

e-MDs Solution Series™

Reports User Guide

Version 8.0

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1 Welcome

This guide lists the reports available through Solution Series. A description of each report is provided, along with the location of the report within Solution Series modules, the available fields and filters used to select specific data for the report, and samples of most reports, illustrating what you can expect when running a report at your facility.

Continued on the next page...

Related Documentation

Documentation for Solution Series modules is provided in PDF (Portable Document Format) files for viewing and printing individually, and in Help format for easy access from each product module. Both formats and access methods provide the same information. The documentation library is updated extensively for each major product release as well as updated and corrected periodically, as needed. For the latest version of any Solution Series documentation, go to the documentation section of the [e-MDs Support](#) site at **Online Support > Downloads > Documentation**.

The following documents are available to all Solution Series users:

- *e-MDs Solution Series Administration Guide* is your starting point for initializing and customizing Solution Series modules for use in your organization. This guide provides step-by-step instructions for licensing your software, adding system users and defining access levels, adding and modifying user groups, and setting up default handling of various module tasks.
- *e-MDs Solution Series Bill User Guide* provides instructions for working with insurance codes and electronic claims, setting fee schedules and rules, defining policies, posting and billing transactions and reversals, and performing numerous other practice management tasks.
- *e-MDs Solution Series Chart User Guide* leads you from the beginning of an office visit through the visit conclusion when billing is enabled. Using Chart you can track and code a patient's medical information and provide prenatal, maternity and postnatal care. This guide also details Chart's prescription processing, lab interfaces, and telephone interactions with patients.
- *e-MDs Formulary Benefits User Guide* describes how to determine the pharmacy benefits and drug copays for a patient's health plan, determine if a prescribed medication is covered (in formulary) under a patient's plan, display therapeutic alternatives with preference rank (if available) within a drug class for non-formulary medications, determine if a patient's health plan allows electronic prescribing to mail order pharmacies, and download a historic list of all medications prescribed for a patient by any provider.
- *e-MDs Solution Series Installation Guide* leads you through the preparation of your site for Solution Series, the database and application installation steps, and post-installation configuration. This guide is for new installations only. If Solution Series is already installed at your facility, use the update instructions provided with each product release to update your system.
- *e-MDs Solution Series Schedule User Guide* leads you through scheduling and tracking appointments, setting up and modifying patient accounts, blocking time on the calendar to restrict appointment scheduling, checking patients into the facility and tracking their progress through each encounter with a provider, and checking eligibility.
- *e-MDs Patient Portal: The Clinic's Guide to Using the Portal* provides instructions for maintaining user access on a Patient Portal, working with patient appointments scheduled through the Portal, communicating with patients through a Portal e-mail interface, processing prescription refill requests, and auditing Patient Portal usage.
- *e-MDs Patient Portal: The Patient's Guide to Using the Portal* instructs patients on the use of the Patient Portal to communicate with their healthcare provider, view their own healthcare information, and submit requests for appointments and prescription refills. This document can be provided on your Patient Portal for easy online viewing or printing by patients.
- *e-MDs Solution Series Utilities Guide* covers tools and utilities that may be used with various Solution Series modules. This includes using:
 - **DocMan** to graph lab results, process incoming faxes, and generate and send documents to patients and external resources such as specialist referrals and labs.

- **TaskMan** to automatically send messages, implement secure e-mail, and track tasks to be performed within Solution Series.
- **Snapshot/Digicam** to capture images of patients/staff and add them to patient and user records.
- **Forms/Letter Builder** to generate, print and send forms and letters from within Solution Series. This includes the use of Microsoft Word and the e-MDs database to create customized/merged letters and documents.
- **Registry Processor** to create, view, distribute and print customized reports based on patient demographics and healthcare records.

Additional documentation is also available on the e-MDs Support site for performing specific tasks and for using e-MDs interface products for working with labs and other organizations. See the [e-MDs Support](#) site for access to the latest versions of these documents.

Getting Additional Help and Information

e-MDs realizes that one of the most important elements of any software system is the support services backing it up. There are a number of support resources available to help you optimize the use of your system and participate in the e-MDs community.

Help Screens

Help is accessible on each Solution Series application and module by going to **Help > Search Topic** on each application's top toolbar. Related help files, such as this guide, the Utilities Guide, and the Reports User Guide, are generally accessible from the same help screen. After opening each help file, you can use the table of contents, index or search function to locate the specific information you need.

