Record Number, Patient Account Number, Stay Type, Admit Date, Discharge Date, Diagnosis Code/Description and Procedure Code/Description. The report is to be used as a tool to identify cancer cases for this registry.

Cancer Registry Pull List

RUN DATE: 8/28/15 TIME: 8:29		CANCER REGISTRY PULL LIST 7/01/15 THRU 7/31/15				PATIENT TYPE: ALL		PAGE 1	
PATIENT NAME	MEDICAL NUMBER	REC NUMBER	ACCOUNT NUMBER	STAY TYPE	ADMIT DATE	DISCHARGE DATE	DIAGNOSIS CODE - DESCRIPTION	PROCEDURE CODE - DESCRIPTION	
CANNON GLENDA	000035621		415174	5	071815		0069 AMEBIASIS NOS 0070 BALANTIDIASIS 0081 ARIZONA ENTERITIS ***1707 MAL NEO LONG BON ***1710 MAL NEO SOFT TIS 04104 STREP INF, GRP D 01282 RESP TB NEC-EXAM		
FRANCIS HENRY	036177		555116	1	070115	072012	***1985 SECONDARY MALIG 0200 BUBONIC PLAGUE	1201	MAGNET REMOVNT
JONES MARY	036100		100367	1	070315	070606	***1951 MALIGN NEOPL THO 496 CHR AIRWAY OBSTR 486 PNEUMONIA, ORGAN 3320 PARALYSIS AGITAN 25001 DIABE UNCOMP I I 3109 NONPSYCHOT BRAIN 4280 CONGESTIVE HEART	DAVE 3142	TEST ACCT LARYNGOS
MCDONALD RONALD	036173		555115	1	071615	071606	***1602 MAL NEO MAXILLAR ***1603 MAL NEO ETHMOIDA	1201 1202	MAGNET REMOV NONMAG REMOV
MCLAUGHLIN TED	036155		MT0002	1	071915	072206	***1600 MAL NEO NASAL CA	1601	ORBITOTOMY

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Medical Record Number:** Pulls from Patient tab on the Registration and ADT screen.
- **Account Number:** Pulls from Registration and ADT screen.
- **Birth Date:** Pulls from Patient tab on the Registration and ADT screen.
- **Soc. Sec. Number (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen.
- **PT (Patient Type):** Pulls from Patient tab on the Registration and ADT screen.
- **SX (Sex):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Diagnosis Code/Description:** This column lists all Diagnosis Codes and Descriptions for the listed patient. Asterisks designate the diagnosis that resulted in the patient pulling to this report.
- **Procedure Code/Description:** This column lists all Procedure Codes and Descriptions for the listed patient.

10.4 RHC Encounters

The RHC Encounter report list all patient encounters by physician for RHC reporting purposes. Refer to the Medical Practice EMR user guide for further instruction on this report.

Chapter 11 MPI Reports

11.1 Master Patient Index

This report provides a list of all patients in the Master Patient Index.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Master Patient Index**.
5. Select a print option.
6. System Prompts, "Print Detail?"
 - If answered **Yes**, the report will print the Medical Record Number, Date of Birth, Social Security Number and X-ray number next to the patient name. If answered **No**, the report will only print the Medical Record Number and Date of Birth next to the patient name.
7. Select report parameters:
 - **All Dates**: Select this option to include all patients in the Master Patient Index. If left blank, enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Enter Restart Patient Name**: Enter the last name to restart the report or skip to start from the beginning.
8. Select **Print** to continue.

Description and Usage

The Master Patient Index Report lists the patient's name and Medical Record Number. If printed in detail, it will also list the patient's Date of Birth, Social Security Number and X-ray number. The report can be used as a quick reference index of patients for a given date range.

Master Patient Index

RUN DATE: 05/17/17
TIME: 12:06

MPI BY PATIENT NAME

PAGE 34
MRMPIPR

NAME XRAY #	M/R #	DOB	SSN	XRAY #	NAME	M/R #	DOB	SSN
TAYLOR JANET	405874	01/02/68	521-62-2541		VINCENT MARY	458465	02/22/41	424-56-8715
TAYLOR MAXINE	454682	11/13/53	481-30-2574		WALKER AARON	469854	01/31/60	471-85-5549
TAYLOR SANDRA	426958	03/15/61	381-58-8901		WALKER ALBERT S	481273	01/14/65	858-04-7478
TAYLOR SANDRA	481480	10/09/52	421-25-5487		WALKER BETTY	420440	06/03/59	621-23-2392
TEAL LOUIS	480332	01/02/66	378-04-7453		WALKER CLAUDE	398564	09/07/26	454-62-1322
THOMAS TRACI	481647	03/01/62	456-32-1789		WELBORN MARY ANN	481810	07/30/39	443-23-7453
THOMAS WILL	481703	04/11/56	422-55-7852		WENTWORTH CYNTHIA	405878	12/15/68	628-24-8745
THOMAS WILLIAM	481592	05/18/49	454-13-1641		WESLEY JASON	478987	08/24/37	423-87-0807
THOMPSON BETTY J	481625	02/25/57	445-60-7889		WEST CANDICE	408798	03/22/72	625-25-3365
THOMPSON KIMBERLY	395458	07/18/60	424-41-0222		WEST HAMILTON	485987	04/16/34	256-41-9574
THOMPSON JOSEPH	432587	09/20/46	421-69-1385	092046	WEST MICHAEL R	378987	09/20/70	782-65-9325
THOMPSON JOSEPH W	432587	09/20/46	421-69-1385	092046	WHITE JOSEPH	448780	03/18/29	452-85-9865
TILLMAN BILL	399545	07/31/71	525-74-9036		WHITE PHYLLIS	465870	04/15/61	482-74-2395

Listed below is an explanation of each column.

- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen or in History Maintenance, if the account has been purged from Accounts Receivable.
- **M/R # (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen or in History Maintenance, if the account has been purged from Accounts Receivable.
- **DOB (Patient's Birth Date):** Pulls from Patient tab on the Registration and ADT screen or in History Maintenance, if the account has been purged from Accounts Receivable.
- **SSN (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen or in History Maintenance if the account has been purged from Accounts Receivable.
- **XRay # (X-ray Number):** Pulls from Radiology Registration and ADT screen, or in History Maintenance, if the account has been purged from Accounts Receivable.

11.2 New Accounts With New M/R Number

The New Accounts with New Medical Record Numbers report provides a listing of accounts listed in a specified date range with new Medical Record numbers assigned (or all accounts if desired).

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **New Accts With New MR Number**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range. System will default to the prior day's date, but another date may be selected from the drop-down menu.
 - **All Accounts or New MR# Accounts**: This prompt determines if all accounts registered on the specified date should pull or only those with newly-assigned Medical Record Numbers. System will default to All Accounts, but may be over-keyed.
 - **Totals Only**: Selecting this option will list only totals for each day, the month and a grand total of all accounts.
7. Select **Print** to continue.

Description and Usage

This report lists accounts registered in a specified date range with newly assigned Medical Record numbers. Medical Record numbers that were assigned through the auto-numbering method or manually entered meet the criteria to pull to this report if the Medical Record Number did not already exist in the Master Patient Index. The report page breaks by day, with a total for each day and month. A grand total will print at the end of the report for all accounts within the specified date range. The report may be printed for totals only. It totals for each day and month along with a grand total of all accounts for the specified date range.

New Accounts With New M/R Number

```

RUN DATE: 01/17/17      Evident Community Hospital      PAGE 1
TIME: 15:51            NEW ACCOUNTS WITH NEW MEDICAL RECORD#  CNADMCKL2
                        12/01/16 - 12/31/16
                        ACCOUNTS ENTERED ON: 12/01/16 THURSDAY

NUMBER  MED. REC.#  PATIENT NAME      BIRTH-DT  SEX  P-TYPE  SOC. SEC.#
-----
B01185  73-473      ABRAMS GREGG      10/27/1918  M   5   424-57-8523
B01186  000294      SMITH ELLA KATHERINE  02/09/1943  F   5   000-00-0000

                        TOTAL:                2

```

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **M.R.# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Birthdate:** Pulls from Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **P-Type (Stay Type):** Pulls from Patient tab on the Registration and ADT screen.
- **Soc. Sec. # (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen.

11.3 MPI Patient Edit

The MPI Patient Edit report is five edit reports under one option. The report lists duplicated or missing information on Patient Accounts in the MPI.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **MPI Patient Edit**.
5. Select a print option.
6. Select report parameters:
 - **All Dates:** Select this option, enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date. In order for an account to pull to the report, the service dates for the account must be within the dates entered.
 - **Include History Accts:** Selecting this option will include History Accounts on the report. Leaving this option blank will only pull AR accounts within the admit date range chosen.
7. Select **Generate** to continue.
8. System prompts, "Report Selection." Select one of the following options from the drop-down menu:
 - All Reports (Prints all of the below reports)
 - Medical Record# with Different Patient Names
 - Patient Accounts with Missing Medical Record#
 - Patient Name with Different Medical Record#
 - Patient Name with Different SSN
 - SSN with Different Patient Names
9. Select **Print** to continue.
10. System prompts, "Print another report?"
 - Select **Yes** to answer prompts for additional reports or **No** to continue.

Description and Usage

These reports list accounts registered within a specified date range with the same or missing information. SSN with Different Patient Names gives a listing of Accounts with the same Social Security Number, but different patient names. Patient Name with Different SSN gives a listing of accounts with the same patient name, but different Social Security Number. Patient Accounts with Missing Medical Record# gives a listing of accounts without Medical Records numbers. Patient Name with Different Medical Record# gives a listing of accounts with the same patient name, but different Medical Record numbers. Medical Record# with Different Patient Names gives a listing of accounts with the same Medical Record number, but different patient names. Option All Reports will print reports all of the reports in the list. These reports are designed to help the Health Information Management staff maintain the integrity of the Master Patient Index.

MPI Patient Edit

RUN DATE: 05/04/17
RUN TIME: 14:15

Evident Community Hospital
PATIENT EDIT REPORT
ADMIT DATES: 04/01/17 - 04/30/17
DIFFERENT PAT. NAMES, SAME SSN

PAGE 1
MRMPEDIT

SOC. SEC. NUM. INIT. ORG. INIT.	ACCOUNT #	PATIENT NAME	ENTRY INIT.	ORIG. INIT.	ACCOUNT #	PATIENT NAME	ENTRY
253124561	001259	SMITH JAMES P	MHW	MHW	100441	SMITH JAMES R	MHW
264857412	001260	HARRIS CAMILLE S	MHW	MHW	101259	THOMAS CAMILLE	MHW
353254631	001261	HARTWELL SCOTT JR	MHW	MHW	101260	HARTWELL SCOTT K	MHW
425659874	001268	JONES STEPANIE F	MHW	MHW	101261	CRAMER STEPHANIE	MHW
425874562	001267	ROGERS SAMANTHA D	MHW	MHW	101268	HARVEY SAMANTHA	MHW
427213652	417864	ANDERSON TONY L	JLK	JLK	101267	ANDERSON ANTHONY	MHW
428106542	001135	TUCKER JAMES	JPB	JPB	117864	TUCKER JAMES R	LKM
428246321	417333	BELL JOHN	HGE	HGE	101135	BELL JOHN JR	JPB
428457485	001031	RICE TERRY	JKR	JKR	117333	RICE TERRY L	HEL

Listed below is an explanation of each column.

- **Soc Sec (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Account # (Account Number):** Pulls from Registration and ADT screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Entry Init (Entry Initials):** Pulls the registration clerks admit entry initials from Stay tab on the Registration and ADT screen.
- **Orig Init (Original Initials):** Pulls the original registration clerks initials from Stay tab on the Registration and ADT screen.
- **Account # (Account Number):** Pulls from Registration and ADT screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Entry Init (Entry Initials):** Pulls the registration clerks initials from Stay tab on the Registration and ADT screen. This column contains the admit entry initials from the second account.
- **Orig Init (Original Initials):** Pulls the original registration clerks initials from Stay tab on the Registration and ADT screen. This column contains the admit initials from the second account.

Chapter 12 APC Reports

12.1 APC Cross Checking

The APC Cross Checking report lists, by patient, Estimated and Actual Reimbursements for APC Financial Classes.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **APC Cross-Checking**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **All APC Financial Classes**: Select this option to include all APC Financial Classes or enter up to ten.
 - **Billed Status**: Select **Billed**, **Unbilled** or **All**.
 - **Primary Switch**: Select **Primary** claims, **Secondary**, or **Both**.
 - **All APC Status Codes**: Select this option to include all Status Codes or enter up to ten.
7. Select **Print** to continue.

Description and Usage

The APC Cross Checking Report is an optional report that should be utilized by the Business Office to monitor patient accounts with APC Reimbursements. The report gives detailed information on the Estimated and Actual APC reimbursement that will allow facilities to monitor the difference of their actual APC reimbursement. Much of the information is similar to data displayed in the APC Detail screen on the insurance claim, except this report only shows lines of detail with associated CPTs.

APC Cross Checking

RUN DATE 05/03/17 RUN TIME 13:09	PRIM IND: B	APC CROSS-CHECKING REPORT FOR: 04/01/17 - 04/30/17 FINANCIAL CLASS: MB STATUS IND: ALL	PAGE 1 ISAPCXCKP
---PATIENT INFORMATION---		---ESTIMATED---	---ACTUAL---
DISC-DT AR-NUM PAT-NAME	CPT/MOD SI APC	COINS APC-AMT FEE-SCHED	APC COINS REIMB --DIFF-- SUM CD
4/01/17 416939 BLAKE RICHARD	76092 A 917	.00 75.00 75.00	.00 .00 - 75.00 6E
	70150 K	28.51 114.04 .00	.00 .00 - 114.04 73
TOTAL CHARGES.....:		507.00	
TOTAL REIMBURSEMENT:		ESTIMATED 189.04	ACTUAL .00
TOTAL COINSURANCE..:		28.51	.00
TOTAL DEDUCTIBLES..:		.00	.00
TOTAL CONTRACTUAL..:		289.45	.00
-----TOTALS BY SUMMARY CODE-----			
6E	75.00	73	114.04

4/23/17 416961 TONY ALICIA	76092 A 917	.00 92.50 92.50	.00 .00 - 92.50 6E
	70150 K	28.51 114.04 .00	.00 .00 - 114.04 73
TOTAL CHARGES.....:		240.54	
TOTAL REIMBURSEMENT:		ESTIMATED 206.54	ACTUAL .00
TOTAL COINSURANCE..:		28.51	.00
TOTAL DEDUCTIBLES..:		.00	.00
TOTAL CONTRACTUAL..:		5.49	.00
-----TOTALS BY SUMMARY CODE-----			
6E	92.50	73	114.04

APC Cross Checking (Totals)

RUN DATE 05/03/17 RUN TIME 13:09	PRIM IND: B	APC CROSS-CHECKING REPORT FOR: 04/01/17 - 04/30/17 FINANCIAL CLASS: ALL STATUS IND: ALL	PAGE 5 ISAPCXCKP
---PATIENT INFORMATION---		---ESTIMATED---	---ACTUAL---
DISC-DT AR-NUM PAT-NAME	CPT/MOD SI APC	COINS APC-AMT FEE-SCHED	APC COINS REIMB --DIFF-- SUM CD
***** FINANCIAL CLASS TOTALS *****			
FOR: MB			
TOTAL # OF CLAIMS.....:		0011	
TOTAL # OF APC'S.....:		0016	
TOTAL CHARGES.....:		3773.19	
TOTAL REIMBURSEMENT:		ESTIMATED 3619.35	ACTUAL 50.00
TOTAL COINSURANCE..:		1806.84	15.00
TOTAL DEDUCTIBLES..:		.00	10.00
TOTAL CONTRACTUAL..:			1653.00
***** REPORT TOTALS *****			
TOTAL # OF CLAIMS.....:		0011	
TOTAL # OF APC'S.....:		0016	
TOTAL CHARGES.....:		3773.19	
TOTAL REIMBURSEMENT:		ESTIMATED 3619.35	ACTUAL 50.00
TOTAL COINSURANCE..:		1806.84	15.00
TOTAL DEDUCTIBLES..:		.00	10.00
TOTAL CONTRACTUAL..:		1653.00	.00
***** TOTALS BY STATUS *****			
	STATUS	CLAIMS	AMOUNT
	A	6	410.00

Listed below is an explanation of each column.

- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Account Number:** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.

NOTE: The following columns pull from the APC Detail screen of the patient's Insurance Claim Status screen. For facilities using TruBridge Electronic Remittance, the Actual information will be updated on the APC Detail Screen automatically. Otherwise, the Actual information may be updated manually through the Insurance Receipt option.

- **Estimated CPT/Mod (Estimated CPT/Modifiers):** Pulls the CPTs and Modifiers from the DRG Grouper Screen and Item Master.
- **Estimated SI (Estimated Status Indicator):** Of the associated CPT code.
- **Estimated APC (Estimated Ambulatory Payment Code):** Associated with the CPT code.
- **Estimated Coins:** The estimated Coinsurance calculated from the APC Table.
- **Estimated APC-Amt (Estimated Ambulatory Payment Code) Amount:** Pulls the estimated reimbursement of the APC.
- **Estimated Fee-Sched (Estimated Fee Schedule):** CPTs with a Status Indicator of "A" will be reimbursed on a fee schedule and not APC. The fee schedule loaded in the CPT Table will pull to this column. If no fee schedule is loaded, then the total charge associated with this CPT will pull to this column.
- **Actual APC:** The actual APC the reimbursement was based upon.
- **Actual Coins (Actual Coinsurance):** Pulls from the receipt information entered.
- **Actual Reimb (Actual Reimbursement):** Pulls from the amount received.
- **Diff (Difference):** Is the difference between the Actual and Estimated APC amount.
- **Sum Cd (Summary Code):** Is pulled from the Item Master Maintenance.
- **Financial Class Totals:** The Financial Class Totals break by financial class and list the total number of claims, total number of APCs and total charges. It also breaks down the Estimated and Actual total reimbursement, total coinsurance, total deductibles and total contractual for the specific financial class.
- **Report Totals:** The Report Totals list the total number of claims, total number of APCs, and total charges. It also breaks down the Estimated and Actual total reimbursement, total coinsurance, total deductibles and total contractual for the specific financial class.
- **Totals by Status:** Totals by Status gives a break down of claims by Status Indicator and the amount. It also gives a break down of claims by Summary Code and the amount associated with each summary code.

12.2 APC Reimbursement by Physician

The APC Reimbursement by Physician outlines reimbursement for each account for a specific APC by physician.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **APC Reimbursement by Physician**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending paid date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Enter up to 10 Physician Numbers**: Up to 10 physician's numbers can be entered and the report will only provide information for those physicians.
 - **All APC Financial Classes**: Select this option to include all APC Financial Classes or enter up to 10.
 - **All APC Status Codes**: Select this field to include all APC Status Codes or enter up to 16.
 - **Primary Switch**: Select **Primary** claims, **Secondary** or **Both**.
 - **Create Ad Hoc in /usr/dbsave**: This will allow the report to be saved in the Ad Hoc Reporting System to be manipulated as needed. If selected, the system will automatically assign a file name, which will display next to the prompt. This name can then be used to select the data from the saved area in the Ad Hoc Reporting System. (For detailed instructions on selecting and using a saved Ad Hoc file, please consult the Ad Hoc Reporting Manual.)
7. Select **Print** to continue.

Description and Usage

This displays the profit or loss on a patient for a specific APC. It may be printed for a specific Financial Class or all Financial Classes. The report prints in two parts for each APC. The first part prints general information such as the Patient Number, Name, Admit date, Discharge date, Insurance, Revenue, Reimbursement, Insurance Expected Pay, the DRG Relative Weight, the DRG GLOS and the ACPs. The second part prints a breakdown of the Gross Revenue, Relative Cost-to-Charges Ratio, Cost (based on RCC) and Profit or Loss, by Summary Charge Code. The totals of each are printed for all Summary Charge Codes. Also, Gross Revenue, Reimbursement, Patient Portion, Contractual Gain or Loss, Gross Profit & Loss and Net Gain or Loss is printed for all patients reimbursed on the particular APC. It also prints the Total Number of Patients, Geometric Length of Stay, Average Geometric Length of Stay, Variance between the two and the Case Mix for that APC. The report will print either in detail or summarized totals.

This report may determine the profit/loss margin on a specific APC and also determine the amount of revenue being made or lost for individual physicians. When printed by specific payors, the amount of revenue being made or lost for individual Financial Classes may be determined.

APC Reimbursement by Physician

RUN DATE 03/05/17 APC REIMBURSEMENT ANALYSIS BY PHYSICIAN PAGE 1
 RUN TIME 13:42 02/01/17 - 02/28/17 STATUS IND: ALL ISAPCPHYP

PHYSICIAN: 000002 ANDREWS KYLE V

CPT/MOD	SI	APC	PAT #	COINS/DEDUCT	APC-AMT	FEE-SCHED	REIMB	TOT CHGS	F/C
53440	S	385	315075	50.00	143.97	.00	125.32	212.15	MB
0003T	S	1501	326019	200.00	2585.33	.00	2585.33	2725.00	MB
11044	T	682	319504	75.00	1055.66	.00	1055.66	1523.85	MB
33225	S	1525	320004	25.00	546.25	.00	546.66	998.00	MB
0003T	S	1501	318972	100.00	4587.52	.00	4587.52	5297.33	MB
44201	T	131	319866	75.00	965.45	.00	965.45	1532.00	MB
0009T	T	1557	315298	25.00	329.55	.00	329.55	651.50	MB

TOTALS FOR FINANCIAL CLASS: MB
 TOTAL # OF CLAIMS.....: 0007
 TOTAL # OF APC'S.....: 0007
 TOTAL # OF PATIENTS.....: 0007
 TOTAL REIMBURSEMENT.....: 10195.49
 TOTAL CHARGES.....: 12939.83

***** PROVIDER TOTALS *****
 TOTAL # OF CLAIMS.....: 0045
 TOTAL # OF APC'S.....: 0045
 TOTAL # OF PATIENTS.....: 0153
 TOTAL REIMBURSEMENT.....: 59862.22
 TOTAL CHARGES.....: 75632.15

APC Reimbursement by Physician (Summary)

RUN DATE 03/05/17 APC REIMBURSEMENT ANALYSIS BY PHYSICIAN PAGE 2
 RUN TIME 13:51 02/01/17 - 02/28/17 STATUS IND: ALL ISAPCPHYP

PHYSICIAN: 000004 TUTOR PATRICK F

CPT/MOD	SI	APC	# OF PATS	COINS/DEDUCT	APC-AMT	FEE-SCHED	REIMB	TOT CHGS	F/C
53440	S	385	1	50.00	143.97	.00	125.32	212.15	MB
0003T	S	1501	5	200.00	2585.33	.00	2585.33	2725.00	MB
11044	T	682	3	75.00	1055.66	.00	1055.66	1523.85	MB
33225	S	1525	6	25.00	546.25	.00	546.66	998.00	MB
0003T	S	1501	15	100.00	4587.52	.00	4587.52	5297.33	MB
44201	T	131	9	75.00	965.45	.00	965.45	1532.00	MB
0009T	T	1557	28	25.00	329.55	.00	329.55	651.50	MB

TOTALS FOR FINANCIAL CLASS: MB
 TOTAL # OF CLAIMS.....: 0057
 TOTAL # OF APC'S.....: 0067
 TOTAL # OF PATIENTS.....: 0067
 TOTAL REIMBURSEMENT.....: 10195.49
 TOTAL CHARGES.....: 12939.83

***** PROVIDER TOTALS *****
 TOTAL # OF CLAIMS.....: 0145
 TOTAL # OF APC'S.....: 0145
 TOTAL # OF PATIENTS.....: 0153
 TOTAL REIMBURSEMENT.....: 59862.22
 TOTAL CHARGES.....: 75632.15

Listed below is an explanation of each column.

- **CPT/Mod (CPT/Modifiers):** Pulls the CPTs and Modifiers from the DRG Grouper Screen and Item Master.
- **SI (Status Indicator):** Pulls from the associated CPT code.
- **APC (Ambulatory Payment Code):** Associated with the CPT code.
- **Pat # (Patient Number):** Pulls from Registration and ADT screen. Only on the detailed report.
- **# of Pats (Number of Patients):** Patients with the same APC information. Only on the summarized report.
- **Coins/Deduct (Coinsurance/Deductible):** The coinsurance or deductible calculated from the APC table.
- **APC-Amt (Ambulatory Payment Code Amount):** Pulls the reimbursement of the APC.
- **Fee-Sched (Fee Schedule):** CPTs with status indicator of "A" will be reimbursed on a fee schedule and not APC. The fee schedule loaded in the CPT Table will pull to this column, If no fee schedule is loaded, then the total charge associated with this CPT will pull to this column.
- **Reimb (Reimbursement):** Pulls from the amount receipted.
- **Tot Chgs (Total Charges):** Pull from the patient's account detail.
- **F/C (Financial Class):** Pulls from Insurance Claim Status screen.
- **Totals For Financial Class:** The Financial Class Totals break by financial class and list the total number claims, APCs, patients, reimbursement and total charges.
- **Provider Totals:** The Provider Totals break by financial class and list the total number claims, APCs, patients, reimbursement and total charges.
- **Report Totals:** The Report Totals break by financial class and list the total number claims, APCs, patients, reimbursement and total charges.

12.3 Top 25 APCs

The Top 25 APCs Report will list, from highest to lowest, the most common APCs.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Top 25 APCs**.
5. Select a print option.
6. Select report parameters:
 - **Starting Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Enter Desired Patient Types**: Enter the desired Stay Types.
 - **"I"nclude/"E"xclude or "A"ll Service Codes**: Up to 10 Service Codes that can be excluded or included in the report. Enter **I**, **E** or **A** then up to 10 Service Codes.
 - **Enter Status Indicators to be Included (F, G, H, K, P, S, T, V, X) Include All**: Enter up to nine status indicators to be included in the report or select the "Include All" to print report for all indicators.
7. Select **Print** to continue.

Description and Usage

This report will list, from highest to lowest, the most common APCs for the date range specified in the file build and may be printed for specific Service codes or status indicators.

Top 25 APCs

RUN DATE 06/05/17
 RUN TIME 16:24
 STATUS IND: ALL

TOP 25 APCS REPORT
 05/01/2017 - 05/31/2017

PAGE 1
 ISTOPAPCS

RANK: 1 APC ---: 925 FACTOR VIII

NUMBER	NAME	ADMIT	DISC	F/C	ATTENDING PHYSICIAN	APC OCCURRENCES	SERVICE CODE
240049	HUMPHREYS JENNY	05/18/17	05/18/17	CB1	801400	1	
240050	MULLINS ERIC	05/18/17	05/18/17	CB1	801400	1	
240051	HUMPHREYS JENNIFER	05/18/17	05/18/17	CB1	801400	1	

TOTAL = 3

RANK: 2 APC ---: 263 LEVEL I MISCELLANEOUS RADIOLOGY PROCEDURES

NUMBER	NAME	ADMIT	DISC	F/C	ATTENDING PHYSICIAN	APC OCCURRENCES	SERVICE CODE
240044	HUMPHREYS JENNY	05/18/17	05/18/17	MB1	801400	1	
240045	MULLINS ERIC	05/18/17	05/18/17	MB1	801400	1	

TOTAL = 2

RANK: 3 APC ---: 200 LEVEL VII FEMALE REPRODUCTIVE PROC

NUMBER	NAME	ADMIT	DISC	F/C	ATTENDING PHYSICIAN	APC OCCURRENCES	SERVICE CODE
24003052	SMITH GORDON L	05/17/17	05/17/17	MB	000200	1	OB

TOTAL = 1

RANK: 6 APC ---: 615 LEVEL 4 EMERGENCY VISITS

NUMBER	NAME	ADMIT	DISC	F/C	ATTENDING PHYSICIAN	APC OCCURRENCES	SERVICE CODE
24002869	SMITH ANDY	05/04/17	05/04/17	BB	100801	1	L

TOTAL = 1

Top 25 APCs (Summary)

RUN DATE 06/28/17
 RUN TIME 16:24
 STATUS IND: ALL

TOP 25 APCS REPORT
 05/01/2017 - 05/31/2017

PAGE 2
 ISTOPAPCS

RANK	APC	DESCRIPTION	QTY	STATUS INDICATOR
1	925	FACTOR VIII	3	K
2	263	LEVEL I MISCELLANEOUS RADIOLOGY PROCEDURES	2	X
3	200	LEVEL VII FEMALE REPRODUCTIVE PROC	1	T
4	379	INJECTION ADENOSINE 6 MG	1	K
5	609	LEVEL 1 EMERGENCY VISITS	1	V
6	615	LEVEL 4 EMERGENCY VISITS	1	V

RUN DATE 06/28/17
 RUN TIME 16:24
 STATUS IND: ALL

TOP 25 APCS REPORT
 05/01/2017 - 05/31/2017

PAGE 3
 ISTOPAPCS

*** SUMMARY BY STATUS INDICATOR ***

STATUS INDICATOR	# OF OCCURRENCES
K	4
X	2
T	2
V	1

Listed below is an explanation of each column.

- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Name (Patient Name):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **F/C (Financial Class):** Pulls from Insurance Status screen.
- **Attending Physician:** Pulls from Stay tab on the Registration and ADT screen.
- **Rank:** This column appears on the total's page and lists the DRG's in order of highest to lowest.
- **APC (Ambulatory Payment Code):** Associated with the CPT code.
- **Occurrences:** The number of times the APC was associated with a patient(s) account.
- **Service Code:** Pulls from Patient tab on the Registration and ADT screen.

Chapter 13 Critical Access Reports

13.1 Critical Access Split Accounts

The new Critical Access Report gives a listing of accounts that were split by the Critical Access application.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Critical Access Split Accounts**.
5. Select a print option.
6. Select report parameters:
 - **Split Date Range**: Enter the beginning and ending split date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Report type**: Selecting **Detailed** or **Summary** from the drop-down menu will determine the amount of information that will print on the report.
7. Select **Print**.

Description and Usage (COPY)

This report may be used to track the number of Critical Access accounts registered by the facility. This report may be printed as Summarized or Detailed. The Summarized version lists the discharge date, original account, sub accounts, and the Level of Care for the sub accounts. The Detailed version lists the previous information as well as all transferred charges.

Critical Access Split Accounts (Detailed)

RUN DATE: 11/28/17
TIME: 14:10

CRITICAL ACCESS HOSPITAL CHARGE REPORT 11/01/17 - 11/28/17

PAGE 1
H5CNCAHSPPLIT

DISC DATE	ORIG ACCOUNT	TO ACCOUNT	TO ACCT DISCH	LEVEL OF CARE	STAY	SERV	ITEM	ITEM DESCRIPTION	AMOUNT
11/08/17	20046416	20046524	11/08/12	2	3	M	03100588	CBC W/AUTO DIFF	-45.76
				2	3	M	03140568	COMP METABOLIC	-222.15
				2	3	M	03153555	PT/PTT	0.00
				2	3	M	03100802	PROTIME	-31.02
				2	3	M	03100810	PTT	-41.80
				2	3	M	01546110	PHY ER LEVEL III	-118.58
				2	3	M	01645914	ER EMERG TX LEV I	-248.05
				2	3	M	03341566	VENIPUNCTURE	-16.34
				2	3	M	02731047	IV D5-1/3 NS: 100	-28.20
				2	3	ER	03100588	CBC W/AUTO DIFF	-45.76
11/19/17	20046641	20046836	11/18/12	2	3	ER	03140568	COMP METABOLIC	-222.15
				2	3	ER	03153554	URINALYSIS	0.00
				2	3	ER	03341566	VENIPUNCTURE	-16.34
				2	3	ER	01546110	PHY ER LEVEL III	-118.58
				2	3	ER	01645914	ER EMERG TX LEV I	-248.05
				2	3	ER	01645914	ER EMERG TX LEV I	-248.05
				2	3	ER	01645914	ER EMERG TX LEV I	-248.05
				2	3	ER	01645914	ER EMERG TX LEV I	248.05

Critical Access Split Accounts (Summary)

RUN DATE: 11/28/17
TIME: 14:10

CRITICAL ACCESS HOSPITAL CHARGE REPORT 11/01/17 - 11/28/17

PAGE 1
H5CNCAHSPPLIT

DISC DATE	ORIG ACCOUNT	TO ACCOUNT	TO ACCT DISCH	LEVEL OF CARE	STAY	SERV
11/08/17	20046416	20046524	11/08/17	2	3	M
11/19/17	20046641	20046836	11/18/17	2	3	ER
11/21/17	20046624	20046834	11/19/17	2	2	OB
11/21/17	20046633	20046835	11/18/17	2	3	ER
11/26/17	20046562	20046681	11/14/17	2	2	OB
11/27/17	20046673	20046837	11/19/17	2	3	ER

Listed below is an explanation of each column.

- **Disc Date (Discharge Date):** The date the original account was discharged.
- **Orig Account (Original Account):** The number of the patient's original account.
- **To Account:** The number of the sub accounts created by the system.
- **To Account Disch: (To Account Discharge):** The date the sub account was discharged.
- **Level of Care:** The Level of Care associated with the sub account.
- **Stay:** The Stay Type associated with the sub account.
- **Serv (Service Code):** The Service Code associated with the sub account.
- **Item:** The number of the item transferred from the original account to sub account(s).
- **Item Description:** The description of the item transferred from the original account to sub account(s). If it is a room charge, the room number will pull to this column.

- **Amount:** The dollar amount of item(s) transferred from the original account to sub account(s).

Chapter 14 Chart Location

14.1 Build Chart Location Files

Before printing any of the Chart Location reports, a file build must be generated.

How to Print

1. Select **Print Report Menu** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Build Chart Location File** from the Chart Location section.
5. System prompts, "Exclude Mass Storage Area:"
 - Selecting this option will prompt for the name of the mass storage area and allow the user to enter up to ten locations to be excluded from the reports. Leaving this option blank will include the Mass Storage Area in the reports.
6. Select **Generate** to continue.

Description and Usage

Once the file build has completed, any of the Chart Location reports may be printed.

14.2 Charts by Location

The Charts by Location report lists the location of charts in each storage area.

How to Print

1. Select **Print Report** from the Hospital Base Menu or Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Charts by Location**.
5. Select a print option.
6. System prompts, "Print All Locations:"
 - Select this option to include all Chart Locations. If not selected, the top locations from the M/R Chart Location table will display. Multiple locations may be selected and will be flagged with an asterisk.
7. Select **Print** to continue.

Description and Usage

The Charts by Location report lists by location the charts in each storage area. The report page breaks by chart location. The primary usage of this report is to attain the physical location of patient charts at all times. By referring to the report, the Medical Records department can identify and locate a specific chart. Because the report page breaks by location, a specific location may be given to the department head or location contact to help expedite the process of completing the chart. It is very important to keep the system updated at all times, or the reports will not be accurate.

Charts by Location

RUN DATE: 7/18/17 TIME: 8:17		CHART LOCATIONS										PAGE 1 H5MRCHT2
CURRENT LOCATION:HIM												
PATIENT NAME	PATIENT NUMBER	M/R NUMBER	---SERVICE--		TYPE	PHYSICIAN	AGE	SEX	LAST LOCATION	DATE MOVED	DAYS SINCE SERV. END	DAYS IN CURR. LOCATION
ANDREWS JEFF	357773	481235	7/01/17	7/01/17	O/P	HAMILTON J	43	M	HIM	7/02/17	17	12
DUNN JOHN R	357220	481255	7/14/17	7/14/17	O/P	O'CONNOR K	6	M	HIM	7/15/17	4	1
CANDY ELAINE	357800	481656	7/02/17	7/02/17	O/P	HAMILTON J	51	F	MAIN-FILE	7/03/17	16	13
OWEN EILEEN	357679	481829	7/13/17	7/15/17	I/P	MYERS KATE	94	F	BO	7/15/17	3	1
SMITH MARY	357247	480081	7/03/17	7/06/17	I/P	DUNSETH WA	61	F	CLINIC	7/04/17	13	4
TANNER WILLIAM R	357045	481292	7/06/17	7/08/17	I/P	WILSON RON	25	M	MAIN-FILE	7/08/17	10	5
6 CHARTS IN LOCATION CODING												

RUN DATE: 7/18/17 TIME: 8:17		Evident Community Hospital CHART LOCATIONS										PAGE 2 H5MRCHT2
CURRENT LOCATION:N/S MED/S												
PATIENT NAME	PATIENT NUMBER	M/R NUMBER	---SERVICE--		TYPE	PHYSICIAN	AGE	SEX	LAST LOCATION	DATE MOVED	DAYS SINCE SERV. END	DAYS IN CURR. LOCATION
BAILEY STEPHANIE C	357310	481511	7/04/17	7/08/17	I/P	ANDERSON G	27	F	HIM	7/12/17	10	6
BOLTZ CAROLYN	357959	479248	7/07/17	7/13/17	I/P	BAXTER J	55	F	TRANSCRIPT	7/16/17	5	2
HARDING TINA	357111	481581	7/01/17	7/03/17	I/P	HANLEY AL	75	F	MAIN-FILE	7/16/17	15	11
KILPATRICK ROBERT	357280	482540	7/06/17	7/09/17	I/P	WILSON RON	63	M	HIM	7/15/17	9	3
PATTON ANDREW E	357287	481052	7/12/17	7/16/17	I/P	WILSON RON	81	M	SURGERY	7/15/17	2	1
5 CHARTS IN LOCATION N/S MED/S												

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Patient Number:** Pulls from the Patient tab on the Registration and ADT screen.
- **Med-Rec Number:** Pulls from the Patient tab on the Registration and ADT screen.
- **Service Begin:** The Admit date pulls from the Stay tab on the Registration and ADT screen.
- **Service End:** The Discharge date pulls from the Stay tab on the Registration and ADT screen.
- **Type (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Age:** Calculated from the Birth Date on the Patient tab in Registration and ADT screen.
- **Sex:** Pulls from the Patient tab on the Registration and ADT screen.
- **Last Location:** This column displays the location of the chart before its current location.
- **Date Moved:** This column displays the date the chart was moved to the current location.
- **Days Since Serv End (Days Since Service End):** Is the number of days between the patient's Discharge date and the date the report was run.
- **Days in Curr Location (Days in Current Location):** Is the number of days the chart has been in the current location.

14.3 Unique Chart Locations

The Unique Chart Locations report provides a list of all storage areas that have had charts assigned to them.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Unique Chart Locations**.
5. Select a print option.

Description and Usage

The Unique Chart Locations report lists all storage areas that have charts assigned to them and prints the total number of charts assigned to each location. The report will only include storage areas that have charts assigned to them. This report may be used to identify areas where charts are accumulating or staying too long.

Unique Chart Locations

RUN DATE: 7/18/17 TIME: 9:11		UNIQUE CHART LOCATIONS				PAGE 1 H5MRCHT3	
LOCATION	COUNT	LOCATION	COUNT	LOCATION	COUNT	LOCATION	COUNT
ADMIN	1						
AUDITORS	1						
CARDIOLOGY	1						
CODING	6						
EMERGENCY	5						
ICU	2						
LAB	6						
MAIN-FILE	83						
N/S MED/S	5						
N/S ORTHO	2						
N/S OBSTEC	2						
NURSE DEF	2						
O/P SURG	1						
PHYS THER	2						
SURGERY	2						
TRANSCRIPT	3						
UTIL REV	3						
X-RAY	1						

Listed below is an example of each column.

- **Location:** Displays the chart location.
- **Count:** Displays the number of charts at each location.

14.4 Charts by Patient Name

The Charts by Patient Name report provides a list of all patients that have a chart in a location.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Charts by Patient Name**.
5. Select a print option.
6. System prompts, "Print All Locations:"
 - Select this option to include all Chart Locations. If not selected, the top locations from the M/R Chart Location table will display. Multiple locations may be selected and will be flagged with an asterisk.
7. Select **Print** to continue.

Description and Usage

The Charts by Patient Name report lists all patients that have a chart in a specific location. The report lists the last chart location, the current chart location and the number of days since Discharge date. This report may be a quick reference to locate the storage area for a particular patient chart.

Charts by Patient Name

RUN DATE: 7/18/17 TIME: 16:27		CHART LOCATIONS BY PATIENT NAME										PAGE 1 HSMRCHT4
PATIENT NAME	PATIENT NUMBER	M/R NUMBER	---SERVICE---		TYPE	PHYSICIAN	AGE	SEX	LAST LOCATION	DATE MOVED	DAYS SINCE SERV. END	CURRENT LOCATION
ANDREWS JEFF	357773	481235	7/01/17	7/01/17	O/P	HAMILTON J	43	M	HIM	7/06/17	17	HIM
BAILEY STEPHANIE	357310	481511	5/30/17	6/08/17	I/P	ANDERSON G	27	F	HIM	7/12/17	40	N/S MED/S
CANNON RICHARD W	357043	481555	3/28/17	4/03/17	I/P	CHILDS HW	37	M	MAIN-FILE	7/08/17	106	NURSE DEF
CHRISTIANS ANN K	357943	481020	3/31/17	4/07/17	I/P	WHITE CARL	51	F	N/S MED/S	7/03/17	102	UTIL REV
DANNON MIKE R	357313	481503	2/03/17	2/04/17	I/P	SHRINER J	40	M	MAIN-FILE	7/17/17	165	UTIL REV
DUNN JOHN R	357220	481255	7/14/17	7/14/17	O/P	O'CONNOR K	6	M	HIM	7/12/17	4	HIM
CANDY ELAINE	357800	481656	6/02/17	6/02/17	O/P	HAMILTON J	51	F	MAIN-FILE	7/15/17	46	HIM
EMERSON LINDA	357060	481409	5/28/17	5/31/17	I/P	ALFORD CW	62	F	MAIN-FILE	7/11/17	48	ADMIN
FLORENTINE HAZEL	357060	481121	5/28/17	5/31/17	I/P	O'CONNOR K	42	F	HIM	7/06/17	48	TRANSCRIPT
HARDING TINA	357111	481581	6/30/17	7/03/17	I/P	HANEY AL	75	F	MAIN-FILE	7/16/17	15	N/S MED/S
HELMESING DEMETRIUS	357541	480957	7/06/17	7/06/17	O/P	BROWNING J	32	M	HIM	7/15/17	12	TRANSCRIPT
HILL CAROLYN R	357953	481045	6/06/17	6/07/17	O/P	ADAMS BRYA	47	F	MAIN-FILE	7/17/17	41	UTIL REV
LAMBERT ALICIA M	357030	480013	7/01/17	7/03/17	I/P	PARKER WJ	26	F	MAIN-FILE	7/17/17	15	N/S OBSTEC
MAURIN RICHARD	357051	478008	6/30/17	6/30/17	O/P	WILSON RON	32	M	MAIN-FILE	7/16/17	18	LAB
MCCLURE RITA	357169	480921	7/06/17	7/06/17	O/P	MYERS KATE	66	F	DR MYERS	7/18/17	13	N/S ORTHO

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Patient Number:** Pulls from the Patient tab on the Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **Service Begin:** The Admit date pulls from the Stay tab on the Registration and ADT screen.
- **Service End:** The Discharge date pulls from the Stay tab on the Registration and ADT screen.
- **Type (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on the Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from the Patient tab on the Registration and ADT screen.
- **Last Location:** This column displays the location of the chart before its current location.
- **Date Moved:** This column displays the date the chart was moved to the current location.
- **Days Since Serv End (Days Since Service End):** Is the number of days between the patient's Discharge date and the date the report was run.
- **Current Location:** This column displays the current location of the patient's chart.

14.5 Charts Moved between Times

The Charts Moved between Times report lists all patients whose charts have been moved between the designated dates and times.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Charts Moved Between Times**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range to include all charts that have been moved in that time frame or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Beginning Time: (Military Time)** and **Ending Time: (Military Time)**: Enter the time in military format to include all charts that have been moved in that time frame.
7. Select **Print** to continue

Description and Usage

The Charts Moved between Times report lists all patients whose charts have been moved between the designated dates and times. The report lists the last chart location, date moved, time moved and current chart location. The primary usage of this report is to identify the movement of patient charts.

