Administration Reports

The Reports feature allows users to run, schedule, and download Administration reports.   Users must have the appropriate permissions. A record is added to the Audit Log for activity in Admin Reports.

There are three (3) menu options:

- **Run/Schedule:** Gives users the ability to schedule and run reports.
- **Manage Schedule:** Allows the user to edit and delete scheduled reports.
- **Scheduled Reports:** Allows the user to search and download previously scheduled reports.

Available Report types:

Report Name	Description
Average Reimbursement Amount by Payer	This report provides the differences in average reimbursements for payers. Allows the user to view any payment or contracting issues. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Average Patient Responsibility by Payer	This report provides the average amount of patient responsibility for the top payers. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Billed vs. Paid Amounts	This report provides the differences over time between what is billed and what was paid. Significant changes can alert the user to increased denials or delayed billing. Users can run the report for Month, Week, or Day. Options include: • **Month:** Last Full Year, Last Full Quarter, and Quarter/Year • **Week:** Last Full Quarter, Quarter/Year, Last Full Month, and Month/Year • **Day:** Last Full Week, Last Full Month, Month/Year, and Date Range *Note: The date range option for this report is limited to 31 days.*
Claim File Reconciliation	This report displays each file received by eMEDIX for the dates selected. The date range is for submission date and if the file failed, the details of the failure display on the report. Document type is CSV only. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Claims Output Trend	This report returns the total number of claims submitted per month for each trading partner. The report monitors for changes in the number of billed claims and will display slow-downs in office productivity. Multi-

trading partner users are able to Group by TPID, which displays in the .csv file under a TPID column, if selected. **NOTE:** *The graph does not display on the CSV report.* Options include: Last Full Year, Last Full Quarter, Quarter/Year, and Date Range.

Claim Status	This report provides current claim statuses grouped by Payer or Submission Date, depending on the option selected from the drop-down menu. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Clean Claims	This report provides the clean claim rate for the date range chosen. The pie chart displays the total number of claims submitted, how many were errored out by eMEDIX (in yellow), how many were rejected at the payer (in red), and how many made it straight through to the payer (in green). The percentage of first pass claims is also shown. Options include: Claim Type - Institutional or Professional; Process Date - Last Full Month, Month/Year, and Date Range. **Note:** *Search results may take a long time to display.*
Days to Payment Average	This report provides the average time to payment by payers for the date range chosen. Some payers do not send all the information back on an 835. In that case, the column will display Not Available. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Eligibility Inquiry	This report provides a summary of eligibility inquiries submitted for individuals. It displays eligibility transactions that were requested for the selected date range. Document type is CSV only. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
ERA Analysis	This report displays a summary of ERAs being received against claims submitted and possible ERA enrollment opportunities. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
ERA Payment Analysis	This report provides the breakdown of the payments on the ERA. The payments and adjustments are displayed in the pie chart. The sub-report displays the total claim charges, as well as payer reductions. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
	Note: *This report returns the data as given by the payer on the 835. Due to discrepancies in the information returned by the payer(s), the totals may not balance.*
Line Reimbursement Rate	This report displays a pie chart indicating the denials at line level to allow the user to have an overall picture of the reimbursement rate at line level. Options are: Lines Paid and Lines Denied. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range
Monthly Transactional	This report displays transaction volume broken out by billing and rendering providers. TPID totals may not match sum of rendering and billing. NPI selection will affect totals. Document type is CSV only. Date options are Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Payer Variance	This report displays the difference between what is charged and what is paid and how that varies from payer to payer. It allows the user to view when payment is incorrect. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.