User Guides

The e-MDs Solution Series user guides contain comprehensive information about all standard product functions. This includes dealing with many of the complex situations that can arise in a medical office. Use the table of contents, index or search option to locate items of particular interest. These guides are very similar to the application help screens. For a brief description of the available Solution Series user guides, see [Related Documentation](#).

Solution Series guides are always available in electronic format (Adobe .pdf files). You can put copies on each computer in the network. You can download the Adobe Acrobat Reader for free from www.adobe.com. Updated user guides are included on the CD-ROMs you will receive with each upgrade, as well as on the support pages at www.e-mds.com.

To download files from the e-MDs Support site, you will need your clinic password. Instructions on how to apply for a password are on the Web site. Only one password is issued per customer account, so please ensure you communicate this to your staff.

Using the e-MDs Support Center

The e-MDs Support Center is an online customer meeting place for clients with an active account. It is accessed from the Support pages at www.e-MDs.com or <http://supportcenteronline.com/ics/support/default.asp?deptID=3222>. If you don't have an account, you can request one by using the Request New Account button on the login page. We strongly encourage each staff member in a clinic to have their own logins instead of one generic one for all people. The primary reason for this is that when we need to push information such as update notifications it is sent to everyone meaning there is a smaller chance that the information will not be disseminated such as if someone is sick or ignores the message.

Support Center includes the following tools that can be of great assistance to helping your practice work more efficiently with the e-MDs Software:

- **Forums/Newsgroups:** The online forums are an e-MDs User Community where you can post messages related to support, general discussions, suggestions, tips and more. It is a great non-urgent support tool and is also searchable. You can subscribe to various forums that interest you and get an e-mail notification if someone posts to them. You can also elect to get an e-mail if someone posts to a specific message. This is really useful if you post a question and want to know when it is answered. Support forums are monitored by the e-MDs support team and a number of our customers also chip in with their knowledge.
- **Downloads:** Downloads include shared templates for Chart, Word Forms, reports, updates to content such as ICD and CPT codes, bug patches, etc.
- **Knowledge Base:** The knowledge base includes an extensive list of articles that you can use for troubleshooting, setup and so on. These are generally posted based on questions from customers.
- **Troubleshooter:** This search utility makes it easy to quickly locate the information you're looking for. It cross-references multiple parts of the support center and returns hyperlinks to articles, downloads and the like.
- **Surveys:** Occasionally e-MDs will gauge your opinions about something via surveys which can be distributed via Support Center.
- **"Push" e-mails:** If we want to let you know about something, we can push information to you from Support Center.

2

Getting Started with Reports

This guide provides an overview of the reports available to you with e-MDs Solution Series modules. In most cases, a sample of each report is included to let you know approximately what you can expect from that report. Your exact results will vary with the parameters and values you select as well as your actual database contents.

Note: The sample reports in this guide contain fictitious names, addresses, and account information to illustrate the report's usage. Any similarity to information about actual people, places or things is purely coincidental and should be treated as such.

Continued on the next page ...

Locating Reports

The location of most reports is self-explanatory because the reports are in the module relative to the function they perform. For example, financial reports will generally be accessible from the Bill module main menu. In some cases, reports may also appear in multiple module categories because they are used to perform multiple information gathering and presentation tasks.

To assist you in locating reports quickly, most of the report descriptions in this guide contain a report location path. For example, if you are looking for the “Insurance Reimbursement Analysis” report in the Billing Reports chapter, you will notice the report location is as follows:

Bill > Reports > Crystal Reports > BILL– Billing Reports > Insurance Reimbursement Analysis

This simply means to open the **Bill** module, select **Reports** from the drop-down menu, select **Crystal Reports** from the list of reports, click on **BILL – Billing Reports** and then select **Insurance Reimbursement Analysis** from the list of available Crystal Reports.

Some reports may be described in this guide but not currently available on your system. In most cases, that will occur because the reports were generated for a specific request or customer and are not a part of the base product. When that happens, the reports are usually available for downloading from the e-MDs customer support site at <https://supportcenter.e-mds.com>. Once you have downloaded a compressed file from the Support Center, extract the contents of the file, and follow the directions provided with the package or in the Crystal Reports chapter of this guide.

What to Print and When

This section gives you an idea of when you should print certain reports. Since every clinic is unique, you should still explore all the reports in the system to determine which are best suited to your particular needs.

Patient Walk-Out Reports

If charges are generated when a patient leaves the clinic, you can print several reports. The first two are most commonly printed.