Charts Moved Between Times

RUN DATE: 7/25/17
TIME: 9:39

CHARTS WHICH WERE MOVED BETWEEN
07/24/17 07:00 Monday AND 07/24/17 18:00 Monday

PAGE 1
H5MRCHT6

PATIENT NAME	PATIENT NUMBER	M/R NUMBER	---SERVICE---		TYPE	PHYSICIAN	AGE	SEX	LAST LOCATION	DATE MOVED	TIME MOVED	CURRENT LOCATION
			BEGIN	END								
DUNN KATHLEEN	357952	478092	7/12/17	7/12/17	O/P	SCHRINER J	44	F	HIM	7/24/17	8:03	BUS OFFICE
MAI ELIZABETH A	357587	481613	6/13/17	6/13/17	O/P	O'CONNOR K	10	M	HIM	7/24/17	10:12	BUS OFFICE
RICHARDSON FRANK	878787	480989	7/10/17	7/12/17	I/P	MYERS KATE	51	M	CARDIOLOGY	7/24/17	11:50	BUS OFFICE
HALL EDWARD R	357928	480414	7/08/17	7/17/17	I/P	MYERS KATE	49	M	MAIN-FILE	7/24/17	11:51	BUS OFFICE
JOHNSON MINDY	356908	004959	7/07/17	7/07/17	O/P	KENNEDY I	42	F	MAIN-FILE	7/24/17	8:13	CARDIOLOGY
STEPHENS ERICA	357829	481877	6/28/17	6/28/17	O/P	HASHIMI DW	41	F	HIM	7/24/17	11:17	CARDIOLOGY
PEMBLETON SCOTT	357332	480879	7/01/17	7/01/17	O/P	LAMPLEY J	59	M	TRANSCRIPT	7/24/17	10:32	CODING

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Patient Number:** Pulls from the Patient tab on the Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **Service Begin:** The Admit date pulls from the Stay tab on the Registration and ADT screen.
- **Service End:** The Discharge date pulls from the Stay tab on the Registration and ADT screen.
- **Type (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on the Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from the Patient tab on the Registration and ADT screen.
- **Last Location:** This column displays the location of the chart before its current location.
- **Date Moved:** This column displays the date the chart was moved to the current location.
- **Time Moved:** This column displays the time the chart was moved to the current location. The time is displayed in military format.
- **Current Location:** This column displays the current location of the patient's chart.

Chapter 15 Deficiency Reports

15.1 Deficiency by Patient

The Deficiency by Patient report lists the areas of deficiencies for each patient.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Deficiency by Patient**.
5. Select a print option.
6. System prompts, "Print deficiencies for all patients:"
 - Select this option to include all patients that have deficiencies, or leave blank to print deficiencies on selected accounts.
 - If this field is left blank, the system prompts, "Enter up to 50 accounts:"
7. Select **Print** to continue.

Description and Usage

The Deficiency by Patient report lists the areas of deficiency for each account and what should be completed. In addition, there is a separate section under each account for each physician or employee responsible for completing the needed action. To have the report list physician deficiencies on a separate page, contact a TruBridge Financial Client Services Representative.

The Medical Records department may use this report to quickly identify all areas of deficiencies for a specific patient. This report enables the department to expedite the completion of a particular patient's chart by seeing all areas that need actions.

Deficiency by Patient

RUN DATE: 06/25/17 TIME: 08:52	DEFICIENCY REPORT BY PATIENT	PAGE 1 H5MRDEFPAT
PATIENT.....: SMITH ELLA KATHERINE	ACCOUNT#: 21002075	
ADMIT DATE....: 6/23/17	MED.REC.#: 257851	
DISCHARGE DATE: 6/23/17		
ATTENDING PHY.: DANIEL E SMITH		
DEFICIENCIES	DANIEL E SMITH	
H&P		
H&P	DICTATE	
DISCHARGE SUMM		
OPERATIVE RPT		
OPERATIVE RPT	DICTATE	
PREOP NOTE		
POSTOP NOTE		
RECOVERY ROOM		
PROGRESS NOTE	SIGN	
PROGRESS NOTE		
CONSULT		
CONSULT		
DRS ORDERS		
DRS ORDERS		
PULM FUNCTION		
RADIOLOGY		
CARDIOLOGY		
EKG		
EEG		
ER RECORD		
OTHER		

Listed below is an explanation of each column.

- **Deficiency:** Pulls from the Deficiency table.
- **Attending Physician:** Lists the deficiencies for the attending physician. The physician name will pull at the top of the column.
- **Other Physician/*Employee:** Pulls the name of any other physician or employee that has deficiencies for the patient. Employees will have an asterisk (“*”) beside their name.
- **Need:** Lists the deficiencies for the other physician/employee and will pull beside their name.

15.2 Deficiency by Physician/Employee

The Deficiency by Physician/Employee report lists all Medical Records deficiencies by physician.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Deficiency Reports-By Physician/Employee**
5. Select a print option.
6. Select report parameters:
 - **All Physicians/Employees?:** Select this box to pull all physicians that have Medical Records deficiencies or leave unselected to print for a specific physician or employee. If unselected, **Physician** or **Employee** must be selected from the drop-down menu. After selecting **Physician** or **Employee**, enter the desired Employee or Physician number.
 - **Days Since Discharge:** The report will pull only accounts with a discharge date equal to or older than the number of days entered.
 - **Include Balances?:** If this option is selected, account balances will pull to the report.
 - **Include Accounts with Finish Date?:** If selected, all accounts will pull to the report even if the account has a finish date in the DRG Grouper screen.
 - **Show Accounts with No Discharge Date:** If selected, accounts with no Discharge Date will pull to the 0-15 column on the report.
 - **Sort Options:** Select one of the following sort options from the drop-down menu:
 - Patient Name
 - Discharge Date
 - Deficiency Date
 - Transcription Status
 - Medical Record Number
7. Select **Print** to continue.

Description and Usage

The Deficiency by Physician/Employee will insert page breaks by physician/employee and will list the patients with deficient Medical Records. At the end of the report, a statistical analysis of deficient areas is printed. It prints by physician and lists the actions that need to be completed, dictated, transcribed, written and/or signed. A total of needed actions are given for each physician/employee along with an aging section showing how long the actions have been deficient.

This report allows the department to easily identify all patient charts that need action by individual physicians and/or employees. Because the report will insert page-break by physician, each physician can be given a copy of the report that lists those areas of needed action for each patient. The statistics portion of the report may be used to look for trends of certain areas that are taking longer to complete. From this evaluation, procedural decisions may be made that would improve efficiency.

Deficiency by Physician/Employee

RUN DATE: 05/16/17 TIME: 08:46		DEFICIENCY REPORT BY PHYSICIAN/*EMPLOYEE FOR: 150015001500					PAGE 1 MRDEFFHY3		
PATIENT NAME	NUMBER	MR#	ADMIT	DISCHG	AGE	DEFICIENCY	NEED	CHART LOCATION/DAYS	BAL
ROBERTSON HELEN MARIE	JLR025	540012	05/01/17	05/01/17	15	ER NOTES H & P CONSULT	COMPLETE DICTATE TRANSCRIBE		191.80
SMITH MARY LOU	JLR728	541521	05/06/17	05/06/17	10	ER NOTES H & P CONSULT CONSULT	SIGN COMPLETE DICTATE TRANSCRIBE		589.55
BALANCES:		TOTAL ACCTS.: 2		DEFICIENCIES: 7		BALANCE: 781.35			

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Dischg (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Age:** This is the number of days past the patient's Discharge date that the item has been deficient.
- **Deficiency:** The area that needs completing.
- **Need:** Lists what is needed to complete the deficiency.
- **Chart Location/Days:** If the patient has a chart location entered, the current location will pull to this column.
- **Balance:** Pulls the Account Balance from the patient's Account Detail.

Deficiency by Physician/Employee (Stats)

PHYSICIAN/*NURSE	DEFICIENCIES						INCOMPLETE CHARTS					TOTAL	BALANCE
	COMP	DICT	TRAN	WRITE	SIGN	TOTAL	0-15	16-22	23-29	30-60	Over 60		
JOHNSON CHARLES	2				2	4					2	2	2235.47
KERVIN DEBBIE MD		1		1	1	3					1	1	1102.54
KIM GRANADE					1	1					1	1	9523.38
LOSSEN REBECCA					5	5					1	1	931.61
MARY K DRAIN				6		6					1	1	13838.29
MAURIN P S	1					1					1	1	62.50
MYERS KATE MD					2	2					1	1	62.50
PARKISON, CAROL J		1		1	1	3					1	1	4157.77
PHYSICIAN MAN		1			1	2					1	1	11479.35
SDMONS SHANNON MD	5	2	4	7	6	24					7	7	9081.18
SMITH JOHN						3					1	1	7082.72
SUSAN KERBY - DR.BLUE		1				1					1	1	650.30
WILLIAMS CAROLINE				1		1					1	1	9450.00
WILSON DENISE						1					1	1	953.90
* SAMMARTINO SANDRA			4			4					1	1	500.00
* SANDRA G KRAUSE	1					1					1	1	130.04
* SCOTT MELTON ADAMS	1					1					1	1	130.04
TOTAL CHARTS	10	8	8	16	21	61					24	24	71310.76

Listed below is an explanation of each column.

- **Physician/*Nurse:** Lists at the end of the report if deficiencies were printed for all physicians/employees. This column is a breakdown of all physicians/employees that have deficiencies.
- **Deficiencies:** The next six columns list the areas of deficiency and give the number of deficiencies for each column, along with total deficiencies per physician.
- **Incomplete Charts:** The last five columns list the aging and number of charts that are deficient for each aging bracket.
- **Balance (Account Balance):** Pulls from the patient's Account Detail.
- **Total Charts:** Lists a grand total for each deficiency and a grand total for incomplete charts.

Deficiency by Physician/Employee (Totals)

PATIENT NAME	NUMBER	MR#	ADMIT	DISCHG	AGE DEFICIENCY	NEED	CHART LOCATION/DAYS	BAL	
TOTALS BY STAY TYPE									
AHIS DESC	TOTAL ACCOUNTS								TOTAL BALANCE
I/P	31								14419.67
O/P	52								88469.80
ER	10								5111.60
CLINIC	1								130.04
REHAB	5								3714.14
TOTALS:	99								11184.25

Listed below is an explanation of each column.

- **AHIS Desc:** Lists description of the Stay Type from page 4 of the AHIS control table.
- **Total Accounts:** Lists a total of accounts for each Stay Type along with a grand total for all Stay Types.
- **Total Balance:** Lists the total balance for each Stay Type along with a grand total for all Stay Types.

NOTE: Accounts with no discharge date will not fall into this section of the report.

15.3 Cosignature/Verbal Orders

The Cosignature/Verbal Orders report will reflect any verbal orders which have not been electronically signed by the provider. In cases where a mid-level provider is selected during the ordering process, the order will be signed first by the mid-level provider and he/she will then be prompted to choose a physician co-signer during the signing process. The co-sign status will also be displayed on this report.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Cosignature/Verbal Orders**.
5. Select a print option.
6. Enter the beginning and ending date range to include. The format is MMDDYY. The system will default to the current system date.
7. Select **Print orders dc'd prior to signing** to include orders which were discontinued before they were signed.
8. Select **Print** to continue.

Description and Usage

The Cosignature/Verbal Orders deficiency report will provide the hospital with a way of tracking all verbal orders that are unsigned.

Cosignature/Verbal Orders

RUN DATE: 01/18/17		Outstanding Cosignature/Verbal Orders		PAGE 1		
TIME: 08:19		From: 12/01/16 To: 12/31/16		MROSCSVO		
Date/Time	Ordered By	Order	Description	Signing Physician/Group	Patient	Status
12/09/16 06:47	ROTH MARY H	2866210	RAPID STREP	ROTH MARY H	357989 ROTH OLIVER R	201160 VERBAL
12/28/16 10:57	BAXTER JAMES NBA	14	CALAN 80 MG	BAXTER JAMES NBA	357307 DURDEN KELLY	010000 PHONE

Listed below is an explanation of each column.

- **Date/Time:** Pulls the order date and time.
- **Ordered By:** Pulls the ordering physician.
- **Order:** Pulls the 7-digit Order Number from ancillary and pharmacy orders.
- **Description:** Pulls the Item Description from the Item Master for ancillary and pharmacy orders. The nursing orders description pulls from nursing chart master.
- **Patient:** Pulls the patient name and account number from Patient tab on the Registration and ADT screen.
- **Signing Physician/Group:** Pulls the signing physician or a physician's group.
- **Status:** Pulls order type: Verbal or Phone.

15.4 Unsigned E-Sign

The Unsigned E-Sign Report will provide a listing of transcribed but unsigned documents.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Unsigned E-Sign Report**.
5. Select a print option.

6. Select report parameters:

- **All Physicians:** If selected, the report will print for all physicians. If left blank, the system prompts to enter Physician Number(s).
- **Sort Options:** Select one of the following sort options from the drop-down menu:
 - Physician
 - Patient
 - Account Number
 - Discharge Date
 - Report Description
 - Report Status
 - Transcription Initials

7. Select **Print** to continue.

Description and Usage

The Unsigned E-Sign Report will provide the hospital with a way of tracking all transcribed documents that are unsigned.

Unsigned E-Sign

RUN DATE: 08/23/17 TIME: 10:47		UNSIGNED MR E-SIGN DOCUMENTS				PAGE 1 MRUNSESIGN		
PHYSICIAN TRANSCRIPTIONIST NAME	PATIENT NAME	ACCT #	DISCHARGE DATE	REPORT DESCRIPTION	REPORT STAT	REPORT DATE	REPORT INITIALS	
SMITH JOSEPH	EVANS MICHAEL R	417112	08/15/17	DISCHARGE SUMMARY	Unsd	08/15/17	SCF	
SMITH JOSEPH	EVANS MICHAEL R	417112	08/15/17	OB DISCHARGE SUMMARY	Unsd	08/22/17	SCF	
SMITH JOSEPH	SMITH MARY ANN	414123	08/03/17	DISCHARGE SUMMARY	Unsd	08/06/17	SCF	
SMITH JOSEPH	SMITH MARY ANN	414123	08/03/17	DISCHARGE SUMMARY	Unsd	08/10/17	SCF	

Listed below is an explanation of each column.

- **Physician Name:** Lists the physician for the specified unsigned MR E-Sign document.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Account Number:** Pulls from Registration and ADT screen.
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Description:** This is the type of transcription document.
- **Stat (Status):** Lists the status of the transcribed document.
- **Creation Date:** The date the document was transcribed.
- **Transcriptionist Initials:** Pulls from the employee User Based Login.

15.5 E-Sign Deficiency Report

The E-Sign Deficiency Report will provide a listing of transcribed documents that have been returned to the transcriptionist for further editing by the physician through the Electronic Signature process.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **E-Sign Deficiency Report**.
5. Select a print option.
6. Select report parameters:
 - **Date range:** If “All Dates” is selected, then the system will default to include all dates. If blank, then a specific date range can be entered.
 - **E-sign Documents:**
 - Selecting **All Unsigned Documents** will pull only unsigned documents to the report.
 - **All Documents on Hold** will pull all documents that have been placed on “H”old by the transcriptionist. These documents do not appear in the physician’s queue to be signed.
 - **All Signed Documents** will pull only signed documents to the report.
 - **Overdue Signatures** will pull all documents that have not been signed and exceed the number of days loaded in the Signature Overdue After field on page 1 of the Physician Security. Therefore, if the current date minus the creation date of the document equals or exceeds the number of days loaded, that document will pull to the report.
 - **Returned by Physician** will pull all documents that have been reviewed by the physician and then returned to the transcriptionist for reasons such as additions or changes.
 - **Editing Required** will pull all documents that have been sent to the physician for review and/or signing and have been coded by the transcriptionist as “E”diting required.
 - **Edit Comments/Return Notes:** This option allows the text entered by the transcriptionist or physician, in the Edit Boxes, to pull to the report.
 - **Control Heading:** This will determine the primary sort for the report, controlling how the report page breaks. From the drop-down menu select **Transcriptionist** or **Physician**.
 - **Control Heading Sort Order:** The options available depend on how the Control Heading is set. If Transcriptionist was selected, the only option to sort by will be **Transcriptionist Initials**. If Physician was selected, the options for primary and secondary sort will be between the physician name and physician number. Enter a **1** and **2** in the sort choices.
 - **Detail Sort Order:** these options will determine the order in which the detail will sort. Either the default selections can be left as is, or enter 1, 2, 3, etc. to rank the order of the sort.
7. Select **Generate** to continue.

Description and Usage

The E-Sign Deficiency Report will provide the hospital a way of tracking transcribed documents that have been returned to the transcriptionist for further editing by the physician through the Electronic Signature process. The report will page break by transcriptionist or physician and will include any comments associated with the document.

MR E-Sign Deficiency

RUN DATE: 11/07/23 TIME: 12:19	TruBridge Community Hospital MR ELECTRONIC SIGNATURE DEFICIENCY REPORT DEFICIENCIES FOR ALL DATES FOR TRANSCRIPTIONIST: SH	PAGE 13 MRESIGNDEFG
-----------------------------------	---	------------------------

PHYSICIAN NAME	PHY NUMBER						
PATIENT NAME	NUMBER	ADMIT-DATE	DISC-DATE	TYPE-DOC	DOCUMENT DESCRIPTION		SIGN DATE/TIME
BAXTER JAMES NBA	010000						
HOULE ALEXANDER	358289	11/30/22	00/00/00		CATARACT EXTRACTION		00/00/00 00:00
EDIT-COMMENTS							
Please review for calification. Hit "F11" and review the area. Remove the 7 x's before signing.							
WILLIAM HAYES	008199						
ADAMS JOHN	358333	00/00/00	00/00/00	05	EKG		00/00/00 00:00

Listed below is an explanation of each column.

- **Physician Name:** Lists the physician for the specified MR E-Sign Deficiency Document.
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Physician Number:** The Number assigned to the physician in the Physicians Table.
- **Account Number:** Pulls from the Registration and ADT screen.
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Discharge Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Type-Doc (Type Document):** Pulls the Document Code from Physicians Headers.
- **Document Description:** Is the title of the transcription document.
- **Sign Date/Time:** If the option for All Signed Documents is selected, the date and time the physician signed the E-Sign transcription document will display.

15.6 Deficiency Letter to Physician

The Deficiency Letter to Physician is a letter that may be printed to remind the physician that Medical Records are incomplete.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Deficiency Letter**.
5. Select a print option.
6. System prompts, "Print a Test Letter First?"
 - Select **Yes** to print a test deficiency letter. Select **No** to print all deficiency letters for physicians.
7. If a test letter was printed, system prompts, "Did Test Letter Print Correctly?"
 - Select **No** if the test letter did not print correctly. Make necessary adjustments until the letter prints correctly. Select **Yes** to print all deficiency letters for physicians.

Description and Usage

The Deficiency Letter to Physicians reminds the physician that Medical Records are incomplete. The letter lists the deficiency for each patient. The primary purpose of this report is to help expedite the process of chart completion. This letter will identify to the physician all areas in which action needs to be taken. By communicating the deficient areas in a computer-generated form letter, the incompleteness will be resolved much sooner.

Deficiency Letter to Physician

6600 Wall Street
Mobile, AL 36695

June 24, 2017

Dear WILSON JEFFREY R

This is a reminder that the following medical records are incomplete. They have been incomplete for 15 days or longer and require your immediate attention.

If you have questions concerning these records please contact the Medical Records Department.

Please give prompt attention to this matter.

Sincerely,

Director of Medical Records

Patient	number & name	MR#	Dis.dt	Age	Deficiency	Need	Chart Location/Days
357229	HARDEN SUSAN	481560	6/10/17	12	DISCHARGE SUM	DICTATE	DR WILSON 05
357224	LOGAN DEANNA	481162	6/08/17	82	CONSULT	SIGN	DR WILSON 05

Chapter 16 Labels

16.1 File Labels

The Medical Record File Labels may be printed for labeling patient charts.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **File Labels**.
5. Select a print option.
6. Select report parameters:
 - **Print Labels By:** Select one of the following sort options from the drop-down menu:
 - **Admit Dates:** Will print labels for an Admit date range.
 - **Discharge Dates:** Will print labels for a Discharge date range.
 - **Specific Accounts:** Will print labels for up to 50 selected accounts.
 - **Number of Labels per Account:** Select the number of times to print each label.
7. If Admit Dates or Discharge Dates is selected, the system will prompt for a **Beginning Date** and **Ending Date** along with a prompt to **Enter Patient Types**.
8. Select **Print** to continue
9. System prompts, "Print Additional Labels?"
 - Select **Yes** to answer prompts for additional labels or **No** to continue.

Description and Usage

The File Labels may be printed for up to 50 Account Numbers to label patient folders.

File Labels

```
BEECH DAVIS SANDERS      MR#..000310
DOB..02/05/1951      ADMIT DATE..12/15/16
                        DISCH DATE..
ATT PHY 200000 SMITH JOHN DAVID

REED GRACE ELLEN        MR#..000312
DOB..06/19/1943      ADMIT DATE.. 1/06/17
                        DISCH DATE..
ATT PHY 3767 SAMANTHA WALLACE

ROTH OLIVER R          MR#..357989
DOB..06/28/1985      ADMIT DATE..10/12/16
                        DISCH DATE..
ATT PHY 201160 ROTH MARY H
```

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **DOB (Date of Birth):** Pulls from Patient tab on the Registration and ADT screen.
- **Att Phy (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.
- **Med-Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen. If this field is blank, the patient's Account Number will pull.
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Disch Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.

Chapter 17 Bar Code Labels

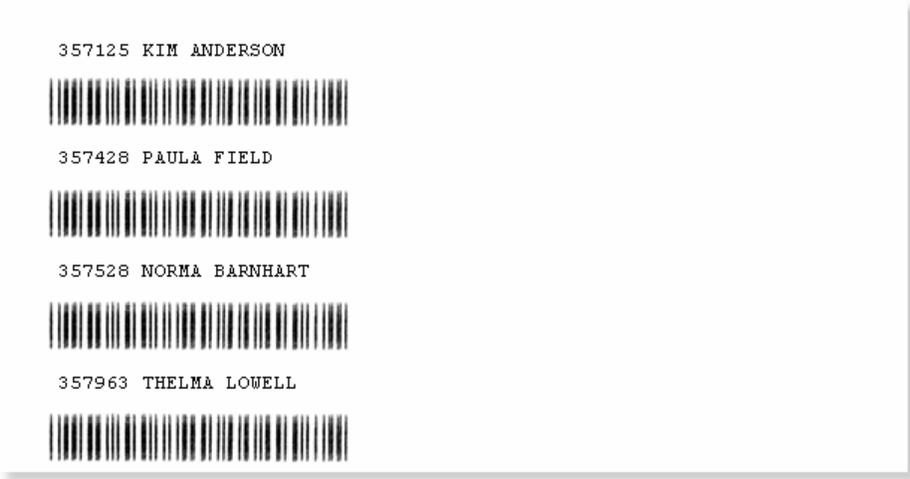
17.1 How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Page 2**.
4. Select **Bar Code Labels**.
5. Select a print option.
6. Select report parameters:
 - **Print Number**: From the drop-down menu select **Account Number** or **MR Number**. This determines if the barcode will be the patient's Medical Record Number or Account Number. This may be answered depending on how Chart Location is set up to track accounts.
 - **Number of Labels per Account**: Enter the number of labels needed for each patient.
 - **Enter up to 50 Account Numbers**: Enter the account numbers that need labels.
7. Select **Print** continue.
8. System prompts, "Are labels lined up correctly?:"
 - Select **No** to make necessary adjustments. Select **Yes** to print all bar code labels
9. System prompts, "Print Additional Labels?"
 - Select **Yes** if more labels are to be printed. The cursor will return to the prompt to allow more account numbers to be entered. Select **No** if all labels have been printed.

17.2 Description and Usage

The Bar Code Labels contain the Medical Record Number or Account Number, Patient Name and bar code. If a bar code scanner is utilized, this will speed up the process of assigning charts to locations by scanning instead of keying the chart number when using the Thrive Chart Location Mass Entry application.

Bar Code Labels



Chapter 18 Administrative

18.1 CPT Code Check/Update

After the download of the annual update to the CPT Table, the Inventory CPT code Check/Update Report should be run. This report will display the necessary adjustments that should be made to the Item Master to meet the CPT Table changes.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **CPT Code Check/Update**.
5. Select a print option.
6. Select report parameters:
 - **Enter Code (“E”dit, “U”pdate, 0-Exit)**: Enter an **E** to print as an Edit, **U** as an update or **0** to exit the report.
 - If run as an Update, the system prompts, “Replace Invalid Codes With Blanks?” If answered **Y**, then all CPT Codes loaded in the Item Master that are not found in the CPT Code Table will be replaced by a blank field.
 - **Include Terminated Items Y/N?**: Enter **Y** if terminated items will be included in the report.

Description and Usage

This report may be run as an Edit or an Update. It will flag changes such as codes that are no longer valid, codes that have been replaced by other codes, etc. Listed below are some of the instances in which a flag will be received:

- In the event that another CPT Code has replaced a CPT, the flag will read “NEW CPT 12349.” When the report is run as an Update, the Item Master will be changed to reflect the new CPT code.
- If a CPT Code has been replaced by more than one CPT Code, it will list on the report as “REP BY: 87390 87391 87392”, indicating all of the replacement codes. The report will not change the Item Master in this instance, and it must be manually updated.
- CPT Codes that are no longer effective after a certain date will pull to the report as “OBSOLETE”. The Item Master must be manually updated with the correct CPT Code.

- If a CPT Code is loaded in the Item Master that does not exist in the CPT Table, it will list on the report as “INVALID”. When the report is run as an Update, the prompt “Replace Invalid Codes With Blanks” will be received. If answered “Y”, then blank fields in the Item Master will replace all invalid CPT Codes. If another CPT Code should replace them, it will have to be manually updated.

CPT Code Check/Update

ITEM#	DESCRIPTION	F/C	CPT#	FLAG	REPLACED BY CPT#'s
351113	BASIC METABOLIC PROFILE		13300		REP BY: 13102 13122 13133 13153
352184	CHEM 18		80018	OBSOLETE	
370247	BILIRUBIN DIRECT		82250		REP BY: 82247 82248
900900	PHYSICAL THERAPY VISIT		80092	OBSOLETE	
900901	OCCUPATIONAL THERAPY VISIT		80091	OBSOLETE	
900903	SKILLED NURSING VISIT		80091	OBSOLETE	
900904	MEDICAL SOCIAL VISIT		80091	OBSOLETE	
1000017	HIV		86311		REP BY: 87390 87391
2400136	INTEGUMENTARY SYSTEM OF UPPER LEG		012400X		REP BY: 00400
3000033	HEMATOCRIT		85030		REP BY: 85021 85022 85023 85024 85025 85027

Listed below is an explanation of each column.

- **Item# (Item Number):** Pulls from the Item Master.
- **Description:** Pulls from the Item Master page 1.
- **F/C (Financial Class):** If the CPT change affects the CPT loaded in the Item Master page 1, the specific financial class indicated will pull.
- **CPT# (CPT Code):** Affected by the changed item.
- **Flag:** Flag indicates the change to the CPT.
- **Replaced By CPT #'s:** If a CPT Code has been replaced by another code(s), the code(s) will be listed in this column.

Chapter 19 Ad Hoc

19.1 Images within a Date Range

The Images within a Date Range report will give a listing of all image titles that were scanned onto a patient's account within a date range.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Images within a Date Range**.
5. Select a print option.
6. Select a date range from the drop down.
7. Select **Generate** to display all patient accounts within the selected date range.
8. Highlight a line and select **Remove from List**, if a particular patient account needs to be excluded from the report.
9. Select **Print** to continue.

Description and Usage

The Images within a Date Range report will identify all images and documents that were placed on a patient's account within a date range. Before printing the report, it may be sorted by each column by selecting the column header. Certain lines may be removed from the report before it is printed.

Images within a Date Range

RUN DATE.: 06/02/17
RUN TIME.: 12:14

EFM DOCUMENTS WITHIN A DATE RANGE REPORT
From 05/01/17 thru 05/31/17

PAGE: 1
OSIMAGEX1LIST

Account	Patient Name	Date	Title	Doc. Ext.	File Type	Doc. Type /od?	Image Number	Just-Like Number
10000350	HOLBERG CINDY	05/02/17	Photo Identification		CPScan Document		01 007287	
10006307	SMITH ELLA KATHERINE	05/06/17	Patient Summary	cda	Clinical Document Arch.	A	01 007407	
11000689	NEWTON TRENT K	05/31/17	Insurance Card	jpg	JPEG Image	A	01 008001	
11100200	HENDERSON TERESA H	05/13/17	ChartLink Photo		CPScan Document		01 007624	
15441544	GIBSON CONRAD G	05/04/17	Scan Document	cda	Clinical Document Arch.	A	01 007357	
20172522	HIRSCH MARCUS	05/19/17	UPLOADED IMAGE	jpg	JPEG Image	U	01 007757	
21001890	GARLAND DEBBIE	05/16/17	Chartlink Photo		CPScan Document		01 007683	
21001891	RICHARDS DANIEL L	05/16/17	ChartLink Photo		CPScan Document		01 007684	
21002029	CRANE DENISE	05/25/17	Chartlink Photo	jpg	JPEG Image	U	01 007866	
21002030	SCHMIDT SARAH	05/25/17	Chartlink Photo	jpg	JPEG Image	U	01 007867	
21002032	SHORE ABBY	05/25/17	Chartlink Photo	jpg	JPEG Image	U	01 007868	
21002075	SMITH ELLA KATHERINE	05/16/17	Chartlink Photo	jpg	JPEG Image	U	01 007695	421271
31110004	MARSHALL LILLIAN	05/25/17	ORDER RESULT	doc	Word Document	A	01 007850	
31414705	MIDDLETON LAURA	05/24/17	Patient Summary	cda	Clinical Document Arch.	A	01 007837	

Listed below is an explanation of each column.

- **Account:** The patient's account number pulls from the Registration and ADT screen.
- **Patient Name:** Pulls from the Patient Tab on the Registration and ADT screen
- **Date:** Pulls the date the document was placed on the patient's account.
- **Title:** Pulls the name of the document that was placed on the patient's account.
- **Doc. Ext.:** The type of document extension that was placed on the patient's account.
- **File Type:** The type of file that was attached to the account.
- **Doc. Type:** The way the file was attached to the account. **A** means the file was attached and **U** means the file was uploaded.
- **/od?:** Pulls the optical disk drive the image is stored.
- **Image Number:** The number assigned to the document.
- **Just-Like Number:** Pulls the patient's account number the document was just liked from.

Chapter 20 MPI Reports

20.1 Person Profile Maintenance

The Person Profile Maintenance has three options:

- **Unapplied Visits Reports.** This report has two sections:
 - The Unapplied Visits Corrected section automatically attaches visits that are not associated with a profile to a profile. The system looks to the Name, Social Security Number and Date Of Birth. If the Name, Social Security Number and Date Of Birth do not match a profile, a new profile will be created.
 - The second part of the report, Unapplied Visits, will identify all visits without a profile.
- **Add Visit to Profile.** This option allows a visit to be attached to a profile. The **Maiden Name, Birth Date, Birth Place, SocSec#, Sex, Race, Ethnicity, and Expired Date** fields on the visit will be changed to match the profile once the visit is attached to the profile. A report does not print.
- **Data Mismatch Report.** This report will list all visits/accounts that are attached to a profile but the profile data is different from the visit/account data. Both reports look at both AR and History visits.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Person Profile Maintenance**.
5. The system prompts, "Unapplied Visits Report", "Add Visit to Profile" or "Data Mismatch Report."
6. Select **Unapplied Visits Report** for the system to automatically attach visits that are not associated with a profile to a profile. The second part of the report will identify all visits without a profile.
 - Select a print option. TruBridge recommends **Spool to File**.
7. Select **Add Visit to Profile**.
 - If Add Visit to Profile is selected, the system prompts, "Enter Profile Number:"
 - Enter in the **Social Security Number** of the patient.
 - System prompts, "Enter Visit Number:"
 - Enter the **Visit Number** to be attached to the profile.
 - System prompts, "Add Visit to Profile" or "Cancel."
 - Select the desired response.

8. Select **Data Mismatch Report** to display visits/accounts that are attached to a profile and the profile data is different from the visit/account data.
 - Select a print option.
 - System prompts, "Include History Accounts?"
 - Select the desired response.

Description and Usage

The Unapplied Visits report has two sections. The Unapplied Visits Corrected section automatically attaches visits that are not associated with a profile to a profile. The system looks to the Name, Social Security Number and Date Of Birth. If the Name, Social Security Number and Date Of Birth do not match a profile, a new profile will be created. The second part of the report, Unapplied Visits, will identify all visits without a profile. The Data Mismatch Report will list all visits/accounts that are attached to a profile but the profile data is different from the visit/account data. Both reports look at both AR and History visits.

Unapplied Visits Corrected

12/29/17 13:21		UNAPPLIED VISITS CORRECTED				PAGE 1 ARVSTDIF
Visit	Patient Name	DOB	Profile	Patient Name	DOB	Action
108553	BRYSON MEL	01/01/1916	1000005738	BRYSON MEL	01/01/1916	PROFILE ATTACHED
500052	MORTEN ROBERT	11/29/2006	0753124568	MORTEN ROBERT	11/29/2006	PROFILE ATTACHED
210855	RAABE PAULETTE	01/14/1961	1000003800	RAABE PAULETTE	01/14/1961	PROFILE ATTACHED

Listed below is an explanation of each column.

- **Visit:** The Visit number.
- **Patient Name:** The Patient Name on the visit.
- **DOB:** The Date of Birth of the patient on the visit.
- **Profile:** The Profile number created by the system.
- **Patient Name:** The Patient Name on the profile.
- **DOB:** The Date of Birth of the patient on the profile.
- **Action:**
 - **Profile Created:** This indicates a Profile was Created for this patient.
 - **Profile Attached:** This indicates a visit was Attached to a Profile.

Unapplied Visits

13:21		UNAPPLIED VISITS				ARVSTDIFF
Visit	Patient Name	DOB	Profile	Patient Name	DOB	Action
106309	BAYLIE PAUL	01/01/1978	0000000000	INVALID PROFILE NUMBER		DUPLICATE SOCIAL
100002	ARNOLD PERRIN	08/27/2004	0000000000	INVALID PROFILE NUMBER		DUPLICATE SOCIAL
109833	COLE JENNIFER	11/06/1974	0000000000	INVALID PROFILE NUMBER		DUPLICATE SOCIAL
101122	GIBSON KAY	08/16/1979	0000000000	INVALID PROFILE NUMBER		DUPLICATE SOCIAL
101614	GREENAPPLE SUSAN	02/05/1962	0000000000	INVALID PROFILE NUMBER		DUPLICATE SOCIAL

Listed below is an explanation of each column.

- **Visit:** The Visit number.
- **Patient Name:** The Patient Name on the visit.
- **DOB:** The Date of Birth of the patient on the visit.
- **Profile:** The Profile number created by the system.
- **Patient Name:** The Patient Name on the profile.
- **DOB:** The Date of Birth of the patient on the profile.
- **Action:**
 - **DOB:** This indicates the Dates of Birth do not match.
 - **Duplicate Social:** This indicates the Names and Social Security Numbers do not match.

Visits/Person Profile Data Mismatch Report

15:04		VISITS/PERSON PROFILE DATA MISMATCH REPORT				ARMISMATCH	
Visit	Patient Name	DOB	Profile	Patient Name	DOB	Action	
00900789	KATZ TINA	10/01/1962	0159753648	KATZ TINA	01/01/2000	DOB	
00900988	MOSTELLAR MICHAEL	05/05/1970	0654654654	MOSTELLAR MICHAEL	07/12/1973	DOB	
00901124	ALLEN CHRISTY	07/10/1944	0589584195	ALLEN CHRISTY	04/28/1974	DOB	
00901165	CENTRAL CAMERON	01/10/1969	0425698581	DOUGLAS KAREN	02/02/1962	NAME/DOB	
00901168	CRESS DAMON	12/09/1932	0452698152	KING DAMON	01/05/1932	NAME/DOB	

Listed below is an explanation of each column.

- **Visit:** The Visit number.
- **Patient Name:** The Patient Name on the visit.
- **DOB:** The Date of Birth of the patient on the visit.
- **Profile:** The Profile number created by the system.
- **Patient Name:** The Patient Name on the profile.
- **DOB:** The Date of Birth of the patient on the profile.
- **Action:**
 - **Name:** This indicates that the Name does not match on a visit to the Name on a profile.
 - **Name/DOB:** This indicates that the Name and/or Date of Birth does not match on a visit to the Name and/or Date of Birth on a profile.

20.2 DRG Autocompute

The DRG Autocompute option was designed to give a facility the ability to calculate DRGs for all coded accounts at once.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **DRG Autocompute**.
5. Select report parameters:
 - **Enter Financial Class Code or ALL:** All coded accounts with the Financial Class code entered will have DRGs calculated. Enter **ALL** to calculate DRGs for all coded accounts regardless of the Financial Class.
 - **Enter Initials:** Enter the Initials of the person running the DRG Autocompute.
 - **Select type of accounts:** From the drop-down menu select **Discharged** to include only accounts with a discharge date, **Inhouse** to include only accounts without a discharge date or **Both** to include all accounts.
 - **No Finish Date/Finish Date/Both:** From the drop-down menu select **No Finish Date** to include only accounts without a M/R Finish Date, **Finish Date** to include only accounts with a M/R Finish Date, or **Both** to include all accounts.
 - **Begin Date and End Date:** Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
6. Select **Print**.

Description and Usage

The benefit to using this option is to be more efficient in calculating DRGs for multiple accounts. The DRG Autocompute option will not produce a report.

Chapter 21 Indexes

21.1 Build Work Files

Before any of the Index reports can be printed, a file build must be generated for a specific date range.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Build Index Work File**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending discharge date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **All patient types?**: Select this option to include all Stay Types on the report. If blank, enter the desired Stay Types.
7. Select **Print** to continue.

Description and Usage

Once the file build has completed, any of the Indexes can be printed. These reports will reflect patient data for the dates entered in the file build.

21.2 Patient Index

The Patient Index lists in alphabetical order all patients admitted and discharged in a designated month, along with their Diagnosis, Procedures and DRG. This report will assist Medical Records in coding all accounts as it may be run for accounts that are coded, not coded or both and includes private pay accounts and accounts with insurance. A work file must be generated for a specific date range before running this report. To build the work file, select Hospital Base Menu > Print Reports > Medical Records > Admin > Build Index Work File.

NOTE: This report is also available in the Report Writer format on the Report Dashboard. Please refer to the [Medical Records Patient Index - Report Writer](#)²⁸³ topic in the Report Dashboard section of this user guide.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Patient Index**.
5. Select a print option.
6. Select report parameters:
 - **Patient Type:** Select the desired Stay Type from the drop-down menu or the default is **All**.
 - **Service Code:** Select the desired Service Code from the drop-down menu or the default is **All**.
 - **MR Complete:** From the drop-down menu select **Yes** to include only accounts with a M/R Finish Date, **No** to include only accounts without a M/R Finish Date or **Both** to include all accounts.
 - **Exclude Contract Codes:** Selecting this field will print accounts that do not have a Contract Code. If left blank, all accounts will print if a Contract Code is present or not.
 - **Sort Type:** Select the desired sort option from the drop-down menu or the default is **All**. Depending on the Sort option selected, fill in one of the following three options:
 - Diagnosis Code Range: "Beginning Code:" and "Ending Code:"
 - Procedure Code Range: "Beginning Code:" and "Ending Code:"
 - Physicians: "All Physicians:" Select this option for all Physicians or enter up to five Physician numbers.
7. Select **Print** to continue.

Description and Usage

The Patient Index report lists in alphabetical order all patients admitted and discharged in a designated month. The total number of patients prints at the end of the report.

Patient Index

RUN DATE: 5/17/15 TIME: 9:08		MEDICAL RECORDS PATIENT INDEX 5/01/15 THRU 5/15/15										PAGE 1 MRPRTI	
CONTRACT CODES INCLUDED				SELECTED PATIENT TYPE: ALL SERVICE: ALL									
PATIENT NAME	HOSPITAL NUMBER	M/R NUMBER	SERV CODE	--ADMIT-- DATE	--DISC-- DATE	LOS	AGE	SEX	F/C	PHYSICIAN	TOTAL REVENUE	DIAGNOSIS DRG	COMP PROC.
ADAMS KEENETH L	112008	501451	L	5/06/15 N	5/06/15 H	1	40	M	BB	SMITH JAMES	500.00	2155	Y
HALL HEATHER	116519	535629	E	5/15/15 E	5/15/15 H	1	35	F	CB	PORTER J	1000.00	2922	Y
TAYLOR BRADLEY	110001	510005	S	5/01/15 N	5/01/15 H	1	52	F	DB2	JONES PAUL	3076.50	64421	Y
* * * * R E P O R T T O T A L S * * * *													
TOTAL PATIENTS : 3													
TOTAL REVENUE : 4,576.50													

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Hospital Number (Account Number):** Pulls from Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Serv Code (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
- **LOS (Length of Stay):** Is the number of days the patient was admitted.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **Physician (Attending Physician):** pulls from Stay tab on the Registration and ADT screen.
- **Total Revenue:** Pulls the charges from the patient's account detail.
- **DRG:** Pulls from the DRG Grouper screen.
- **Diagnosis 1 2 3:** The first three diagnosis codes pulls from the DRG Grouper screen.
- **Proc. (Procedure):** Pulls from the Grouper and Maintenance, screen page 2, field 31.

- **Comp. (Complete Date):** This column indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered in the DRG Grouper screen field 6, a **Y** will pull to this column. If there is no Finish Date in this field, an **N** will pull.
- **Total Patients:** This is the total number of patients included in report.
- **Total Revenue:** This is the total revenue of all Patients listed on the report.

21.3 Physician Index

The Physician Index lists the first three diagnosis and procedure codes for each patient by physician. A work file must be generated for a specific date range before running this report. To build the work file, select Hospital Base Menu > Print Reports > Medical Records > Admin > Build Index Work File.

NOTE: This report is also available in the Report Writer format on the Report Dashboard. Please refer to the [Medical Records Physician Index -ICD1 - Report Writer^{\[286\]}](#) topic in the Report Dashboard section of this user guide.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Physician Index**.
5. Select a print option.
6. Select report parameters:
 - **Patient Type:** Select the desired Stay Type from the drop-down menu or the default is **All**.
 - **Service Code:** Select the desired Service Code from the drop-down menu or the default is **All**.
 - **MR Complete:** From the drop-down menu select **Yes** to include only accounts with a M/R Finish Date, **No** to include only accounts without a M/R Finish Date or **Both** to include all accounts.
 - **Summary Only:** If selected, the report will summarize totals for each physician and list a recap at the end of the report.
 - **Sort Type:** Select the desired sort option from the drop-down menu or the default is **All**. Depending on the Sort option selected, fill in one of the following three options:
 - Diagnosis Code Range: "Beginning Code:" and "Ending Code:"
 - Procedure Code Range: "Beginning Code:" and "Ending Code:"
 - Physicians: "All Physicians:" Select this option for all Physicians or enter up to five Physician numbers.
7. Select **Print** to continue.

Description and Usage

The Physician Index lists by Physician Type, in alphabetical order, each patient for each physician in the designated month. The list includes Total Revenue, DRG, diagnosis codes and procedure codes. Procedure codes will pull for each procedure that was performed by the physician. Total patients, days, Average Length of Stay and gross revenue for each Physician Type also prints for each physician. This is followed by a breakdown of diagnosis and procedure codes assigned by each physician. This report can be Summarized or Detailed.