Procedure Code Payment vs. Charges	This report displays the difference between charged amounts and paid amounts for the top 25 procedure codes. This allows the user to verify payments for each procedure code. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Professional Rendering NPI Billed Amount Summary	This report displays the amount of charges billed by each Rendering NPI to enable the user to track productivity by Rendering NPI. Options include: Yesterday, Last Full Week, Last Full Month, Last Full Quarter, or Date Range.
Rejected Claims	Allows the user to view a list of all rejected claims for a selected date range in order to easily make corrections. Indicates Worked (True) or Not Worked (False) claims. Users may filter by Claim Type. Options include: Last Full Month, Last Full Quarter, and Date Range.
Secondary Claims	This report displays which claims have other payers, which allows the user to verify that the secondary claim has been sent. Options include: Last Full Week, Last Full Quarter, Last Full Month, and Date Range.
Top 10 Payer Denial Rate	This report displays the number of denied claims, the total denied dollars, and the denial rate (percentage) for each of the top 10 payers. Options include: Last Full Month, Last Full Quarter, and Date Range.
Top 10 Rejects	This report displays rejects in order of frequency. This allows the user to identify the root cause of the most common rejects and make corrections as needed. Users may filter by Claim Type and Payer. Options include: Today, Yesterday, Last Full Week, Last Full Month, or Date Range.
Top Denied Procedures by Payer	This report provides the top 5 denied procedure codes from the top 10 payers. It also provides the overall top 3 procedure codes denied, and the number of times that a procedure code appears denied and the total dollars denied. This allows the user to track which procedure codes are being denied the most to help reduce denials. Options include: Last Full Month, Last Full Quarter, and Date Range.
Top Payers Analysis	This report displays a pie charge indicating the top 3, 5, or 10 payers. This allows the user to view which payers hold the largest risk for the practice. Users select the desired number of payers for the specified date. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Transaction Volume by Provider	This report allows users to determine monthly trends and volume for contracted services. It displays the provider volume for all transactions, including Claims, ERA, Eligibility, CSI, Revenue Resolve, Compliance, Attachments (Electronic and Paper/Fax), Patient Responsibility Estimate, Statements (1st page, Additional Pages, Undeliverable, and Fast Forward), Statement Manager, and CT Mail. Options include: Last Full Quarter, Quarter to Date, Last Full Month, and Date Range.
Unresolved Rejects	This report displays Unresolved Rejects, which shows those claims that were rejected but never resubmitted. The system checks claims that have a reject status, either from eMEDIX or the payer, and no new claim create. Claims older than 180 days are not included. Options include: Last Full Quarter, Last Full Month, Last Full Week, Quarter to Date, a nd Date Range.

Claims Report Viewer

Claims Report Viewer allows the customer to view reports on claims responses. Report types include the following:

- 277
- RPT00
- RPT11
- RPTCA
- RPTSR
- RPTRS
- TA1
- 999

To search for claims responses:

1. Click **Reports** from the **Claims** drop-down menu.

2. The Claims Report Viewer displays.

3. Enter the desired dates in the **From** and **To** fields. Select the **Type** and **Status** from the available drop-down menu options, click the desired type radio button, and click **Search**. The information displays in the table under the search box.

4. Click on the **File Name** to view the report in the display type format that was selected.

Remits Reports

Remits Reports allows users to run reports against their remits currently loaded in Remit Manager.

To view Reports, click **Reports** from the **Remits** drop-down menu. Users must select a report to produce, enter a date range, and select the document format type, and then click **View** to view a report. Users must fill out all three (3) sections to view a report. If valid search criteria are selected, the report automatically displays when the user clicks **View**.

Available reports:

- Remittances Received
- Remittances Received Details
- Remittances Denied
- Remittance Claims Matched
- Remittance Claims Unmatched
- Remittances Split

Select Report to Produce

- ○ Remittances Received
- ○ Remittances Received Details
- ○ Remittances Denied
- ○ Remittance Claims Matched
- ○ Remittance Claims Unmatched
- ○ Remittances Split

> Users must fill out all three sections to view a report.

Select a Date Range

From Date	07/08/2019	To Date	07/08...

Select a Document Type

- ○ Word Document (DOC)
- ○ Web Page (HTML)
- ○ Adobe (PDF)
- ○ Excel (XLS)

> If valid search criteria are selected, the report displays when the user clicks **View**.