- **Invoice:** This is a detail of everything done for the patient on the day and includes payment information. Some patients can take this to their employer, or even send it to their private insurer for payment.
- **Receipt:** Shows any payments made by the patient. It would not be necessary to print a receipt if an invoice was printed, since the invoice also reflects payments. Receipts should actually be printed at check-in. The prepayment module and check in modules permit this.
- **Paper Claim:** For those patients who file their own insurance, it can be a nice courtesy to print the claim form for them.
- **Statement:** If a patient owes monies on other balances, a statement can be printed, thus encouraging payment.

Daily Reports

The two reports most frequently required for end of day reporting are:

- **Activity Analysis:** There are many different types of activity analysis reports that you can select, here, including a daily charges and payments summary and detail.
- **Till Reconciliation:** This shows the monetary takings for the day including the amount to be deposited in the corporate bank account.

Other reports you might want to print on a daily basis are:

- **ICD/CPT Claims:** Shows a summary of charges with insurance, providers and diagnoses and is a nice way to check coding combinations and completeness of data.
- **Super Bill Audit:** This is a list of all super bills printed for the day in question. It shows which patient visits have been billed and which have not.
- **Pre Payment:** This helps ensure all advance copayments have been posted.
- **Insurance Filing Hold:** Shows a list of all invoices that are on hold. It creates a work list and ensures necessary information is added and the claim is filed.
- **Center:** This is useful for tracking supplies and will highlight possible reorder tasks.

Monthly Reports

Monthly reports should be printed in summary mode since the detail is generally available on daily reports.

- **Activity Analysis:** The different reports give a great deal of flexibility including summaries by provider, insurance, POS and TOS.
- **Profit Center:** There are multiple reports available under the profit center to analyze utilization and reimbursement by CPT, provider and insurance.
- **Adjustment Analysis:** A high level of detail with many filters that let users identify problems or follow up tasks based on payer adjustments.
- **Accounts Receivable:** Shows outstanding balances by patient or guarantor in aged categories.
- **Insurance AR:** Helps identify problem payers.
- **Statements:** Just as insurance claims filing is important, so too is billing patients for residual balances, or cash-based visits.
- **Statement Summary:** This is a rough guarantor A/R and can also be used to print a list of guarantors with credit balances that need refunds.

Annual Reports

- **Activity Analysis:** Typically a summary by provider or similar.
- **Profit Center:** This report shows code utilization.
- **Accounts Receivable Summary**
- **Fee Schedule Comparison:** Assists with contract negotiations.
- **Contract Utilization**

At Least Monthly

Some of the reports in the system are designed to help the clinic manage its collections, ensuring timely payment, catching claims which have fallen through the cracks, and ensuring that future visits will be paid by carriers. The longer you don't print these, the bigger the task will be if there are problems.

- **Insurance Status:** This shows the insurance filing status of each claim, as well as subsequent payment information. It can be used to check if payment has been made in a timely fashion, or if follow up is required.
- **Referral/Authorization:** Can be used to see things like which patient's have a lot of authorized referrals remaining but the date range is expiring, etc.
- **Claims on Hold:** Both the electronic and HCFA wizards have an option to print a summary of claims with a filing hold. These claims are put on hold because users know there is missing information on

the claim, so there was no point filing them until the information had been collected. Check to ensure that all the holds have been taken care of and put back in the print or electronic queue.

Collections

Unfortunately, accounts sometimes have to be sent to a collections agency in an attempt to receive a percentage of the outstanding balance. These agencies can do their work much better if they are furnished with sufficient information about the delinquent account and its components.

- **Chart Cover:** Shows all contact information about the patient, as well as guarantor. Don't print this if you have clinical codes anywhere on the printout.
- **Trial Balance:** Shows a detailed analysis of each invoice, one after another, including charges, payments, adjustments and all insurance filings.
- **Statement:** Similar to the trial balance, except this does not show as much insurance filing information.
- **Patient Roster:** This report can be filtered to show all patients with an account status of Hold.
- **Insurance Filing History:** If the collections issue is with insurance, the filing history report for an invoice can be used as part of the documentation sent to prove timely filing.
- **Collections Work List Reports:** There are two reports. The Collections Work List crystal report and the report printed from the collections module give you the ability to print work list summary and detail data.