Physician Index (Detail)

RUN DATE: 6/14/15
TIME: 7:15

MEDICAL RECORDS PHYSICIAN INDEX 5/01/15 THRU 5/31/15
PHY # 2920 MYERS KATE MD
SELECTED PATIENT TYPE: ALL SERVICE: ALL

PAGE 3
H5MRPRTB

PATIENT NAME	HOSPITAL NUMBER	M/R NUMBER	PHY. TYP	-ADMIT- DATE	-DISC- DATE	LOS	AGE	SEX	CLASS	FIN	TOTAL REVENUE	DRG	1	2	3	1	2	3	COMP Y/N
ALGREEN BRENDA S	357349	481391	A	050715	N 051015	H	3	71	F	M	5027.45	230	2136	9964					Y
BARCLEY FRANCIS	357119	481368	A	050615	N 050615	H	1	83	F	MB	150.00		V703						Y
CANNON MATTHEW	357795	480648	A	050215	N 050215	H	1	26	M	BB	330.70		V5861						Y
CHAMBERLIN LORAINÉ	356914	006325	A	052115	N 052415	H	3	87	F	M	2562.24	391	7823						Y
CORLEY JAMES	357044	479587	A	051215	N 051215	H	1	45	M	CB4	72.00		78900						Y
DOWNING CHUCK R	357184	481957	A	052315	E 052315	H	1	67	M	MB	55.00		V7284	V7281	2136				Y
GREEN JOE	356221	481791	A	052615	N 052615	H	1	81	M	MB	125.75		25000	2859					Y
MCCAIN BECKY	357983	480870	A	051915	N 051915	H	1	37	F	BB1	100.00		42731	30000					Y
ONEAL BARBARA	357265	479597	A	050815	E 050815	H	1	89	F	MB	92.50		71886						Y
RATCLIFF FRED	356874	481041	A	050115	N 050115	H	1	72	M	MB	129.30		78900						Y
ROWE VIRGINIA	357022	481687	A	052215	N 052615	A	4	84	F	M	2486.06		V7612						Y
SMITH TREY E	357016	480054	A	050315	N 050315	H	1	80	M	MB	142.80		V704						Y
TOOLE TAMARA	357978	481087	A	050215	E 050215	H	1	42	F	BB1	81.50		78701						Y
TOWNSHEND MARGARET E	357136	481494	A	050115	E 050115	H	1	27	F	BB	387.25		64403			7534			Y
VAUGHN KRISTIN W	357604	481283	A	053015	N 050215	H	3	77	F	M	3366.30	467	V703	7962					Y
HARDY JANEY	357837	481316	S	042006	N 042006	H	1	51	F	CB	268.70		5640			4523			Y

*** TOTALS FOR MYERS KATE

AS TYPE	PATIENT COUNT	TOTAL DAYS	AVERAGE LOS	TOTAL REVENUE
A	18	27	1.5	15,409.02
S	1	1	1.0	268.70
ALL	19	43	2.3	15,677.72

Physician Index (Summary)

RUN DATE: 6/14/15
TIME: 7:15

MEDICAL RECORDS PHYSICIAN INDEX 5/01/15 THRU 5/31/15
PHY # 2920 MYERS KATE MD
SELECTED PATIENT TYPE: ALL SERVICE: ALL

PAGE 4
H5MRPRTB

DIAGNOSIS & PROCEDURE SUMMARY

Cases	Code	Description
DIAGNOSIS 1		
1	2136	BENIGN NEO PELVIC GIRDLE
1	25000	DIABE UNCOMP II NIDDM ADULT
1	42731	ATRIAL FIBRILLATION
1	5640	CONSTIPATION
1	5990	URIN TRACT INFECTION NOS
1	64403	THRT PREM LABOR-ANTEPART
1	71886	JT DERANGEMENT NEC-L/LEG
1	V571	PHYSICAL THERAPY NEC
1	V5861	LT USE OF ANTICOAGULANTS
2	V703	MED EXAM NEC-ADMIN PURP
1	V704	EXAM-MEDICOLEGAL REASONS
1	V7284	PRE OP EXAM UNSPECIFIED
1	V7612	OTH SCREEN MAMMO FOR MAL NEOPLASM
19	TOTAL	
DIAGNOSIS 2		
1	2859	ANEMIA NOS
1	7962	ELEV BL PRES W/O HYPERTN
1	9964	MALF INT ORTHPED DEV/GRF
1	V7281	PRE OP CARDIOVASCULAR EXAM
6	TOTAL	
PROCEDURE 1		
1	4523	COLONOSCOPY
1	7534	FETAL MONITORING NOS
1	7765	LOC EXC BONE LES FEMUR
1	8659	SKIN SUTURE NEC
1	8737	MAMMOGRAPHY NEC
5	TOTALS	

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Hospital Number (Account Number):** Pulls from Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

-
- **Phy Typ (Physician Type):** Pulls from the DRG Grouper screen, page 2, fields A-J. The report lists totals per Physician Type at the end of the report.
 - **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
 - **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
 - **Disc Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
 - **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
 - **LOS (Length of Stay):** Is the number of days the patient was admitted.
 - **Age:** Is calculated from the birth date on Patient tab on the Registration and ADT screen.
 - **Sex:** Pulls from Patient tab on the Registration and ADT screen.
 - **Fin Class (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
 - **Total Revenue:** The Revenue pulls the charges from the patient's account detail. The report lists Total Revenue per Physician Type at the end of the report.
 - **DRG:** Pulls from the Grouper and Maintenance, screen field 11.
 - **Diagnosis 1 2 3:** The first three diagnosis codes pull from the DRG Grouper screen, page 1.
 - **Procedures 1 2 3:** The first three procedure codes pull from the Grouper and Maintenance, screen page 2, fields 31 - 33 if the procedure code lists the physician as performing the procedure.
 - **Comp Y/N (Complete Yes or NO):** Indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered on the DRG Grouper screen, field 6, a **Y** will pull to this column. If there is no Finish Date in this field, a **N** will pull.

21.4 Disease Index

The Disease Index lists all patients that have been assigned a diagnosis. A work file must be generated for a specific date range before running this report. To build the work file, select Hospital Base Menu > Print Reports > Medical Records > Admin > Build Index Work File.

NOTE: This report is also available in the Report Writer format on the Report Dashboard. Please refer to the [Medical Records Disease Index -ICD10 - Report Writer^{\[279\]}](#) topic in the Report Dashboard section of this user guide.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Disease Index**.
5. Select a print option.
6. Select report parameters:
 - **Patient Type:** Select the desired Stay Type from the drop-down menu or the default is **All**.
 - **Service Code:** Select the desired Service Code from the drop-down menu or the default is **All**.
 - **Summary Only:** If selected, the report will summarize totals for each physician and list a recap at the end of the report.
 - **Sort Type:** Select the desired sort option from the drop-down menu or the default is **All**. Depending on the Sort option selected, fill in one of the following three options:
 - Diagnosis Code Range: "Beginning Code:" and "Ending Code:"
 - Procedure Code Range: "Beginning Code:" and "Ending Code:"
 - Physicians: "All Physicians:" Select this option for all Physicians or enter up to five Physician numbers.
7. Select **Print** to continue.

Description and Usage

The Disease Index lists all patients that have been assigned a diagnosis and lists in diagnosis order. Total cases, Total Days and Average Stay are listed for each Diagnosis. The report recap lists the Diagnosis Description, Total Cases, Days and Average Stay. This report can be summarized or detailed.

Disease Index

RUN DATE: 5/16/15
TIME: 12:44

MEDICAL RECORDS DIAGNOSIS INDEX
4/01/15 THRU 4/31/15 SELECTED PATIENT TYPE: ALL SERVICE: ALL

PAGE 3
H5MRPRTA

DIAG	TYPE	PATIENT NAME	HOSPITAL M/R NUMBER	---ADMIT--- DATE CODE	---DISC--- DATE CDE	LOS	AGE	SEX	F/C	DRG	PHYSICIAN	---OTHER DIAGNOSIS--- 1 2 3	COMP Y/N
V4589	3	POWERS SUSAN *** FOR DIAG V4589	200107 479011	4/01/15 E	4/03/15 H	2	50	F	BB	462	WILLIAMS S	V571-01 8404-02	Y
TOTAL CASES:				1	TOTAL DAYS:	2	AVG STAY:	2 *****					
V571	1	FRANKS ELLEN M	101982 481703	4/21/15 N	4/21/15 H	1	43	F	CB1		MYERS KATE		Y
V571	1	JENNINGS MARTHA	101983 480901	4/13/15 N	4/13/15 H	1	62	F	BB		MYERS KATE	72610-02 7262-03	Y
V571	1	POWERS SUSAN	200107 479011	4/01/15 E	4/03/15 H	2	50	F	BB	462	WILLIAMS S	8404-02 V4589-03	Y
V571	1	STONE JOSEPH SR *** FOR DIAG V571	357397 476870	4/18/15 N	4/18/15 H	1	48	M	CB1		O'CONNOR K	7812-02 7245-03	Y
TOTAL CASES:				4	TOTAL DAYS:	5	AVG STAY:	1 *****					
V5721	1	JACKSON MICHAEL R	357837 481316	4/30/15 N	4/30/15 H	1	51	M	BB		MYERS KATE	3540-02	Y
V5721	1	MARTIN SUSIE A *** FOR DIAG V5721	700359 480852	4/22/15 N	4/22/15 H	1	39	F	BB1		HASHIMI DW	3320-02 71590-03	Y
TOTAL CASES:				2	TOTAL DAYS:	2	AVG STAY:	1 *****					
V5849	1	LARSON DIANNA M *** FOR DIAG V5849	357854 481288	3/31/15 N	4/03/15 H	3	77	F	M	465	O'CONNOR K	V443-02 V1006-03	Y
TOTAL CASES:				1	TOTAL DAYS:	3	AVG STAY:	3 *****					
V5861	1	CARSON JUSTIN	100795 480648	4/04/15 N	4/04/15 H	1	39	M	BB		MYERS KATE		Y
V5861	1	SIMMS JUANITA *** FOR DIAG V5861	100179 481788	4/06/15 N	4/08/15 N	2	54	F	BB1	466	O'CONNOR K		Y
TOTAL CASES:				2	TOTAL DAYS:	3	AVG STAY:	1 *****					
V703	1	BRANCH KATHERINE	100119 480900	4/28/15 N	4/28/15 H	1	68	F	MB		PRATT VICT		Y
V703	1	VAUGHN KRISTEN W *** FOR DIAG V703	357604 481283	3/30/15 N	4/02/15 H	3	67	M	MB	467	MYERS KATE	7962-02	Y
TOTAL CASES:				2	TOTAL DAYS:	4	AVG STAY:	2 *****					

Disease Index (Recap)

RUN DATE: 5/16/15
TIME: 12:44

MEDICAL RECORDS DIAGNOSIS INDEX
4/01/15 THRU 4/30/15 SELECTED PATIENT TYPE: ALL SERVICE: ALL

PAGE 4
H5MRPRTA

***** R E P O R T R E C A P *****

DIAGNOSIS	TOTAL CASES	TOTAL DAYS	AVG STAY
V571 PHYSICAL THERAPY NEC	4	5	1
7806 FEVER	3	5	1
78900 ABDOMINAL PAIN, UNSPECIFI	3	3	1
V7284 PRE OP EXAM UNSPECIFIED	3	3	1
1101 DERMATOPHYTOSIS OF NAIL	2	3	1
19889 SECONDARY MALIGN NEO NEC	2	2	1
2136 BENIGN NEO PELVIC GIRDLE	2	4	2
7862 COUGH	2	2	1
78701 NAUSEA WITH VOMITING	2	1	0
V5721 ENCOUNTER FOR OCCUPATIONA	2	2	1
V5861 LT USE OF ANTICOAGULANTS	2	3	1
V703 MED EXAM NEC-ADMIN PURP	2	4	2
3320 PARALYSIS AGITANS	1	1	1
3540 CARPAL TUNNEL SYNDROME	1	1	1
5589 NONINF GASTROENTERIT NEC	1	1	1
5990 URIN TRACT INFECTION NOS	1	1	1
71590 OSTEOARTHROS NOS-UNSPEC	1	1	1
71886 JT DERANGEMENT NEC-L/LEG	1	1	1
7245 BACKACHE NOS	1	1	1
72610 ROTATOR CUFF SYND NOS	1	1	1
7262 SHOULDER REGION DIS NEC	1	1	1
7812 ABNORMALITY OF GAIT	1	1	1
***** GRAND TOTALS 56 79 1			

Listed below is an explanation of each column.

- **Diag (Diagnosis):** Lists the Diagnosis for the listed patient.
- **Type:** Lists the order the Diagnosis is listed in the DRG Grouper screen.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Hospital Number (Account Number):** Pulls from Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.

- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
- **LOS (Length of Stay):** Is the number of days the patient was admitted.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **DRG:** Pulls from the Grouper and Maintenance, screen field 11.
- **Physician (Attending Physician):** pulls from Stay tab on the Registration and ADT screen.
- **Other Diagnosis 1 2 3:** The other diagnoses that were entered on the patient will display in this column, along with the order that they are listed in the DRG Grouper screen.
- **Comp Y/N (Complete Yes or No):** Indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered in field 6 of the DRG Grouper screen, a **Y** will pull to this column. If there is no Finish Date in this field, a **N** will pull.

21.5 Procedure Index

The Procedure Index lists all patients that have been assigned a procedure. A work file must be generated for a specific date range before running this report. To build the work file, select Hospital Base Menu > Print Reports > Medical Records > Admin > Build Index Work File.

NOTE: This report is also available in the Report Writer format on the Report Dashboard. Please refer to the [Medical Records Procedure Index -ICD10 - Report Writer](#)^[293] topic in the Report Dashboard section of this user guide.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Procedure Index**.
5. Select a print option.
6. Select report parameters:
 - **Patient Type:** Select the desired Stay Type from the drop-down menu or the default is **All**.

- **Service Code:** Select the desired Service Code from the drop-down menu or the default is **All**.
- **Summary Only:** If selected, the report will summarize totals for each physician and list a recap at the end of the report.
- **Sort Type:** Select the desired sort option from the drop-down menu or the default is **All**. Depending on the Sort option selected, fill in one of the following three options:
 - Diagnosis Code Range: "Beginning Code:" and "Ending Code:"
 - Procedure Code Range: "Beginning Code:" and "Ending Code:"
 - Physicians: "All Physicians:" Select this option for all Physicians or enter up to five Physician numbers.

7. Select **Print** to continue.

Description and Usage

The Procedure Index lists all patients that have been assigned a procedure. Total cases, total days and average stay are listed for each procedure and physician. The report recap lists Total Cases, Total Days and Average Stay for each procedure, followed by the Grand Totals for Cases, Days and Average Stay. This report can be summarized or detailed.

Procedure Index

RUN DATE: 5/17/15 TIME: 7:49		MEDICAL RECORDS PROCEDURE INDEX 4/01/15 THRU 4/30/15										PAGE 2 H5MRPRTC		SELECTED PATIENT TYPE: ALL SERVICE: ALL	
PROC	PHYSICIAN	PATIENT NAME	HOSPITAL NUMBER	M/R NUMBER	--ADMIT-- DATE CODE	--DISC-- DATE CODE	LOS	AGE	SEX	F/C	DRG	---OTHER PROCEDURES---			COMP Y/N
												1	2	3	
7534	MYERS KATE	DONALSON BRENDA	100349	480103	4/31/15 N	4/03/15 H	3	28	F	B	373	736	7569	7532	Y
		GILMORE JESSICA	101980	481651	4/11/15 N	4/13/15 H	2	22	F	M	089	741			Y
		VAUGHN KRISTIN W	357604	481283	4/20/15 N	4/23/15 H	3	26	F	C	373	7569	736	7532	Y
	*** FOR MYERS KATE	TOTAL CASES:	3	TOTAL DAYS:	8	AVG STAY:	2	*****							
	*** FOR PROC 7534	TOTAL CASES:	3	TOTAL DAYS:	8	AVG STAY:	2	*****							
7569	MYERS KATE	DONALSON BRENDA	100349	480106	3/31/15 N	4/03/15 H	3	28	F	B	373	736	7532	7534	Y
		VAUGHN KRISTIN W	357604	481286	4/20/15 N	4/23/15 H	3	26	F	C	373	736	7532	7534	Y
	*** FOR MYERS KATE	TOTAL CASES:	2	TOTAL DAYS:	6	AVG STAY:	3	*****							
	*** FOR PROC 7569	TOTAL CASES:	2	TOTAL DAYS:	6	AVG STAY:	3	*****							
8192	PARKER WJ	DANIELS MARY M	101935	480027	4/16/15 N	4/16/15 H	1	77	F	MB					Y
	*** FOR PARKER WJ	TOTAL CASES:	1	TOTAL DAYS:	1	AVG STAY:	1	*****							
	*** FOR PROC 8192	TOTAL CASES:	1	TOTAL DAYS:	1	AVG STAY:	1	*****							
8737	WHITE CARL	FREDRICKS JENNIFER	357982	481001	4/06/15 N	4/06/15 H	1	52	F	CB					Y
		GREEN JUDY	357182	480017	4/07/15 N	4/07/15 H	1	82	F	MB					Y
		LARSON DIANNA M	357654	481288	4/06/15 N	4/06/15 H	1	77	F	MB					Y
		PRESLEY VICTORIA	356107	478012	4/10/15 N	4/10/15 H	1	70	F	MB					Y
	*** FOR WHITE CARL	TOTAL CASES:	4	TOTAL DAYS:	4	AVG STAY:	1	*****							
	*** FOR PROC 8737	TOTAL CASES:	4	TOTAL DAYS:	4	AVG STAY:	1	*****							

Procedure Index (Recap)

RUN DATE: 5/17/15 TIME: 7:49		MEDICAL RECORDS PROCEDURE INDEX 4/01/15 THRU 4/30/15										PAGE 3 H5MRPRTC		SELECTED PATIENT TYPE: ALL SERVICE: ALL			
* * * * * R E P O R T R E C A P * * * * *																	
PROCEDURE	TOTAL CASES	TOTAL DAYS	AVG STAY														
SKIN SUTURE NEC	8659	11	12	1													
MAMMOGRAPHY NEC	8737	4	4	1													
FETAL MONITORING NOS	7534	3	8	2													
EPISIOTOMY	736	2	6	3													
FETAL BXG	7532	2	6	3													
REPAIR OF LACERATION NEC	7569	2	6	3													
CYSTOSCOPY NEC	5732	1	6	1													
LOW CERVICAL C-SECTION	741	1	2	2													
INJECTION INTO JOINT	8192	1	1	1													
GRAND TOTALS				27	46	1											

Listed below is an explanation of each column.

- **Proc (Procedure):** Lists the Procedure for the listed patient.
- **Physician:** Pulls the physician that performed the procedure.
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Hospital Number (Account Number):** Pulls from Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen.
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen.
- **LOS (Length of Stay):** Is the number of days the patient was admitted.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen.
- **DRG:** Pulls from the Grouper and Maintenance, screen field 11.
- **Physician (Attending Physician):** pulls from Stay tab on the Registration and ADT screen.
- **Other Diagnosis 1 2 3:** The other diagnoses that were entered on the patient will display in this column, along with the order that they are listed in the DRG Grouper screen.
- **Comp Y/N (Complete Yes or No):** Indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered in field 6 of the DRG Grouper screen, a **Y** will pull to this column. If there is no Finish Date in this field, a **N** will pull.

21.6 Operative Procedures

The Operative Procedures report provides a list of procedures per physician. Only procedures set up in the Procedure Code table with field 2, OR Procedure, marked **Y** will pull to this report. Also, the OR Sched/Surgeon field in the Physician table must be set to **Y** to pull to this report. This version of the report should only be used to display data associated with ICD-9 codes. To display data for ICD-10 codes please see the Report Writer version of the [Operative Procedures Report](#)²⁹⁷.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Operative Procedures**.
5. Select a print option.
6. Select report parameters:
 - **Beginning Date** and **Ending Date**: Enter the beginning and ending date range or select dates from the drop-down menus. The format is MMDDYY. The system will default to the current system date.
 - **Stay Type**: Select the desired Stay Type from the drop-down menu or the default is **All**.
 - **Physician**: Enter a specific physician number or skip to print report for all.
 - **Sort By**: Select **Physician, Procedure, Service Code** or **Stay Type** to determine how the report will sort.
 - **Summary**: If selected, the report will summarize by the sort option selected. Skip to print the report in detail by ICD9 Code.
 - **Service Codes**: Select **All** to print report for all Service Codes. Select **Exclude** or **Include** to enter a desired Service Code.
7. Select **Print** to continue.

Description and Usage

This report may be run for a specified date range, Stay Type, physician or service code. The report may be sorted by physician, Stay Type, procedure or service code. These options allow a report to be generated that will aid in determining the most commonly performed operating procedures and the physicians responsible for administering them. It can provide a facility with information about the productivity of the operating staff.

Operative Procedures

RUN DATE: 3/01/15
TIME: 11:15

OPERATIVE PROCEDURE REPORT
02/01/15 THRU 02/15/15 BY PHYSICIAN

PAGE 1
MRPROC

OR DATE	A/R#	MR NUMBER	PHYSICIAN	SERV CODE	ICD9	DESCRIPTION
PHYSICIAN:		005002				
02/02/15	615945	10952	ANDREWS KYLE	F	0053	IMPLANTATION OR REPL
02/06/15	614956	24907	ANDREWS KYLE	F	0443	CARPAL TUNNEL RELEAS
02/06/15	616597	19531	ANDREWS KYLE	F	0912	LACRIMAL SAC BIOPSY
02/06/15	616335	25911	ANDREWS KYLE	F	1231	GONIOSYNECHIAE LYSIS
02/07/15	616631	12489	ANDREWS KYLE	F	1479	VITREOUS OPERATION N
02/09/15	614598	19547	ANDREWS KYLE	F	2021	MASTOID INCISION
02/10/15	610236	14895	ANDREWS KYLE	F	3130	INCIS LARYNX TRACHEA
02/15/15	611458	15922	ANDREWS KYLE	F	3796	INSRT CRDVRT/DFIB PL
02/15/15	613265	25691	ANDREWS KYLE	F	4023	EXCISE AXILLARY NODE
05/15/15	611671	26592	ANDREWS KYLE	F	4662	SMALL BOWEL FIXATION
02/15/15	602954	12594	ANDREWS KYLE	L	9951	COMMON COLD VACCINAT
TOTAL PATIENTS:		11	TOTAL PROCEDURES:	11		
PHYSICIAN:		005003				
02/02/15	500355	12659	CUNNINGHAM STEVEN J	S	8628	NONEXCIS DBRIDEMNT W
02/03/15	000077	01259	CUNNINGHAM STEVEN J	L	1214	IRIDECTOMY NEC
02/06/15	000077	05699	CUNNINGHAM STEVEN J	L	1221	DX ASPIRAT-ANT CHAMB
02/06/15	000077	12565	CUNNINGHAM STEVEN J	L	1222	IRIS BIOPSY
02/07/15	812166	01269	CUNNINGHAM STEVEN J	R	4709	OTHER APPENDECTOMY
02/08/15	052194	10529	CUNNINGHAM STEVEN J	R	4709	OTHER APPENDECTOMY
02/08/15	001679	12561	CUNNINGHAM STEVEN J	L	0479	OTHER NEUROPLASTY
02/09/15	001679	02398	CUNNINGHAM STEVEN J	L	1229	ANT SEGMENT DX PROC
02/10/15	001679	12555	CUNNINGHAM STEVEN J	L	1255	CYCLODIALYSIS
02/14/15	111333	25694	CUNNINGHAM STEVEN J	M	5794	INSERT INDWELLING CA
02/14/15	111333	25692	CUNNINGHAM STEVEN J	M	8903	COMPREHEN INTERVIEW/
02/14/15	N01519	02215	CUNNINGHAM STEVEN J	I	0443	CARPAL TUNNEL RELEAS
02/14/15	N02390	12599	CUNNINGHAM STEVEN J	!	0123	REOPEN CRANIOTOMY SI
02/14/15	N02987	10390	CUNNINGHAM STEVEN J	X	8084	DESTRUC-HAND JT LES
TOTAL PATIENTS:		14	TOTAL PROCEDURES:	14		

Operative Procedures (Recap)

***** REPORT RECAP *****
TOTAL PATIENTS: 320 TOTAL PROCEDURES: 451

Operative Procedures (Summarized)

RUN DATE: 3/01/15
TIME: 11:14

Evident Community Hospital
OPERATIVE PROCEDURE REPORT
02/01/12 THRU 02/15/12 BY PHYSICIAN

PAGE 1
MRPROC

OPERATIVE DATE	NUMBER OF PROCEDURES	

PHYSICIAN:	005003	
02/02/15		2
02/10/15		3
02/15/15		2
TOTAL PATIENTS:	3	TOTAL PROCEDURES: 7
PHYSICIAN:	005004	
02/06/15		1
02/07/15		3
02/09/15		1
02/11/15		1
02/12/15		3
02/12/15		2
02/13/15		1
02/15/15		1
06/15/15		1
TOTAL PATIENTS:	9	TOTAL PROCEDURES: 14

Operative Procedures (Summarized Totals)

***** REPORT RECAP *****
TOTAL PATIENTS: 320 TOTAL PROCEDURES: 451

Listed below is an explanation of each column.

- **OR Date:** Pulls from Stay tab on the Registration and ADT screen.
- **A/R # (Account Number):** Pulls from Registration and ADT screen.
- **M/R Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.
- **Physician:** Pulls the physician that performed the procedure from the Medical Records Grouper screen.
- **Serv Code (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **ICD9:** Pulls from the DRG Grouper screen, page 2, fields 31 - 40.
- **Description:** Pulls the description associated with the ICD9.

Chapter 22 Tables

22.1 Physicians (Number Sequence)

The Physicians (Number Seq.) Report is a listing of Physician information from the Physician Table. It is used as a reference and may be printed at any time.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Physicians (Number Seq)**.
5. Select a print option.
6. System prompts, "Enter Code Here:"
 - **1** - Physician's List
 - **2** - Group or Office Info
 - **3** - Both
7. System Prompts, "Do You Want to Print the ID Number? (Y/N):"
 - If answered **Y**, the ID numbers (e.g., UPIN#, Lic or Tax#, etc) will print.
8. System prompts, "Enter your Choice:"
 - **S** - Staff Physicians
 - **N** - Non Staff Physicians
 - **R** - Residents
 - **I** - Inactive
 - **A** - All
9. The system will read the Physician's Table to determine if a physician is a staff, non-staff, resident or inactive Physician.

Description and Usage

This selection prints a Physician list which includes the following information from the Physician Table - Physician Number, Name, UPIN#, EKG/RAD#, MCAID EKG/RAD#, MCARE E/R#, MCAID E/R#, MCAID I/P#, Blue Cross#, LIC or TAX, Misc#. Printing by Group of Office Info prints the Physician's number, name, address and phone number. This report is used as a reference and may be printed at any time.

Physicians (Number Seq.) - Physician's List

NUMBER	NAME	PHONE 1	PHONE 2	NAME-ABV.	NPI#	BLUE CROSS#	LIC OR TAX#	MISC.#	DEA #
UPIN#	MCARE EKG/RAD#	MCARE E/R#	MCARE E/R#	MCARE I/P#	MCARE I/P#				
000001	JAMES AUTRY MD C12458 Field5test	251-639-8100 FLD 7	251-639-8100 FLD8	1234567890 FLD 9	CME4196SME	BLUE CROSS	FIELD11	FLD 12	DEANUMBER
000002	KYLE ANDREWS MD 333333 FDL5	555-555-5555 FLD7EKGMCARE		ANDREWS K FLD8E/RMCAID	FLD9IPMCAID	BLUE CROSS	123123	1111111111111	DEA7777
000003	PATRICK BARNES MD GL2345 MCARES	444-444-4444 MCARE7		BARNES P MCAID9		FLD10BCNO	LIC NUM	MISC	AE1245021
000004	DR. JEREMY ABBEV UPIN			JEREMY ABV		BLUECROSS	LIC/TAX	MISC1	
000005	PHYSICIAN NUMBER 5 123456	251-639-8100				123456	MBA12345		
000006	KACEY BRADLEY			BRADLEY					

Listed below is an explanation of each column.

- **Number:** The Physician number.
- **Name (Physician Name):** Pulls from the Physician Table page 1, Name field.
- **Phone 1:** Pulls Physician's phone number loaded in the Physician Table page 1, Phone 1 field.
- **Phone 2:** Pulls Physician's second phone number loaded in the Physician Table page 1, Phone 2 field.
- **Name-Abv. (Name/Abbreviation):** The Physician's abbreviated name pulls from the Physician Table page 1, Name Abv. field.
- **NPI#:** Pulls the physicians NPI number from the Physician table, page 1.
- **UPIN# (UPIN Number):** Pulls from the Physician Table page 1, UPIN number field.
- **MCare EKG/RAD# (Medicare EKG/Radiology Number):** Pulls the number that is assigned by Medicare to the physician from the Physicians Table page 1, MCare EKG/RAD# field.
- **MCaid EKG/RAD# (Medicaid EKG/Radiology Number):** Pulls the number that is assigned by Medicaid to the physician from the Physicians Table page1, MCaid EKG/RAD# field.
- **MCare E/R# (Medicare Emergency Room Number):** Pulls the number that is assigned by Medicare for E/R physicians from the Physicians Table page 1,MCare E/R# field.
- **MCaid E/R# (Medicaid Emergency Room Number):** Pulls the number that is assigned by Medicaid for E/R physicians from the Physicians Table page 1, MCaid E/R# field.
- **MCaid I/P# (Medicaid Inpatient Number):** Pulls the number that is assigned by Medicaid for I/P physicians from the Physicians Table page 1, MCaid I/P# field.
- **Blue Cross#:** Pulls the number assigned by Blue Cross Blue Shield to the physicians from the Physician Table page 1, Blue Cross# field.

- **Lic Or Tax# (License or Tax Number):** The Physician's License or Tax number pulls from the Physician Table page 1, Lic Or Tax# field.
- **Misc.# (Miscellaneous Number):** Pulls from the Physician Table page 1, Misc.# field.
- **DEA#:** Pulls the physician's DEA number from page 1 of the Physician table.

Physicians (Number Seq.) – Group or Office Info

NUMBER	NAME	PHONE 1	PHONE 2
0016	PAULSON JANET 6600 WALL ST MOBILE	AL 000036695	

RUN DATE= 01/18/17
TIME= 13:29

GROUP OR OFFICE INFORMATION

PAGE = 2
H5TBD0C

Listed below is an explanation of each column.

- **Number:** The Physician number.
- **Name:** The Physician Group Name and Address pulls from the Physician Table page 1.
- **Phone 1:** The first Physician's Group phone number loaded in the Physician Table page 1.
- **Phone 2:** The second Physician's Group phone number loaded in the Physician Table page 1.

22.2 Physicians (Name Sequence)

This selection prints a Physician list alphabetically by the abbreviated physician's name.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Physicians (Name Seq)**.
5. Select a print option.
6. System prompts, "Enter your Choice:"
 - **S** - Staff Physicians
 - **N** - Non Staff Physicians
 - **R** - Residents

- I - Inactive
- A - All

7. After a response is entered, the system will display "Now Printing Physician Alpha Listing."

Description and Usage

This selection prints a physician listing, with certain information from the Physician Table. This report prints alphabetically and may be printed any time as a reference.

Physicians (Name Seq.)

RUN DATE 07/12/17		PHYSICIAN ALPHA LISTING				STAFF	PAGE 1
RUN TIME 10:37							H5TBPHYP
PHYNUM	ABBREV....	DEA NBR	PHY NAME.....	ADDRESS.....	CITY.....	ST ZIP	PHONE.....
000025	APPLEGATE J	254652	APPLEGATE JUDY MD	6600 WALL STREET	MOBILE	AL 36695	334-476-1200
000230	ALLEN G	458710	ALLEN GREG MD	5052 IVY CREST RD	MOBILE	AL 34459	334-476-7501
000300	BORIS P	858688	BORIS PHILLIP MD	5558 RIVERVIEW LN	FAIRHOPE	AK 36695	334-476-9845
001110	COPELAND J	000256	COPELAND J MD	2525 AIRPORT BLV	MOBILE	AL 36695	334-479-5200
002920	DAVIS A	788888	DAVIS ADAMS MD	359 PINEVIEW	MOBILE	AL 36608	334-476-8000
004200	DONAHUE E	744447	DONAHUE ELAINE MD	354 HILLCREST CIR	MOBILE	AL 36608	334-342-5578
000002	EDWARD S	452323	EDWARD SAN MD	4568 MOBILE LN	MOBILE	AL 36988	334-344-8988
000024	EVANS J	200000	EVANS JONATHAN MD	2500 UNIVERSITY DR	MOBILE	AL 36695	334-568-0000
111233	EVANS J	455458	EVANS JACK MD	3500 GOVERNMENT BLV	MOBILE	AL 36689	334-476-2200
112200	HODGE J	898898	HODGE JAMES D MD	6900 WALL ST	MOBILE	AL 36695	334-666-6797
071270	HOLT T	898750	HOLT TAYLOR C MD	408 FORREST ST	SARALAND	AL 36588	334-456-7810
321123	JACKSON K	514560	JACKSON KEITH J MD	155 RICHMOND DR.	MOBILE	AL 65423	334-987-6541
458855	MASTIN P	254652	MASTIN PATRICIA MD	6600 WALL STREET	MOBILE	AL 36695	334-342-2959
000230	PULLEY C	414122	PULLEY CHRISTY A MD	852 IVY CREST RD	MOBILE	AL 34459	334-344-7500
058488	MATCHER M	548482	MATCHER MARK A MD	456 CATHERINE ST	MOBILE	AL 36609	334-479-8529

Listed below is an explanation of each column.

- **Number:** The Physician number.
- **Abbrev. Name (Physician Abbreviated Name):** Pulls from the Physician Table page 1.
- **DEA Number (Drug Enforcement Agency Number):** Pulls from the Physician Table page 1.
- **Phy Name (Physician’s Group Name):** Pulls from the Physician Table page 1.
- **Address (Physician’s Address):** Pulls from the Physician Table page 1.
- **Phone (Physician’s Phone Number):** Pulls from the Physician Table page 1.

22.3 Census Codes

This selection prints a listing of Census Codes. It may be printed at any time and used as a reference.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.

2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Census Codes**.
5. Select a print option.
6. System prompts, "Print Active Codes Only? (Y/N):"
 - If **Y** is entered the report will only include service codes that have the inactive switch in the Service Code Table set to **N**. If **N** is entered, the report will include all service codes loaded in the Service Code Table.

Description and Usage

This selection prints a listing of the Census Codes from the Census Codes Table in the Business Office Table. It includes Admission, Discharge, Condition Service and Room Type Codes.

Census Codes

07/28/17 TIME = 03:08		CENSUS CODES TABLE			H5TBDATB
ADMISSION CODES-----	DISCHARGE CODES-----	CONDITION CODES-----	SERVICE CODES-----	PRIORITIZE	ROOM TYPE CODES-----
B-41/NB	H-01/HOME	G-GOOD	M-MEDICAL	Y	I-ICU
C-42/NBPRE	X-02/HOSP	F-FAIR	S-SURGICAL	Y	N-NURSERY
D-21/UR PR	N-03/SNF	P-POOR	N-NEWBORN	Y	P-PRIVATE
E-17/EMER	I-04/NUR H	C-CRITICAL	A-ACUTE		S-SEMI PVT
N-31/EL PR	O-05/OTHER	E-EXPIRED	B-OBSERV		
U-27/UR ER	A-06/HH	U-UNKNOWN	C-PEDS	Y	
	L-07/AMA		D-OB/SU		
	E-20/EXP		E-ER	Y	
			F-XRAY	Y	
			G-CHEMO	Y	
			H-ONCOLOGY	Y	
			I-ICU	Y	
			L-LAB		
			N-NURSERY	Y	
			O-OP SURG	Y	
			P-PEDIATRI	Y	
			S-SWINGBED		
			Y-THERAPY		
			Z-INJECTS	Y	

Listed below is an explanation of each column.

- **Admission Codes:** The Admission Codes and Descriptions will pull from Admit/ Discharge/Condition Codes Table in the Business Office Tables.
- **Discharge Codes:** The Discharge Codes and Descriptions will pull from the Admit/ Discharge/Condition Codes Table.
- **Condition Codes:** The Condition Codes and Descriptions pull from the Admit/Discharge/ Condition Codes Table.
- **Service Codes:** The Service Codes and Descriptions pull from the Admit/Discharge/ Condition Codes Table and the Service Codes Table.

- **Prioritize:** This pulls from the Service Code Table. If the Service Code is to be prioritized in Census reports a “Y” will pull.
- **Room Type Codes:** This pulls from the Room Types Table in the Business Office Tables.

22.4 Charge Codes

The Charge Codes Table report is a listing of all Summary Codes with their corresponding UB04 Revenue codes.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Charge Codes**.
5. Select a print option.

Description and Usage

This selection prints a listing of all of the Summary Codes and the UB04 Revenue Codes associated with them. This is used as a reference and may be printed at any time.

Charge Codes

RUN DATE: 12/06/17		CHARGE TABLE AS OF 12/06/17							PAGE 2		
TIME: 09:44									H5TBCHG		
CPSI	UB82-CODE	CODE	HOSP	PHY	DESCRIPTION-----	INPAT-#	OUTPAT#	OTHER-1	OTHER-2	OTHER-3	DRG RCC
	52	302			LAB/IMMUNOLOGY						.00000
	54	306			LAB/BACT-MICRO						.00000
	55	300			LABORATORY						.00000
	56	301			LAB/CHEMISTRY						.00000
	57	305			LAB/HEMOTOLOGY						.00000
	58	307			LAB/UROLOGY						.00000
	59	309			LAB/OTHER						.00000
	60	310			PATHOLOGY LAB						.00000
	61	391			BLOOD ADMINISTRATION						.00000
	65	370			ANESTHESIA						.00000
	66	482			STRESS TEST						.00000
	67	440			MAMMOGRAPHY SCREENING						.00000
	68	610			CARDIOLOGY						.00000
	6A	380			BLOOD						.00000
	6B	391			BLOOD/ADMIN						.00000
	6D	381			BLOOD/PKD RED						.00000
	6H	385			BLOOD/LEUCOCYTES						.00000
	6I	390			BLOOD/STOR-PROC						.00000
	6L	403			SCRN MAMMOGRAPHY						.00000
	70	401			MAMMOGRAPHY DIAGNOSTIC						.00000

Listed below is an explanation of each column.

- **TruBridge Code:** The Summary Code.
- **UB04 Hosp Code:** The UB04 Revenue Code pulls from the Summary Code Table page 1.
- **Description:** Pulls from the Summary Code Table page 1.
- **Inpat # (Inpatient Number):** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Outpat# (Outpatient Number):** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Other-1:** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Other-2:** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.
- **Other 3:** If there is a General Ledger number loaded in the Summary Code Table page 1, it will pull to this report.

22.5 DRG Codes

The DRG Codes Table report lists all of the Diagnoses, Procedures, DRGs, CPTs and Modifiers. It may be printed at anytime as a reference.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **DRG Codes**.
5. Select a print option.
6. Select an option:
 - Diagnosis
 - Procedures
 - DRG Grouper Table
 - DRG Codes
 - CPT Codes
 - Modifier Tables
7. Select **Print**

Description and Usage

This selection prints a listing of all Diagnoses, Procedures, DRGs, CPTs and Modifiers loaded in the system. It is used as a reference and may be printed at anytime.

Diagnosis Table

RUN DATE: 06/09/17 TIME: 07:51		DIAGNOSIS TABLE MDC = 08		PAGE 1 HSDRTABP	
CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
00323	SALMONELLA ARTHRITIS	00324	SALMONELLA OSTEOMYELITIS	01500	TB OF VERTEBRA-UNSPEC
01501	TB OF VERTEBRA-NO EXAM	01502	TB OF VERTEBRA-EXAM UNKN	01503	TB OF VERTEBRA-MICRO DX
01504	TB OF VERTEBRA-CULT DX	01505	TB OF VERTEBRA-HISTO DX	01506	TB OF VERTEBRA-OTH TEST
01510	TB OF HIP-UNSPEC	01511	TB OF HIP-NO EXAM	01512	TB OF HIP-EXAM UNKN
01513	TB OF HIP-MICRO DX	01514	TB OF HIP-CULT DX	01515	TB OF HIP-HISTO DX
01516	TB OF HIP-OTH TEST	01520	TB OF KNEE-UNSPEC	01521	TB OF KNEE-NO EXAM
01522	TB OF KNEE-EXAM UNKN	01523	TB OF KNEE-MICRO DX	01524	TB OF KNEE-CULT DX
01525	TB OF KNEE-HISTO DX	01526	TB OF KNEE-OTH TEST	01550	TB OF LIMB BONES-UNSPEC
01551	TB LIMB BONES-NO EXAM	01552	TB LIMB BONES-EXAM UNKN	01553	TB LIMB BONES-MICRO DX
01554	TB LIMB BONES-CULT DX	01555	TB LIMB BONES-HISTO DX	01556	TB LIMB BONES-OTH TEST
01570	TB OF BONE NEC-UNSPEC	01571	TB OF BONE NEC-NO EXAM	01572	TB OF BONE NEC-EXAM UNKN
01573	TB OF BONE NEC-MICRO DX	01574	TB OF BONE NEC-CULT DX	01575	TB OF BONE NEC-HISTO DX
01576	TB OF BONE NEC-OTH TEST	01580	TB OF JOINT NEC-UNSPEC	01581	TB OF JOINT NEC-NO EXAM
01582	TB JOINT NEC-EXAM UNKN	01583	TB OF JOINT NEC-MICRO DX	01584	TB OF JOINT NEC-CULT DX
01585	TB OF JOINT NEC-HISTO DX	01586	TB OF JOINT NEC-OTH TEST	01590	TB BONE/JOINT NOS-UNSPEC
01591	TB BONE/JT NOS-NO EXAM	01592	TB BONE/JT NOS-EXAM UNKN	01593	TB BONE/JT NOS-MICRO DX
01594	TB BONE/JT NOS-CULT DX	01595	TB BONE/JT NOS-HISTO DX	01596	TB BONE/JT NOS-OTH TEST
03582	MENINGOCOCC ARTHROPATHY	04081	TROPICAL PYOMYELITIS	05671	ARTHRITIS DUE TO RUBELLA
08161	SYPHILITIC PERIOSTITIS	0955	SYPHILIS OF BONE	0956	SYPHILIS OF MUSCLE
0957	SYPHILIS OF TENDON/BURSA	09850	GONOCOCCAL ARTHRITIS	09851	GONOCOCCAL SYNOVITIS
09852	GONOCOCCAL BURSTITIS	09853	GONOCOCCAL SPONDYLITIS	09859	GC INFECT JOINT NEC
0993	REITER'S DISEASE	1026	YAWS OF BONE & JOINT	1361	BEHCET'S SYNDROME
1373	LATE EFF BONE & JOINT TB	1700	MAL NEO SKULL/FACE BONE	1701	MALIGNANT NEO MANDIBLE
1702	MALIG NEO VERTEBRAE	1703	MAL NEO RIBS/STERN/CLAV	1704	MAL NEO LONG BONES ARM
1705	MAL NEO BONES WRIST/HAND	1706	MAL NEO PELVIC GIRDLE	1707	MAL NEO LONG BONES LEG
1708	MAL NEO BONES ANKLE/FOOT	1709	MALIG NEOPL BONE NOS	1710	MAL NEO SOFT TISSUE HEAD
1712	MAL NEO SOFT TISSUE ARM	1713	MAL NEO SOFT TISSUE LEG	1714	MAL NEO SOFT TIS THORAX

22.6 Report Locations

The Report Locations report is a listing of all the Report Locations that have been setup in the Business Office Tables. It gives the code and description of the location.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Report Locations**.
5. Select a print option.

Description and Usage

This report is used as a reference and may be printed at any time. It prints a listing of all the Report Codes and Descriptions that have been set up.

Report Locations

RUN DATE: 08/03/17
TIME: 13:49

REPORT LOCATION TABLE

PAGE 1
H5TBRLOCA

CODE	LOCATION
ER	EMERGENCY ROOM
HH	HOME HEALTH
KC	MADISON CLINIC
LA	LAB
MS	MED SURGE
NS	2ND FLOOR NS
OB	OB CLINIC
TH	TAYLOR CLINIC
TX	EASTERN SHORE CLINIC

Listed below is an explanation of each column.

- **Code:** The 2-character alpha and/or numeric code representing the Report Location.
- **Description:** The Description pulls from the Report Locations Table page 1.

22.7 Diagnosis Desc Cross Reference

The Diagnosis Description Reference Table report lists information from the Medical Necessity Table in the Business Office Tables.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Diagnosis Description Xref**.
5. Select a print option.
6. System prompts, "ENTER CHOICE:"
 - Quit
 - User Defined Diags Only
 - All Diags
7. After a response is entered, the system will begin printing.

Description and Usage

The Diagnosis Description Reference report prints a listing of the Diagnoses and their Descriptions that are loaded in the Medical Necessity Table. This report may be printed at any time as a reference.