Remittances Received
Regional Hosp
10/23/2014 TO 10/23/2014

Check Date: 10/23/2014

Payer	Check Number	# CLPs	Payee	Amount
AETNA	814290550002009	2	REG MED CEN	$ 18,582.13
BLUE CROSS AND BLUE SHIEL	0001293001	4	REG MED CEN	$ 425.09
SELECT HEALTH OF SOUTH CA	0001023001	348	REG MED CEN	$ 110,328.02
SELECT HEALTH OF SOUTH CA	0001023001	5	REG MED CEN	$ 558.79
SELECT HEALTH OF SOUTH CA	0001020090	2	REG MED CEN	$ 120.90
SELECT HEALTH OF SOUTH CA	0001024006	44	REG MED CEN	$ 2,306.98
UHC DESERET MUTUAL BENEFI	9133320063	1	REG MED CEN	$ 1,865.00
UNITED HEALTH CARE	1133289008	23	REG MED CEN	$ 3,341.30
UNITED HEALTH CARE	1133296002	15	REG MED CEN	$ 449.93
UNITEDHEALTHCARE OF SOUTH	2014100010200024	3	REG MED CEN	$ 0.00
UNITEDHEALTHCARE OF THE M	2014102310200400	1	REG MED CEN	$ 0.00
UNITEDHEALTHCARE SERVICES	1133340029	1	REG MED CEN	$ 0.00
UNITEDHEALTHCARE SERVICES	1133350060	2	REG MED CEN	$ 23.95
UNITEDHEALTHCARE SERVICES	1133358009	1	REG MED CEN	$ 96.75
UNITEDHEALTHCARE SERVICES	1133368005	1	REG MED CEN	$ 8.10
UNITEDHEALTHCARE SERVICES	1133370003	1	REG MED CEN	$ 63.90
UNITEDHEALTHCARE SERVICES	1133370700	1	REG MED CEN	$ 20.11
Payer		455		$ 138,190.95

Summary

Payer	Check Count	CLP Count	Amount
AETNA	1	2	$ 18,582.13
BLUE CROSS AND BLUE SHIELD OF	1	4	$ 425.09
SELECT HEALTH OF SOUTH CAROLIN	4	399	$ 113,314.69

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Note: User screens may look different for the Web Page (HTML) option depending on the browser version in use. Please make sure the browser view is at 100% for correct alignment on the reports.

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Remittances Received
Regional Hosp

Revenue Resolve Reports

The Reports feature allows users to run reports for Revenue Resolve. To view Reports, click **Reports** from the **Revenue Resolve** drop-down menu. Users must select a report to produce, select any other required options or date range, select the document format type, and then click **View** to view a report.

After selecting the report to produce, an option field displays requiring the user to enter a date range or select a filter option. This option varies by report type selected.

Report type choices are defined as:

Report Name	Description
Denials by Payer	For the selected date range, this report gives a summary of the number of claims denied by each payer and the reason for the denial. Options include: Last Full Week, Last Full Month, Last Full Quarter, Quarter to Date, and Date Range.
Denials by Procedure Code	For the selected date range, this report gives a summary of the procedure codes most commonly denied. Options include: Last Full Week, Last Full Month, Last Full Quarter, Quarter to Date, and Date Range.
Denials by User	For the selected date range, this report gives a summary of the number of claims for each user by status, priority, and/or task.

Denied Claims	This report provides a list of claims denied on a remittance. It allows a user to search for issues with payers in order to easily fix them. Options include: Last Full Week, Last Full Month, Quarter to Date, and Date Range.
Denied Lines	This report provides a list of claims with denied lines on the remittance. It allows a user to find any issues that need to be corrected. Options include: Last Full Week, Last Full Month, Last Full Quarter, Quarter to Date, and Date Range.
My Worklist	This report provides a summary of all the denials in the user's work list at the time the report is run, and can be filtered by status, priority, and/or task.
Revenue Resolve Export File	For the selected date range, this report can be used to post information from Revenue Resolve into your system for each user by status, priority, and/or task. This is a .csv file and contains fields to identify the claim and changes made in Revenue Resolve. *__Note:__ This report was created to include all fields that might be required for identification to your system. Requests for changes will be viewed as customizations and are billable.*
Impact Report	Displays the denial percentage, which allows the user to view the improvement in their denial management. Options include: Last Full Week, Last Full Month, Last Full Quarter, Quarter to Date, and Date Range.
Productivity Report	This report displays the number of denials assigned and worked for a specific day by a particular user. Options include: Date Range and User.