Diagnosis Description Reference

Code	Description
20692	APPLY BONE FIXATION DEVICE
29125	APPLY FOREARM SPLINT
29126	APPLY FOREARM SPLINT
29085	APPLY HAND/WRIST CAST
29105	APPLY LONG ARM SPLINT
29358	APPLY LONG LEG CAST BRACE
64550	APPLY NEUROSTIMULATOR
29445	APPLY RIGID LEG CAST
29405	APPLY SHORT LEG CAST
29425	APPLY SHORT LEG CAST
29435	APPLY SHORT LEG CAST
22851	APPLY SPINE PROSTH DEVICE
20660	APPLY,REMOVE FIXATION DEVICE
Q2003	APROTININ 10,000 KIU
97113	AQUATIC THERAPY/EXERCISES
L8612	AQUEOUS SHUNT PROSTHESIS
L3090	ARCH SUPP ATT TO SHOE LONG/M
L3080	ARCH SUPP ATT TO SHOE METATA
L3070	ARCH SUPRT ATT TO SHO LONGIT
K0019	ARM PAD EACH
L3965	ARM SUPP ATT TO WC RANCHO TY
24305	ARM TENDON LENGTHENING
K0106	ARM TROUGH EACH
C1006	ARRAY POST CHAMB IOL
A4755	ARTERIAL AND VENOUS TUBING
75900	ARTERIAL CATHETER EXCHANGE

22.8 APC Table

The APC Table gives information about each APC entered in the APC Table in the Business Office Tables.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **APC Table**.
5. Select a print option.
6. System prompts, "Print All APC'S? (Y/N):"
 - Enter **Y** to print for all APC's. Enter **N** and the system will prompt, "Print APC's with a Modification Date Of:" Enter the desired date.

Description and Usage

The APC Table report gives a listing of all the APC Codes, Descriptions, Status Indicators, Relative Weight, Payment Rate, National Unadjusted Copay and the Minimum Adjusted Copay. This report may be printed at any time as a reference.

APC Table

RUN DATE: 08/14/17 TIME: 15:56		APC TABLE		PAGE 1 TBAPCLST			
APC	DESCRIPTION	STATUS	REL-WEIGHT	PMT-RATE	NAT.-COPAY	MIN.-COPAY	
1	PHOTOCHEMOTHERAPY	S	0.47	22.79	8.49	4.56	
2	FINE NEEDLE BIOPSY/ASPIRATION	T	0.62	30.06	17.66	6.01	
3	BONE MARROW BIOPSY/ASPIRATION	T	0.98	47.52	27.99	9.50	
4	LEVEL I NEEDLE BIOPSY/ASPIRATION EXC BONE MARROW	T	1.84	89.22	32.57	17.84	
5	LEV 11 NEEDLE BIOPSY/ASPIRATION EXC BONE MARROW	T	5.41	262.32	119.75	52.46	
6	LEVEL I INCISION & DRAINAGE	T	2.00	96.97	33.95	19.39	
7	LEVEL II INCISION & DRAINAGE	T	3.68	178.43	72.03	35.69	
8	LEVEL III INCISION & DRAINAGE	T	6.15	298.20	113.67	59.64	
9	NAIL PROCEDURES	T	0.74	35.88	9.63	7.18	
10	LEVEL I DESTRUCTION OF LESION	T	0.55	26.67	9.86	5.33	
11	LEVEL II DESTRUCTION OF LESION	T	2.72	131.88	50.01	26.38	
12	LEVEL I DEBRIDEMENT & DESTRUCTION	T	0.53	25.70	9.18	5.14	
13	LEVEL II DEBRIDEMENT & DESTRUCTION	T	0.91	44.12	17.66	8.82	
14	LEVEL III DEBRIDEMENT AND DESTRUCTION	T	1.50	72.73	24.55	14.55	
15	LEVEL IV DEBRIDEMENT & DESTRUCTION	T	1.77	85.82	31.20	17.16	
16	LEVEL V DEBRIDEMENT AND DESTRUCTION	T	3.53	171.16	74.67	34.23	
17	LEVEL VI DEBRIDEMENT & DESTRUCTION	T	12.45	603.66	289.16	120.73	
18	BIOPSY SKIN SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE	T	0.94	45.58	17.66	9.12	
19	LEVEL I EXCISION/BIOPSY	T	4.00	193.95	78.91	38.79	
20	LEVEL II EXCISION/BIOPSY	T	6.51	315.65	130.53	63.13	
21	LEVEL III EXCISION/BIOPSY	T	10.49	508.63	236.51	101.73	
22	LEVEL IV EXCISION/BIOPSY	T	12.49	605.60	292.94	121.12	
23	EXPLORATION PENETRATING WOUND	T	1.98	96.00	40.37	19.20	
24	LEVEL I SKIN REPAIR	T	2.43	117.82	44.50	23.56	
25	LEVEL II SKIN REPAIR	T	3.74	181.34	70.66	36.27	
26	LEVEL III SKIN REPAIR	T	12.11	587.18	277.92	117.44	
27	LEVEL IV SKIN REPAIR	T	15.80	766.10	383.10	153.22	
29	INCISION/EXCISION BREAST	T	12.85	623.06	303.50	124.61	
30	BREAST RECONSTRUCTION/MASTECTOMY	T	20.19	978.95	523.95	195.79	
31	HYPERBARIC OXYGEN	S	3.00	145.46	140.85	29.09	

Listed below is an explanation of each column.

- **APC:** The APC Code pulls from the APC Table.
- **Description:** The APC Description pulls from the APC Table.
- **Status:** The Status Indicator pulls from the APC Table.
- **Rel-Weight (Relative Weight):** Pulls from the APC Table.
- **Pmt-Rate (Payment Weight):** Pulls from the APC Table.
- **Nat.-Copay (National Unadjusted Copay Rate):** Pulls from the APC Table.
- **Min.-Copay (Minimum Unadjusted Copay Rate):** Pulls from the APC Table.

22.9 Dictating Physicians Initials

The Dictating Physicians Initials Report is utilized by Clinical Ancillary departments to provide a lookup of Physicians Initials and whether or not the Physician is a Clinical E-Sign Physician. It also can be used to identify Duplicate Physician Initials.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **Dictating Physicians Initials**.
5. Select a print option.
6. System prompts, "Print "A"LL or "D"uplicates Only? (A/D)?:"
 - Enter **A** to print all the physician's initials. Enter **D** to print duplicate initials only.

Description and Usage

The Dictating Physicians Initials report gives a listing of Physicians Initials, Physicians Name, Physician Number and whether or not the Physician is an E-Sign Physician (based on the Physicians Security Table, fld 2). This report may be printed for all Physicians listed in the Physicians Table or for those Physicians with duplicate initials.

Dictating Physicians Initials

RUN DATE: 9/14/17 TIME: 18:29		DICTATING PHYSICIANS INITIALS			PAGE 1 OEPHYINIT
PHYS INITIALS	PHYS NAME	PHYS NUMBER	USING OE ESIGN	USING MR ESIGN	
JMA	JAMES AUTRY, MD	000001			Y
PAB	PATRICK BARNES, MD	000003	Y		Y
JWA	JEREMY ADAMS, MD	000004			Y
MRS	DAVIS DEMENTO, MD	000187			Y
MKS	MITRA SUDHEER, MD	000200			Y
GOL	GEORGIANA LEWIS, MD	000225			N
NLW	NELSON WHITE, MD	000300			Y
NST	NATHAN THAMES, MD	000400			Y

Listed below is an explanation of each column.

- **Physicians Initials:** Pulls from the Physicians Table.
- **Phys Name (Physician Name):** Pulls from the Physician Table.
- **Phys Number (Physician Number):** Pulls the assigned Physician number.

- **Phys Using Esign (Physician Using E-sign):** Pulls from the Physicians Security Table.

22.10 ICD-9-CM Diag/Proc Table

The ICD-9-CM Diag/Proc Table provides a listing of the information in the ICD-9-CM Diagnosis and Procedure Tables.

How to Print

1. Select **Print Reports** from the Hospital Base Menu or the Master Selection screen.
2. Select **Medical Records**.
3. Select **Admin**.
4. Select **ICD-9-CM Diag/Proc Table**.
5. Select a print option.
6. System prompts, "Please Select:"
 - **Diagnosis Codes Only:** Print Diagnosis Codes only.
 - **Procedure Codes Only:** Print Procedure Codes only.
 - **Both:** Print both Diagnosis and Procedure Codes.
7. System prompts, "Do You Wish to Double Space?:"
 - Select **Y** to double space. Select **N** for single space.
8. System prompts, "Please Enter Diagnosis Code Range."
 - Enter a range of Diagnosis or Procedure codes or select **A** to print all codes in table.
9. After a response is entered, the system will begin printing.

Description and Usage

The ICD-9-CM Diag/Proc Table report is a listing of Diagnosis, Procedures and their Descriptions. The report will pull information from the diagnosis and/or procedure table based on how the prompts are answered. This report may be printed at any time as a reference.

ICD-9-CM Diag/Proc Table

RUN DATE: 07/06/15 TIME: 13:04		ICD9 DIAGNOSIS/PROCEDURE TABLE AS OF 07/06/15							PAGE 1 H5ICDNUMPRT	
CODE	DESCRIPTION	MDC	CC	AGE	SEX	UNSPEC	EXP-DT	HH-DIAG	POA	
0010	CHOLERA D/T VIB CHOLERAЕ	06								
0011	CHOLERA D/T VIB EL TOR	06								
0019	CHOLERA NOS	06			P	F	U			
0020	TYPHOID FEVER	18								
0021	PARATYPHOID FEVER A	18								
0022	PARATYPHOID FEVER B	18								
0023	PARATYPHOID FEVER C	18	N							
0029	PARATYPHOID FEVER NOS	18								
0030	SALMONELLA ENTERITIS	06								
0031	SALMONELLA SEPTICEMIA	18								
00320	LOCAL SALMONELLA INF NOS	18						N		
00321	SALMONELLA MENINGITIS	01	N							
00322	SALMONELLA PNEUMONIA	04								
00323	SALMONELLA ARTHRITIS	08								
00324	SALMONELLA OSTEOMYELITIS	08								
00329	LOCAL SALMONELLA INF NEC	18								
0038	SALMONELLA INFECTION NEC	18								
0039	SALMONELLA INFECTION NOS	18								

Listed below is an explanation of each column.

- **Code:** Pulls from the Diagnosis Table.
- **Description:** Pulls from the Diagnosis Table.
- **MDC:** Pulls from the Diagnosis Table.
- **CC:** Pulls from the Diagnosis Table.
- **Age:** Pulls from the Diagnosis Table.
- **Sex:** Pulls from the Diagnosis Table.
- **Unspec:** Pulls from the Diagnosis Table.
- **Exp-Dt:** Pulls the expired date from the Diagnosis Table.
- **HH Diag:** Pulls from the Diagnosis Table.
- **POA:** Pulls Present on Admission from the Diagnosis Table.

ICD-9-CM Diag/Proc Table

RUN DATE: 07/06/15
TIME: 13:52

ICD9 DIAGNOSIS/PROCEDURE TABLE AS OF 07/06/15

PAGE 1
H5ICDNUMPRT

CODE	DESCRIPTION	OR-PROC	PROC-CLASS	SEX	UNSPEC	EXP-DT
0001	THERAPEUTIC ULTRASOUND OF VESSELS O	N				00/00/0
0002	THERAPEUTIC ULTRASOUND OF HEART	N				00/00/0
0003	THERAPEUTIC ULTRASOUND OF PERIPHERA	N				00/00/0
0009	OTHER THERAPEUTIC ULTRASOUND	N				00/00/0
0010	IMPLANTATION OF CHEMOTHERAPEUTIC AG	N				00/00/0
0011	INFUSION OF DROTRECOGIN ALFA (ACTIV	N				00/00/0
0012	ADMINISTRATION OF INHALED NITRIC OX	N				00/00/0
0013	INJECTION OR INFUSION OF NESIRITIDE					00/00/0
0014	INJECTION OR INFUSION OF OXAZOLIDIN	N				00/00/0
0015	HIGH-DOSE INFUSION INTERLEUKIN-2	N				00/00/0
0016	PRESSURIZED TREATMENT VENOUS BYPASS	N				00/00/0
0017	INFUSION OF VASOPRESSOR AGENT	N				00/00/0
0018	INFUSION OF IMMUNOSUPPRESSIVE ANTIB	N				00/00/0

Listed below is an explanation of each column.

- **Code:** Pulls from the Procedure Table.
- **Description:** Pulls from the Procedure Table.
- **OR-Procedure:** Pulls from the Procedure Table.
- **Proc Class:** Pulls from the Procedure Table.
- **Sex:** Pulls from the Procedure Table.
- **Unspec:** Pulls from the Procedure Table.
- **Exp - Dt:** Pulls the expired date from the Procedure Table.

Chapter 23 Report Dashboard

23.1 Filters

The following screens within the Report Dashboard offer the ability to create Filters to delimit the data that pulls to the screen.

- Cancer Pull List Screen
- Patient Information Screen

This section will explain how new filters may be created for these screens. After a filter is created, it may be added as a preference to a user's login. This will allow the filter to display automatically as soon as the screen is accessed.

Creating a Filter

To create a new filter, single-click the **filter icon** next to the desired filter type.

Cancer Pull List

TruBridge Community Hospital Manual Selection Date: 9/20/2024 - 9/20/2024 Admit Discharge

Patient Number: Suppress SSN: Include Total Charges: Sort: Account Number Ascending Descending

Stay Type Filters

Diagnosis Code Filters

Filter

A list of filters currently associated with the user's login will display. To add a new filter, select **Add** from the action bar.

The screenshot shows the 'Cancer Pull List Screen' interface. At the top, there's a navigation bar with 'TruBridge Report Dashboard' and 'Cancer Pull List Screen'. Below that, an action bar contains 'Edit', 'Add', 'Remove', 'Default Checked', 'Default Unchecked', and 'Delete'. The main content area is titled 'Stay Type Filters' and shows 'Loaded User-Specific Preferences for Shuntavia Johnson'. A large empty box contains an 'Add filter(s)' button. At the bottom, the 'Filter Method' section has two radio buttons: 'Show records that match ANY of the selected criteria' (unselected) and 'Show records that match ALL of the selected criteria' (selected). The total count is 'Total: 0'.

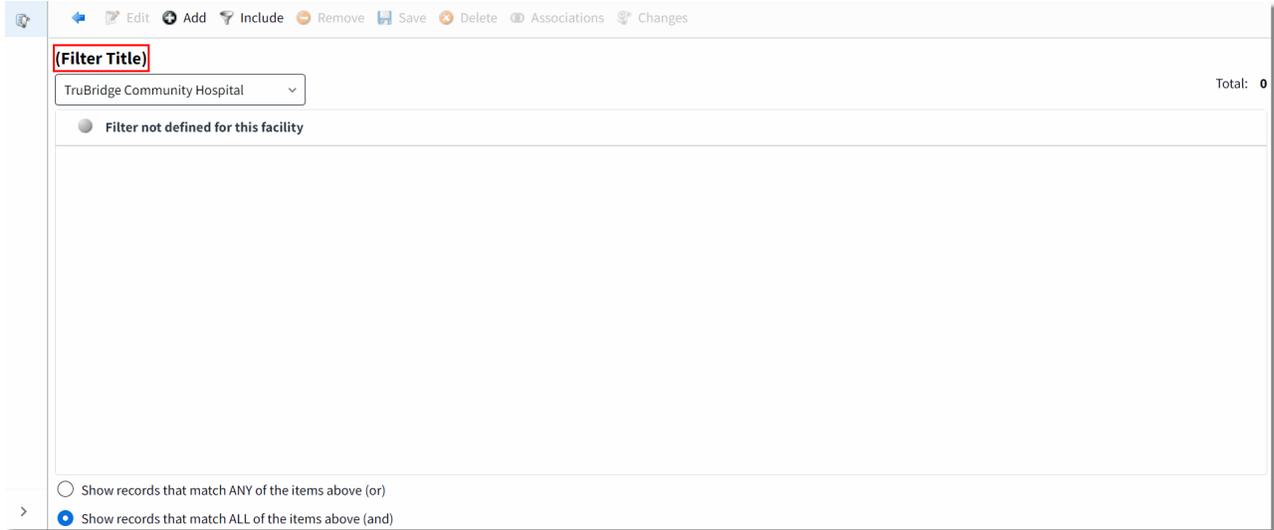
User Specific Preferences

A list of available filters will display. These are either default filters that were created by TruBridge or filters that were previously created for the screen. If the desired filter already exists, select it from this screen to add it as a preference for the login. If the filter does not exist select **New** to create a new filter.

The screenshot shows the 'Cancer Pull List Screen' interface. At the top, there's a navigation bar with 'TruBridge Report Dashboard' and 'Cancer Pull List Screen'. Below that, an action bar contains 'Edit', 'Add', 'Include', 'Remove', 'Save', 'Delete', 'Associations', and 'Changes'. The main content area is titled '(Filter Title)' and shows a dropdown menu with 'TruBridge Community Hospital' selected. Below the dropdown, there's a message 'Filter not defined for this facility'. At the bottom, the 'Filter Method' section has two radio buttons: 'Show records that match ANY of the items above (or)' (unselected) and 'Show records that match ALL of the items above (and)' (selected). The total count is 'Total: 0'.

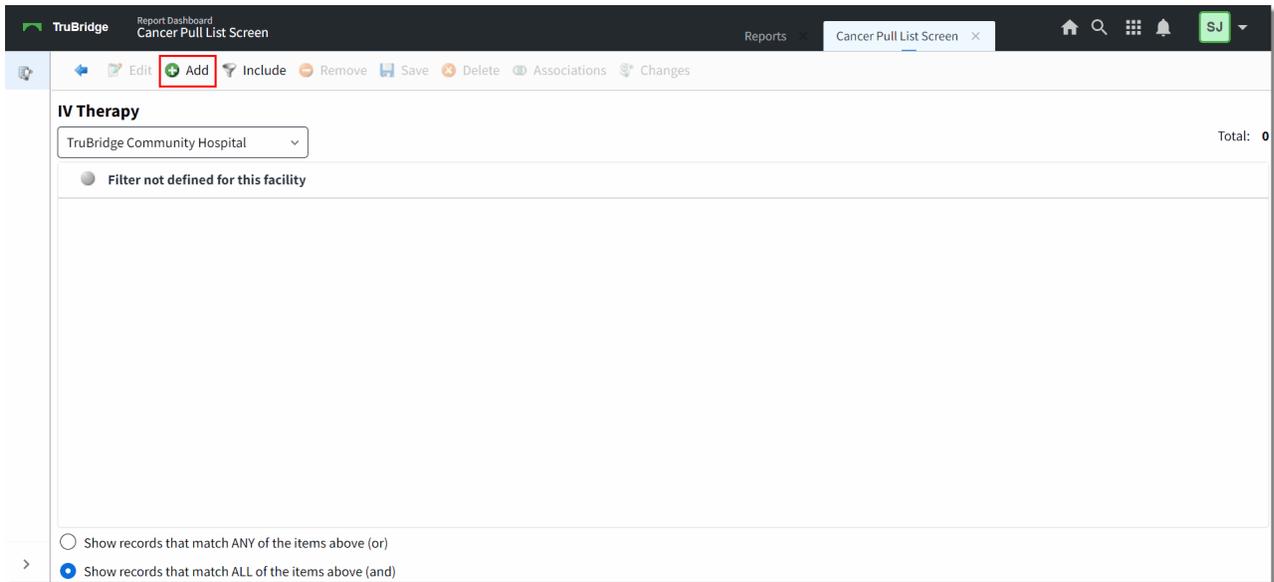
Choose a Filter

Select **(Filter Title)** to enter a specific title for the filter being created. For example, if creating a diagnosis code filter that includes a range, title the filter "Diagnosis Codes XXXXX through XXXXXX", replacing the X's with the beginning and ending codes in the range.



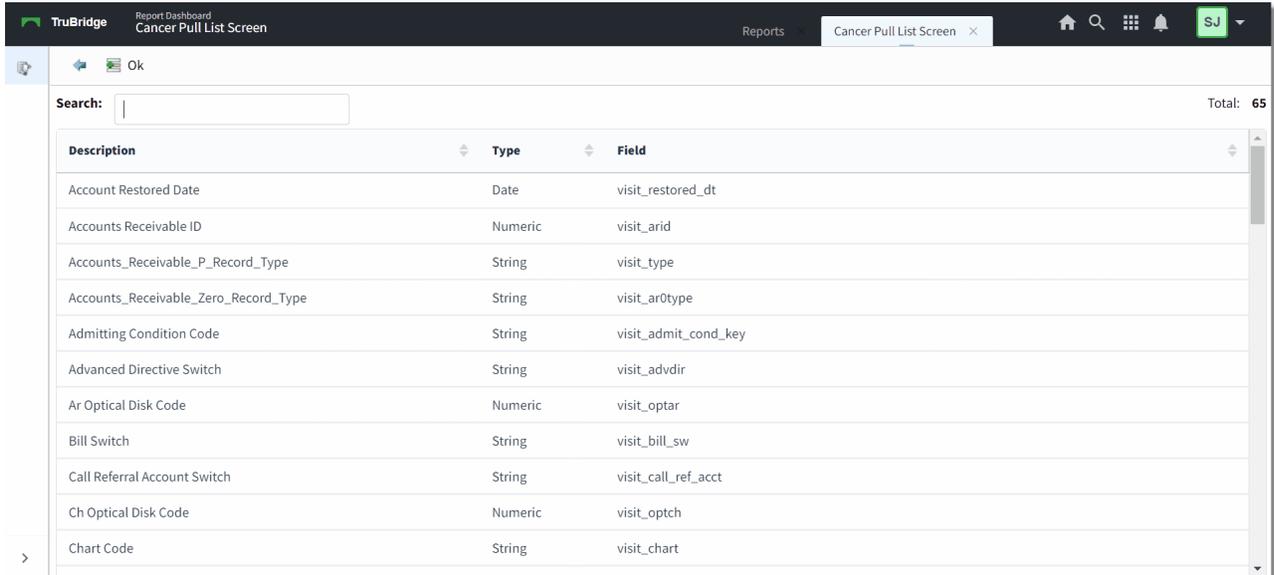
New Filter

Next, select **Add** to define the filter parameters.



Filter Parameters

A list of fields will display. These are the fields that may be used to delimit the information that pulls to the screen. A search feature is available. Once found, select the desired field then choose **OK**.

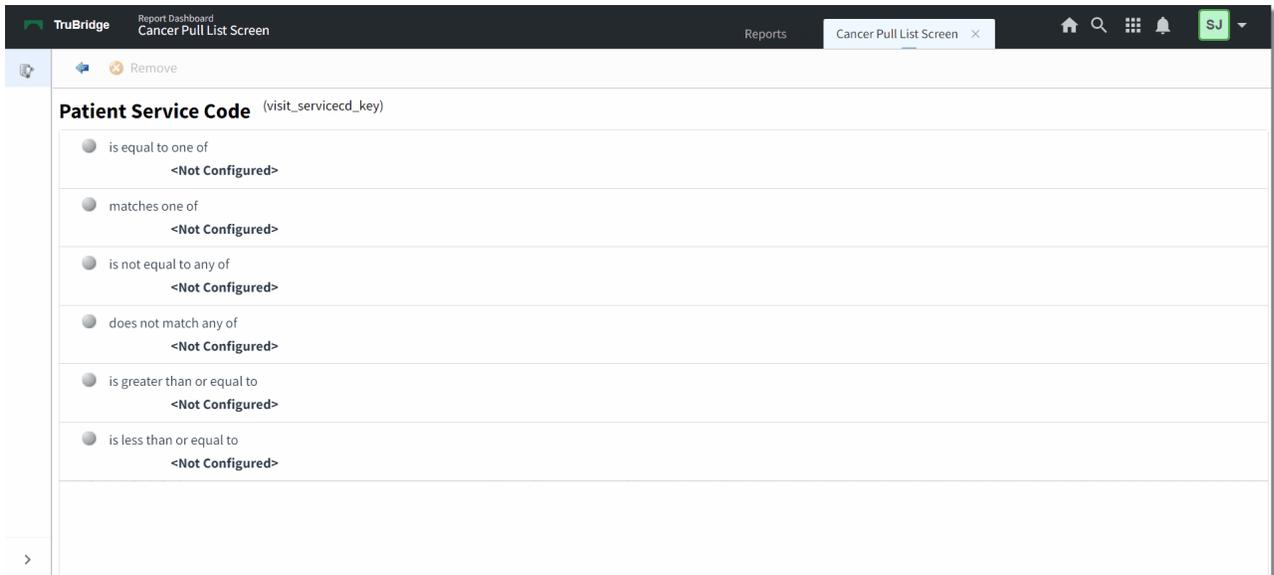


The screenshot shows the 'Cancer Pull List Screen' interface. At the top, there is a search bar and a 'Total: 65' indicator. Below the search bar is a table with three columns: 'Description', 'Type', and 'Field'. The table lists various fields such as 'Account Restored Date', 'Accounts Receivable ID', and 'Chart Code'.

Description	Type	Field
Account Restored Date	Date	visit_restored_dt
Accounts Receivable ID	Numeric	visit_arid
Accounts_Receivable_P_Record_Type	String	visit_type
Accounts_Receivable_Zero_Record_Type	String	visit_ar0type
Admitting Condition Code	String	visit_admit_cond_key
Advanced Directive Switch	String	visit_advdir
Ar Optical Disk Code	Numeric	visit_optar
Bill Switch	String	visit_bill_sw
Call Referral Account Switch	String	visit_call_ref_acct
Ch Optical Disk Code	Numeric	visit_optch
Chart Code	String	visit_chart

Field List

A screen containing a list of possible configuration statements will display.



The screenshot shows the 'Cancer Pull List Screen' interface with a configuration screen for 'Patient Service Code' (visit_servicecd_key). The screen displays a list of configuration options, each with a radio button and a '<Not Configured>' label.

- is equal to one of <Not Configured>
- matches one of <Not Configured>
- is not equal to any of <Not Configured>
- does not match any of <Not Configured>
- is greater than or equal to <Not Configured>
- is less than or equal to <Not Configured>

Configuration

Double-click the statement that best suits the purpose of the filter. The next screen will allow a Value to be entered. Input the value at the bottom of the screen then select Enter. Multiple values may be entered if needed.

TruBridge Report Dashboard
Cancer Pull List Screen

Reports Cancer Pull List Screen x

Clear Empty String

Patient Service Code (visit_servicecd_key)

Patient Service Code is equal to one of Total: 0

EMPTY LIST

Enter Value(s): Data Type: String (2)

Value

Once all values have been entered, select the back arrow. The selected values will display under the configuration method. Multiple configuration methods may be used for a single field if needed.

TruBridge Report Dashboard
Cancer Pull List Screen

Reports Cancer Pull List Screen x

Remove

Patient Service Code (visit_servicecd_key)

is equal to one of
IV

matches one of
<Not Configured>

is not equal to any of
<Not Configured>

does not match any of
<Not Configured>

is greater than or equal to
<Not Configured>

is less than or equal to
<Not Configured>

Configuration

Once the configuration is complete, select the back arrow. The filter will display with the selected field and configuration. Multiple fields may be added to one filter. Follow the same steps to add additional fields.

NOTE: If building filters for a range of data, such as a diagnosis code range, a new filter will need to be set up for each range. These filters may then be combined into one comprehensive filter. See *Nesting Filters* for more information.

The screenshot shows the TruBridge interface for configuring a filter. The title bar includes 'TruBridge Report Dashboard Cancer Pull List Screen' and 'Cancer Pull List Screen'. A toolbar contains icons for Edit, Add, Include, Remove, Save, Delete, Associations, and Changes. The main area is titled 'IV Therapy' and shows a dropdown menu for 'TruBridge Community Hospital' with a 'Total: 1' indicator. Below this, a filter rule is defined: 'Patient Service Code is equal to one of IV'. At the bottom, there are two radio button options: 'Show records that match ANY of the items above (or)' and 'Show records that match ALL of the items above (and)'. The 'and' option is selected.

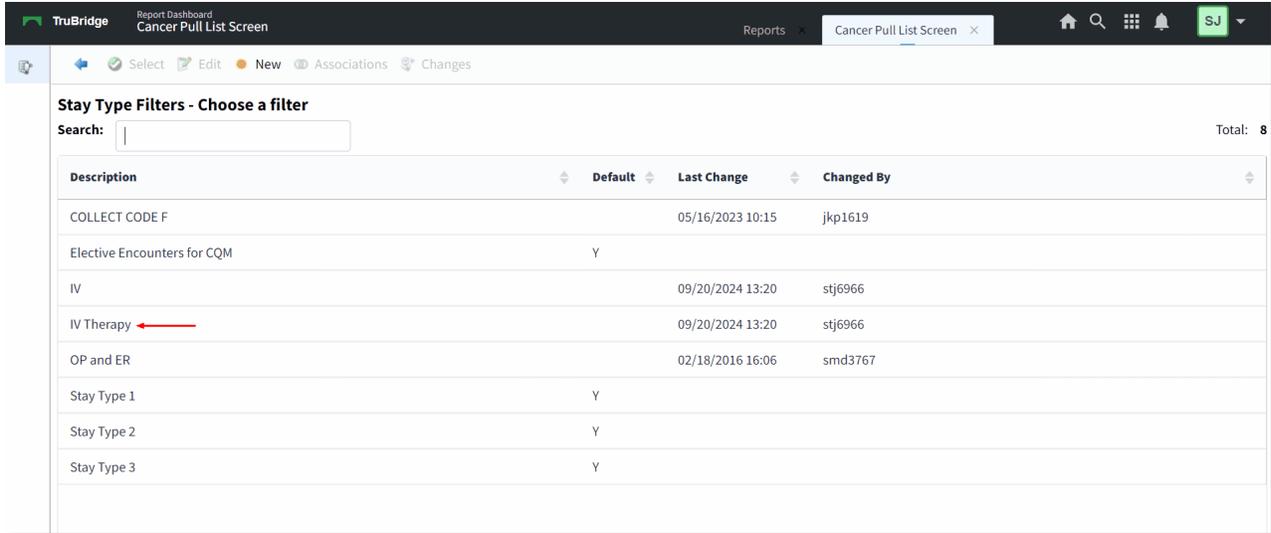
Filter Parameters

Once all fields have been identified, choose a Filter Method at the bottom of the screen.

- Show records that match ANY of the items above (or)
- Show records that match ALL of the items above (and)

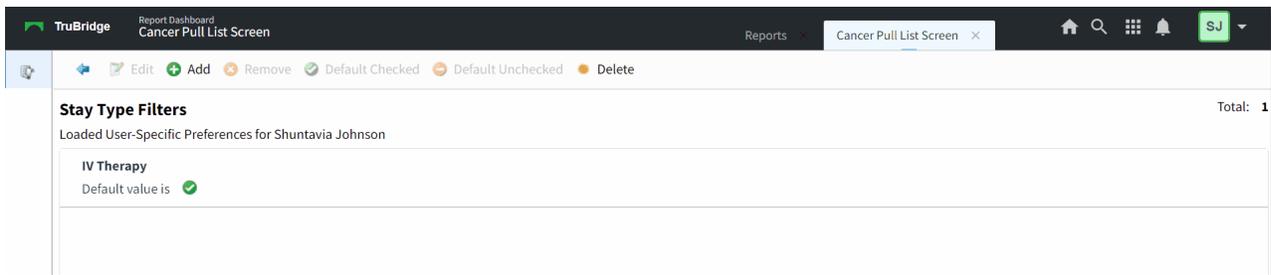
Filter Method

Selecting **ANY** will display patients that meet the criteria of a single parameter defined in the filter. Selecting **ALL** will display only those patients that meet every parameter defined in the filter. Once the appropriate filter method is selected, select **Save** then select the back arrow. The new filter will now be added to the list of available filters.



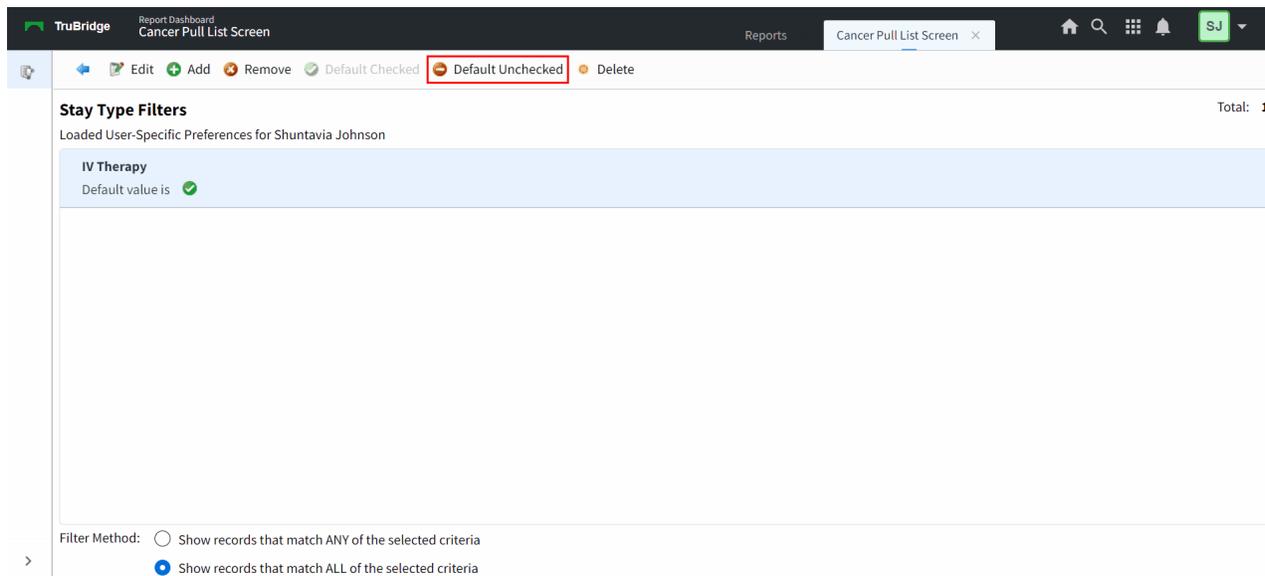
Choose a Filter

Double-click the new filter to add it as a preference on the user's login. The User Specific Preferences screen will now display.



User Specific Preferences

The default value for the filter may be adjusted so that it is either preselected or unselected when the screen is accessed. Select the filter and then select either Default Unchecked or Default Checked to change this setting.



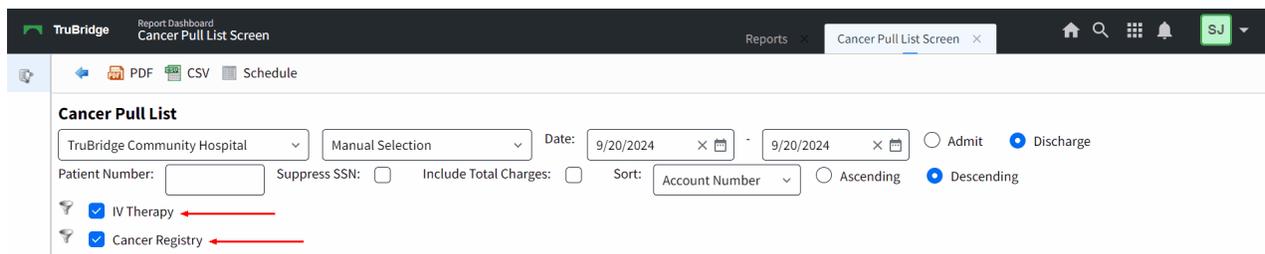
User Specific Preferences

If multiple filters are being used by the login, the Filter Method may need to be adjusted.

- Show records that match ANY of the items above (or)
 Show records that match ALL of the items above (and)

Filter Method

Selecting **ANY** will display patients that meet the criteria of a single filter used by the login. Selecting **ALL** will display only those patients that meet the criteria for every filter used by the login. Once the appropriate filter method is selected select the back arrow.



Cancer Pull List Screen

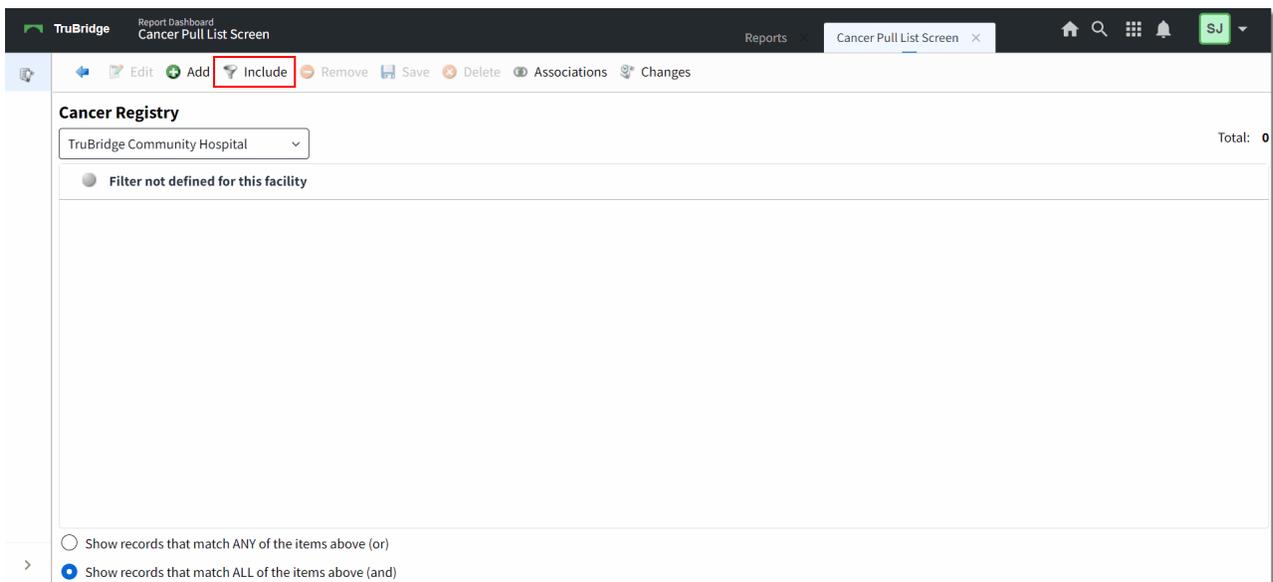
The Filter will now be displayed every time the screen is accessed and may be selected or deselected as necessary. For more information on building or editing filters, please see the Filter Builder user guide.

Nesting Filters

Many times, multiple filters must be created for a specific reporting purpose. Nesting the filters will allow multiple filters to be combined into one filter to save space on the screen and make reporting easier.

First, all individual filters must be created. See [Creating a Filter](#)²¹⁵ for more information. Next, create the Nesting Filter. To do this, select the **filter icon** next to the specific filter type that contains the desired filters. Then, select **Add** followed by **New**. Select **(Filter Title)** to enter a name for the filter being created. In this instance, give the title a name that denotes the specific type of report for which these ranges are to be utilized, such as "Cancer Registry" or "AMI".

Once a title has been set, select **Include** at the top of the screen.



Nesting Filter

A listing that includes all available filters for that filter type will display. Single-click one of the filters to be included, and then choose **Select**. Continue by adding the next filter in the same manner.

The screenshot shows the 'Cancer Registry - Include another filter' screen. At the top, there is a search bar and a 'Total: 16' indicator. Below is a table of filters:

Description	Default	Last Change	Changed By
C002 - C4372		03/15/2017 14:53	smd3767
CR: Single Codes		03/15/2017 15:11	smd3767
CR: Wildcard Codes		11/20/2023 15:03	mc11100
D443 - D445		03/15/2017 12:12	smd3767
GHE TEST DX FILTER		09/11/2018 07:44	gellis
S425-S450		05/20/2024 12:26	bb13102
S425-S450		03/29/2024 10:30	tyn02455
TYN SINGLE CODES		03/29/2024 10:17	tyn02455
TYN WILD CARD CODES		03/29/2024 10:23	tyn02455

Nesting Filter

Once all desired filters have been selected, select **Save** and then the **back arrow**. The new filter will now be added to the list of available filters. Double-click the new filter to add it as a preference on the user's login, then select the **back arrow** to return to the report dashboard screen. For more information on building or editing filters, please see the [Filter Builder](#) documentation.

23.2 Acute Inpatient DRG Case Mix

The Acute IP DRG Case Mix report serves multiple ICD-10 and DRG reporting purposes including DRG Profit and Loss, Case Mix reporting and Sequence reporting fulfillment.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Acute IP DRG Case Mix**
3. Select report parameters:
 - **Facility**: Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range**: Enter the desired admission date range or leave blank for all dates.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for all dates.
 - **Exclude Patients Without a Finish Date**: Select this option to exclude patients that do not have a Finish Date in the Grouper.
 - **Inhouse Patients Only**: Select this to include only those patients that do not have a discharge date.
 - **NOTE**: This option may not be used in conjunction with a discharge date range.
 - **Visit ID**: Select this to include only those patients that do not have a discharge date.
 - **Stay Type**: Enter a specific stay type or leave blank for all stay types.
 - **Subtype**: Enter a specific subtype or or leave blank for all subtypes.

- **Service Code:** Enter a specific service code or or leave blank for all service codes.
- **Physician Number:** Enter the desired Physician Number or leave blank for all physician numbers.
- **Financial Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
- **DRG Range:** Enter computed DRG range, or leave blank for all DRGs.
- **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Cost Details**
 - **Exclude Totals by Summary Code**
 - **Exclude Grand Totals by Summary Code**
 - **Exclude Totals by DRG**
 - **Exclude Grand Totals by DRG**
- **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
- **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
- **Safe Mode:** Select this option to print report in safe mode.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**

4. Select **Run Report** to display the report in the selected output format.

NOTE: TruBridge recommends running the report using the most specific parameters as possible. This will reduce the amount of time it takes for the report to generate. At minimum an Admit Date Range or a Discharge Date Range should be populated.

Description and Usage

The report is divided into four patient sections and two total sections. The four patient related sections are; Demographic Information, DRG Information, Cost Details, and Profit and Loss Information. The two total sections are; Totals by Summary Code, and Totals by DRG. Each totals section contains a Grand Total line at the conclusion. Below is an explanation of each section.

Demographic Information

Demographic Information											
Name	Account#	MR#	Admit Date	Disch Date	ST	Subtype	Service	FC	NS	Room	Attending Physician
BEECH DAVIS SANDERS	357915	000310	01/12/2016		3	0	ER				BAXTER JAMES NBA

Listed below is an explanation of each column:

- **Name:** Pulls from Patient tab on the Registration and ADT screen

- **Account#:** Pulls from Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen
- **ST (Stay Type):** Pulls from Patient tab on the Registration and ADT screen
- **Sub Type:** Pulls from Patient tab on the Registration and ADT screen
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **FC (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **NS (Nursing Station):** Pulls the Nursing Station associated with the Patient's room
- **Room:** Pulls from Registration and ADT screen
- **Attending Physician:** Pulls from Stay tab on the Registration and ADT screen

DRG Information

DRG Information							
DRG	SI	Description	GLOS	ALOS	Diff	Rel Wt.	Est. Reimbursement
694		URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	2	1	1	.6879	3,221.88

Listed below is an explanation of each column:

- **DRG:** Pulls from the Grouper.
- **SI (Severity Indicator):** The severity/mortality indicator only populates when the 3M APR DRG® Software is utilized within the medical records encoder functionality. Valid indicators are 1, 2, 3 and 4.
- **Description:** Pulls the description of the DRG which pulls from the appropriate DRG table based on Financial Class
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.
- **ALOS (Actual Length of Stay):** This value is the calculated number of midnights that a patient is in a bed.
- **Diff (Difference):** This value is the product of the GLOS minus the ALOS.
- **Rel Wt. (Relative Weight):** Pulls the relative weight which pulls from the appropriate DRG table based on Financial Class

- **Est Reimb (Estimate Reimbursement):** Pulls the expected reimbursement associated with the computed DRG

Cost Details

Cost Details					
SC	Description	Charges	RCC	Cost	Gross P/L
46	EMERGENCY ROOM	659.80	2.9368	1,937.6742	-1,277.87
73	RADIOLOGY	400.00	.4423	176.9040	223.10
78	PHARMACY	3.10	.1912	.5928	2.51
84	RESPIRATORY THERAPY	51.60	.2982	15.3876	36.21

Listed below is an explanation of each column:

- **SC (Summary Code):** Displays the Summary Code attached to the charge. Summary codes are loaded per item on Page 1 of the Item Master.
- **Description:** The Summary Code description pulls from the Charge Summary Code table within Table Maintenance.
- **Charges:** The total charges as calculated within Account Detail for the Summary Code listed.
- **RCC (Ratio of Costs to Charges):** The RCC pulls from the Summary Code table.
- **Cost:** The cost is calculated by multiplying the item price listed in the Item Master by the Ratio of Costs to Charges listed in the Charge Summary Code table.
- **Gross P/L (Gross Profit & Loss):** The Gross P/L is a product of charges minus cost.

Profit and Loss Information

Profit and Loss Information					
Gross Revenue	Reimbursement	Deductible/Coinsurance	Net Payment	Cost	Profit/Loss
2,838.08	816.78	301.57	1,118.35	.0000	1,118.35

Listed below is an explanation of each column:

- **Gross Revenue:** The total amount of all charges for all summary codes.
- **Reimbursement:** The total net payment amounts entered during reimbursement of the primary claim.
- **Deductible/Coinsurance:** The total net deductible and coinsurance amounts entered during reimbursement of the primary claim.
- **Net Payment:** Total reimbursement plus total deductible and coinsurance amounts entered during reimbursement of the primary claim.

- **Cost:** The cost is calculated by multiplying the item price listed in the Item Master by the Ratio of Costs to Charges listed in the Charge Summary Code table.
- **Profit/Loss:** The product of net reimbursement minus cost.

Totals by Summary Code

Totals by Summary Code					
SC	Description	Gross Revenue	RCC	Cost	Gross Profit/Loss
02	ROOM CHG-S/PVT-MEDICAL/SURG	539.00	1.1237	605.6743	-66.67
3D	OCCUPATIONAL THERAPY	336.00	.3000	100.8000	235.20
43	CENTRAL SUPPLIES NON-STERILE	272.00	.2800	76.1682	195.83
44	CENTRAL SUPPLY STERILE	2,872.30	.7000	2,010.6100	861.69
45	IV SOLUTIONS	44.80	.3291	14.7423	30.06
46	EMERGENCY ROOM	2,274.40	2.9368	6,679.3669	-4,404.97
55	LABORATORY	445.70	.3404	151.7118	293.99
73	RADIOLOGY	1,852.00	.4423	819.0655	1,032.93
78	PHARMACY	75.63	.1912	14.4635	61.17
84	RESPIRATORY THERAPY	1,204.10	.2982	359.0747	845.03
RH	RURAL/CLINIC	210.00	.0000	.0000	210.00
Grand Totals by Summary Code:		Gross Revenue		Cost	Gross Profit/Loss
		10,125.93		10,831.6772	-705.75

Listed below is an explanation of each column:

- **SC (Summary Code):** Displays the Summary Code attached to the charge. Summary codes are loaded per item on Page 1 of the Item Master.
- **Description:** The Summary Code description pulls from the Charge Summary Code table within Table Maintenance.
- **Gross Revenue:** The total amount of all charges for the summary code listed.
- **RCC (Ratio of Costs to Charges):** The RCC pulls from the Summary Code table.
- **Cost:** The cost is calculated by multiplying the item price listed in the Item Master by the Ratio of Costs to Charges listed in the Charge Summary Code table.
- **Gross P/L (Gross Profit & Loss):** The Gross P/L is a product of gross revenue minus cost.

Grand Totals by Summary Code

- **Gross Revenue:** The total amount of charges for all summary codes listed.
- **Cost:** The total amount of costs for all summary codes listed.
- **Gross P/L (Gross Profit & Loss):** The Gross P/L is a product of total gross revenue minus total cost.

Totals by DRG

Totals by DRG							
DRG	#Patients	Description	GLOS	ALOS	Est. Reimbursement	Case Mix	
607	2	MINOR SKIN DISORDERS W/O MCC	11.4000	6.5000	3,298.69	.6406	
694	1	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	2.0000	1.0000	3,221.88	.6879	
DRG Grand Totals:		Reimbursement	Deductible/Coinsurance	Net Payment	Cost	Profit/Loss	Case Mix
		312.80	0.00	312.80	10,831.6772	-10,518.88	.6564

Listed below is an explanation of each column:

- **DRG:** Lists each DRG that is displayed on the report
- **#Patients:** The number of patients on the report that displayed the DRG listed in the DRG column.
- **Description:** Displays the description of the DRG which pulls from the appropriate DRG table based on Financial Class.
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.
- **ALOS (Actual Length of Stay):** The ALOS for the DRG listed in the DRG column.
- **Estimated Reimbursement:** The total expected reimbursement associated with each DRG.
- **Case Mix:** The case mix is computed by adding the combined total of all relative weights listed on the report divided by the total number of patients/cases.

DRG Grand Totals:

- **Reimbursement:** The total net payment amounts entered during reimbursement of the primary claim.
- **Deductible/Coinsurance:** The total net deductible and coinsurance amounts entered during reimbursement of the primary claim.
- **Net Payment:** Total reimbursement plus total deductible and coinsurance amounts entered during reimbursement of the primary claim.
- **Cost:** The cost is calculated by multiplying the item price listed in the Item Master by the Ratio of Costs to Charges listed in the Charge Summary Code table.
- **Profit/Loss:** The product of net reimbursement minus cost.
- **Case Mix:** The case mix is computed by adding the combined total of all relative weights listed on the report divided by the total number of patients/cases. The grand total case mix utilizes this formula as well, counting each case instead of only summing the total number of DRGs listed on the report.

NOTE: When importing this report (without advanced manipulation) into Excel, it is recommended to sort by the "P" column (making sure to extend the sort to all other columns) and then delete any rows where that field is blank. Do not delete rows where a zero is present in the "P" column. This will get rid of all duplicate patient lines without losing any valuable data.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
16	HONEYWE	357909	000342	12/7/2015		3	0	ER		019	WAIT	DONALD HARPER				0	116	-116	0	
17	HONEYWE	357906	000342	11/11/2015	11/23/2015	3	0	ER	B	019	ER-9	DONALD HARPER				0	12	-12	0	
18	JOHNSON	357166	32165444	1/12/2016		3	0	ER				BROWN ALICE C				0	80	-80	0	
19	JONES RIC	357942	000015	10/6/2015		1	10	CL	B	003	018-2	WILLIAMS KATHERINE				0	0	0	0	
20	KELLY MA	B01144	000195	12/21/2015		5	0	CL	P	046	CLWR	Donald Louis				0	102	-102	0	
21	LYONS DW	357914	71-809	1/12/2016		3	0	ER				BAXTER JAMES NBA				0	80	-80	0	
22	MADISON	357901	000251	10/9/2015	10/9/2015	3	0	ER		019	ER-9	BAXTER JAMES NBA				0	1	-1	0	
23	ROGERS JE	357923	000213	10/6/2015		1	10	M	B	003	300-4	WILLIAMS KATHERINE				0	0	0	0	
24	SMITH ELL	INSURAN	000294	11/3/2015	11/3/2015	2	0	M	BB			ALLISON MARGARET				0	1	-1	0	
25	SMITH ELL	357903	000294	11/2/2015	11/2/2015	2	0	M	BB			Evident Community Hospital				0	1	-1	0	
26	SMITH JER	357195	000091	1/12/2016		3	0	ER	M		988-1	BAXTER JAMES NBA				0	80	-80	0	
27	THOMPSC	357902	000301	10/27/2015		1	10			005	ICU-1	CRABTREE JASON C				0	0	0	0	
28	TOMLIN JJ	357919	000347	1/15/2016		1	12			003	030-2	JAMES BAXTER				0	77	-77	0	
29	WATZ BEN	357927	000221	2/26/2016	2/26/2016	1	10	M	M	003	302-6	BAXTER JAMES NBA				0	1	-1	0	
30	WATZ BEN	357924	000221	2/1/2016	2/1/2016	1	10	M	M		103 103-1	BAXTER JAMES NBA				0	1	-1	0	
31	WATZ BEN	357912	000221	1/1/2016	1/1/2016	3	0	ER	P			BAXTER JAMES NBA				0	1	-1	0	
32	WATZ LUC	357925	000244	2/1/2016	2/1/2016	1	10	M	M		104 104-2	BAXTER JAMES NBA				0	1	-1	0	
33	WHILLIARI	357926		2/9/2016		1	10			003	302-1	WILLIAMS KERRI B				0	52	-52	0	
34	WILKINS A	357917	015258	1/12/2016		3	0	ER				BAXTER JAMES NBA				0	80	-80	0	
35	WRIGHT JJ	357913		1/12/2016		3	0	ER				Evident Community Hospital				0	80	-80	0	
36	REED GRA	357918	000312	1/12/2016	1/12/2016	1	10	M	B		104 104-2	BROWN A	694	URINARY S		2	1	1	0.6879	3,221.8
37	CLARK JEN	357908	000343	11/9/2015	11/30/2015	1	10	L	M	009	LTC10	BAXTER JA	482	HIP & FEM		34.5	20	14.5	1.6227	5,731.4
38	BEECH DA	357911	000310	1/1/2016	1/1/2016	3	0	ER	BB			BAXTER JAMES NBA								
39	BEECH DA	357911	000310	1/1/2016	1/1/2016	3	0	ER	BB			BAXTER JAMES NBA								
40	BEECH DA	357911	000310	1/1/2016	1/1/2016	3	0	ER	BB			BAXTER JAMES NBA								

23.3 Accounts Associated with CP-Diagnosis

The Accounts Associated with CP-Diagnosis report will ONLY be used by TruBridge for troubleshooting. The report gives the ability for TruBridge staff to identify accounts with specific CP Codes. CP codes are identifiers that are unique to Thrive.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Accounts Associated with CP-Diagnosis**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection).
 - **Date Range:** Enter the desired date range or leave blank for all. This is the date the code was added to the account.
 - **CP Code:** Enter the desired CP Code or leave blank for all.
 - **Profile#:** Enter in the desired profile number or leave blank for all profile numbers.
 - **Visit ID:** Enter in the desired visit number or leave blank for all visit numbers.
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:

- HTML
- PDF
- XML
- CSV
- MAPLIST
- TXT
- **Page Orientation:** Use the drop-down box to select one of the following page orientation options:
 - LANDSCAPE
 - PORTRAIT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Accounts Associated with CP-Diagnosis report will ONLY be used by TruBridge for troubleshooting. The report gives the ability for TruBridge staff to identify accounts with specific CP Codes. CP codes are identifiers that are unique to Thrive.

Accounts Associated with CP-Diagnosis

01/12/2017 10:34 Accounts Associated With CP-Diagnosis 01/01/2017 - 01/12/2017 cpcodes_diagnosis.template 1

Profile#	Visit#	CP Code	Date	Seq	Origin
416	357444	427738	01/12/2017	1	7
Origin Key:					
416	357444	427738	01/12/2017	1	8
Origin Key: 000001					
733	N252442	427957	01/09/2017	2	15
Origin Key: 00002					
733	N252442	428068	01/09/2017	1	15
Origin Key: 00005					
733	N252442	428068	01/09/2017	1	23

Listed below is an explanation of each column.

- **Profile# (Profile Number):** Pulls from the Accounts Receivable Person Profile screen
- **Visit# (Visit Number):** Pulls from the Patient tab on the Registration and ADT screen
- **CP Code:** TruBridge use only
- **Date:** Pulls the date the code was added to the account.
- **Seq (Sequence):** TruBridge use only
- **Origin:** TruBridge use only
- **Origin Key:** TruBridge use only

23.4 Accounts Associated with CP-Procedure

The Accounts Associated with CP-Procedure report will ONLY be used by TruBridge for troubleshooting. The report gives the ability for TruBridge staff to identify accounts with specific CP Codes. CP codes are identifiers that are unique to Thrive.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Accounts Associated with CP-Procedure**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection).
 - **Date Range:** Enter the desired date range or leave blank for all. This is the date the code was added to the account.
 - **CP Code:** Enter the desired CP Code or leave blank for all.
 - **Profile#:** Enter in the desired profile number or leave blank for all profile numbers.
 - **Visit ID:** Enter in the desired visit number or leave blank for all visit numbers.
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - HTML
 - PDF
 - XML
 - CSV
 - MAPLIST
 - TXT
 - **Page Orientation:** Use the drop-down box to select one of the following page orientation options:
 - LANDSCAPE
 - PORTRAIT
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Accounts Associated with CP-Procedure report will ONLY be used by TruBridge for troubleshooting. The report gives the ability for Evident staff to identify accounts with specific CP Codes. CP codes are identifiers that are unique to Thrive.

Accounts Associated with CP-Procedures

01/12/2017 12:06 Accounts Associated With CP-Procedure cpcodes_procedure.template 1
01/01/2017 - 01/12/2017

Profile#	Visit#	CP Code	Date	Seq	Origin
647	358004	162404	01/04/2017	1	1
Origin Key: 00007					
647	358004	162404	01/04/2017	1	2
Origin Key: BB 001					

Listed below is an explanation of each column.

- **Profile# (Profile Number):** Pulls from the Accounts Receivable Person Profile screen
- **Visit# (Visit Number):** Pulls from the Patient tab on the Registration and ADT screen
- **CP Code:** TruBridge use only
- **Date:** Pulls the date the code was added to the account.
- **Seq (Sequence):** TruBridge use only
- **Origin:** TruBridge use only
- **Origin Key:** TruBridge use only

23.5 Birth Defects Registry

The Birth Defects Registry displays accounts with certain diagnosis codes based on a specified diagnosis code range and date range.

How to Print

1. Select **Report Dashboard** from the Application Drawer.
2. Select **Birth Defects Registry**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range:** Enter the desired admission date range or leave blank for all dates.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all dates.
 - **NOTE:** *It is not necessary to load both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
 - **Patient Stay Type:** Enter the desired Stay Type or leave blank for all stay types.

- **Diagnosis Code Range:** Enter the desired ICD-10 range or leave blank for all diagnosis codes.
- **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Diagnosis Code Section**
- **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
- **Safe Mode:** Select this option to print report in safe mode.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Birth Defects Registry may be used to gather data on accounts for Birth Defect reporting. It will display the Patient's Name, Account Number, Medical Record Number, Date Of Birth, Sex, Race, Zip Code, Admit Date, Discharge Date, Admit Weight, APGAR Scores, ICD-10 Diagnosis Codes, and their Descriptions. It also displays the Mother's Name, Account Number, Medical Record Number, Date of Birth, Age, and Zip Code.

Birth Defects Registry

Name	Account#	MR#	DOB	Sex	Race	Zip Code	Admit Dt	Disch Dt	Admit Weight	APGAR Scores	
DOUGLAS BABY GIRL	357880	000335	03/03/2017	F	AFAMER	36695	03/03/2017	03/06/2017	0 lbs 0 oz 0 kg 0 gm		
Mother's Information		Name: DOUGLAS DIANE MONIQUE		Account#:	357879	MR#:	000219	DOB:	02/15/1987	Age: 28	Zip Code: 36695
Diagnosis Code		Description									
Q359		Cleft palate, unspecified									

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Account Number:** Pulls from Registration and ADT screen
- **Medical Record Number:** Pulls from Patient tab on the Registration and ADT screen
- **DOB (Date of Birth):** Pulls from Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **Race:** Pulls from Patient tab on the Registration and ADT screen
- **Zip Code:** Pulls from Patient tab on the Registration and ADT screen

- **Admit Dt (Admit Date):** Pulls from Stay tab on the Registration and ADT screen
- **Disch Dt (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen
- **Admit Weight:** Pulls from the Clinical tab on the Registration and ADT screen.
- **APGAR Scores:** Pulls the APGAR score recorded in the patient's Documentation.
- **Mother's Information:** Pulls the mother's Name, Account Number, Medical Record Number, Date of Birth, Age, and Zip Code. This information pulls from the Registration and ADT screens on the mother's account; the mother's account number is identified on the Contact tab of the patient's account.
- **Diagnosis:** Pulls from the Diagnosis screen on the Grouper
- **Description:** Pulls from the Diagnosis screen on the Grouper

23.6 Cancer Pull List

The Cancer Registry Pull List displays certain diagnosis codes based on a specified diagnosis code range and date range. If the report needs to be run for several diagnosis code ranges, please use the [Cancer Pull List Screen](#)^[237]. This report will only display ICD-10 information. To display ICD-9 information, please see the traditional [Cancer Registry Pull List](#)^[131] report.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Cancer Pull List**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range:** Enter the desired admission date range or leave blank for all dates.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all dates.
 - **NOTE:** *It is not necessary to load both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Diagnosis Code Range:** Enter the desired ICD-10 range or leave blank for all diagnosis codes.
 - **NOTE:** *If the report needs to be run for multiple diagnosis code ranges, please use the [Cancer Pull List Screen](#)^[237].*
 - **Suppress Social Security Number:** When selected, the patient's Social Security Number will display as "###-##-####" on the report.
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:

- PDF
- XML
- CSV
- HTML
- MAPLIST
- TXT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Cancer Registry Pull List prints Patient Name, Medical Record Number, Patient Account Number, Admit Date, Discharge Date, Stay Type, Sex, Birthdate, Social Security Number and Diagnosis Code/Description and Procedure Code/Description. The report is to be used as a tool to identify cancer cases for this registry. If the registry should be run for multiple code ranges, please use the [Cancer Pull List Screen](#) ²³⁷.

Cancer Pull List

Patient Name	MR#	Visit	Admit	Discharge	Type	Sex	Birthdate	SS#
REED GRACE ELLEN	000312	358004	01/06/2017	01/09/2017	1	F	06/19/1943	
Diagnosis Code	Description							
C439	Malignant melanoma of skin, unspecified							

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Medical Record Number:** Pulls from Patient tab on the Registration and ADT screen
- **Visit Number:** Pulls from Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen
- **Type (Stay Type):** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **Birthdate:** Pulls from Patient tab on the Registration and ADT screen
- **Social Security Number:** Pulls from Patient tab on the Registration and ADT screen
- **Diagnosis Code and Description:** This section lists all Diagnosis Codes and Descriptions for the listed patient.

- **Procedure Codes and Description:** This section lists all Procedure Codes and Descriptions for the listed patient.

NOTE: The Diagnosis and Procedure codes will display in an alpha/numeric sequence.

23.7 Cancer Pull List Screen

The Cancer Pull List Screen is a variation of the Cancer Pull List as well as the Cancer Registry (ICD-9's Only). The Cancer Pull List *Screen* uses filter builder to increase flexibility and ease-of-use. Customized filters allow the data to be filtered for multiple code ranges at one time. Once the data is filtered, the information may be exported into the .csv format (Excel) or .pdf format. The .csv format will produce a single line of detail per account, this data may then be manipulated to eliminate unwanted information.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Cancer Pull List Screen**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Date:** Enter the date range that will be used specify the patients that will pull to the list.
 - **NOTE:** Entering an **End Date** prior to entering a **Begin Date** may help with slowness issues when creating a report that is capturing a large amount of data. Otherwise, as soon as the **Begin Date** is entered, the system begins collecting data from that time until the current date, which may either extend the wait time for information to display, or cause an error if the **End Date** is entered before the first accumulation of data has displayed.
 - **Admit/Discharge:** Select whether the date range entered will be either an Admission Date range or a Discharge Date range.
 - **Sort:** Select whether the data should be sorted by Account Number or Patient Name.
 - **Ascending/Descending:** Select whether the sorted data should be displayed in Ascending or Descending order.
 - **Patient Number:** Enter a specific patient account number or leave blank for all accounts.
 - **Stay Type Filters:** Select the Stay Type Filters that should be used to filter the information to the screen. Filters created through the Stay Type Filter option will delimit patients based off of information associated with demographics.
 - **Diagnosis Code Filters:** Select the Diagnosis Code Filters that should be used to filter the information to the screen. Filters created through the Diagnosis Code Filter option will delimit patients based off of the ICD-10 diagnosis codes entered.

NOTE: To add or edit filters, single-click the **filter icon** on the main page of the report. For more information on creating filters, please see the section on [Filters](#)²¹⁵.

Description and Usage

The Cancer Pull List Screen may be used to conduct state required cancer reporting as well as track other diagnoses. After the results are generated, the PDF option may be used to get an Adobe version of the report. The CSV option will allow the data to be exported into Excel.

Cancer Pull List Screen

Patient Name	MR#	SSN	DOB	Sex	Stay Type	Admitted	Discharged	Race	LOS	MR Finish Date	DRG	Total Charges	Expired Date
SHINDLEDECKER LILY F	B01227		07/27/2021 2	F	5	02/29/2024	02/29/2024	W	1			Not Included	
ELLIS AARON JOSHUA	B01222		11/03/1973 45	M	5	01/31/2019	01/31/2019	C	1			Not Included	
JOHNSON DOROTHY M	B01219		05/31/1965 53	F	5	06/26/2018	03/25/2021	C	1003			Not Included	

Listed below is an explanation of each field.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Patient Account:** Pulls from the Registration and ADT screen
- **DOB (Date of Birth):** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **Stay Type:** Pulls from Patient tab on the Registration and ADT screen
- **Admitted:** Pulls from Stay tab on the Registration and ADT screen
- **Discharged:** Pulls from Stay tab on the Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **SSN (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen

- **Sub Type:** Pulls from Patient tab on the Registration and ADT screen
- **Service CD (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **Race:** Pulls from Patient tab on the Registration and ADT screen
- **LOS (Length of Stay):** The patient's length of stay calculated using the admission and discharge date
- **MR Finish Date (Medical Record Finish Date):** Pulls from the Patient Summary screen in the Grouper
- **DRG:** Pulls from the Grouper
- **Total Charges:** The total charges on the account
- **Expired Date:** Pulls from Patient tab on the Registration and ADT screen
- **Attending Physician:** Pulls from Stay tab on the Registration and ADT screen
- **Diagnosis Code:** Diagnosis codes entered on the Grouper

23.8 Census Days Stay

The Census Days Stay report is a listing of all patients by Stay Type within a given month.

How to Print

1. Select **Report Dashboard** from the Application Drawer.
2. Select the **Census Days Stays**
3. Select **Select**.
4. Select a print option.
5. Select printing parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Date Range:** Enter the desired date range.
 - **Stay Type:** Enter the desired stay type or leave blank for all stay types.
 - **Patient:** Enter the desired patient account number or leave blank for all accounts.
 - **Exclude 24-hour Patients:** Select this option to exclude 24-hour patients.
 - **Sections to Exclude:** Select to exclude or leave blank to print all:
 - **Exclude Stay Type 1 Totals by Physician/Financial Class:**
 - **Exclude Stay Type 1 Totals by Service Code/Financial Class:**
 - **Exclude Stay Type 1 Grand Totals:**
 - **Exclude Stay Type 2 Totals by Physician/Financial Class:**

- **Exclude Stay Type 2 Totals by Service Code/Financial Class:**
- **Exclude Stay Type 2 Grand Totals:**
- **Exclude Stay Type 3 Totals by Physician/Financial Class:**
- **Exclude Stay Type 3 Totals by Service Code/Financial Class:**
- **Exclude Stay Type 3 Grand Totals:**
- **Exclude Stay Type 4 Totals by Physician/Financial Class:**
- **Exclude Stay Type 4 Totals by Service Code/Financial Class:**
- **Exclude Stay Type 4 Grand Totals:**
- **Exclude Stay Type 5 Totals by Physician/Financial Class:**
- **Exclude Stay Type 5 Totals by Service Code/Financial Class:**
- **Exclude Stay Type 5 Grand Totals:**
- **Exclude Stay Type All Totals by Physician/Financial Class:**
- **Exclude Stay Type All Totals by Service Code/Financial Class:**
- **Exclude Stay Type All Grand Totals:**
- **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Report Summary Only**
- **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
- **Safe Mode:** Select this option to print report in safe mode.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**

NOTE: When using the CSV option, additional fields may be included in the report that are not available in the PDF format. Examples include: Contract Code, Admit Initials, Admit Diagnosis, Admit Time, and Discharge Time. To include these fields or view the full list of additional fields, from the parameters screen, select **Advanced** and then choose **Columns**.

6. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Census Days Stay report lists all patients that had a hospital stay within a given month. Patients are sorted by Stay Type and are listed in alphabetical order.

This report includes total pages for each Stay Type sorted by physician/financial class and service code/financial class. Each physician and service code total patients and total patient days are listed for Medicare, Medicaid, Blue Cross, Commercial and Private Pay.

Census Days Stay

12/15/2014
15:28

2
cn_days_stay.template

Census Days Stay
11/01/2014 - 11/30/2014

Patient Name	Room	Number	F/C	Age	Sex	MS	Service	Days	Cond	Dis	Physician	Admitted	Disc	Pat Type
BOATMAN SAM	800-1	60000286	B	39	M		MEDICAL	7			DELMAR	12/09/2014		1
BOLTZ CAROLYN	800-4	10001833	M	89	F		SURGICAL	15			Baxter J	10/27/2014		1
BONNER JANICE	700-1	10001366	B	31	F		MEDICAL	15			CLAPPER	08/17/2014		1
BONNER STEPHANIE	600-9	10001501	B2	31	F		MEDICAL	15			JLAMP	09/16/2014		1
BOSARGE AMY	800-2	10001231	C	45	F		MEDICAL	15			A MONIE	07/22/2014		1
BOSARGE BRENDA	800-3	10001853	P	89	F		SURGICAL	15			MITCHELL	10/24/2014		1

Listed below is an explanation of each column.

- **Patient-Name:** Pulls from the Patient tab on the Registration and ADT screen
- **Room (Patient Room Number):** Pulls from the Registration and ADT screen.
- **Number (Patient Account Number):** Pulls from Patient Functions
- **F/C (Financial Class):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen
- **Age:** Is calculated from the birth date in the Patient tab on the Registration and ADT screen
- **Sex:** Pulls from the Patient tab on the Registration and ADT screen
- **MS (Marital Status):** Pulls from the Patient tab on the Registration and ADT screen
- **Service (Service Code):** Pulls from the Patient tab on the Registration and ADT screen
- **Days:** The number of days between the patient's Admission Date and the date used for this report pulls to this column. If one of these days is outside the date range used to build the file, this column will reflect the number of days stay within the given month.
- **Cond (Patient Condition):** Upon discharge pulls from the Stay tab on the Registration and ADT screen
- **Dis (Discharge Code):** Pulls from the Stay tab on the Registration and ADT screen
- **Physician (Attending Physician):** Pulls from the Stay tab on the Registration and ADT screen
- **Admitted (Admission Date):** Pulls from the Stay tab on the Registration and ADT screen
- **Disc (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen
- **Pat Type (Patient Type):** Pulls from the Stay tab on the Registration and ADT screen

Totals by Physician/Financial Class

12/15/2014 15:28

27
cn_days_stay.template

Census Days Stay
11/01/2014 - 11/30/2014

PHYSICIAN		Stay Type 1 Totals by Physician/Financial Class																		
		--MEDICARE--		--MEDICAID--		--BLUE CROSS--		--COMMERCIAL--		--PRIVATE--		--WORKMANS--		--HMO/PPO--		--TOTAL--		AVG		
		PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	DAYS
000367	RICHARDS									1	15							1	15	15.0
003709	C DANIELS							1	1									1	1	1.0
003720	SMITH D							1	15									1	15	15.0
003775	MATTHEWS									1	15							1	15	15.0
003780	QUEENS				1	15												1	15	15.0
003857	DAVIS									1	15							1	15	15.0
003865	JAY HUBER				2	30				3	45							5	75	15.0
003866	DEVERY				1	15				8	120							9	135	15.0

- **Physician:** The Attending Physician pulls from the Stay tab on the Registration and ADT screen.
- **Medicare (Patients & Days):** The number of Medicare patients and the number of days stay, sorted by physician. Medicare patients are determined by a "M" loaded as the first character of the Financial Class Code.
- **Medicaid (Patients & Days):** The number of Medicaid patients and the number of days stay, sorted by physician. Medicaid patients are determined by a "X" loaded as the first character of the Financial Class Code.
- **Blue Cross (Patients & Days):** The number of Blue Cross patients and the number of days stay, sorted by physician. Blue Cross patients are determined by a "B" loaded as the first character of the Financial Class Code.
- **Commercial (Patients & Days):** The number of Commercial patients and the number of days stay, sorted by physician. Commercial patients are determined by anything other than "M", "X", "B", "W" and "P" loaded as the first character of the Financial Class Code.
- **Private (Patients & Days):** The number of Private Pay patients and the number of days stay, sorted by physician. Private Pay patients are determined by a "P" loaded as the first character of the Financial Class Code.
- **Workmans (Patients & Days):** The number of Workman's Comp patients and the number of days stay, sorted by physician. Workman's Comp patients are determined by a "W" loaded as the first character of the Financial Class Code.
- **HMO/PPO (Patients & Days):** The number of HMO/PPO patients and the number of days stay, sorted by physician. HMO/PPO patients are determined by Insurance Company table, page 3, HMO/PPO field set to Y.
- **Total (Patients & Days):** The total number of patients and the total number of days stay, sorted by physician.
- **Avg. Days (Average Days):** The total number of patients divided by the total number of days stay, sorted by physician.

Totals by Service Code/Financial Class

12/15/2014 15:28 33

Census Days Stay
11/01/2014 - 11/30/2014 cn_days_stay.template

-----SERVICE-----		--MEDICARE--		--MEDICAID--		--BLUE CROSS--		--COMMERCIAL--		--PRIVATE--		--WORKMANS--		--HMO/PPO--		--TOTAL--		AVG
CODE		PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	PATS	DAYS	DAYS
HO	HOSPICE					1	15			2	30			1	1	4	46	11.5
I	ICU	6	62	1	15	13	187	2	21	8	83			9	74	39	442	11.3
L	LTC									4	60			2	30	6	90	15.0
LA	BLD WORK					1	15			1	15			1	15	3	45	15.0
M	MEDICAL	27	377			23	339	4	60	59	840			3	45	116	1661	14.3
MA	MED/ACUT	3	45			15	212	1	15	30	416			6	90	55	778	14.1

- **Service Code:** The Service Code pulls from the Patient tab on the Registration and ADT screen.
- **Medicare (Patients & Days):** The number of Medicare patients and the number of days stay, sorted by service code. Medicare patients are determined by a "M" loaded as the first character of the Financial Class Code.
- **Medicaid (Patients & Days):** The number of Medicaid patients and the number of days stay, sorted by service code. Medicaid patients are determined by a "X" loaded as the first character of the Financial Class Code.
- **Blue Cross (Patients & Days):** The number of Blue Cross patients and the number of days stay, sorted by service code. Blue Cross patients are determined by a "B" loaded as the first character of the Financial Class Code.
- **Commercial (Patients & Days):** The number of Commercial patients and the number of days stay, sorted by service code. Commercial patients are determined by anything other than "M", "X", "B" and "P" loaded as the first character of the Financial Class Code.
- **Private (Patients & Days):** The number of Private Pay patients and the number of days stay, sorted by service code. Private Pay patients are determined by a "P" loaded as the first character of the Financial Class Code.
- **Total (Patients & Days):** The total number of patients and the total number of days stay, sorted by service code.
- **Avg. Days (Average Days):** The total number of patients divided by the total number of days stay, sorted by service code.

23.9 Coder Productivity Report

The Coder Productivity report is a useful tool in monitoring coder productivity. This report pulls ICD10 information.

How to Print

1. Select **Report Dashboard** from the Application Drawer.

2. Select the **Coder Productivity Report**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **Finish Date Range**: Enter the finish date range.
 - **Revised Date Range**: Enter the revised date range.
 - **Stay Type**: Enter a specific stay type or skip to print report for all.
 - **Subtype**: Enter a specific subtype or skip to print report for all.
 - **Service Code**: Enter a specific service code or skip to print report for all.
 - **Coder Initials**: Enter a specific coder initials or skip to print report for all.
 - **Revision Initials**: Enter a specific coder initials or skip to print report for all.
 - **Sections to Exclude**: Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Stay Type 1 Summary**:
 - **Exclude Stay Type 1 Grand Total**:
 - **Exclude Stay Type 2 Summary**:
 - **Exclude Stay Type 2 Grand Total**
 - **Exclude Stay Type 3 Summary**:
 - **Exclude Stay Type 3 Grand Total**:
 - **Exclude Stay Type 4 Summary**:
 - **Exclude Stay Type 4 Grand Total**:
 - **Exclude Stay Type 5 Summary**:
 - **Exclude Stay Type 5 Grand Total**:
 - **Exclude Subtype Summary**:
 - **Exclude Subtype Grand Total**:
 - **Exclude Service Code Summary**:
 - **Exclude Service Code Grand Total**:
 - **Exclude Finish Date Summary by Coder**:
 - **Exclude Revised Date Summary by Coder**:
 - **Exclude Grand Total**:
 - **Level of Detail**: Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
5. Select **Run Report** to display the report in the selected output format.

NOTE: When using the CSV option, additional fields may be included in the report that are not available in the PDF format. Examples include: Username and UBL. To include these fields or view the full list of additional fields, from the parameters screen, select **Advanced** and then choose **Columns**.

Description and Usage

The Coder Productivity Report gives a list of accounts coded by each coder. The report also gives totals by Stay Type, Subtype, Finish Date Summary by Coder, and Revised Date Summary by Coder. This report pulls ICD10 information.

Coder Productivity

01/12/2017 12:10		Coder Productivity Report										1	
		Finished Dates: 03/01/2016 - 03/30/2016					Revised Dates:					mr_coder_productivity.template	
Finished Date	Init	Revised Date	Init	Account	Stay	Sub	Serv	DRG	SI	Rel Wt	APC Verified	ICD Linked	Total Charges
03/22/2016	SDW	03/22/2016	TBA	357932	3	0	ER			.0000	Y	Y	687.80

Listed below is an explanation of each column.

- **Finished Date:** Pulls from the Grouper Patient Summary screen
- **Init (Initials):** Pulls from the Grouper Patient Summary screen
- **Revised Date:** Pulls from the Grouper Patient Summary screen
- **Init (Initials):** Pulls from the Grouper Patient Summary screen
- **Account (Account Number):** Pulls from the Patient tab on the Registration and ADT screen
- **Stay (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen
- **Sub (Subtype):** Pulls from the Patient tab on the Registration and ADT screen
- **Serv (Service code):** Pulls from the Patient tab on the Registration and ADT screen
- **DRG:** Pulls from the Grouper
- **SI (Severity Indicator):** Pulls from the Grouper Patient Summary screen
- **Rel Wt (Relative Weight):** This amount is the Medicare Relative Weight for the listed DRG
- **APC Verified:** If APC verification has been done this field will display a **Y**. If APC verification has not been done, the APC Verified field will display **N**.
- **ICD Linked:** If the coder has linked the ICD-9 diagnosis codes with the ICD-10 diagnosis codes, this field will display a **Y**. If the ICD-9 diagnosis codes have not been linked with the ICD-10 diagnosis codes, then this field will display **N**.
- **Total Charges:** Pulls the total charges from the account detail

Report Summary

Stay Type 3 Summary			
Initials	Total Accounts	Total Charges	
SDW	1	687.80	
Stay Type:	3	Total Accounts:	1 Total Charges: 687.80
Subtype Summary			
Initials	Subtype	Total Accounts	Total Charges
SDW	0	1	687.80
Subtype:	0	Total Accounts:	1 Total Charges: 687.80
Service Code Summary			
Initials	Service Code	Total Accounts	Total Charges
SDW	ER	1	687.80
Service Code:	ER	Total Accounts:	1 Total Charges: 687.80
Finished Date Summary by Coder			
Initials	Total Accounts	Total Charges	
SDW	1	687.80	
Revised Date Summary by Coder			
Initials	Total Accounts		
TBA	1		
Grand Total	Total Accounts:	1	Total Charges: 687.80

Listed below is an explanation of each column.

- **Initials:** Pulls from the Grouper Patient Summary screen
- **Total Accounts:** Pulls the total number of accounts coded for each coder
- **Total Charges:** Pulls the total charges of all accounts listed on the report for the listed summary section

23.10 Coding Summary

The Coding Summary provides a detailed recap of the diagnosis and procedure information that was entered on the Grouper for a specific patient.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Coding Summary**
3. Select report parameters:
 - **Facility**: Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Visit ID**: Select this to include only those patients that do not have a discharge date.
 - **Admit Date Range**: Enter the desired admission date range or leave blank for dates.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for dates.
 - **NOTE**: *It is not necessary to load both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Physician Number**: Enter the desired Physician Number or leave blank for all physicians.
 - **Department/Nursing Station**: Enter the desired nursing station to display only those accounts assigned to that nursing station.
 - **NOTE**: *When specifying a nursing station, Thrive will look to the patient's current nursing station or the last nursing station that they were assigned.*
 - **Coder Initials**: Enter a specific coder initials or skip to print report for all.
 - **Sections to Exclude**: Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Physician Section**
 - **Exclude Chief complaint/Admitting Diagnosis/Reason for Visit Section**
 - **Exclude Diagnosis Section**
 - **Exclude Procedure Section**
 - **Exclude DRG Section**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

This report allows the Coding Summary to be printed for multiple patients at one time. The report will display a summary of the coding that was completed on the Grouper.

The primary purpose of the Coding Summary is to provide Medical Records with a printed document with current diagnosis and procedure codes that have been entered for individual patients. Because the anticipated reimbursement, charges-to-date and geometric length of stay is provided, coordinators can monitor and manage patient stays in a more efficient and effective manner. Physicians may use these documents to verify diagnosis and procedure codes entered for their patients.

Demographics

03/02/2017 10:39 Coding Summary drg_worksheet.template 1

Demographics						
Acct#	Patient Name	Age	Sex	Med Rec#	Room	Department
357730	MORGAN JANE X	57	F	000148	102-5	NS 102
	Address				City	State ZipCode
	6320 CODY RD				MOBILE	AL 36695
	Admit Date	Admit Code		Discharge Date	Discharge Code	Service Code Financial Class
	05/18/2016	D		05/22/2016	H	M M

Listed below is an explanation of each column.

- **Patient Account:** Pulls from the Registration and ADT screen
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Room:** Pulls from the Registration and ADT screen
- **Department:** Pulls the department /nursing station associated with the patient's room
- **Address/City/State/County/Zip:** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen
- **Disch Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen
- **Disch Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen
- **Service Cd (Service Code):** Pulls from Patient tab on the Registration and ADT screen

- **Financial Class:** Pulls from Guarantor/Ins tab on the Registration and ADT screen

Physicians

Physicians		
Physician Name	Number	Role
SMITH JOHN DAVID	200000	ATTENDING
SMITH JOHN DAVID	200000	SURGEON

Listed below is an explanation of each column.

- **Physician Name:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper
- **Physician Number:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper
- **Role/Type:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper

Chief Complaint/Admitting Diagnosis/Reason for Visit

Chief Complaint/Admitting Diagnosis/Reason for Visit	
Diagnosis Code	Description
R05	Cough

Listed below is an explanation of each column.

- **Code:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper
- **Description:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper

Diagnosis Codes

Diagnosis Codes			
Rank	Diagnosis Code	Description	MCE
1	J189	Pneumonia, unspecified organism	
2	A403	Sepsis due to Streptococcus pneumoniae	
3	R6520	Severe sepsis without septic shock	
4	N179	Acute kidney failure, unspecified	
5	J13	Pneumonia due to Streptococcus pneumoniae	
6	N189	Chronic kidney disease, unspecified	
7	E860	Dehydration	
8	I4891	Unspecified atrial fibrillation	
9	I509	Heart failure, unspecified	
10	I959	Hypotension, unspecified	
11	E119	Type 2 diabetes mellitus without complications	Q
12	J449	Chronic obstructive pulmonary disease, unspecified	
13	E039	Hypothyroidism, unspecified	
14	E6601	Morbid (severe) obesity due to excess calories	
15	Z8673	Prsnl hx of TIA (TIA), and cereb infrc w/o resid deficits	U

Listed below is an explanation of each column.

- **Rank:** Pulls from the Diagnosis screen on the Grouper
- **Code:** Pulls from the Diagnosis screen on the Grouper
- **Description:** Pulls from the Diagnosis screen on the Grouper

Procedure Codes					
Rank	Procedure Code	Modifiers	Description	Date	Surgeon
1	3E0F7GC		Introduce of Oth Therap Subst into Resp Tract, Via Opening	05/19/2016	SMITH JOHN DAVID

Listed below is an explanation of each column.

- **Rank:** Pulls from the Procedures screen on the Grouper
- **Code:** Pulls from the Procedures screen on the Grouper
- **Modifiers:** Pulls from the Procedures screen on the Grouper
- **Description:** Pulls from the Procedures screen on the Grouper
- **Date (Procedure Date):** Pulls from the Procedures screen on the Grouper
- **Surgeon:** Pulls from the Procedures screen on the Grouper

DRG Information					
DRG/APR DRG	Description	ALOS	GLOS	Relative Weight	Expected Reimbursement
193	SIMPLE PNEUMONIA & PLEURISY W MCC	4	5	1.4550	12,107.54

Listed below is an explanation of each column.

- **DRG/APR DRG:** Pulls from the Grouper. The severity/mortality indicator only populates when the 3M APR DRG® Software is utilized within the medical records encoder functionality. Valid indicators are 1, 2, 3 and 4.
- **Description:** Pulls the description of the DRG which pulls from the appropriate DRG table based on Financial Class
- **ALSO (Actual Length of Stay):** This value is the calculated number of midnights that a patient is in a bed.
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.
- **Relative Weight:** Pulls the relative weight which pulls from the appropriate DRG table based on Financial Class
- **Expected Reimbursement:** Pulls the expected reimbursement associated with the computed DRG

23.11 Coding with Item Detail

The Coding with Item Detail report displays ICD-10 diagnosis and procedure codes, patient information, guarantor information, insurance information, physicians, and item information.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Coding with Item Detail**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Suppress Social Security Number:** When selected the patient's Social Security Number will display as "###-##-####" on the report.
 - **Admit Date Range:** Enter the desired admission date range or leave blank for all dates.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all dates.
 - **NOTE:** *It is not necessary to load both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
 - **Visit ID:** Select this to include only those patients that do not have a discharge date.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Subtype:** Enter a specific subtype or leave blank for all subtypes.
 - **Service Code:** Enter a specific service code or leave blank for all service codes.

- **Physician Number:** Enter the desired Physician Number or leave blank for all physicians.
- **Physician Role:** Select a Physician Type from the drop-down menu or leave blank for all roles.
- **Diagnosis Code Range:** Enter the desired ICD-10 range or leave blank for all diagnosis codes.
- **Procedure Code Range:** Enter the desired ICD-10 range or leave blank for all procedure codes.
- **HCPCs Code Range:** Enter the desired HCPCs range or leave blank for all HCPC codes.
- **Discharge Code:** Enter the desired Discharge Code or leave blank for all discharge codes.
- **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Patient Information**
 - **Exclude Guarantor Information**
 - **Exclude Diagnosis Information**
 - **Exclude Procedure Information**
 - **Exclude Physician Information**
 - **Exclude Insurance Information**
 - **Exclude Item Information**
- **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
- **Safe Mode:** Select this option to print report in safe mode.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

This report is commonly used for E&M, Press Ganey, and other site specific reporting needs. Below is an explanation of each section that displays on the report.

Coding with Item Detail - Demographics

Demographic Information															
Account#	Name	Admit Date/Time/Code			Discharge Date/Time/Code			ST	Subtype	Service	ER Arrival	DRG	APR	Ins	Contr Cd
358039	WALTON MARY C	03/06/2017	08:26	17/EMER	03/06/2017	13:11	HOME	3	0	ER	03/06/2020			MB	

Listed below is an explanation of each column.

- **Patient Account:** Pulls from the Registration and ADT screen
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date/Time/Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date/Time/Code:** Pulls from Stay tab on the Registration and ADT screen
- **ST (Stay Type):** Pulls from Patient tab on the Registration and ADT screen
- **Subtype:** Pulls from Patient tab on the Registration and ADT screen
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **ER Arrival:** Pulls from ER Log on the Registration and ADT screen
- **DRG:** Pulls from the Grouper
- **APR:** The severity/mortality indicator only populates when the 3M APR DRG® Software is utilized within the medical records encoder functionality. Valid indicators are 1, 2, 3 and 4.
- **Ins (Insurance):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen
- **Contr Cd (Contract Code):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen

Coding with Item Detail - Patient

Patient Information						
DOB	Age	Sex	SSN	Home Phone	Cell Phone	Marital Status
08/21/1948	68	F		251-711-2774		M
Patient Address				City	State	Zip
8520 PARK DRIVE				MOBILE	AL	36695

Listed below is an explanation of each column.

- **DOB (Date of Birth):** Pulls from Patient tab on the Registration and ADT screen.
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **SSN (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen
- **Home Phone:** Pulls from Patient tab on the Registration and ADT screen
- **Cell Phone:** Pulls from Patient tab on the Registration and ADT screen
- **Marital Status:** Pulls from Patient tab on the Registration and ADT screen
- **Patient Address/City/State/County/Zip:** Pulls from Patient tab on the Registration and ADT screen

Coding with Item Detail - Guarantor

Guarantor Information							
Name	Sex	DOB	SSN	Home Phone	Cell Phone	Employer	Occupation
WALTON MARY C	F	08/21/1948		251-711-2774		RETIRED	
Address				City	State	Zip	
8520 PARK DRIVE				MOBILE	AL	36695	

Listed below is an explanation of each column.

- **Name:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Sex:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **DOB (Date of Birth):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **SSN (Social Security Number):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Home Phone:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Cell Phone:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Employer:** Pulls from Guarantor/Ins tab on the Registration and ADT screen

- **Occupation:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Address/City/State/Zip:** Pulls from Guarantor/Ins tab on the Registration and ADT screen

Coding with Item Detail - Diagnosis

Diagnosis Code Information			
Type	Code	POA	Description
Principle Diagnosis	M791		Myalgia
Chief Complaint			Myalgia

Listed below is an explanation of each column.

- **Diagnosis Type:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper
- **Code:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper
- **POA (Present on Admission):** Pulls from the Diagnosis screen on the Grouper
- **Description:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper

Coding with Item Detail - Procedure

Procedure Code Information						
Code	HCPCS	Description	Modifiers	Surgeon	2nd Surg	Proc Date
	96360	IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR		JOHNSON J		03/06/2017

Listed below is an explanation of each column.

- **Code:** Pulls from the Procedures screen on the Grouper
- **HCPCS:** Pulls from the Procedures screen on the Grouper
- **Description:** Pulls from the Procedures screen on the Grouper
- **Modifiers:** Pulls from the Procedures screen on the Grouper
- **Surgeon:** Pulls from the Procedures screen on the Grouper
- **2nd Surg (Second Surgeon):** Pulls from the Procedures screen on the Grouper
- **Proc Date (Procedure Date):** Pulls from the Procedures screen on the Grouper

Coding with Item Detail - Physicians

Physician Information		
Physician Name	Physician Number	Role/Type
PAULSON JANET	1619	ATTENDING
PAULSON JANET	1619	ERDOC1
KATIE ARNOLD	4353	PRIMCARE
PAULSON JANET	1619	SURGEON

Listed below is an explanation of each column.

- **Physician Name:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper
- **Physician Number:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper
- **Role/Type:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper

Coding with Item Detail - Insurance

Insurance Information									
Code	Description	Primary	DOB	Contract#	Group Info	Expected Pay	Reimbursement	Contractual	
MB	MEDICARE OP	Y	08/21/1948	896251263A	/236526	0.00	0.00	0.00	

Listed below is an explanation of each column.

- **Code:** Pulls from the Policy Information screen
- **Description:** Pulls from the Policy Information screen
- **Primary:** Pulls from the Policy Information screen
- **DOB (Date of Birth):** The subscriber's Date of Birth from the Policy information screen
- **Contract#:** Pulls from the Policy Information screen
- **Group Info (Group Information):** Pulls from the Policy Information screen
- **Expected Pay:** Pulls the calculated Expected Pay for the financial class
- **Reimbursement:** Pulls the reimbursement amount entered during insurance receipting
- **Contractual:** Pulls the contractual amount entered during insurance receipting

Coding with Item Detail - Item Information

Item Information										
Item	Description	Quantity	SC	Rev Cd	AR Date	Service Dt	CPT Code	Type	Amount	Cost
1900503	EMERGENCY ROOM VISIT LEVEL IV	1	46	450	03/06/2017	03/06/2017	99284	CHG	814.00	2390.5226

Listed below is an explanation of each column.

- **Item:** Displays the item charged from the patient's Account Detail.
- **Description:** Pulls the description of the item from Page 1 of the Item Master.
- **Quantity:** Pulls from the patient's Account Detail.
- **SC (Summary Code):** Displays the Summary Code attached to the charge. Summary Codes are loaded per item on Page 1 of the Item Master.
- **Rev Cd (Revenue Code):** Displays the Revenue Code attached to the Summary Code. Revenue Codes are loaded on Page 1 of the Charge Summary Code table.
- **AR Date (Accounts Receivable Date):** Pulls from the patient's Account Detail.
- **Service Dt (Service Date):** Pulls from the patient's Account Detail.
- **CPT Code:** Displays the CPT Code attached to the charge. CPT Codes are loaded on Page 1 of the Item Master.
- **Type:** Pulls the transaction type from the patient's Account Detail.
- **Amount:** Displays the current price for the item charged. The Current Price is loaded in the Item Pricing table within the Item Master.
- **Cost:** The cost is calculated by multiplying the item price listed in the Item Master by the Ratio of Costs to Charges listed in the Charge Summary Code table.

23.12 Cost Analysis By Physician

The Cost Analysis By Physician report provides a listing of all physicians reimbursed for each DRG and gives a cost analysis by Physician. For ICD-9 DRG data, please see the traditional [Cost Analysis By Physician](#) report.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Cost Analysis By Physician**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all dates.
 - **Financial Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Physician:** Enter the desired Physician Number or leave blank for all physician numbers.
 - **Bad Debt Percentage:** Enter the percentage that will be considered un-collectable debt. The bad debt percentage will be based on the patient portion and will be included in the calculation of the Profit & Loss.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Grand Totals**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**

Description and Usage

This report provides a listing of all physicians reimbursed for each DRG and gives a cost analysis by Physician. There will be a Visit Details, DRG Totals and Physician Totals section for each physician and a Grand Totals section at the end of the report. The Visit Details section displays the DRG, visit number, DRG revenue (total charges), ratio of cost-to-charges, DRG reimbursement, contractual amount, non-DRG revenue (patient portion), bad debt percentage, profit and loss, geometric length of stay, length of stay and the length of stay difference. The DRG, Physician and Grand Totals sections display the DRG, the number of patients, DRG revenue (total charges), ratio of cost-to-charges, DRG reimbursement, contractual amount, average contractual, non-DRG revenue (patient portion), bad debt percentage, profit and loss, average profit and loss, the geometric length of stay, length of stay and the length of stay difference.

This report is an effective tool for analyzing the performance of physicians in relation to DRG costs and lengths of stay on individual DRGs. Administrators can evaluate the DRG revenue, cost, reimbursement and contractual cost for each physician to determine areas of profitability. This report also allows managers to analyze the profit or loss on a specific DRG considering a certain percentage of un-collectable debt.

Cost Analysis By Physician

010000 BAXTER JAMES NBA												
Visit Details												
DRG	Visit Number	DRG Revenue	DRG RCC	DRG Reimb	DRG Contr	Non-DRG Revenue	Bad Debt %	P/L	GEO	LOS	LOS DIFF	
	357948	100.00	126.27	0.00	0.00	100.00	10.00	-36.27		0	1 -1	
	357614	1,025.70	808.33	0.00	791.20	234.50	23.45	-597.28		0	1 -1	
103	358012	350.00	441.95	3,917.62	-3,917.62	350.00	35.00	3,790.68		2.3	1 1.3	
010000 BAXTER JAMES NBA												
DRG Totals												
DRG	# of Patients	DRG Revenue	DRG RCC	DRG Reimb	DRG Contr	Avg Contr	Non-DRG Revenue	Bad Debt %	P/L	Avg P/L	GEO LOS	Avg LOS DIFF
	2	1,125.70	934.60	0.00	791.20	395.60	334.50	33.45	-633.55	-316.78	0	1 -1
103	1	350.00	441.95	3,917.62	-3,917.62	-3,917.62	350.00	35.00	3,790.68	3,790.68	2.3	1 1.3
010000 BAXTER JAMES NBA												
Physician Totals												
# of Patients	DRG Revenue	DRG RCC	DRG Reimb	DRG Contr	Avg Contr	Non-DRG Revenue	Bad Debt %	P/L	Avg P/L	GEO LOS	Avg LOS DIFF	
3	1,475.70	1,376.55	3,917.62	-3,126.42	-1,042.14	684.50	68.45	3,157.13	1,052.38	0.77	1 -0.23	
Grand Totals												
# of Patients	DRG Revenue	DRG RCC	DRG Reimb	DRG Contr	Avg Contr	Non-DRG Revenue	Bad Debt %	P/L	Avg P/L	GEO LOS	Avg LOS DIFF	
3	1,475.70	1,376.55	3,917.62	-3,126.42	-1,042.14	684.50	68.45	3,157.13	1,052.38	0.77	1 -0.23	

Listed below is an explanation of each column.

Visit Details

- **DRG:** Pulls from the Grouper.
- **Visit Number:** The total number of patients for the listed physician and DRG.
- **DRG Rev (DRG Revenue):** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.

- **DRG RCC (Ratio of Cost to Charges):** The amount in the DRG REV column is multiplied by the percent loaded in the DRG RCC field within the Summary Charge Code table to determine the Cost.
- **DRG Reimb (DRG Reimbursement):** The Medicare DRG Reimbursement loaded in the DRG table.
- **Contr (Contractual):** The DRG Reimbursement and patient portion is subtracted from the DRG Revenue to compute the Contractual.
- **Non-DRG Revenue:** The difference between the total charges and the expected pay amount that will be billed to the Insurance Company.
- **Bad Debt % (Bad Debt Percentage):** The bad debt percentage entered when printing the report. The bad debt percentage will be multiplied by the Patient Portion to obtain the Bad Debt Percentage amount.
- **P&L (Profit and Loss):** The DRG RCC and Bad Debt Percentage subtracted from the DRG Reimbursement and patient portion to compute the Profit and Loss.
- **GEO LOS (Geometric Length of Stay):** For the listed DRG.
- **LOS (Length of Stay):** The total number of patient days.
- **DIFF (Difference):** The Geometric Length of Stay minus the Length of Stay.

Totals

- **DRG:** Pulls from the Grouper.
- **# of Pats (Number of Patients):** The total number of patients for the listed physician and DRG.
- **DRG Rev (DRG Revenue):** Pulls charges from the patient's Account Detail except for any charges that have "Include in DRG Rep" set to "N" in the Summary Charge Code Table.
- **DRG RCC (Ratio of Cost to Charges):** The amount in the DRG REV column multiplied by the percent loaded in the DRG RCC field within the Summary Charge Code table to determine the Cost.
- **DRG Reimb (DRG Reimbursement):** The Medicare DRG Reimbursement.
- **Contr (Contractual):** The DRG Reimbursement and patient portion subtracted from the DRG Revenue to compute the Contractual.
- **Avg Contr (Average Contractual):** The Contractual divided by the number of patients for the listed DRG computes the Average Contractual.
- **Non-DRG Revenue:** The difference between the total charges and the expected pay amount that will be billed to the Insurance Company.

- **Bad Debt % (Bad Debt Percentage):** The bad debt percentage entered when printing the report. The bad debt percentage will be multiplied by the Patient Portion to obtain the Bad Debt Percentage amount.
- **P&L (Profit and Loss):** The DRG RCC and Bad Debt Percentage subtracted from the DRG Reimbursement and patient portion to compute the Profit and Loss.
- **Avg P&L (Average Profit and Loss):** The Profit and Loss divided by the number of patients for the listed DRG computes the Average P&L.
- **GEO LOS (Geometric Length of Stay):** For the listed DRG.
- **Avg LOS (Average Length of Stay):** The total number of patient days divided by the total number of patients.
- **DIFF (Difference):** The Geometric Length of Stay minus the Average Length of Stay.

23.13 Death Register - Report Writer

The Death Register lists all patients that have expired within a designated month.

How to Print

1. Select **Report Dashboard** from the Application Drawer.
2. Select **Death Register**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range:** Enter the desired admission date range or leave blank for all dates.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all dates.
 - **NOTE:** *It is not necessary to load both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Patient Total**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**

- TXT

NOTE: When using the CSV option, additional fields may be included in the report that are not available in the PDF format. To include these fields or view the full list of additional fields, from the parameters screen, select **Advanced** and then choose **Columns**.

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Death Register lists in Discharge date sequence by Stay Type all patients that have expired in the designated month. This report may be printed and submitted to the Department of Permanent Vital Statistics. Discharge Codes that will pull to this report are 20, 40, 41 and 42.

Death Register

Patient Name	Room	Number	Age	Sex	MS	Service	Days	Adm Cond	CD	Physician	Admitted	Discharged	M/R#
COLE LUCY A		20001335	50	F		ASC	3		N	123456PHYS	03/01/2020	03/04/2020	
CRUZ JUAN CARLOS	843-G	IPTESTH7	20	M			1694	CRITICAL	L	MADDIE	03/19/2020	11/07/2024	970911
FEEMSTER STELLA	ER-8	E0000586	54	F	M	EMERGENC	1491			DR. F	01/27/2020	02/26/2024	970815
HIRSCH FRANK	BLP10	70000287	39				1444			HIRSCH M	03/11/2020	02/23/2024	
MURDOCK VAUGHN	BLP10	70000195	47	M			1511			HIRSCH M	01/03/2020	02/22/2024	970838
YORK JENNIFER RICE	BLP10	E0000610	84	F	M	EMERGENC	1439			CLAPPER	03/19/2020	02/26/2024	12345679028
Total Patients:		6											

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen.
- **Room (Room Number):** Pulls to this column.
- **Number (Account Number):** Pulls from Registration and ADT screen.
- **Age:** Is calculated from the Birth Date on Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from Patient tab on the Registration and ADT screen.
- **MS (Marital Status):** Pulls from Patient tab on the Registration and ADT screen.
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen.
- **Days:** This column pulls the number of days the patient was admitted.
- **Admitting Cond (Admitting Condition):** Pulls from Stay tab on the Registration and ADT screen.
- **Admitting Cd (Admission Code):** Pulls from Stay tab on the Registration and ADT screen.
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen.

- **Admitted (Admit Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Disc (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen.
- **Med-Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen.

23.14 Diagnosis Variance Report

The Diagnosis Variance Report will list billed insurance claims where diagnosis information differs between Insurance and Medical Records.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Diagnosis Variance Report**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Billed Date Range:** Enter the desired billed date range or leave blank for all billed claims.
 - **Financial Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Account Number:** Enter in the desired account number or leave blank for all account numbers.
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - HTML
 - PDF
 - XML
 - CSV
 - MAPLIST
 - TXT
 - **Page Orientation:** Use the drop-down box to select one of the following page orientation options:
 - LANDSCAPE
 - PORTRAIT
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Diagnosis Variance Report will list billed insurance claims where diagnosis information differs between Insurance and Medical Records. Insurance diagnosis information pulls from within the Ins Diag/Proc option or the Grouper when the Insurance and Insurance Admitting radio buttons are selected. Medical Records diagnosis information pulls from within the Ins Diag/Proc option or the Grouper when the Diagnosis and Admitting Diagnosis radio buttons are selected. If the admitting and other diagnoses loaded on the account differ in these two areas the account will pull to the report.

See [Insurance Diagnoses](#) for more information.

Diagnosis Variance Report

01/12/2017 12:17		Diagnosis Variance Report 01/01/2016 - 12/31/2016				diagnosis_variance.template		1
Account Number	Patient Name	Fin. Class	Set	Billed Date	Total Charges	Diagnosis Grouper	Diagnosis Insurance	
357932	BEECH DAVIS SANDERS	MB	001	03/30/2016	437.80	0	38023	
357932	BEECH DAVIS SANDERS	MB	001	03/30/2016	437.80	0	38023	

Listed below is an explanation of each column.

- **Account Number:** Pulls from the Registration and ADT screen
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen
- **Fin. Class (Financial Class):** Pulls from Policy Information
- **Set:** This field represents the sequence number of a particular financial class on a patient account. If there are multiple claims with the same financial class on the account, the system will assign a set number of 001, 002, etc.
- **Billed Date:** Pulls the billed date of the claim
- **Total Charges:** The total amount of charges pulls from Account Detail
- **Diagnosis Grouper:** Pulls diagnosis codes that are listed when the Diagnosis and Admitting Diagnosis radio buttons are selected from within the Ins Diag/Proc option on the Grouper
- **Diagnosis Insurance:** Pulls diagnosis codes that are listed when the Insurance and Insurance Admitting radio buttons are selected from within the Ins Diag/Proc option on the Grouper

23.15 DRG Comparative

The DRG Comparative report is a tool that may be used to see any differences in the ICD9 computed DRG and ICD10 computed DRG along with the corresponding reimbursement amounts. The report will calculate the difference in the expected payment for each account; which is the expected DRG reimbursement.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **DRG Comparative**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **DRG Range**: Enter the ICD9 computed DRG range, or leave blank for all.
 - **Physician Number**: Enter the desired physician number range or leave blank for all.
 - **Discharge Date Range**: Enter the discharge date range.
 - **Coder Initials**: Enter a specific coder's initials or leave blank for all.
 - **Stay Type**: Enter a specific stay type or leave blank for all.
 - **Subtype**: Enter a specific subtype or leave blank for all.
 - **Service Code**: Enter a specific service code or leave blank for all.
 - **Financial Class**: Enter a specific financial class or leave blank for all.
 - **Exclude if DRG is the same**: Select to exclude if the ICD9 and ICD10 DRG is the same, or leave blank for all.
 - **Sections to Exclude**: Select to exclude or leave blank to print all:
 - **Exclude DRG Summary**:
 - **Level of Detail**: Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
5. Select **Run Report** to display the report in the selected output format.

Description and Usage

The DRG Comparative report is a tool that may be used to see any differences in the ICD9 computed DRG and ICD10 computed DRG along with the corresponding reimbursement amounts. The report will calculate the difference in the expected payment for each account; which is the expected DRG reimbursement. If the ICD9 expected payment amount is greater, the value will display as a negative amount. If the ICD10 expected payment amount is greater, the value will display as a positive amount. There is a grand total at the end of the report that will include the Total Difference in expected payment and the Case Mix for each code type.

DRG Comparative

Account#	Discharge Dt	Stay	Sub	Serv	FC	Physician	Coder	Finish Dt	Ver	DRG	Rel Wt	GLOS	Exp Pay	Difference
357724	04/10/2015	1	10	M	M	BROWN ALICE C	XXX	04/23/2015	9	065	1.0776	3.5	6,436.46	-6,436.46
									10		.0000	0	0.00	
357758	04/03/2015	1	10	M	M	BROWN ANDY	XXX	04/23/2015	9	066	.7566	2.5	5,119.85	-5,119.85
									10		.0000	0	0.00	

Listed below is an explanation of each column.

- **Account# (Account Number):** Pulls from the Patient tab on the Registration and ADT screen
- **Discharge Dt (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen
- **Stay (Stay Type):** Pulls from the Patient tab on the Registration and ADT screen
- **Sub (Subtype):** Pulls from the Patient tab on the Registration and ADT screen
- **Serv (Service code):** Pulls from the Patient tab on the Registration and ADT screen
- **FC (Financial Class):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen
- **Physician:** Pulls from the Stay tab on the Registration and ADT screen
- **Coder:** Pulls from the Grouper Patient Summary screen
- **Finished Date:** Pulls from the Grouper Patient Summary screen.
- **Ver (Version):** **Version 9** line of detail pulls the ICD9 computed DRG information. **Version 10** line of detail pulls the ICD10 computed DRG information.
- **DRG:** Pulls from the Grouper Patient Summary screen
- **Rel Wt (Relative Weight):** Pulls for the DRG
- **GLOS (Geometric Length of Stay):** Pulls for the DRG
- **Exp Pay (Expected Payment):** Pulls from the Grouper Patient Summary screen

- **Difference:** Pulls the difference between the ICD9 computed DRG and ICD10 computed DRG expected payment amounts. If the ICD9 expected pay amount is greater, the value should display as a negative amount. If the ICD10 expected payment amount is greater, the value should display as a positive amount.
- **Total Difference:** Pulls the overall difference in ICD9 computed DRG and ICD10 computed DRG expected payment amounts. If the ICD9 expected payment amount is greater, the value should display as a negative amount. If the ICD10 expected payment amount is greater, the value should display as a positive amount.
- **ICD-9 CMI:** Pulls the overall case mix for all ICD9 computed DRGs
- **ICD-10 CMI:** Pulls the overall case mix for all ICD10 computed DRGs

23.16 ER Log - Report Writer

The ER Log contains patient information that is entered for emergency room patients upon arrival. This report also contains summary totals based on disposition, mode of arrival and triage level.

How to Print

1. Select **Print Reports** from the Hospital Base Menu.
2. Select **Census**.
3. Select **Mthly/Misc**.
4. Select **ER Log**.
5. Select a print option.
6. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range:** Enter an admission date range.
 - **Mode of Arrival Code/Description:** Enter a single mode of arrival code and/or description for review or leave blank to see all modes of arrival.
 - **Triage Level Code/Description:** Enter a single triage level code and/or description for review or leave blank to see all triage levels.
 - **Attending Physician Number/Name:** Enter a single attending physician number and/or name for review or leave blank to see all triage levels.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Disposition Summary**
 - **Exclude Mode of Arrival Summary**
 - **Exclude Triage Level Summary**
 - **Exclude Total Visits**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**

- **Summary**
- **Report Summary Only**
- **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **HTML**
 - **PDF**
 - **XML**
 - **CSV**

7. Select Run Report to display the report in the selected output format.

Description and Usage

The ER Log lists patient information as entered for each patient during registration. This report contains patient data concerning the disposition, mode of arrival and triage level. These categories are also summarized on the totals page at the end of the report.

ER Log

01/12/2017 14:39 ER Log Report ip0_er_log.template 1
01/01/2017 - 01/12/2017

Account	Patient Name	Age	Sex	MR#	FC	Attending Phy	Primary Care Phy
358004	REED GRACE ELLEN	73 yrs	F	000312	B	SAMANTHA WALLACE	BROWN ALICE C
Stay Type	Subtype	Service Code	Admit Date/Time	Admit Code	Discharge Date/Time	Disch Code	Disch Condition
1 I/P	10 MEDICA	M MEDICAL	01/04/2017 10:03	E 17/EMER	01/04/2017 13:32	H HOME	U UNKNOWN
Mode of Arrival	Triage Level	Services	Arrival Date/Time	Phys Admit Date/Time	Disposition		
CO CAR			01/04/2017 09:52				
Chief Complaint	Shoulder dislocation						
Disposition Summary							
Code	Disposition	Total					
		1					
Mode of Arrival Summary							
Code	Mode of Arrival	Total					
CO	CAR	1					
Triage Level Summary							
Code	Triage Level	Total					
		1					
Total Visits							
** Total Visits **		1					

Listed below is an explanation of each column.

- **Account (Patient Account Number):** Pulls from Patient Functions.
- **Patient Name:** Pulls the patient name from the Patient tab on the Registration and ADT screen.
- **Age:** Is calculated from the birthdate in the Patient tab on the Registration and ADT screen.
- **Sex:** Pulls from the Patient tab on the Registration and ADT screen.
- **MR# (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **FC (Financial Class):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen.

- **Attending Phy (Attending Physician):** Pulls from the ER Log. This field defaults to the Attending Physician loaded on the Stay tab on the Registration and ADT screen but may be over-keyed if necessary.
- **Primary Care Phy (Primary Care Physician):** Pulls the Primary Care Physician from the Stay tab on the Registration and ADT screen.
- **Stay Type:** Pulls from the Patient tab on the Registration and ADT screen.
- **Subtype:** Pulls from the Patient tab on the Registration and ADT screen.
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen.
- **Admit Date/Time (Admission Date and Time):** Pulls from the ER Log.
- **Admit Code:** Pulls from the ER Log.
- **Discharge Date/Time:** Pulls from the ER Log.
- **Disch Code (Discharge Code):** Pulls from the ER Log.
- **Disch Condition (Discharge Condition):** Pulls from the ER Log.
- **Mode of Arrival (Mode of Arrival Code and Description):** Pulls from the code entered in the ER Log.
- **Triage Level (Triage Level Code and Description):** Pulls from the code entered in the ER Log.
- **Services:** Pulls from the ER Log.
- **Arrival Date/Time:** Pulls from the ER Log..
- **Phys Admit Date/Time (Physician Admission Date and Time):** Pulls from the ER Log..
- **Disposition (Disposition Code and Description):** Pulls from the code entered in the ER Log.
- **Chief Complaint:** Pulls from the ER Log. This field defaults to the chief complaint loaded on the Clinical tab on the Registration and ADT screen but may be over-keyed if necessary.

ER Log (Totals)

Disposition Summary		
Code	Disposition	Total
		1
Mode of Arrival Summary		
Code	Mode of Arrival	Total
CO	CAR	1
Triage Level Summary		
Code	Triage Level	Total
		1
Total Visits		
** Total Visits **		1

- **Code (Disposition Code):** Pulls from the code entered in the ER Log.
- **Disposition (Disposition Code Description):** Pulls from the code entered in the ER Log.
- **Total:** This is the total of visits for each disposition code listed.
- **Code (Mode of Arrival Code):** Pulls from the code entered in the ER Log.
- **Mode of Arrival (Mode of Arrival Code Description):** Pulls from the code entered in the ER Log.
- **Total:** This is the total of visits for each mode of arrival code listed.
- **Code (Triage Level Code):** Pulls from the code entered in the ER Log.
- **Triage Level (Triage Level Code Description):** Pulls from the code entered in the ER Log.
- **Total:** This is the total of visits for each triage level code listed.
- **Total Visits:** This is the grand total of visits on the report for each section.

23.17 E-Signed Images

The E-Signed Images report will identify all images that have been signed in a specified date range.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **E-Signed Images Status**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Signature Date Range:** Enter the signature date range.
 - **File Index Type Title:** Enter the desired File Index Type Title, or leave blank.
 - **File Index Report Code:** Enter the desired File Index Report Code, or leave blank.
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - HTML
 - PDF
 - XML
 - CSV
5. Select **Run Report** to display the report in the selected output format.

Description and Usage

The E-Signed Image Status report will identify all images that have been signed in a specified date range. The report will list the date, time, User Based Login and name of the employee or physician who signed the document.

Signed Image Status

01/12/2017 12:29		E-Signed Images 01/01/2017 - 01/12/2017						esigned_images.template	
Account#	Document ID	Title	Sign Date	Time	Logname	Phy Name	Phy Num	Report Code	
987111	2228	CHEST PA & LATERAL	01/01/2017	02:08	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/02/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/03/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/04/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/05/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/05/2017	08:46	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/05/2017	08:46	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/06/2017	02:09	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/07/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/08/2017	02:08	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/09/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/10/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/11/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	
987111	2228	CHEST PA & LATERAL	01/12/2017	02:07	dcole123	DAVID COLEMAN	053155	TransDoc	

Listed below is an explanation of each column.

- **Account# (Account Number):** Pulls patient's account number from Patient Functions.
- **Document ID:** Pulls the Document ID assigned to the image.
- **Title:** Pulls the name of the Image Title assigned to the document at the time of scanning.
- **Sign Date:** Pulls the date the image was signed.
- **Time:** Pulls the time the image was signed.
- **Logname:** Pulls the User Based Login of the physician or employee logged in when the image was signed.
- **Phy Name (Physician Name):** Pulls the name of the physician or employee who signed the image.
- **Phy Num (Physician Number):** Pulls the number of the physician or employee who signed the image.
- **Report Code:** The type of file that was attached to the account.

23.18 Health Care Surveys

Health Care Surveys is a purchased report that allows the user to generate reports in an HTML format to be sent to the Center for Disease Control (CDC). There are three different types of reports that may be generated: Emergency, Inpatient and Outpatient. The reports may be generated for a single visit or a group of visits using a specific date range. The outcome will produce a zip file that contains an XML file for each visit that meets the set parameters.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Health Care Surveys**
3. Select **Run**.
4. Select the desired report parameters.
 - **Facility:** Select the desired Facility. Defaults to the facility logged on by the user. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Report Population:** Select the radio button to gather the data from the selected population that is set up in the Facility Reporting Population.
 - **Emergency**
 - **Inpatient**
 - **Outpatient**
 - **Visit Number:** Enter an individual account number to run the Health Care Survey for a single visit. When generating for individual visit numbers the Medical Record Finish Date fields will become disabled.
 - **Medical Record Finish Date:** Use the drop-down box to select one of the following options to run the Health Care Survey for a particular date.
 - **Manual Selection:** Select the Date Picker to enter the desired start and end dates that should be included in the report population.
 - **Previous Day**
 - **Previous Week**
 - **Previous Month**
 - **Previous Quarter**
 - **Previous Calendar Year**
 - **Previous Fiscal Year**
 - **Last 7 Days**
 - **Last 30 Days**
 - **Last 90 Days**
5. Select **Run Report** to display the patient's name and account numbers will display for the report parameters that were selected .

NOTE: The following error will display if there are no populations setup for Emergency, Inpatient or Outpatient and are selected to be included in the report: "Please complete setup for the selected Report Population in the Facility Reporting Population table." Selecting OK will return the user to the report screen with the Report Population selection cleared. The department table of each department must also have the Healthcare Service Location loaded to generate patients for the population. For more information on setting up the Facility Reporting Population table and Department setup, please see the [Table Maintenance - Control](#) documentation.

6. Select **Export** to save the XML files for each patient that displays. Selecting **Configure** will return the user back to the report parameters screen. For additional information on the Report Destination screen please see [Data Export](#).

Description and Usage

Health Care Surveys is a purchased report that allows the user to generate Emergency, Inpatient or Outpatient Health Care Surveys in a format that conforms to the HL7 National Health Care Surveys Release 1.2. The reports may be generated for a single visit by entering a specific account number or a group of visits using a specific date range. The outcome will produce a zip file that contains an XML file for each visit that meets the set parameters.

Health Care Surveys Report

Health Care Surveys Report

BOLTZ CAROLYN	Visit: 000147
BOLTZ CAROLYN	Visit: 357768
YOUNG KIMBERLY	Visit: 111111
CHAPMAN COREY	Visit: 357776
SMITH ELLA KATHERINE	Visit: 357775
GARTHMAN JAMES	Visit: 357560
GARTHMAN JAMES	Visit: 357728
GILLESPIE JANE P	Visit: 357031
DAVIS STANCE	Visit: 357534
JONES BOB	Visit: 357816
SMITHY JOE	Visit: 357112
BROWN CATHY	Visit: 357890
Gibson Thomas Latrelle	Visit: 357223
JACKSON STACY X +	Visit: B01163
BROWN JONATHON	Visit: 357751
HALL TESSIE L	Visit: 357729
LANGAN JOSEPH N	Visit: 358055
LANGAN JOSEPH N	Visit: 358057
JOHNSON DOROTHY M	Visit: B01154

Total Patients: 43 Total Visits: 78

Listed below is an explanation of each column.

- **Patient Name:** Displays the patient names that meet the population parameters.
- **Visit (Account Number):** Displays the account number that meets the population parameters.
- **Total Patients:** Displays the number of Patient profiles that meet the population parameters.
- **Total Visits:** Displays the number of accounts that meet the population parameters. A single patient profile may have more than one visit that is included within the population parameters.

23.19 Hospital Acquired Conditions

CMS regulations require facilities to capture Hospital Acquired Conditions and Present on Admission codes. This report will follow trends with the occurrences of Hospital Acquired Conditions. This report will only display ICD-10 information. To display ICD-9 information, please see the traditional [Hospital Acquired Conditions](#)⁹⁷ report.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Hospital Acquired Conditions**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for dates.
 - **Visit ID:** Select this to include only those patients that do not have a discharge date.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **NOTE:** *The default for this field will be 1 to display only Inpatient accounts.*
 - **Service Code:** Enter a specific service code or leave blank for all service codes.
 - **Financial Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **NOTE:** *The default for this field will be M** to display only Medicare accounts.*
 - **Physician Number:** Enter the desired Physician Number or leave blank for all physicians.
 - **Nursing Station:** Enter the desired nursing station to display only those accounts assigned to that nursing station.
 - **NOTE:** *When specifying a nursing station, Thrive will look to the patient's current nursing station or the last nursing station that they were assigned.*
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Diagnosis Section**
 - **Exclude Hospital Acquired Condition Totals**
 - **Exclude Hospital Acquired Condition Grand Totals**
 - **Exclude Present on Admission Totals**
 - **Exclude Present on Admission Grand Total**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**

- **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

This report will list accounts with Hospital Acquired Conditions (HAC). The following setting will determine which accounts pull to the report.

- The Medical Record Control Table must have the field "Report Hospital Acquired Conditions" selected for this report to display HAC information. The table may be accessed by selecting **Hospital Base Menu > Master Selection > Business Office Tables > Business Office Table Maintenance > Med Rec.**
- The LTCH field must be set to "N" on AHIS, page 4 for this report to display HAC information.
- If the Psych PPS field is set to "Y" on AHIS, page 5, then accounts with a Psychiatric DRG will not pull to the report. The Psychiatric DRGs may be viewed by selecting **Web Client > System Menu > Master Selection > Business Office Tables > Table Maintenance > Health Information Management > Psychiatric DRG.**
- If the Psych PPS field is set to "N" on AHIS, page 5, then all accounts with a HAC will display on the report.
- The account must be an inpatient with a Stay Type 1.
- The account must have a Medicare financial class.

NOTE: *The Advanced feature may be selected within Report Writer to display and remove any of the default filters.*

Hospital Acquired Conditions

MR#	Account#	Discharge Dt	DRG	ALOS	Room	NS	Physician#	Physician Name	Total Charges	Reimbursement
43421	358110	04/04/2017	869	1	102-5	102	010000	BAXTER JAMES NBA	8,030.00	6,225.65
Code	POA	Description								
L89003	N	Pressure ulcer of unspecified elbow, stage 3								
Hospital Acquired Condition Totals										
Code	Description	Total								
L89003	Pressure ulcer of unspecified elbow, stage 3	1								
Total HAC:		1								
Present On Admission Totals										
POA	Total									
N	1									
Total POA:		1								

Listed below is an explanation of each column.

- **MR# (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen
- **Acct# (Account Number):** Pulls from Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen
- **DRG:** Pulls from the Grouper
- **ALSO (Actual Length of Stay):** This value is the calculated number of midnights that a patient is in a bed.
- **Room:** Pulls from the Registration and ADT screen
- **Nursing Station:** Pulls the Nursing Station associated with the Patient's room
- **Physician Number:** Pulls the physician number of the attending physician
- **Physician Name:** Pulls the attending physician name
- **Total Charges:** Pulls the total amount of all charges
- **Reimbursement:** Pulls the expected reimbursement associated with the computed DRG
- **Code:** Pulls from the diagnoses with a Code Class of H from the Diagnosis screen on the Grouper
- **POA (Present on Admission):** Pulls the POA indicator for the diagnosis code
- **Description:** Pulls the description of the diagnosis code
- **Hospital Acquired Conditions Totals:** Displays the total number of accounts for each Hospital Acquired Condition diagnosis code(s) that was displayed on the report. A grand total will display the total number of Hospital Acquired Condition diagnosis codes.

- **Present on Admission Totals:** Displays the total number of accounts for each POA indicator that was displayed on the report. A grand total will display the total number of accounts with POA indicators.

23.20 Medical Records Billing Report

The Medical Records Billing Report will provide a list of accounts with claims that have not been coded.

How to Print

1. Select **Report Dashboard** from the Application Drawer.
2. Select the **Medical Records Billing Report**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **Admit Date Range:** Enter the desired admission date range or leave blank for all dates.
 - **Visit ID:** Enter in a specific patient visit/account number or leave blank for all visits.
 - **Stay Type:** Enter a specific stay type or skip to print report for all.
 - **Sub Type:** Enter a specific subtype or leave blank for all subtypes.
 - **Service Code:** Enter a specific service code or skip to print report for all.
 - **Chart Location:** Enter a specific chart location or leave blank for all.
 - **Exclude Accounts Without Discharge Date:** Selecting this option will ensure that only accounts with a discharge date will display.
 - **Include Accounts with Finish Date:** If this field is selected, then accounts with a Medical Records Finish Date in the Grouper will be included on the report.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Totals by Patient Stay Type**
 - **Exclude Grand Total**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**

NOTE: When using the CSV option, additional fields may be included in the report that are not available in the PDF format. Examples include: Username, UBL, HIM Coding Status, HIM Coding Status Date/Time, HIM Coding Status Username, and Accountants Category. To include these

fields or view the full list of additional fields, from the parameters screen, select **Advanced** and then choose **Columns**.

5. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Medical Records Billing Report provides a list of accounts that have not been coded by the Medical Records Department. To display on the report, the account must not have a Contract Code on the Guarantor/Ins tab or a Finish Date in the Grouper. The report will print by patient type and service code, then by financial class, physician and days since discharge. Totals for each Stay Type and a grand total for all Stay Types are provided. The Health Information Management Department will use this report as a listing of accounts that need to be coded before being billed.

Medical Records Billing Report

01/03/2018 11:27 2

Medical Records Billing Report
Document was generated by the Thrive EHR Software
12/01/2017 - 01/03/2018 medical_records_billing_report.template

Stay Type	Patient Name	Account Number	MR Number	Admit Date	Discharge Date	Sub Type	Service Code	Attending Physician Name	Acct Age	Patient Balance
2	ROSCOE YVETTE	500064	970058	12/11/2017	12/11/2017	20	M	DORSEY JAMES	23	900.00
		Finish Date/Initials		Revise Date/Initials		Chart Location		Chart Location Date		
Comments: (APC CLAIM)										
Stay Type	Patient Name	Account Number	MR Number	Admit Date	Discharge Date	Sub Type	Service Code	Attending Physician Name	Acct Age	Patient Balance
2	AARONS JAMES	500073	000373	12/14/2017	12/14/2017	20	M	DORSEY JAMES	20	900.00
		Finish Date/Initials		Revise Date/Initials		Chart Location		Chart Location Date		

Listed below is an explanation of each column.

- **Stay Type:** Pulls from the Patient tab on the Registration and ADT screen.
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen.
- **Account Number:** Pulls from Registration and ADT screen.
- **MR Number (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen.
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Discharge Date:** Pulls from the Stay tab on the Registration and ADT screen.
- **Sub Type:** Pulls from the Patient tab on the Registration and ADT screen.
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen.
- **Attending Physician Name:** Pulls from Stay tab on the Registration and ADT screen.
- **Acct Age (Account Age):** Pulls the number of days since discharge.

- **Patient Balance:** Pulls the total charges from the account detail.
- **Finish Date/Initials:** Pulls from the Grouper Patient Summary screen
- **Revise Date/Initials:** Pulls from the Grouper Patient Summary screen
- **Chart Location:** The current location of the patient's chart.
- **Chart Location Date:** This column displays the date the chart was moved to the current location.
- **Comments:** Pull from the Comment field of the Insurance Claims Status screen.

Totals By Patient Stay Type

Totals by Patient Stay Type		
Stay Type	Total Patients	Total Balance
1	28	4,120.34
2	16	2,287.00
3	28	1,598.03
4	4	6.00

Grand Totals

Grand Totals	
Total Patients	Total Balance
76	8,011.37

23.21 Medical Records Disease Index -ICD10 - Report Writer

The Disease Index lists all patients that have been assigned a diagnosis. This report pulls ICD10 codes only.

How to Print

1. Select **Other Applications and Functions** from the Hospital Base Menu.
2. Select **Word Processing**.
3. Select **Ad Hoc**.
4. Select **Report Dashboard**.
5. Select **Add Report**.
6. Select the following report sequence option: **Medical Records Disease Index -ICD10**
7. Select **Select**.

8. Select the desired report parameters.
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **Visit ID:** Enter the desired Visit Number or leave blank for all visits.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all visits.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code:** Enter the desired Service Code or leave blank for all service codes.
 - **Diagnosis Code Range:** Enter the desired Diagnosis Code range or leave blank for all.
 - **Physician:** Enter the desired Physician number or leave blank for all.
 - **MR Complete:** From the drop-down menu select **Yes** to include only accounts with a M/R Finish Date, **No** to include only accounts without a M/R Finish Date or **Both** to include all accounts.
 - **Sections to Exclude:** Select to exclude or leave blank to print all:
 - **Exclude Report Totals by Diagnosis:**
 - **Exclude Diagnosis Totals For All Ranks**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**
9. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Disease Index lists all patients that have been assigned a diagnosis and lists in diagnosis order. Total cases, Total Days and Average Stay are listed for each Diagnosis. The report recap lists the Diagnosis Description, Total Cases, Days and Average Stay. This report can be summarized or detailed. This report pulls ICD10 codes only.

Disease Index

01/18/2017 09:44 Medical Records Disease Index -ICD10 07/01/2016 - 12/31/2016 mr_disease_index_icd10.template 2

Diagnosis Code	Rank	Physician Name	Patient Name	Visit Number	MR#	Admit Date	Admit Code	Discharge Date	Disc Code	LOS	Age	Sex	F/C	DRG	MR Comp.
E119	1	COLLINS M	DAVIS LINDA MARIE	B01193	000169	07/05/2016	N	07/05/2016		1	47	F	MC		Y
ICD10 Diagnosis: E119															
E119	1	ALLISON M	HERRON PEYTON G	B01177	000351	07/31/2016	N	07/31/2016		1	33	F	DB1		Y
ICD10 Diagnosis: E119															
Diagnosis: E119		Rank: 1		Total Cases: 2		Total Days: 2		Average Stay: 1.00							
Total All:				Total Cases: 2		Total Days: 2		Average Stay: 1.00							

Disease Index (Totals by Diagnosis)

01/18/2017 09:44 Medical Records Disease Index -ICD10 07/01/2016 - 12/31/2016 mr_disease_index_icd10.template 15

Totals By Diagnosis				
Diagnosis:		Total Cases:	Total Days:	Average Stay:
D649	Anemia, unspecified	1	1	1.00
E119	Type 2 diabetes mellitus without complications	2	2	1.00
H9203	Otaglia, bilateral	1	1	1.00
J00	Acute nasopharyngitis [common cold]	1	1	1.00
J111	Flu due to unidentified influenza virus w oth resp manifest	2	2	1.00
J449	Chronic obstructive pulmonary disease, unspecified	2	2	1.00
K088	Other specified disorders of teeth and supporting structures	1	1	1.00
M4800	Spinal stenosis, site unspecified	1	1	1.00
R05	Cough	1	1	1.00
R109	Unspecified abdominal pain	3	437	145.67
R197	Diarrhea, unspecified	1	1	1.00
R21	Rash and other nonspecific skin eruption	1	1	1.00
R784	Finding of other drugs of addictive potential in blood	1	1	1.00
T148	Other injury of unspecified body region	1	1	1.00
Total All:		Total Cases: 19	Total Days: 453	Average Stay: 23.84

Listed below is an explanation of each column.

- **Diagnosis Code:** Lists the Diagnosis for the listed patient
- **Rank:** Lists the order the Diagnosis is listed on the Grouper Diagnoses screen
- **Physician Name (Attending Physician):** pulls from Stay tab on the Registration and ADT screen
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Visit Number:** Pulls from Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen

- **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen
- **LOS (Length of Stay):** Is the number of days the patient was admitted
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **DRG:** Pulls from the Grouper Patient Summary screen
- **MR Comp. (Complete Yes or No):** Indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered on the Grouper Patient Summary screen, a **Y** will pull to this column. If there is no Finish Date in this field, a **N** will pull.
- **ICD10 Diagnosis:** The other diagnoses that were entered on the patient will display in this column, along with the order that they are listed on the Grouper Diagnoses screen
- **Diagnosis:** Lists the Diagnosis code for the listed patients
- **Rank:** Lists the order the Diagnosis is listed in the Diagnoses screen
- **Total Cases:** Lists the total number of patients with the Diagnosis and the same rank
- **Total Days:** Lists total number of days the patients with the Diagnosis and same rank were admitted
- **Average Stay:** Lists the average length of stay for the patients with the Diagnosis and same rank

23.22 Medical Records Patient Index - Report Writer

The Patient Index lists in alphabetical order all patients discharged in a specified discharge date range, along with their ICD10 Diagnosis, Procedures and DRG. This report will assist Medical Records in coding all accounts as it may be run for accounts that are coded, not coded or both and includes private pay accounts and accounts with insurance.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Medical Records Patient Index -ICD10**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Visit ID:** Enter in the desired visit number or leave blank for all visits numbers.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all visits.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code:** Enter the desired Service Code or leave blank for all service codes.
 - **Diagnosis Code Range:** Enter the desired Diagnosis Code range or leave blank for all.
 - **Procedure Code Range:** Enter the desired Procedure Code range or leave blank for all.
 - **Exclude Contract Codes:** Selecting this field will print accounts that do not have a Contract Code. If left blank, all accounts will print if a Contract Code is present or not.
 - **Physician:** Enter the desired Physician number or leave blank for all.
 - **MR Complete:** From the drop-down menu select **Yes** to include only accounts with a M/R Finish Date, **No** to include only accounts without a M/R Finish Date or **Both** to include all accounts.
 - **Sections to Exclude:** Select to exclude or leave blank to print all:
 - **Exclude Report Totals:**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**
4. Select **Run Report** to display the report in the selected output format.

NOTE: When using the CSV option, additional fields may be included in the report that are not available in the PDF format. Examples include: HIM Coding Status, HIM Coding Status Date/Time, and HIM Coding Status Username. To include these fields or view the full list of additional fields, from the parameters screen, select **Advanced** and then choose **Columns**.

Description and Usage

The Patient Index lists in alphabetical order all patients discharged in a specified discharge date range. The report will display the ICD10 Diagnosis, Procedures and DRG information coded on the Grouper. The total number of patients prints at the end of the report.

Patient Index

Patient Name	Account Number	MR Number	Service Code	Sex	Age	Fin. Class	Admit Date	Admit Code	Discharge Date	Discharge Code	LOS	Physician	Total Charges	DRG	Comp. Y/N
BEECH DAVIS SANDERS	36521478	000310	S	M	65	MB	12/26/2016	N	12/26/2016	H	1	BAXTER J	0.00		N
Procedure:		00222													
BETKOWSKI JAMES MARTIN	B01173	000330	CL	M	66	P	10/13/2016	N	12/19/2016	H	67	COLEMAN D	0.00		N
REED GRACE ELLEN	358002	000312	LB	F	73	BB	12/19/2016	E	12/19/2016	H	1	BROWN A	0.00		N
SMITH ELLA KATHERINE	B01186	000294	CL	F	73	MC	12/01/2016	N	12/01/2016		1	Global Phy	165.00		Y
Diagnosis:		J111													
THOMAS MATTHEW EDWARD	357999	000358	ER	M	41	B	12/03/2016	E	12/03/2016	H	1	BAXTER J	0.00		N
THOMPSON DALE	B01187	000301	CL	M	67	BC	12/02/2016	N	12/02/2016		1	CARSON F	53.00		N
**** Report Totals ****															
Total Patients:	6														
Total Revenue:	218.00														

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Account Number:** Pulls from Registration and ADT screen
- **M/R Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Service Code:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **Age:** Calculated from the Birth Date on Patient tab on the Registration and ADT screen
- **Fin (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen

- **Discharge Code:** Pulls from Stay tab on the Registration and ADT screen
- **LOS (Length of Stay):** Number of days the patient was admitted
- **Physician (Attending Physician):** Pulls from Stay tab on the Registration and ADT screen
- **Total Charges:** Pulls the charges from the patient's account detail
- **DRG:** Pulls the DRG from the Grouper Patient Summary screen
- **Comp. (Complete Date):** This column indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered in the Grouper Patient Summary screen, a **Y** will pull to this column. If there is no Finish Date in this field, an **N** will pull.
- **Diagnosis:** The ICD10 diagnosis codes pull from the Grouper Diagnoses screen.
- **Procedure:** The ICD10 procedure codes pull from the Grouper Procedures screen.

Report Totals

- **Total Patients:** Total number of patients included in report
- **Total Revenue:** Total revenue of all Patients listed on the report

23.23 Medical Records Physician Index -ICD10 - Report Writer

The Physician Index lists the diagnosis and procedure (ICD10 only) and HCPC codes for each patient by physician.

How to Print

1. Select **Other Applications and Functions** from the Hospital Base Menu.
2. Select **Word Processing**.
3. Select **Ad Hoc**.
4. Select **Report Dashboard**.
5. Select **Add Report**.
6. Select the following report sequence option: **Medical Records Physician Index -ICD10**
7. Select **Select**.
8. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **Visit ID**: Enter the desired Visit Number or leave blank for all visits.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for all visits.
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code**: Enter the desired Service Code or leave blank for all service codes.
 - **Diagnosis Code Range**: Enter the desired Diagnosis Code range or leave blank for all.
 - **Procedure Code Range**: Enter the desired Procedure Code range or leave blank for all.
 - **HCPC Code Range**: Enter the desired HCPC Code range or leave blank for all.
 - **Physician**: Enter the desired Physician number or leave blank for all.
 - **MR Complete**: From the drop-down menu, select **Yes** to include only accounts with a M/R Finish Date, **No** to include only accounts without a M/R Finish Date or **Both** to include all accounts.
 - **Sections to Exclude**: Select to exclude or leave blank to print all:
 - **Exclude Totals By Physician Type**
 - **Level of Detail**: Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Report Summary Only**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.

- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT

9. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Physician Index lists by Physician Type, in alphabetical order, each patient for each physician in the designated month. The list includes Total Revenue, DRG, diagnosis codes and procedure/HCPC codes. Procedure codes will pull for each procedure that was performed on an inpatient by the physician. HCPC codes will pull for each procedure that was performed on an outpatient by the physician Total patients, days, Average Length of Stay and gross revenue for each Physician Type also prints for each physician. This is followed by a breakdown of diagnosis and procedure codes assigned by each physician. This report may be Detailed or Summarized.

Physician Index (Detail)

01/18/2017 09:06 1

Medical Records Physician Index -ICD10
12/01/2016 - 12/31/2016 mr_physician_index_icd10.template

Physician Number	Physician Name	Physician Type	Patient Name	Account Number	MR Number	Sex	Age	Fin. Class	-----Admit----- Date	Code	----Discharge---- Date	Code	LOS	Total Charges	DRG	Comp. Y/N
10000	BAXTER J	ATTENDING	THOMAS MATTHEW EDWARD	357999	000358	M	41	B	12/03/2016	E	12/03/2016	H	1	0.00		N
ICD10 Diagnosis:																
ICD10 Procedure:																
HCPCS:																
10000	BAXTER J	ATTENDING	BEECH DAVIS SANDERS	36521478	000310	M	65	MB	12/26/2016	N	12/26/2016	H	1	0.00		N
ICD10 Diagnosis:																
ICD10 Procedure:																
HCPCS: 00222																
10000	BAXTER J	SURGEON	BEECH DAVIS SANDERS	36521478	000310	M	65	MB	12/26/2016	N	12/26/2016	H	1	0.00		N
ICD10 Diagnosis:																
ICD10 Procedure:																
HCPCS: 00222																

Listed below is an explanation of each column.

- **Physician Number:** Pulls from the Grouper Procedure Detail screen
- **Physician Name:** Pulls from the Grouper Procedure Detail screen
- **Physician Type:** Pulls from the Grouper Procedure Detail screen
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Account Number:** Pulls from Registration and ADT screen

- **MR Number (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Fin Class (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen
- **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen
- **LOS (Length of Stay):** Pulls the number of days the patient was admitted
- **Total Charges:** Pulls the total amount of charges pulls from Account Detail
- **DRG:** Pulls from the Grouper Patient Summary screen
- **Comp. (Complete Yes or No):** Indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered on the Grouper Patient Summary screen, a **Y** will pull to this column. If there is no Finish Date in this field, a **N** will pull.
- **ICD10 Diagnosis:** The diagnosis codes that were entered on the patient account will display in this column, along with the order that they are listed on the Grouper Diagnoses screen
- **ICD10 Procedures:** The procedure codes that were entered on the patient account will display in this column, along with the order that they are listed on the Grouper Procedures screen
- **HCPCs:** The HCPC codes that were entered on the patient account will display in this column, along with the order that they are listed on the Grouper Procedures screen

Physician Totals By Type

Physician Totals By Type						
Physician:	101	BOB JONES				
		Type	Patient Count	Total Days	Average LOS	Total Revenue
		ATTENDING	5	6	1.20	0.00
		ALL	5	6	1.20	0.00

Listed below is an explanation of each column.

- **Physician:** Pulls the physician number and name from the Grouper Procedure Detail screen
- **Type (Physician Type):** Pulls from the Grouper Procedure Detail screen
- **Patient Count:** Pulls the total number of patients admitted for the listed physician
- **Total Days:** Pulls the total number of days the patients were admitted for the listed physician
- **Average LOS (Average Length of Stay):** Pulls the average length of stay for all patients for the listed physician
- **Total Revenue:** Pulls the total revenue of all patients for the listed physician

Physician Totals By Diagnosis 1

Physician Totals By Diagnosis 1			
Physician:	101	BOB JONES	
ICD10 Diagnosis 1:	Cases	Code	Description
	1	A0100	TYPHOID FEVER, UNSPECIFIED
	2	K4020	BI INGUINAL HERNIA, W/O OBST OR GANGRENE, NOT SPCF AS RECUR
	1	K8000	CALCULUS OF GALLBLADDER W ACUTE CHOLECYST W/O OBSTRUCTION
	1	K819	CHOLECYSTITIS, UNSPECIFIED
	5	Total for ICD10 Diagnosis 1	

Listed below is an explanation of each column.

- **Physician:** Pulls the physician number and name from the Grouper Procedure Detail screen
- **ICD10 Diagnosis 1:** Pulls the ICD10 principal diagnosis code from the Grouper Diagnoses screen
- **Cases:** Pulls the number of patients with the given diagnosis code for the listed physician
- **Code:** Pulls the diagnosis code from the Grouper Diagnoses screen
- **Description:** Pulls the diagnosis code description
- **Total for ICD10 Diagnosis 1:** Pulls the total number of cases

Physician Totals By Diagnosis 2

Physician Totals By Diagnosis 2			
Physician:	101	BOB JONES	
ICD10 Diagnosis 2:	Cases	Code	Description
	1	E109	TYPE 1 DIABETES MELLITUS WITHOUT COMPLICATIONS
	1	I10	ESSENTIAL (PRIMARY) HYPERTENSION
	2	M159	POLYOSTEOARTHRITIS, UNSPECIFIED
	4	Total for ICD10 Diagnosis 2	

Listed below is an explanation of each column.

- **Physician:** Pulls the physician number and name from the Grouper Procedure Detail screen
- **ICD10 Diagnosis 2:** Pulls the ICD10 secondary diagnosis code from the Grouper Diagnoses screen
- **Cases:** Pulls the number of patients with the given diagnosis code for the listed physician
- **Code:** Pulls the diagnosis code from the Grouper Diagnoses screen
- **Description:** Pulls the diagnosis code description
- **Total for ICD10 Diagnosis 2:** Pulls the total number of cases

Physician Totals By Procedure 1

Physician Totals By Procedure 1			
Physician:	101	BOB JONES	
ICD10 Procedure 1:	Cases	Code	Description
	1	0FT44ZZ	RESECTION OF GALLBLADDER, PERCUTANEOUS ENDOSCOPIC APPROACH
	1	Total for ICD10 Procedure 1	

Listed below is an explanation of each column.

- **Physician:** Pulls the physician number and name from the Grouper Procedure Detail screen
- **ICD10 Procedure 1:** Pulls the ICD10 principal procedure code from the Grouper Procedures screen
- **Cases:** Pulls the number of patients with the given procedure code for the listed physician
- **Code:** Pulls the procedure code from the Grouper Procedures screen
- **Description:** Pulls the procedure code description
- **Total for ICD10 Procedure 1:** Pulls the total number of cases

Physician Totals By Procedure 2

Physician Totals By Procedure 2			
Physician:	101	BOB JONES	
ICD10 Procedure 2:	Cases	Code	Description
	1	BF00YZZ	PLAIN RADIOGRAPHY OF BILE DUCTS USING OTHER CONTRAST
	1	Total for ICD10 Procedure 2	

Listed below is an explanation of each column.

- **Physician:** Pulls the physician number and name from the Grouper Procedure Detail screen
- **ICD10 Procedure 2:** Pulls the ICD10 secondary procedure code from the Grouper Procedures screen
- **Cases:** Pulls the number of patients with the given procedure code for the listed physician
- **Code:** Pulls the procedure code from the Grouper Procedures screen
- **Description:** Pulls the procedure code description
- **Total for ICD10 Procedure 2:** Pulls the total number of cases

Physician Totals By HCPC 1

Physician Totals By HCPC 1			
Physician:	101	BOB JONES	
HCPC 1:	Cases	Code	Description
	2	47579	LAPAROSCOPE PROC BILIARY
	2	Total for HCPC 1	

Listed below is an explanation of each column.

- **Physician:** Pulls the physician number and name from the Grouper Procedure Detail screen
- **HCPC 1:** Pulls the first HCPC listed on the code from the Grouper Procedures screen
- **Cases:** Pulls the number of patients with the given HCPC code for the listed physician
- **Code:** Pulls the procedure code from the Grouper Procedures screen
- **Description:** Pulls the HCPC code description
- **Total for HCPC 1:** Pulls the total number of cases

Totals By Physician Type

Totals By Physician Type				
Type	Patient Count	Total Days	Average LOS	Total Revenue
ANESTH	3	3	1.00	0.00
ASSTSURGN	1	2	2.00	0.00
ATTENDING	58	290	5.00	867,354.52
COVERING	2	1	0.50	56.34
PHYSASST	1	1	1.00	56.34
RADIOLOGST	205	30	.15	87,483.25
SURGEON	22	66	3.00	41,572.95

Listed below is an explanation of each column.

- **Type (Physician Type):** Pulls from the Grouper Procedure Detail screen
- **Patient Count:** Pulls the total number of patients for the listed physician type
- **Total Days:** Pulls the total number of days the patients were admitted for the listed physician type
- **Average LOS (Average Length of Stay):** Pulls the average length of stay for all patients for the listed physician type
- **Total Revenue:** Pulls the total revenue of all patients for the listed physician type

23.24 Medical Records Procedure Index -ICD10 - Report Writer

The Procedure Index lists all patients that have been assigned a procedure. This report pulls ICD10 codes only.

How to Print

1. Select **Other Applications and Functions** from the Hospital Base Menu.
2. Select **Word Processing**.
3. Select **Ad Hoc**.
4. Select **Report Dashboard**.
5. Select **Add Report**.
6. Select the following report sequence option: **Medical Records Procedure Index -ICD10**
7. Select **Select**.
8. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Visit ID**: Enter in the desired visit number or leave blank for all visits numbers.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for all visits.
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code**: Enter the desired Service Code or leave blank for all service codes.
 - **Procedure Code Range**: Enter the desired Procedure Code range or leave blank for all.
 - **HCPCs Code Range**: Enter the desired HCPCs Code range or leave blank for all.
 - **Physician**: Enter the desired Physician number or leave blank for all.
 - **MR Complete**: From the drop-down menu select **Yes** to include only accounts with a M/R Finish Date, **No** to include only accounts without a M/R Finish Date or **Both** to include all accounts.
 - **Sections to Exclude**: Select to exclude or leave blank to print all:
 - **Exclude Totals by Procedure:**
 - **Exclude Totals by HCPC:**
 - **Exclude Totals by Physician - Procedure:**
 - **Exclude Totals by Physician - HCPC**
 - **Exclude Grand Totals For All:**
 - **Level of Detail**: Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Report Summary Only**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**

- HTML
- MAPLIST
- TXT

9. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Procedure Index lists all patients that have been assigned a procedure and lists in procedure order. Total cases, Total Days and Average Stay are listed for each Procedure. The report recap lists the Procedure Description, Total Cases, Days and Average Stay. This report can be summarized or detailed. This report pulls ICD10 codes only.

Procedure Index

01/18/2017 1
09:52 Medical Records Procedure Index -ICD10 mr_procedure_index_icd10.template

01/01/2016 - 01/18/2017

Procedure Code	HCPC Code	Rank	Physician Name	Patient Name	Visit Number	MR#	Admit Date	Admit Code	Discharge Date	Disc Code	LOS	Age	Sex	F/C	DRG	MR Comp.
B922YZZ		1	SMITHDANIE	SMITH ELLA KATHERINE	357388	970015	12/26/2016	N	12/26/2016	H	1	68	F	B		Y
ICD10 Procedures: B922YZZ																
ICD10 HCPCS: 00222																
	00222	1	BAXTER J	BEECH DAVIS SANDERS	36521478	000310	12/26/2016	N	12/26/2016	H	1	65	M	MB		N
ICD10 Procedures: 00222																
ICD10 HCPCS: 44188																
	44188	1	ALLEN ANDY	KEARNEY MATTHEW	357935	000353	05/05/2016	E	05/05/2016	H	1	38	M	MB	305	Y
ICD10 Procedures: 44188																
ICD10 HCPCS: 50075																
	50075	1	BROWN A	REED GRACE ELLEN	357918	000312	01/12/2016	E	01/12/2016	H	1	72	F	B	694	Y
ICD10 Procedures: 50075																
ICD10 HCPCS: 50075																

Listed below is an explanation of each column.

- **Procedure Code:** Lists the principal procedure for the listed patient
- **HCPC Code:** Lists the HCPC for the listed patient
- **Rank:** Lists the order the Procedure is listed on the Grouper Procedure screen
- **Physician Name:** Pulls from the Grouper Procedure Detail screen
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Visit Number:** Pulls from Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen

- **Disc Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen
- **LOS (Length of Stay):** Is the number of days the patient was admitted
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **F/C (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **DRG:** Pulls from the Grouper Patient Summary screen
- **MR Comp. (Complete Yes or No):** Indicates if there is a Medical Records Finish Date entered on the patient. If a Finish Date is entered on the Grouper Patient Summary screen, a **Y** will pull to this column. If there is no Finish Date in this field, a **N** will pull.
- **ICD10 Procedures:** The first 20 procedures that were entered on the patient account will display in this column, along with the order that they are listed on the Grouper Procedure screen
- **ICD10 HCPCS:** The other HCPCSs that were entered on the patient will display in this column, along with the order that they are listed on the Grouper Procedure screen

Totals By Procedure

01/18/2017 09:52	EVIDENT COMMUNITY HOSPITAL Medical Records Procedure Index -ICD10 01/01/2016 - 01/18/2017	2 mr_procedure_index_icd10.template
Totals By Procedure		
Procedure:	Total Cases:	Total Days:
B922YZZ CT Scan of Paranasal Sinus using Oth Contrast	1	1,969.00

Listed below is an explanation of each column.

- **Procedure:** Lists the ICD10 procedure code and description
- **Total Cases:** Lists the total number of patients with the procedure
- **Total Days:** Lists total number of days the patients with the procedure were admitted
- **Average Stay:** Lists the average length of stay for the patients with the procedure

Totals By HCPC

01/18/2017 09:52	EVIDENT COMMUNITY HOSPITAL Medical Records Procedure Index -ICD10 01/01/2016 - 01/18/2017	3 mr_procedure_index_icd10.template
Totals By HCPC		
HCPC:	Total Cases:	Total Days:
00222 ANESTH HEAD NERVE SURGERY	1	1.00
44188 LAP COLOSTOMY	1	1.00
50075 REMOVAL OF KIDNEY STONE	1	1.00

Listed below is an explanation of each column.

- **HCPC:** Lists the HCPC code for the listed patients
- **Total Cases:** Lists the total number of patients with the HCPC and the same rank
- **Total Days:** Lists total number of days the patients with the HCPC and same rank were admitted
- **Average Stay:** Lists the average length of stay for the patients with the HCPC and same rank

Totals By Physician - Procedure

01/18/2017 09:52		EVIDENT COMMUNITY HOSPITAL Medical Records Procedure Index -ICD10 01/01/2016 - 01/18/2017		mr_procedure_index_icd10.template		4
Totals by Physician - Procedure						
Physician:	Procedure:		Total Cases:	Total Days:	Average Stay:	
SMITHDANIE	B922YZZ	CT Scan of Paranasal Sinus using Oth Contrast	1	1	1,969.00	

Listed below is an explanation of each column.

- **Physician:** Pulls from the Grouper Procedure Detail screen
- **Procedure:** Lists the procedure code and description for the listed physician
- **Total Cases:** Lists the total number of patients with the procedure
- **Total Days:** Lists total number of days the patients with the procedure were admitted
- **Average Stay:** Lists the average length of stay for the patients with the procedure

Totals By Physician - HCPC

01/18/2017 09:52		EVIDENT COMMUNITY HOSPITAL Medical Records Procedure Index -ICD10 01/01/2016 - 01/18/2017		mr_procedure_index_icd10.template		5
Totals by Physician - HCPC						
Physician:	HCPC:		Total Cases:	Total Days:	Average Stay:	
ALLEN ANDY	44188	LAP COLOSTOMY	1	1	1.00	
BAXTER J	00222	ANESTH HEAD NERVE SURGERY	1	1	1.00	
BROWN A	50075	REMOVAL OF KIDNEY STONE	1	1	1.00	

Listed below is an explanation of each column.

- **Physician:** Pulls from the Grouper Procedure Detail screen
- **HCPC:** Lists the HCPC code for the listed patients
- **Total Cases:** Lists the total number of patients with the HCPC
- **Total Days:** Lists total number of days the patients with the HCPC were admitted

- **Average Stay:** Lists the average length of stay for the patients with the HCPC

Grand Totals All

Grand Totals All			
Total All:	Total Cases:	Total Days:	Average Stay:
	4	1972	493.00

Listed below is an explanation of each column.

- **Total Cases:** Lists the total number of patients included in the report
- **Total Days:** Lists total number of days the patients were admitted
- **Average Stay:** Lists the average length of stay for the patients

23.25 Operative Procedure Report

The Operative Procedures report provides a list of procedures per physician. The physician must have the OR Sched/Surgeon field in Physician table, page 1 set to **Y** to pull to this report.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Operative Procedure**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Date Range:** Enter the desired OR date range or Procedure date range. Leave blank for all dates.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code:** Enter the desired Service Code or leave blank for all stay types.
 - **Physician Number:** Enter the desired Physician Number or leave blank for all physicians.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Facility Totals**
 - **Exclude Facility Grand Totals**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**

- HTML
- MAPLIST
- TXT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

This report may be run for a specified date range, Stay Type, physician or service code. The report may be sorted by physician, Stay Type, procedure or service code using the Sort option within Report Writer. These options allow a report to be generated that will aid in determining the most commonly performed operating procedures and the physicians responsible for administering them. It can provide a facility with information about the productivity of the operating staff. This report will only display ICD-10 information. To display ICD-9 information, please see the traditional [Operative Procedures](#) report.

Operative Procedures Report

OR Date	Acct#	Patient Name	MR#	Stay Type	Serv Code	Physician Number	Physician Name	Procedure Code	HCPC Code	Description
02/13/2017	357734	FRASER JAMIE A	000289	3	ER	10000	BAXTER J		70551	MRI BRAIN STEM W/O DYE
02/13/2017	357734	FRASER JAMIE A	000289	3	ER	10000	BAXTER J	BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu
02/08/2017	357915	BEECH DAVIS SANDERS	000310	3	ER	10000	BAXTER J		70551	MRI BRAIN STEM W/O DYE
02/08/2017	357915	BEECH DAVIS SANDERS	000310	3	ER	10000	BAXTER J	BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu
02/08/2017	358012	MORGAN JANE X	000148	3	ER	10000	BAXTER J	BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu
02/08/2017	358012	MORGAN JANE X	000148	3	ER	10000	BAXTER J		70551	MRI BRAIN STEM W/O DYE

Listed below is an explanation of each column.

- **OR Date:** Lists the service date of the procedure.
- **Acct# (Account Number):** Pulls from Registration and ADT screen
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from the Patient tab on the Registration and ADT screen
- **Stay Type:** Pulls from the Patient tab on the Registration and ADT screen
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen
- **Physician Number:** Pulls the physician number of the physician that performed the procedure.
- **Physician Name:** Pulls the physician name of the physician that performed the procedure.
- **Procedure Code:** The ICD10 procedure code pulls from the Grouper Procedures screen.
- **HCPC Code:** The HCPC code pulls from the Grouper Procedures screen
- **Description:** Lists the procedure code description

Operative Procedures Report - Physician Totals

Physician Totals - BAXTER JAMES NBA					
OR Date:	Procedure:	HCPC:	Description:	Total Procedures:	Total Patients:
02/13/2017		70551	MRI BRAIN STEM W/O DYE	1	1
02/13/2017	BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu	1	1
02/08/2017		70551	MRI BRAIN STEM W/O DYE	2	2
02/08/2017	BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu	2	2
	Procedure:	HCPC:	Description:	Total Procedures:	Total Patients:
	BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu	3	3
		70551	MRI BRAIN STEM W/O DYE	3	3
Total All:				Total Procedures:	Total Patients:
				6	3

Listed below is an explanation of each column.

- **Totals by OR Date:** The first totals section displays the total number of procedures and total number of patients for each procedure code by procedure date.
- **Totals by Procedure:** The second totals section displays the total number of procedures and total number of patients for each procedure code.
- **Total All:** The last totals section displays the total number of procedures and total number of patients for each physician.

Operative Procedures Report - Facility Totals

Facility Totals					
Procedure:	HCPC:	Description:	Total Procedures:	Total Patients:	
BH3DZZZ		Magnetic Resonance Imaging (MRI) of Head/Neck Subcu	3	3	
	70551	MRI BRAIN STEM W/O DYE	3	3	
	65222	REMOVE FOREIGN BODY FROM EYE	1	1	
Grand Total All:				Total Procedures:	Total Patients:
				7	4

Listed below is an explanation of each column.

- **Totals by Procedure:** Displays the total number of procedures and total number of patients for each procedure code.
- **Total All:** Displays the total number of procedures and total number of patients for the facility.

23.26 Patient Information

The Patient Information report will assist with ICD-10 reporting. It is commonly used for the following reporting purposes: CAHPS Reporting, DRG Range Reports, Detailed ADT Reports, Trauma Registry, Core Measures Reporting, and CPT Range Reports. If the report needs to be displayed in Excel, please use the [Patient Information Screen](#) ³⁰⁸.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Patient Information**
3. Select report parameters:
 - **Facility**: Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Suppress Social Security Number**: When selected the patient's Social Security Number will display as "###-##-####" on the report.
 - **Admit Date Range**: Enter the desired admission date range or leave blank for all dates.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for all dates.
 - **NOTE**: *It is not necessary to load both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
 - **Visit ID**: Select this to include only those patients that do not have a discharge date.
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Subtype**: Enter a specific subtype or leave blank for all subtypes.
 - **Service Code**: Enter a specific service code or leave blank for all service codes.
 - **Original Financial Class**: Enter the desired original financial class. The original financial class is loaded on the Guarantor/Ins tab on the Registration and ADT screen. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Current Financial Class**: Enter the desired current financial class. The current financial class is the current outstanding financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Physician Number**: Enter the desired Physician Number or leave blank for all physicians.
 - **Physician Role**: Select a Physician Type from the drop-down menu or leave blank for all roles.
 - **Diagnosis Code Range**: Enter the desired ICD-10 range or leave blank for all diagnosis codes.
 - **Procedure Code Range**: Enter the desired ICD-10 range or leave blank for all procedure codes.
 - **HCPCs Code Range**: Enter the desired HCPCs range or leave blank for all HCPC codes.
 - **Discharge Code**: Enter the desired Discharge Code or leave blank for all discharge codes.
 - **DRG Code Range**: Enter computed DRG range, or leave blank for all.
 - **Sections to Exclude**: Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Stay Information**
 - **Exclude Visit Information**
 - **Exclude Census Information**
 - **Exclude Guarantor Information**
 - **Exclude Emergency Department Information**
 - **Exclude Diagnosis Information**
 - **Exclude Procedure Information**
 - **Exclude Physician Information**
 - **Exclude DRG Information**
 - **Exclude Insurance Information**
 - **Exclude Financial Information**
 - **Exclude Patient Consent/Privacy Settings**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.

- **Safe Mode:** Select this option to print report in safe mode.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The following sections will display for each patient account on the report.

Demographic Information

Demographic Information											
Name	Account#	MR#	Profile#	DOB	Age	Sex	SSN	Language	Race	Ethnicity	
JOHNSON CONNIE	20003887	415329	1288	11/19/1942	82	F	235-41-2572		P		
Email:	cjohnson07@secondemail.com										
Patient Note:											

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Patient Account:** Pulls from the Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Profile# (Profile Number):** Pulls from the person profile
- **DOB (Date of Birth):** Pulls from Patient tab on the Registration and ADT screen.
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **SSN (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen
- **Language:** Pulls the patient's preferred language, from Patient tab on the Registration and ADT screen
- **Race:** Pulls from Patient tab on the Registration and ADT screen
- **Ethnicity:** Pulls from Patient tab on the Registration and ADT screen
- **Email:** Pulls from Patient tab on the Registration and ADT screen

- **Patient Note:** Pulls from the Contact/Billing Info tab of the Patient Profile.

Stay Information

Stay Information									
ST	Subtype	Service Cd	Phone	Admit Date	Admit Code	Admit Cond	Disch Date	Disch Code	Disch Cond
2	3	R		04/16/2025					
Address				City	State/Prov	Zip/Post	County		
6320 CODY RD				MOBILE	AL	36695			

Listed below is an explanation of each column.

- **ST (Stay Type):** Pulls from Patient tab on the Registration and ADT screen
- **Subtype:** Pulls from Patient tab on the Registration and ADT screen
- **Service Cd (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **Phone:** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Cond (Admission Condition):** Pulls from Stay tab on the Registration and ADT screen
- **Disch Date (Discharge Date):** Pulls from Stay tab on the Registration and ADT screen
- **Disch Code (Discharge Code):** Pulls from Stay tab on the Registration and ADT screen
- **Disch Cond (Discharge Condition):** Pulls from Stay tab on the Registration and ADT screen
- **Address/City/State/Prov/Zip/Post/County:** Pulls from Patient tab on the Registration and ADT screen

Visit Information

Visit Information							
Admit Date/Time	Admit Code	Admit Type	Admit Source	Admit Condition	Admit Origin	Admit Weight	Mother's Acct#
02/08/2017 09:30	N	3	1	UNKNOWN	EMERGENCY ROOM	0 lbs 0 oz 0 kg 0 gm	
Discharge Date/Time	Discharge Code	Discharge Condition	Expiration Date	Observation Hours	PT Cell Phone	PT Work Phone	Age
02/08/2017 11:19	H	UNKNOWN		01:15:00	251-455-8830	334-639-8100	58
Accident Date/Time	Accident Place		Treatment Qualifier				
02/08/2017 10:58	ONSET OF SYMPTOMS/ILLNESS		Onset of Current Symptons or Illness				

Listed below is an explanation of each column.

- **Admit Date/Time:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen

- **Admit Type:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Source:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Condition:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Origin:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Weight:** Pulls from Clinical tab on the Registration and ADT screen
- **Mother's Account#:** Pulls from Contact tab on the Registration and ADT screen
- **Discharge Date/Time:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Condition:** Pulls from Stay tab on the Registration and ADT screen
- **Expiration Date:** Pulls from Patient tab on the Registration and ADT screen
- **Observation Hours:** Calculated based on the Observation Admit and Discharge date/time that was entered when the patient was discharge from observation

NOTE: In order for Thrive to record the Observation Admit and Discharge date/time, the facility must utilize the Auto-Observation feature that is setup on AHIS, Page 8.

- **PT Cell Phone (Patient Cell Phone):** Pulls from Patient tab on the Registration and ADT screen
- **PT Work Phone (Patient Work Phone):** Pulls from Patient tab on the Registration and ADT screen
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Accident Date/Time:** Pulls from Stay tab on the Registration and ADT screen
- **Accident Place:** Pulls from Stay tab on the Registration and ADT screen
- **Treatment Qualifier:** Pulls from Stay tab on the Registration and ADT screen

Census Information

Census Information			
Room	Nursing Station	LOS	Accommodation Code
ER-04	012	1	OB

Listed below is an explanation of each column.

- **Room:** Pulls from the Registration and ADT screen
- **Nursing Station:** Pulls the Nursing Station associated with the Patient's room

- **LOS (Length of Stay):** Calculated based on the patient's Admission and Discharge Date
- **Accommodation Code:** Pulls the accommodation code that was entered on the ADT Functions Admit prompt

Guarantor Information

Guarantor Information								
Name	SSN	DOB	Sex	Home Phone	Cell Phone	Employer	Occupation	
MORGAN JANE X		01/19/1959	F	251-633-5483	251-455-8830	CPSI	SUPPORT MANAGER	
Address						City	State/Prov	Zip/Post
6320 CODY RD						MOBILE	AL	36695

Listed below is an explanation of each column.

- **Name:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **SSN (Social Security Number):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **DOB (Date of Birth):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Sex:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Home Phone:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Cell Phone:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Employer:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Occupation:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Address/City/State/Zip:** Pulls from Guarantor/Ins tab on the Registration and ADT screen

Emergency Department Information

Emergency Department Information					
Arrival Date/Time	ER Log Admit Date/Time	Mode of Arrival	Triage Level	Disposition	
02/08/2017 10:00	02/08/2017 10:58	FAMILY VEHICLE			

Listed below is an explanation of each column.

- **Arrival Date/Time:** Pulls from ER Log on the Registration and ADT screen
- **ER Log Admit Date/Time:** Pulls from ER Log on the Registration and ADT screen
- **Mode of Arrival:** Pulls from ER Log on the Registration and ADT screen
- **Triage Level:** Pulls from ER Log on the Registration and ADT screen
- **Disposition:** Pulls from ER Log on the Registration and ADT screen

Diagnosis Code Information

Diagnosis Code Information			
Type	Code	POA	Description
Principle Diagnosis	G43809		Other migraine, not intractable, without status migrainosus
Chief Complaint			

Listed below is an explanation of each column.

- **Diagnosis Type:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper
- **Code:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper
- **POA (Present on Admission):** Pulls from the Diagnosis screen on the Grouper
- **Description:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper

Procedure Code Information

Procedure Code Information						
Code	HCPCS	Description	Modifiers	Surgeon	2nd Surg	Proc Date
	70551	MRI scan brain		BAXTER J		02/08/2017
BH3DZZZ		MRI imaging		BAXTER J		02/08/2017

Listed below is an explanation of each column.

- **Code:** Pulls from the Procedures screen on the Grouper
- **HCPCS:** Pulls from the Procedures screen on the Grouper
- **Description:** Pulls from the Procedures screen on the Grouper
- **Modifiers:** Pulls from the Procedures screen on the Grouper
- **Surgeon:** Pulls from the Procedures screen on the Grouper
- **2nd Surg (Second Surgeon):** Pulls from the Procedures screen on the Grouper
- **Proc Date (Procedure Date):** Pulls from the Procedures screen on the Grouper

Physician Information

Physician Information		
Physician Name	Physician Number	Role/Type
BAXTER JAMES NBA	10000	ATTENDING
BAXTER JAMES NBA	10000	ERDOC1
COLEMAN DAVID	53155	PRIMCARE
BAXTER JAMES NBA	10000	SURGEON

Listed below is an explanation of each column.

- **Physician Name:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper
- **Physician Number:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper
- **Role/Type:** Pulls from the Patient's Physician list on the Procedures screen in the Grouper

DRG Information

DRG Information										
DRG	APR	Description	Rel Wt	GLOS	ALOS	Est Reimb	Rec DRG	CMG	Finish Date/Init	Revised Date/Init
103		HEADACHES WITHOUT MCC	.6663	2.3	1	3,917.62				

Listed below is an explanation of each column.

- **DRG:** Pulls from the Grouper
- **APR:** The severity/mortality indicator only populates when the 3M APR DRG® Software is utilized within the medical records encoder functionality. Valid indicators are 1, 2, 3 and 4.
- **Description:** Pulls the description of the DRG which pulls from the appropriate DRG table based on Financial Class
- **Rel Wt (Relative Weight):** Pulls the relative weight which pulls from the appropriate DRG table based on Financial Class
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.
- **ALSO (Actual Length of Stay):** This value is the calculated number of midnights that a patient is in a bed.
- **Est Reimb (Estimate Reimbursement):** Pulls the expected reimbursement associated with the computed DRG
- **CMG (Case Mix Group):** Pulls from the Patient Summary Edit screen in the Grouper
- **Finish Date/Init (Initials):** Pulls from the Patient Summary screen in the Grouper
- **Revised Date/Init (Initials):** Pulls from the Patient Summary screen in the Grouper

Insurance Information

Insurance Information									
Code	Description	Primary	DOB	Contract#	Group Info	Expected Pay	Reimbursement	Contractual	
MB	MEDICARE OP	Y	01/19/1959	PPA856416	/1575	350.00	0.00	0.00	

Listed below is an explanation of each column.

- **Code:** Pulls from the Policy Information screen

- **Description:** Pulls from the Policy Information screen
- **Primary:** Pulls from the Policy Information screen
- **DOB (Date of Birth):** The subscriber's Date of Birth from the Policy information screen
- **Contract#:** Pulls from the Policy Information screen
- **Group Info (Group Information):** Pulls from the Policy Information screen
- **Expected Pay:** Pulls the calculated Expected Pay for the financial class
- **Reimbursement:** Pulls the reimbursement amount entered during insurance receipting
- **Contractual:** Pulls the contractual amount entered during insurance receipting

Financial Information

Orig FC		Curr FC		Financial Information			
Orig FC	Curr FC	Total Charges	AR Balance	BD Balance	Write Off Date	Write Off Amount	Total Recovered
MB	MB	350.00	350.00	0.00		0.00	0.00

Listed below is an explanation of each column.

- **Org FC (Original Financial Class):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen
- **Curr FC (Current Financial Class):** This is the current outstanding insurance.
- **Total Charges:** Pulls the total amount of all charges
- **AR Balance (Accounts Receivable Balance):** Pulls the current Accounts Receivable Balance on the account
- **BD Balance (Bad Debt Balance):** Pulls the Bad Debt Balance on the account
- **Write Off Date:** Pulls the date that the amount was written off to Bad Debt
- **Write Off Amount:** Pulls the amount associated with the Bad Debt Write-Off
- **Total Recovered.** Pulls the amount of the Bad Debt balance that has been recovered

Patient Consent/Privacy Settings

Patient Consent/Privacy Settings							
Consent Privacy No	Date	Med History Consent	Patient	HIE Shared Data	Patient Event Notification	Data Sensitivity Lev	Protection Immunization C
Y	04/30/20	Consent given		Share data with HIE	Send Notification	Restrictive	Not Protected, can be sha
Participate in CAHPS Survey		Chronical Care Management Program		Date	Citizenship		
Y		Participating		04/30/20	01 U.S citizen		

Listed below is an explanation of each column.

- **Consent Privacy Notice/Date:** Pulls a **Y** if the patient has signed a privacy notice and the date it was signed.
- **Med History Consent:** Pulls the consent level for retrieving medication history.
- **Patient:** Pulls a **Y** if a the Patient Summary or Referral/Transition of Care documents within the Patient Portal have been denied viewing from the patient.
- **HIE Shared Data:** Pulls whether or not a patient has designated the information on their account as being sharable.
- **Patient Event Notification:** Pulls if the patient has opted in or out from having their Care Team members notified of their admission/discharge/transfer from a facility.
- **Data Sensitivity Level:** Pulls the sensitivity level of the patient's data.
- **Protection Immunization Data:** Pulls if the patient's immunization data may be shared.
- **Participate in CAHPS Survey:** Pulls a **Y** if the patient is willing to participate in the OAS CAHPS survey.
- **Chronic Care Management Program/Date:** Pulls if the patient is participating in a Chronic Care Management program or not. If an option has been selected, the date the patient was asked will display as well.
- **Citizenship:** Pulls the patient's immigration status.

23.27 Patient Information Screen

The Patient Information Screen is a variation of the Patient Information report. The Patient Information *Screen* uses filter builder to increase flexibility and ease-of-use. Customized filters allow the data to be filtered for multiple code ranges at one time. Once the data is filtered, the information may be exported into the .csv format (Excel). The .csv format will produce a single line of detail per account, this data may then be manipulated to eliminate unwanted information.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Patient Information Screen**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Date:** Enter the date range that will be used specify the patients that will pull to the list.
 - **NOTE:** *Entering an **End Date** prior to entering a **Begin Date** may help with slowness issues when creating a report that is capturing a large amount of data. Otherwise, as soon as the **Begin Date** is entered, the system begins collecting data from that time until the*

current date, which may either extend the wait time for information to display, or cause an error if the End Date is entered before the first accumulation of data has displayed.

- **Admit/Discharge:** Select whether the date range entered will be either an Admission Date range or a Discharge Date range.
- **Sort:** Select whether the data should be sorted by Account Number or Patient Name.
- **Ascending/Descending:** Select whether the sorted data should be displayed in Ascending or Descending order.
- **Patient Number:** Enter a specific patient account number or leave blank for all accounts.
- **Visit Filters:** Select the Visit Filters that should be used to filter the information that will pull to the screen. Filters created through the Visit option will delimit patients based off of information associated with demographics.
- **Diagnosis Code Filters:** Select the Diagnosis Code Filters that should be used to filter the information to the screen. Filters created through the Diagnosis Code Filter option will delimit patients based off of the ICD-10 diagnosis codes entered.
- **Procedure Code Filters:** Select the Procedure Code Filters that should be used to filter the information to the screen. Filters created through the Procedure option will delimit patients based off of the ICD-10 procedure codes entered.
- **HCPCS Filters:** Select the HCPCS Filters that should be used to filter the information to the screen. Filters created through the HCPCS option will delimit patients based off of the HCPCS/CPT codes entered.
- **DRG Filters:** Select the DRG Filters that should be used to filter the information to the screen. Filters created through the DRG option will delimit patients based off of the DRG codes entered.
- **Attending Phy Filters:** Select the Attending Phy Filters that should be used to filter the information to the screen. Filters created through the Attending Phy option will delimit patients based off of the attending physician name or number entered.

NOTE: To add or edit filters, single-click the **filter icon** on the main page of the report. For more information on creating filters, please see the section on [Filters](#)²¹⁵.

NOTE: The Report Scheduler may also be used with the Patient Information Screen report. For more information please refer to the [Report Scheduler](#) section of the Report Dashboard documentation.

Description and Usage

The Patient Information Screen is commonly used for the following reporting purposes: CAHPS Reporting, DRG Range Reports, Detailed ADT Reports, Trauma Registry, Core Measures Reporting, and CPT Range Reports. After the results are generated the CSV option will allow the data to be exported into Excel.

Patient Information Screen

Patient Information

TRUBRIDGE HOSPITAL Manual Selection Date Range: 04/30/2025 - 04/30/2025 Admit Date Discharge Date

Patient Name: Patient Number: E0001208 Suppress SSN: Include Total Charges: Sort: Account Number Ascending Descending

Visit Info: Procedure: ICD10 PROC TEST DRG:

Diagnosis: HCPCS: Attending Phys:

ROTH OLIVER MICHAEL (E0001208) 06/28/1985 (39 years) Sex: M Admitted: 04/30/2025 Discharged: 04/30/2025

Medical Rec#: 970719 SSN: Race: W Ethnicity: N Language: en English Citizenship: U.S. Citizen Stay Type: 3 Serv Code: ER Attending Phys: Drake Clark

Gender Identity: Not Answered Sexual Orientation: Not Answered

DRG: Admitting Dx:

Insurance: BB BLUE CROSS BLUE SHIELD - O/P Contract Number: PPA123456789 Expired Date: Length of Stay: 1

Consent Privacy Notice Y Date 04/30/2025 Med History Consent Consent given Patient HIE Shared Data Share data with HIE Patient Event Notification Send Notification

Data Sensitivity Level Restrictive Protection Immunization Data not protected, can be shared Participate in CAHPS Survey Y Chronical Care Management Program Participating CCM Date 04/30/2025

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Patient Account:** Pulls from the Registration and ADT screen
- **Patient Date of Birth (Age):** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **Admitted:** Pulls from Stay tab on the Registration and ADT screen
- **Discharged:** Pulls from Stay tab on the Registration and ADT screen
- **Med Rec# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **SSN (Social Security Number):** Pulls from Patient tab on the Registration and ADT screen
- **Race:** Pulls from Patient tab on the Registration and ADT screen
- **Ethnicity:** Pulls from Patient tab on the Registration and ADT screen
- **Language:** Pulls the patient's preferred language, from Patient tab on the Registration and ADT screen
- **Citizenship:** Pulls the citizenship status code from the Consent/Privacy Settings screen.
- **Stay Type:** Pulls from Patient tab on the Registration and ADT screen
- **Serv Code (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **Attending Physician:** Pulls from Stay tab on the Registration and ADT screen
- **Length of Stay:** The patient's length of stay calculated using the admission and discharge date.

- **DRG:** Pulls from the Grouper
- **Admitting Dx (Admitting Diagnosis):** Pulls from the Grouper
- **Insurance:** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Contract Number:** Pulls from the Policy Information screen
- **Expired Date:** Pulls from Patient tab on the Registration and ADT screen
- **Diagnosis Code:** Pulls from the Grouper
- **Diagnosis Description:** Pulls from the Grouper
- **Consent Privacy Notice/Date:** Pulls a **Y** if the patient has signed a privacy notice and the date it was signed.
- **Med History Consent:** Pulls the consent level for retrieving medication history.
- **Patient:** Pulls a **Y** if a the Patient Summary or Referral/Transition of Care documents within the Patient Portal have been denied viewing from the patient.
- **HIE Shared Data:** Pulls whether or not a patient has designated the information on their account as being sharable.
- **Patient Event Notification:** Pulls if the patient has opted in or out from having their Care Team members notified of their admission/discharge/transfer from a facility.
- **Data Sensitivity Level:** Pulls the sensitivity level of the patient's data.
- **Protection Immunization Data:** Pulls if the patient's immunization data may be shared.
- **Participate in CAHPS Survey:** Pulls a **Y** if the patient is willing to participate in the OAS CAHPS survey.
- **Chronic Care Management Program/Date:** Pulls if the patient is participating in a Chronic Care Management program or not.
- **CCM Date:** The date the patient was asked about participating in the Chronic Care Management program.

23.28 Physician Type

The Physician Type report may be run for a specific Physician Type to identify the providers that were listed as that type on patient accounts. It may also be run for a specific physician to identify the physician's type(s) they were assigned on patient accounts. The report may be run for a specific admission or discharge date range.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Physician Type**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range:** Enter the admission date range or leave blank for all dates.
 - **Discharge Date Range:** Enter the discharge date range or leave blank for all dates.
 - **Physician Type:** Select a Physician Type from the drop-down menu or leave blank for all physician types.
 - **Physician Number:** Enter the desired Physician Number or leave blank for all physicians.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Total Patients**
 - **Exclude Totals by Type**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Summary**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

This report may be run for a specific Physician Type in order to display the accounts that had that type of physician listed on the Patient's Physicians List. It may also be run for a specific Physician Number in order to display the accounts that had that physician listed on the Patient's Physician List along with the Physician Type that was assigned. It may be run for a specific admission or discharge date range. The report will include two totals sections. The first will be the Total section, this will show the total number of patient accounts that pulled for the selected parameters. The second will be the Totals by Type section, this will show each physician type that the physician was assigned and the total number of accounts for each type. If a Physician Number is not specified the report will page break by physician.

Physician Type

01/12/2017		Physician Type									6
09:24				physician_type.template							
		SAMANTHA WALLACE		003767							
Patient Name	Account#	MR#	Admit	Discharge	Type	FC	SC	DRG	GLOS	ALOS	
REED GRACE ELLEN	358004	000312	01/06/2017	01/09/2017	1	B	M	0	0	3	
Types:		ATTENDING	ERDOC1	SURGEON							

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Account#:** Pulls from the Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Admit:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge:** Pulls from Stay tab on the Registration and ADT screen
- **Type (Stay Type):** Pulls from Patient tab on the Registration and ADT screen
- **FC (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **SC (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **DRG:** Pulls from the Grouper
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.
- **ALSO (Actual Length of Stay):** This value is the calculated number of midnights that a patient was in a bed.
- **Types (Physician Types):** Lists all Physician Types associated with the Physician on the Patient's Physician List.

Report Summary

Totals	
Total Patients:	1
Totals By Type	
ATTENDING	1
ERDOC1	1
SURGEON	1

Listed below is an explanation of each column.

- **Totals:** Lists the total number of patient accounts that pulled for the selected parameters
- **Totals by Type:** Lists each physician type associated with the physician and the number of accounts where the physician was listed at that type of physician

23.29 Physician Utilization Screen

The Physician Utilization screen provides an overall view of the utilization of resources by physician.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Physician Utilization Screen**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit/Discharge:** Select whether the date range entered will be either an Admission Date range or a Discharge Date range.
 - **Date:** Enter the date range that will be used specify the patients that will pull to the list.
 - **Search By:** Select a Physician Type from the drop-down menu.
 - **Fin. Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Physician:** Enter the desired Physician Number. A physician number must be entered, this field may not be left blank.

Description and Usage

The Physician Utilization screen will provide a summary of patient information by physician. It may be used to give an overall view of the utilization of resources for the specified physician. After the results are generated, the PDF option may be used to get an Adobe version of the report. The CSV option will allow the data to be exported into Excel.

Physician Utilization Screen

The screenshot displays the 'Physician Utilization Screen' interface. At the top, there are navigation options for PDF, CSV, and Schedule. The main section is titled 'Physician Utilization' and includes a dropdown for 'TruBridge Community Hospital'. Below this, there are filters for 'Admit' (radio button), 'Discharge' (radio button), and 'Manual Selection' (dropdown). A date range is set from 9/1/2023 to 9/20/2024. The search criteria include 'Search By: All', 'Fin Class: [empty]', and 'Physician Number: 010000 BAXTER JAMES NBA'. The patient record for 'BAKER RITA LYNN (358738)' is shown with the following details:

Admit: 02/22/2024	E	Discharge: 03/27/2024	H	3 /	ER	ER-14 / 012	FC: BB	Total Charges: 0.00	Expected Pay: 0.00
Roles: PRIMCARE									
DRG/APR:		ALOS: 35	GLOS: 0.0000	Relative Weight: 0.0000	Expected Reimb: 0.00				
Principal Diagnosis:									
Principal Procedure:									

Listed below is an explanation of each field.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Account Number:** Pulls from Patient tab on the Registration and ADT screen
- **DOB (Date of Birth):** Pulls from Patient tab on the Registration and ADT screen
- **Age:** Pulls from Patient tab on the Registration and ADT screen
- **Sex:** Pulls from Patient tab on the Registration and ADT screen
- **MR# (Medical Record Number):** Pulls from Patient tab on the Registration and ADT screen
- **Total Charges:** The total charges on the account
- **Expected Pay:** Pulls the calculated Expected Pay for the financial class
- **Admit:** Pulls from Stay tab on the Registration and ADT screen
- **Admit Code:** Pulls from Stay tab on the Registration and ADT screen
- **Discharged:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Code:** Pulls from Stay tab on the Registration and ADT screen
- **Stay Type:** Pulls from Patient tab on the Registration and ADT screen
- **Subtype:** Pulls from Patient tab on the Registration and ADT screen
- **Service Code:** Pulls from Patient tab on the Registration and ADT screen
- **Room Number:** Pulls from Stay tab on the Registration and ADT screen
- **Nursing Station:** Pulls the Nursing Station associated with the Patient's room

- **FC (Financial Class):** Pulls from the Guarantor/Ins tab on the Registration and ADT screen
- **Roles:** The physician type assigned to the provider on the Patient's Physician list on the Procedures screen in the Grouper.
- **DRG/APR:** Pulls from the Grouper. The severity/mortality indicator only populates when the 3M APR DRG® Software is utilized within the medical records encoder functionality. Valid indicators are 1, 2, 3 and 4.
- **ALSO (Actual Length of Stay):** This value is the calculated number of midnights that a patient is in a bed.
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.
- **Rel Wt (Relative Weight):** Pulls the relative weight which pulls from the appropriate DRG table based on Financial Class
- **Expected Reimb (Expected Reimbursement):** Pulls the expected reimbursement associated with the computed DRG
- **Principal Diagnosis:** Principal diagnosis code entered on the Grouper along with up to 25 other diagnoses coded on the account
- **Principal Procedure:** Principal procedure code entered on the Grouper along with up to 25 other diagnoses coded on the account

Physician Utilization Screen - Totals Section

Total Patients/Revenue: 31 100,240.55	Case Mix: 0.0783	Total Hospitalist/Covering: 0	Total ER Doc: 7
Total Attending: 15	Total Surgeon/Asst Surg: 1	Total Resident/Phy Asst/Nurse Pract: 0	Total Rad/Path: 0
Total Consultant: 0	Total Anesth/CRNA: 0		

Listed below is an explanation of each field.

- **Totals Section:** Lists the total number of patient accounts that pulled for the selected parameters along with the total revenue and case mix. This section also lists each physician type/role and the number of accounts where the physician was listed at that type of physician.

23.30 Present on Admission

The Present on Admission report provides details on diagnoses and their associated present on admission (POA) indicators for selected parameters.

How to Print

1. Select **Reports** from the Application Drawer.

2. Select **Present on Admission**

3. Select report parameters:

- **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
- **Suppress Social Security Number:** When selected the patient's Social Security Number will display as "###-##-####" on the report.
- **Admit Date Range:** Enter the desired admission date range or leave blank for dates.
- **Discharge Date Range:** Enter the desired discharge date range or leave blank for dates.
 - **NOTE:** *It is not necessary to populate both an admission and discharge date range. If both an admission and discharge date range are entered, the account must fall into both date ranges in order to pull to the report.*
- **Visit ID:** Select this to include only those patients that do not have a discharge date.
- **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
- **Subtype:** Enter a specific subtype or leave blank for all subtypes.
- **Service Code:** Enter a specific service code or leave blank for all service codes.
- **Financial Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
- **Exclude Financial Class:** Enter the financial class that should be excluded from the report. Use * to wildcard insurance companies or leave blank so no financial classes are excluded.
- **Diagnosis Code Range:** Enter the desired ICD-10 range or leave blank for all diagnosis codes.
- **POA:** Use the drop-down box to select one of the following POA indicators:
 - Y
 - N
 - E
 - U
 - W
- **Physician Number:** Enter the desired Physician Number or leave blank for all physicians.
- **Attending Physician Only:** Select this option if the report should only display accounts where the physician identified above is listed as the attending physician.
- **Nursing Station:** Enter the desired nursing station to display only those accounts that were assigned to that nursing station during their stay.
 - **NOTE:** *Specifying a nursing station will pull all accounts that were assigned to that Nursing Station during their stay. It does not have to be their most current nursing station.*
- **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Diagnosis Information**
 - **Exclude Procedure Information**
 - **Exclude Physician Summary By POA**
 - **Exclude POA Summary**
 - **Exclude Patient Summary**
- **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
- **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
- **Safe Mode:** Select this option to print report in safe mode.
- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**

- HTML
- MAPLIST
- TXT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Present on Admission report provides diagnosis and present on admission (POA) data for selected parameters. The detail section of the report provides patient account data along with the Diagnosis, POA indicator, and the Diagnosis Description. The report also provides two totals sections. The Totals by Physician will display the total number of accounts for each POA indicator by Physician. The Totals by POA will display the grand total for each POA indicator.

Present on Admission

02/28/2017
15:50

Present on Admission
01/01/2017 - 02/28/2017

1
im_present_on_admission.template

Name	Account#	MR#	Admit Dt	Disch Dt	ST	Subtype	Service	FC	NS	Physician
REED GRACE ELLEN	358004	000312	01/06/2017	01/09/2017	1	10	M	B	003	SAMANTHA WALLACE
Diagnosis POA Description										
J1100	Y	Flu with pneumonia								
Name	Account#	MR#	Admit Dt	Disch Dt	ST	Subtype	Service	FC	NS	Physician
MORGAN MATTHEW X	358033	43421	02/17/2017		1	10	M	B	102	BAXTER JAMES NBA
Diagnosis POA Description										
J111	Y	The flu								
Name	Account#	MR#	Admit Dt	Disch Dt	ST	Subtype	Service	FC	NS	Physician
SMITH ELLA KATHERINE	358032	000294	02/17/2017	02/17/2017	3	0	ER	MB	012	BAXTER JAMES NBA
Diagnosis POA Description										
J111	Y	The flu								
Name	Account#	MR#	Admit Dt	Disch Dt	ST	Subtype	Service	FC	NS	Physician
BEECH DAVIS SANDERS	358034	000310	02/16/2017	02/16/2017	3	0	ER	MB	012	BAXTER JAMES NBA
Diagnosis POA Description										
J111	Y	The flu								

Listed below is an explanation of each column.

- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **Account Number:** Pulls from Registration and ADT screen
- **Medical Record Number:** Pulls from Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen
- **ST (Stay Type):** Pulls from Patient tab on the Registration and ADT screen
- **Sub Type:** Pulls from Patient tab on the Registration and ADT screen
- **Service (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **FC (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **NS (Nursing Station):** Pulls the Nursing Station associated with the Patient's room
- **Physician:** Pulls from Stay tab on the Registration and ADT screen
- **Diagnosis:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper
- **POA (Present on Admission):** Pulls from the Diagnosis screen on the Grouper
- **Description:** Pulls from the Diagnosis and Chief Complaint screens on the Grouper

Present on Admission (Totals)

Totals By Physician						
Physician Name	Physician Number	Yes	No	Exempt	Insufficient Documentation	Clinically Unknown
BAXTER JAMES NBA	010000	3				
SAMANTHA WALLACE	003767	1				
POA Totals						
POA Totals:		4	0	0	0	0
Total Patients:	4					

Listed below is an explanation each totals section.

- **Totals by Physician:** Displays the physician name and number along with the total number of accounts for each POA indicator.
- **POA Totals:** Displays the total number of accounts for each POA indicator. The total number of patients will also display in this section.

23.31 Procedures Variance Report

The Procedures Variance Report will list billed insurance claims where procedure information differs between Insurance and Medical Records.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Procedure Variance Report**
3. Select report parameters:
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Billed Date Range**: Enter the desired billed date range or leave blank for all billed claims.
 - **Financial Class**: Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Account Number**: Enter in the desired account number or leave blank for all account numbers.
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - HTML
 - PDF
 - XML
 - CSV
 - MAPLIST
 - TXT
 - **Page Orientation**: Use the drop-down box to select one of the following page orientation options:
 - LANDSCAPE
 - PORTRAIT
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Procedure Variance Report will list billed insurance claims where procedure information differs between Insurance and Medical Records. Insurance procedure information pulls from within the Ins Diag/Proc option or the Grouper when the Insurance radio button is selected. Medical Records procedure information pulls from within the Ins Diag/Proc option or the Grouper when the Procedure radio button is selected. If the ICD-9, HCPC or procedure date loaded on the account differ in these two areas the account will pull to the report. See [Insurance Procedures](#) for more information.

Procedure Variance Report

01/12/2017 12:34 Procedure Variance Report 01/01/2016 - 12/31/2016 procedure_variance.template 1

Account Number	Patient Name	Fin. Class	Set Num.	Billed Date	Total Charges	ICD9	HCPC	Grouper Date	ICD9	HCPC	Insurance Date
357932	BEECH DAVIS SANDERS	CB	001	11/30/2016	250.00	0	47610		0		0
Account Number	Patient Name	Fin. Class	Set Num.	Billed Date	Total Charges	ICD9	HCPC	Grouper Date	ICD9	HCPC	Insurance Date
357932	BEECH DAVIS SANDERS	MB	001	03/30/2016	437.80	0	47610		0		0

Listed below is an explanation of each column.

- **Account Number:** Pulls from the Registration and ADT screen
- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen
- **Fin. Class (Financial Class):** Pulls from Policy Information
- **Set:** This field represents the sequence number of a particular financial class on a patient account. If there are multiple claims with the same financial class on the account, the system will assign a set number of 001, 002, etc.
- **Billed Date:** Pulls the billed date of the claim
- **Total Charges:** Total amount of charges pulls from Account Detail
- **Grouper ICD9/HCPC:** Pulls the ICD-9 and HCPC codes listed when the Procedure radio button is selected from within the Ins Diag/Proc option or the Grouper
- **Grouper Date:** Pulls the procedure date listed when the Procedure radio button is selected from within the Ins Diag/Proc option or the Grouper
- **Insurance ICD9/HCPC:** Pulls the ICD-9 and HCPC codes listed when the Insurance radio button is selected from within the Ins Diag/Proc option or the Grouper
- **Insurance Date:** Pulls the procedure date listed when the Insurance radio button is selected from within the Ins Diag/Proc option or the Grouper

23.32 Query Review

The Query Review report will provide details on queries sent thru the Medical Records Query system. In order for queries to be tracked by this report, the facility must be using Physician Documentation Instructions when sending queries to physicians. The report will help track outstanding queries, completed queries and the most common queries being sent.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Query Review**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Date Range:** Enter the desired query creation date range.
 - **NOTE:** *The date range will also include a time frame. To include a full days worth of data, ensure the end time is accurate. For example, if capturing data for 02/01/17 thru 02/02/17, enter the starting date as "02/01/17 00:00:00" and the ending date as either "02/02/17 23:59:00" or "02/03/17 00:00:00."*
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Query Type:** Enter the title of Physician Documentation Instructions to only show results for that type of query or leave blank for all query types.
 - **Query Status:** Use the drop-down box to select one of the following Query Status
 - **All**
 - **Awaiting Data**
 - **Awaiting Physician**
 - **Awaiting Coder**
 - **Complete**
 - **Physician Number:** Enter the desired Physician Number or leave blank for all physicians.
 - **Employee UBL:** Enter the desired Employee UBL or leave blank for all employees.
 - **Service Code:** Enter a specific service code or leave blank for all service codes.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude Query Count**
 - **Exclude Physician Count**
 - **Exclude Employee Count**
 - **Exclude Query by Physician Count**
 - **Exclude Query by Employee Count**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.

- **Output Format:** Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT

4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Query Review report will aid in tracking queries that are sent to physicians. It will display the physician name/number, query type/date, the employee that created the query, query status/date, the patient account number, stay type, service code, subtype, financial class and account balance. This data may be used to identify outstanding queries, completed queries and the most common queries being sent.

Query Review

02/28/2017
08:50

Query Review

queries_rw_report.template 1

01/01/2016 00:00:00 - 12/31/2016 23:59:00

Phys Name	Phys Num	Query Type	Query Date	Creator	Query Status	Status Date	Account	Stay	Svc	Sub	FC	Balance
ARCHER JOHN D	10	Query - Fracture	03/09/16	Thomas B Addison	Physician	03/09/16	357648	2	R	0	BB	0.00
SAMANTHA WALLACE	3767	Query - Fracture	03/09/16	Thomas B Addison	Data	03/09/16	357648	2	R	0	BB	0.00
SAMANTHA WALLACE	3767	Query - Generic	12/30/16	Thomas B Addison	Complete	01/03/17	357932	3	ER	0	MB	250.00

Listed below is an explanation of each column.

- **Phys Name (Physician Name):** The name of the physician that the query was sent to.
- **Phys Num (Physician Number):** The physician's number.
- **Query Type:** The Physician Documentation Instruction title that was used when the query was created.
- **Query Date:** The date the query was created.
- **Creator:** The name of the employee that created the query.
- **Query Status:** The current status of the query.
- **Stats Date:** The date the query reached it's current status.
- **Account:** The patient's account number that the query was in reference to.
- **Stay Type:** The stay type on the account.
- **Service Code:** The service code on the account.

- **Sub Type:** The sub type on the account.
- **Financial Class:** The financial class on the account.
- **Balance:** The account balance.

Query Review (Totals)

Totals			
Type			
Query - Fracture			2
Query - Generic			1
Physician			
ARCHER JOHN D			1
SAMANTHA WALLACE			2
Employee			
Thomas B Addison			3
Type by Physician			
ARCHER JOHN D	Query - Fracture		1
SAMANTHA WALLACE	Query - Fracture		1
SAMANTHA WALLACE	Query - Generic		1
Type by Employee			
Thomas B Addison	Query - Fracture		2
Thomas B Addison	Query - Generic		1

Listed below is an explanation of each totals section.

- **Type:** Displays the query type and the number of queries sent for that type.
- **Physician:** Displays the Physician name and the number of queries sent to that physician.
- **Employee:** Displays the Employee name and the number of queries sent by that physician.
- **Type by Physician:** Displays the Physician name along with the query type and the number of queries sent for that type to the physician.
- **Type by Employee:** Displays the Employee name along with the query type and number of queries sent for that type by the employee.

23.33 Ready to Code

The Ready to Code report provides coders with a work list of accounts that need to be coded.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Ready to Code**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for all dates.
 - **Visit ID**: Enter in a specific patient visit/account number or leave blank for all visits.
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Subtype**: Enter a specific subtype or leave blank to print report for all.
 - **Service Code**: Enter a specific service code or leave blank to print report for all.
 - **Chart Location**: Enter a specific chart location or leave blank for all.
 - **Chart Code**: Enter a specific chart code or leave blank for all. The Chart Code can be found on the Clinical Tab in Census.
 - **Transcription Header Document Code**: Enter a specific Transcription Header Document Code or leave blank for all.
 - **Transcription Date Range**: Enter the desired Transcription Date Range or leave blank for all dates. This date works with the Transcription Header Document Code field to pull the specified transcriptions for the designated transcription date range.
 - **Include Accounts with MR Finish Date**: If this field is selected, then accounts with a Medical Records Finish Date in the Grouper will be included on the report.
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT
5. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Ready to Code report may be used to identify accounts that are ready to be coded. This report may be run for accounts with a specific discharge date range, transcription document code, chart location, or chart code. This enables coders to run the report to identify accounts that have been discharged within a specific time frame, had their last transcription added, their chart is in a specific location or their chart has been assigned a specific code on the Clinical tab within Census.

Ready to Code

|11/06/2017 14:34

Ready To Code

im_ready_to_code.template 1

Document was generated by the Thrive EHR Software

Account Number	Discharge Date	Patient Name	FC	Stay Type	Sub Type	Serv Code	Finish Date/Initials	Revised Date/Initials	Chart Code	Chart Location/Date	Total Charges
356787	10/04/2017	CHAMBLISS STEPHEN	X	1	0	M					5,870.70

Listed below is an explanation of each field that may display.

- **Patient Account:** Pulls from the Registration and ADT screen
- **Discharge Date:** Pulls from Stay tab on the Registration and ADT screen
- **Patient Name:** Pulls from Patient tab on the Registration and ADT screen
- **FC (Financial Class):** Pulls from Guarantor/Ins tab on the Registration and ADT screen
- **Stay Type:** Pulls from Patient tab on the Registration and ADT screen
- **Sub Type:** Pulls from Patient tab on the Registration and ADT screen
- **Serv Code (Service Code):** Pulls from Patient tab on the Registration and ADT screen
- **Finished Date/Initials:** Pulls from the Grouper Patient Summary screen
- **Revised Date/Initials:** Pulls from the Grouper Patient Summary screen
- **Chart Code:** Pulls from Clinical tab on the Registration and ADT screen
- **Chart Location/Date:** Pulls from Chart Location History.
- **Total Charges:** Pulls the total charges from the account detail

23.34 Record Review List

The Record Review List will pull patient information based on the selection of one or more diagnosis, procedure or CPT code ranges. This report includes ICD-10 diagnosis and procedure codes only. The "Include Cover Sheet" check box will default to selected for this report; it must remain selected in order to generate the report.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Record Review List**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Admit Date Range**: Enter the desired admit date range or leave blank for dates.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for dates.
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code**: Enter the desired Service Code or leave blank for all service codes.
 - **Financial Class**: Enter the desired financial class or leave blank for all financial classes.
 - **Physician Number**: Enter the desired physician number or leave blank for all physician numbers.
 - **ICD-10-CM**: Enter the desired ICD-10-CM range or leave blank for all diagnosis codes.
 - **ICD-10-PCS**: Enter the desired ICD-10-PCS range or leave blank for all procedure codes.
 - **HCPCS**: Enter the desired HCPCS range or leave blank for all HCPCS.
 - **CPT From Item Master**: Enter the desired CPT range from the Item Master or leave blank for CPTs.
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT
5. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Record Review List provides a way to locate patients using a specific diagnosis code, procedure code, HCPC, or CPT as well as ranges of these criteria. The first page contains a header that displays the configuration that was used to generate that particular report. The remainder of the report lists the accounts and patient data that meet the parameters selected.

Record Review List

08/14/2015 09:47	Record Review List	1
Record Review List		mr_record_review_list.template
The following configuration was used to generate this report		
Date / Time	2015-08-14 09:47:05	
User	smd3767	
Facility	0002 Evident Community Hospital	
Patient Admit Date	2015-05-01	
Patient Admit Date	2015-07-31	
pgrp10_code	0F11111	

Listed below is an explanation of each field that may display.

- **Date/Time:** Lists the date and time that the report was generated
- **User:** Lists the login associated with the report generation
- **Facility:** Lists the facility chosen during parameter selection
- **Patient Admit Date:** Lists the Admit Date keyed during parameter selection
- **Patient Discharge Date:** Lists the Discharge Date keyed during parameter selection
- **Diagnosis Group ICD10 Code:** Lists the ICD-10-CM keyed during parameter selection
- **Procedure Group ICD10 Code:** Lists the ICD-10-PCS keyed during parameter selection
- **Patient Type Code:** Lists the Stay Type keyed during parameter selection
- **Patient Service Code:** Lists the Service Code keyed during parameter selection
- **Patient Financial Class:** Lists the Financial Class keyed during parameter selection
- **Physician Number:** Lists the Physician Number keyed during parameter selection
- **Pgrp10_code:** Lists the ICD-10 keyed during parameter selection
- **Pgrp10_code:** Lists the HCPC keyed during parameter selection
- **Default Fc Cpt Code:** Lists the CPT keyed during parameter selection

08/14/2015

09:01

Record Review List

mr_record_review_list.template

2

Patient	Acct#	MR#	Admit	Discharge	Dis Code	Type	SC	Age	Sex	FC	Physician
SCOTT PATRICIA PARSONS	357867	000328	07/03/2015	07/06/2015	H	1	M	60	F	B	ARCHER JOHN D
BLAKE RACHEL SARA	357851	000318	05/29/2015	05/29/2015	B	2	M	32	F	BB	BAXTER JAMES
SCOTT PATRICIA PARSONS	357866	000328	06/29/2015	07/02/2015	H	1	M	60	F	B	ARCHER JOHN D

Listed below is an explanation of each column that displays.

- **Patient:** Lists the patient name, generated from Census
- **Acct#:** Lists the patient account number, generated from Census
- **MR#:** Lists the medical record number, generated from Census
- **Admit:** Lists the admit date, generated from Census
- **Discharge:** Lists the discharge date, generated from Census
- **Dis Code:** Lists the discharge code, generated from Census
- **Type:** Lists the stay type, generated from Census
- **SC:** Lists the service code, generated from Census
- **Age:** Lists the age, generated from Census
- **Sex:** Lists the sex, generated from Census
- **FC:** Lists the financial class, generated from Census
- **Physician:** Lists the attending physician, generated from Census

23.35 Signed Images Status

The Signed Images Status report will identify all images that have been signed or need to be signed.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Signed Images Status**
3. Select **Select**.
4. Select the desired report parameters.
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Date Range**: Enter the desired image creation date range and time frame.
 - **NOTE**: If a date range is entered, a time frame must be entered as well. Enter this information using the following format: MM/DD/YY HH:MM:SS. Time must be entered using military time.
 - **Signature Date Range**: Enter the signature date range.
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option to print report in safe mode.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - PDF
 - XML
 - CSV
 - HTML
 - MAPLIST
 - TXT
5. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Signed Image Status report will identify all images that have been signed or need to be signed. The report will list the status of the image. If the image has been signed, a Signature line will display showing the date, time, login and name of the employee or physician who signed the document.

NOTE: A default filter is set up for this report. The filter will only allow unsigned scanned images to pull to the report. To pull both signed and unsigned scanned images the filter will need to be removed. For more information on filters, please see the Additional Documentation on Report Writer.

Signed Image Status

Document	Time	Report Code	ID	Account#	Signatures	Tasks
CONSULTAION	04/03/2014 15:22:34	ScanDoc	6660	1887912	1	1
Signatures						
Document ESigned	04/03/2014 15:25:05	ccc1969	Collins Chad E			
Queued Tasks						
View ESign Document	04/03/2014 15:23:52	u033105	Collins Chad MD			
Document	Time	Report Code	ID	Account#	Signatures	Tasks
PHYSICIAN ORDERS	04/07/2014 10:44:11	ScanDoc	6720	979243	0	1
Queued Tasks						
View ESign Document	04/07/2014 10:44:23	UnassignedDocuments				
Document	Time	Report Code	ID	Account#	Signatures	Tasks
ESIGN CONSULTATION	04/07/2014 10:44:14	ScanDoc	6721	979243	0	2
Queued Tasks						
View ESign Document	04/09/2014 14:11:03	mew0069	Woods Melissa			
View ESign Document	04/09/2014 14:11:03	u033105	Woods Melissa MD			
Document	Time	Report Code	ID	Account#	Signatures	Tasks
CONSULTATION	04/07/2014 10:44:19	ScanDoc	6722	979243	0	1
Queued Tasks						
View ESign Document	04/07/2014 10:44:25	UnassignedDocuments				

Listed below is an explanation of each column.

- **Document:** Pulls the document title
- **Time:** Pulls the date and time the image was attached to the account
- **Report Code:** The type of file that was attached to the account
- **ID:** Pulls the Document ID assigned to the image
- **Account# (Account Number):** Pulls patient's account number from Patient Functions
- **Signatures:** Pulls the number of physician or employee signatures associated with the image
- **Tasks:** Pulls the number of physician or employee associated with the image
- **Signatures:** This field will display "Document Esigned" and the date, time, user login and name of the employee or physician who signed the document.
- **Queued Tasks:** This field will display "View ESign Document". If the document has not been assigned, the date and time the image was attached to the account will display with the title UnassignedDocuments. If the document has been assigned, this field will display the date, time, user login and name of the employee or physician who signed the document.

23.36 Top 25 DRGs

The Top 25 DRGs Report will display all computed DRGs in the order of most assigned to least assigned. The report is not limited to only the top 25 DRGs, instead all assigned DRGs for the selected parameters will display. This report will only display ICD-10 information, to display ICD-9 information please see the [25 Most Common DRGs](#) report.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Top 25 DRGs**
3. Select report parameters:
 - **Facility:** Select the desired Facility from which to pull information. (Only Facilities selected for access under that User Based Login will be available for selection.)
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all dates.
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Service Code:** Enter a specific service code or skip to print report for all service codes.
 - **Financial Class:** Enter the desired financial class. Use * to wildcard insurance companies or leave blank to print for all financial classes.
 - **Sections to Exclude:** Select one or more of the following desired sections to exclude or leave blank to print all:
 - **Exclude DRG Summary**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option to print report in safe mode.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **PDF**
 - **XML**
 - **CSV**
 - **HTML**
 - **MAPLIST**
 - **TXT**
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Top 25 DRGs report may be used to identify the most common DRGs for selected parameters. The report will display the DRGs in order from most computed to least computed. Under each DRG the accounts assigned that DRG will be listed. A summary section will display each DRG along with the total number of patients assigned that DRG, the combined Actual Length of Stay, the Average Length of Stay, and the Geometric Length of Stay. A DRG may be listed multiple times in the summary, if the Geometric Length of Stay varies for each account that was assigned that DRG.

NOTE: The descriptions of the DRGs may be different for MS-DRGs and APR DRGs. For this reason it may be necessary to run two versions of this report. The first version for the financial classes that use MS-DRGs, and the second version for the financial classes that use APR DRGs. The Advance Report Writer options may be used to include or exclude the financial classes for each version of the report. This will ensure that the proper descriptions pull for reporting purposes.

Top 25 DRGs

02/20/2017 10:57 1
im_top_25_drgs.template

Top 25 DRGs
01/01/2016 - 12/31/2016

DRG	607	MINOR SKIN DISORDERS W/O MCC				
Account#	Patient Name	Admit	Discharge	FC	LOS	Physician
357930	BLAKE RACHEL SARA	03/07/2016	03/17/2016	M	10	BAXTER JAMES NBA
357931	SCOTT PATRICIA PARSONS	03/09/2016	03/12/2016	B	3	ALLEN ANDY
DRG	305	HYPERTENSION W/O MCC				
Account#	Patient Name	Admit	Discharge	FC	LOS	Physician
357935	KEARNEY MATTHEW	05/05/2016	05/05/2016	MB	1	ALLEN ANDY
DRG	694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC				
Account#	Patient Name	Admit	Discharge	FC	LOS	Physician
357918	REED GRACE ELLEN	01/12/2016	01/12/2016	B	1	BROWN ALICE C

Listed below is an explanation of each column.

- **Account#:** Pulls from Registration and ADT screen
- **Patient Name:** Pulls from Registration and ADT screen
- **Admit:** Pulls from Stay tab on the Registration and ADT screen
- **Discharge:** Pulls from Stay tab on the Registration and ADT screen
- **FC (Financial Class):** Pulls from Registration and ADT screen
- **LOS (Length of Stay):** This value is the calculated number of midnights that a patient is in a bed.
- **Physician:** The patient's Attending Physician pulls from Stay tab on the Registration and ADT screen

DRG Summary02/20/2017
10:57Top 25 DRGs
01/01/2016 - 12/31/20162
im_top_25_drgs.template

DRG Summary						
DRG	Description	Patients	Actual LOS	ALOS	GLOS	
607	MINOR SKIN DISORDERS W/O MCC	1	3.00	3.00	2.8	
607	MINOR SKIN DISORDERS W/O MCC	1	10.00	10.00	20	
305	HYPERTENSION W/O MCC	1	1.00	1.00	4.2	
694	URINARY STONES W/O ESW LITHOTRIPSY W/O MCC	1	1.00	1.00	2	

Listed below is an explanation of each column.

- **DRG:** The DRGs that were computed for the selected parameters.
- **Description:** Pulls the description of the DRG which pulls from the appropriate DRG table based on Financial Class
- **Patients:** The total number of patients assigned the DRG.
- **Actual LOS (Length of Stay):** The combined Actual Length of Stay for the patients assigned the DRG.
- **ALOS (Average Length of Stay):** The combined Actual LOS divided by the total number of patients assigned the DRG.
- **GLOS (Geometric Length of Stay):** The GLOS for the DRG listed in the DRG column.

23.37 Top ICD10 Diagnoses

The Top ICD10 Diagnosis Report lists the top ICD10 diagnosis codes ranked in order.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Top ICD10 Diagnosis**
3. Select report parameters:
 - **Facility**: Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **Stay Type**: Enter the desired Stay Type or leave blank for all stay types.
 - **Discharge Date Range**: Enter the desired discharge date range or leave blank for all visits
 - **Sections to Exclude**: Select to exclude or leave blank to print all:
 - **Exclude Diagnosis Totals**
 - **Level of Detail**: Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet**: Select this option to include a Cover Sheet with the report.
 - **Safe Mode**: Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format**: Use the drop-down box to select one of the following report Format options:
 - **HTML**
 - **PDF**
 - **XML**
 - **CSV**
 - **MAPLIST**
 - **TXT**
 - **Page Orientation**: Use the drop-down box to select one of the following page orientations:
 - **LANDSCAPE**
 - **PORTRAIT**
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Top ICD10 Diagnosis Report will list the top principal ICD10 diagnosis codes used in the specified time range, ranked in order. The report will sort the diagnosis codes, number of times the code was used during the specified date range, charge amount per use and average charge amount.

Top ICD10 Diagnosis (Detail)01/17/2017
14:05Top ICD10 Diagnoses
07/01/2016 - 12/31/20161
mr_top_diagnosis.template

Patient Name	Visit#	Stay Type	Service Code	Admit Date	Disch Date	Attending Phy	Diagnosis	Procedure	Charges
AINSWORTH LILLIAN JANE	N252442	5	CL	11/21/2016	11/21/2016	Global Phy	R05		75.00
AINSWORTH LILLIAN JANE	B01181	5	CL	07/31/2016	07/31/2016	ARCHER JOH	J111		125.00
ALLAN FRANK	B01189	5	CL	07/02/2016	07/02/2016	DALTON M	T148		185.00
BAILEY BECKY B	B01191	5	CL	07/03/2016	07/03/2016	DALTON M	D649		185.00
BELL ALICIA	B01180	5	CL	07/31/2016	07/31/2016	HARRIS PAT	H9203		110.20
CLARK ALICIA HELEN	B01192	5	CL	07/04/2016	07/04/2016	CRABTREE J	J449		185.00
CUNNINGHAM CAROLINE LO	B01182	5	C	08/05/2016	08/05/2016	BLACK C	R109		221.00
CUNNINGHAM CAROLINE LO	B01183	5	CL	08/05/2016	08/05/2016	DALTON M	R109		176.00
DAVIS LINDA MARIE	B01193	5	CL	07/05/2016	07/05/2016	COLLINS M	E119		185.00
EDWARD JAMES MILLER	B01194	5	CL	07/05/2016	07/05/2016	BAXTER J	R197		185.00
FITZGERALD KIM	B01195	5	CL	07/06/2016	07/06/2016	PATE H	K088		185.00
GIPSON CINDY LYNN	B01176	5	CL	07/30/2016	07/30/2016	Global Phy	R784		0.00
GREGORY PETE	B01188	5	CL	07/01/2016	07/01/2016	ALLISON M	M4800		399.30
HERRON PEYTON G	B01177	5	CL	07/31/2016	07/31/2016	ALLISON M	E119		100.00
JAMES JIM	357875	3	ER	08/04/2015	10/12/2016	BARNETT R	R109		316.20
SHEEHAN DOT	B01178	5	CL	07/31/2016	07/31/2016	HARRISLAUR	J449		80.00
SMITH ELLA KATHERINE	B01186	5	CL	12/01/2016	12/01/2016	Global Phy	J111		165.00
WEBB SARAH G	B01179	5	CL	07/31/2016	07/31/2016	COUEY JANI	R21		74.30
ICD10 Code	Description						Patients	Charges	Average
R109	Unspecified abdominal pain						3	713.20	237.73
E119	Type 2 diabetes mellitus without complications						2	285.00	142.50
J111	Influenza due to unidentified influenza virus with other respiratory manifestations						2	290.00	145.00
J449	Chronic obstructive pulmonary disease, unspecified						2	265.00	132.50
D649	Anemia, unspecified						1	185.00	185.00
H9203	Otagia, bilateral						1	110.20	110.20
K088	Other specified disorders of teeth and supporting structures						1	185.00	185.00
M4800	Spinal stenosis, site unspecified						1	399.30	399.30
R05	Cough						1	75.00	75.00
R197	Diarrhea, unspecified						1	185.00	185.00
R21	Rash and other nonspecific skin eruption						1	74.30	74.30
R784	Finding of other drugs of addictive potential in blood						1	0.00	0.00
T148	Other injury of unspecified body region						1	185.00	185.00

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen
- **Visit# (Visit Number):** Pulls from Registration and ADT screen
- **Stay Type:** Pulls from the Patient tab on the Registration and ADT screen
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen
- **Disch Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen
- **Attending Physician:** Pulls from the Stay tab on the Registration and ADT screen
- **Diagnosis:** The ICD10 principal diagnosis code pulls from the Grouper Diagnoses screen.
- **Procedure:** The ICD10 principal procedure code pulls from the Grouper Procedures screen.
- **Charges:** Pulls the total charges from the patient's account detail
- **ICD10 Code:** Lists the ICD10 diagnosis code

- **Description:** Lists the diagnosis code description
- **Patients:** Lists the number of times the primary diagnosis code was used
- **Charges:** Pulls the total charges from the patient's account detail
- **Average:** Lists the average charge amount for the listed diagnosis code. The average charge is the charges divided by the patients.

Top ICD10 Diagnosis (Summary)

ICD10 Code	Description	Patients	Charges	Average
R109	Unspecified abdominal pain	3	713.20	237.73
E119	Type 2 diabetes mellitus without complications	2	285.00	142.50
J111	Influenza due to unidentified influenza virus with other respiratory manifestations	2	290.00	145.00
J449	Chronic obstructive pulmonary disease, unspecified	2	265.00	132.50
D649	Anemia, unspecified	1	185.00	185.00
H9203	Otalgia, bilateral	1	110.20	110.20
K088	Other specified disorders of teeth and supporting structures	1	185.00	185.00
M4800	Spinal stenosis, site unspecified	1	399.30	399.30
R05	Cough	1	75.00	75.00
R197	Diarrhea, unspecified	1	185.00	185.00
R21	Rash and other nonspecific skin eruption	1	74.30	74.30
R784	Finding of other drugs of addictive potential in blood	1	0.00	0.00
T148	Other injury of unspecified body region	1	185.00	185.00

- **ICD10 Code:** Lists the ICD10 diagnosis code
- **Description:** Lists the diagnosis code description
- **Patients:** Lists the number of times the primary diagnosis code was used
- **Charges:** Pulls the total charges from the patient's account detail
- **Average:** Lists the average charge amount for the listed diagnosis code. The average charge is the charges divided by the patients.

23.38 Top ICD10 Procedures

The Top ICD10 Procedures Report lists the top ICD10 procedure code for inpatients and the top HCPC codes for outpatients ranked in order.

How to Print

1. Select **Reports** from the Application Drawer.
2. Select **Top ICD10 Procedures**
3. Select report parameters:
 - **Facility:** Select the desired Facility. (Only Facilities selected for access under that User Based Login will be available for selection)
 - **Stay Type:** Enter the desired Stay Type or leave blank for all stay types.
 - **Discharge Date Range:** Enter the desired discharge date range or leave blank for all visits
 - **Sections to Exclude:** Select to exclude or leave blank to print all:
 - **Exclude Procedure Totals**
 - **Exclude HCPC Totals**
 - **Level of Detail:** Use the drop-down box to select one of the following options:
 - **Detail**
 - **Report Summary Only**
 - **Include Cover Sheet:** Select this option to include a Cover Sheet with the report.
 - **Safe Mode:** Select this option if the report would not build due to bad data being in a field. If the report has bad data, a message will appear stating to run report using the Safe Mode. If selected, Safe Mode will replace all of the bad characters with a ?. This will allow the intended report to generate. The bad data may then be seen and can be corrected from the account level.
 - **Output Format:** Use the drop-down box to select one of the following report Format options:
 - **HTML**
 - **PDF**
 - **XML**
 - **CSV**
 - **MAPLIST**
 - **TXT**
 - **Page Orientation:** Use the drop-down box to select one of the following page orientations:
 - **LANDSCAPE**
 - **PORTRAIT**
4. Select **Run Report** to display the report in the selected output format.

Description and Usage

The Top ICD10 Procedures Report will list the top principal ICD10 procedure codes for inpatients and the top HCPC codes for outpatients used in the specified time range, ranked in order. The report will sort the procedure and HCPC codes, number of times the code was used during the specified date range, charge amount per use and average charge amount.

Top ICD10 Procedures (Detail)

01/17/2017 15:19

Top ICD10 Procedures
07/01/2016 - 12/31/2016

mr_top_procedures.template 1

Patient Name	Visit#	Stay Type	Service Code	Admit Date	Disch Date	Attending Phy	Diagnosis	Procedure	HCPC	Charges
BEECH DAVIS SANDERS	36521478	2	S	12/26/2016	12/26/2016	BAXTER J			00222	0.00
SMITH ELLA KATHERINE	357388	1	M	06/08/2011	10/28/2016	SMITHDANIE		B922YZZ		25,406.78
ICD10 Code	Description							Patients	Charges	Average
B922YZZ	Computerized Tomography (CT Scan) of Paranasal Sinuses using Other Contrast							1	25,406.78	25,406.78
HCPC Code	Description							Patients	Charges	Average
00222	ANESTH HEAD NERVE SURGERY							1	0.00	0.00

Listed below is an explanation of each column.

- **Patient Name:** Pulls from the Patient tab on the Registration and ADT screen
- **Visit# (Visit Number):** Pulls from Registration and ADT screen
- **Stay Type:** Pulls from the Patient tab on the Registration and ADT screen
- **Service Code:** Pulls from the Patient tab on the Registration and ADT screen
- **Admit Date:** Pulls from the Stay tab on the Registration and ADT screen
- **Disch Date (Discharge Date):** Pulls from the Stay tab on the Registration and ADT screen
- **Attending Physician:** Pulls from the Stay tab on the Registration and ADT screen
- **Diagnosis:** The ICD10 principal diagnosis code pulls from the Grouper Diagnoses screen.
- **Procedure:** The ICD10 principal procedure code pulls from the Grouper Procedures screen.
- **HCPC:** The HCPC code pulls from the Grouper Procedures screen
- **Charges:** Pulls the total charges from the patient's account detail
- **ICD10 Code:** Lists the ICD10 procedure code
- **Description:** Lists the procedure code description
- **Patients:** Lists the number of times the primary procedure code was used
- **Charges:** Pulls the total charges from the patient's account detail
- **Average:** Lists the average charge amount for the listed procedure code. The average charge is the charges divided by the patients.
- **HCPC Code:** Lists the HCPC code
- **Description:** Lists the HCPC code description
- **Patients:** Lists the number of times the HCPC code was used

- **Charges:** Pulls the total charges from the patient's account detail
- **Average:** Lists the average charge amount for the listed HCPC code. The average charge is the charges divided by the patients.

Top ICD10 Procedures (Summary)

ICD10 Code	Description	Patients	Charges	Average
B922YZZ	Computerized Tomography (CT Scan) of Paranasal Sinuses using Other Contrast	1	25,406.78	25,406.78
HCPC Code	Description	Patients	Charges	Average
00222	ANESTH HEAD NERVE SURGERY	1	0.00	0.00

Listed below is an explanation of each column.

- **ICD10 Code:** Lists the ICD10 procedure code
- **Description:** Lists the procedure code description
- **Patients:** Lists the number of times the primary procedure code was used
- **Charges:** Pulls the total charges from the patient's account detail
- **Average:** Lists the average charge amount for the listed procedure code. The average charge is the charges divided by the patients.
- **HCPC Code:** Lists the HCPC code
- **Description:** Lists the HCPC code description
- **Patients:** Lists the number of times the HCPC code was used
- **Charges:** Pulls the total charges from the patient's account detail
- **Average:** Lists the average charge amount for the listed HCPC code. The average charge is the charges divided by the patients.