Insurance Analysis

Many reports give different views of insurance. Listed below are some examples of the insurance-specific outputs you can find in various reports:

- **Activity Analysis:** Show payer mix, collections, and more.
- **Profit Center:** Compare utilization and reimbursement by payer.
- **Insurance AR:** Who are your big payers and who is taking longer to pay?
- **Patient List:** If you want to see what the patient panel from a particular carrier looks like, use this report.
- **Insurance Status:** Shows outstanding claims and other data related to specific claims.
- **Filing History:** These are reports that can be generated from the patient file and each invoice. They show a complete filing history for each claim and can be used to prove to insurance that you have filed claims.

Patient and Guarantor Account Analysis

There are several reports you can use for this:

- **Accounts Receivable:** Separate reports are available for AR by Insurance, Patient, and Guarantor.
- **Trial Balance:** Shows a highly detailed breakout of each invoice for a patient including all data elements.
- **Statement:** Can be viewed on screen to see account activity.
- **Statement Summary:** Shows who has balances.
- **Simple Statement:** A ledger-type report of credits and debits.
- **Statement History:** Shows patients who have been billed a number of times for particular visits but have not paid.
- **Chart Cover:** A demographic information report.

Utility Reports

These are reports printed to assist with daily tasks:

- **Chart Cover:** A detail of the patient account including insurance and guarantor information. This report is often stored in the left cover of a paper chart and is only reprinted if the information changes.
- **Super bills:** Printed individually, or in batches, this is the paper slip (route slip, encounter forms) following the patient through the clinic. Medical providers circle diagnoses and charges which are then entered into the billing system.
- **Patient Roster/List:** Both reports offer flexibility in terms of the listings of patients generated. Each has different criteria but has the flexibility to generate recall and other lists.
- **Lab Requisition Forms:** Used to fill out the header and labs ordered on those lab forms that have been programmed into the system at the request of specific laboratories.
- **Patient Dates Roster:** Used to print recall lists for follow up.
- **Notice Processor List:** The notice processor has many filters not found elsewhere. One of the outputs is a patient list.
- **Marketing Tracking:** If users enter a marketing source, the practice can analyze effectiveness of methods to get new patients.

Comparing Reports

Many of the reports in the system are based on the same data and can thus be compared with each other assuming filtering is the same. It must be noted that this does not apply in all cases due to differences between posting periods, the date types used (i.e. invoice/post date vs. date of service), security privileges (most reports that include detail restrict rights to data by facility, but there are some that do not), data grouping and so on. There are myriad reports (both Delphi and Crystal) that match.

Note: Internally, Solution Series stores dollar amounts to four decimal places of precision, then uses number rounding to generate report totals that do not exceed the traditional two decimal places for displaying dollar amounts. This may result in some very slight variations when comparing reports. Such rounding variations do not represent calculation errors and can typically be disregarded.

When a report can be compared to another report to verify the results, a “Comparison” table is provided in that report description in the “Bill Reports” chapter of this guide.

Customized Reports and Reporting Tools

e-MDs also offers several types of reporting tools including Crystal Reports, Notice Processor, and Report Manager. See the appendixes in this guide for information on using those tools to create and maintain your own reports.

3

Billing Reports

The reports listed below have been identified as the most frequently used and most effective financial reports available in the Bill module. These reports have been updated recently and their functionality has been verified prior to the current Bill module release. While other Bill reports are listed later in this chapter, we recommend that you use this core set as your primary Bill reporting tool.

- Accounts Receivable by Insurance
- Accounts Receivable by Patient/Guarantor
- Accounts Receivable by Provider
- Activity Analysis
- Adjustment Analysis
- Billing Audit
- CPT Charge and Payment Analysis (Rev. 6.31) (for Solution Series 6.31 and later)
- CPT Charge and Payment Analysis (for Solution Series 6.3.0 and earlier)
- CPT/ICD Claims
- Insurance Reimbursement Analysis
- Invoice Status Report
- Monthly Work RVUs (Rev. 6.31) (for Solution Series 6.31 and later)
- Monthly Work RVUs (for Solution Series 6.3.0 and earlier)
- Periodic Financial Activity
- Posting Closeout Audit (Rev. 6.31) (for Solution Series 6.31 and later)
- Posting Closeout Audit (for Solution Series 6.3.0 and earlier)
- Practice Summary (Rev. 6.31) (for Solution Series 6.31 and later)
- Practice Summary (for Solution Series 6.3.0 and earlier)
- Pre Payment
- Profit Center
- Provider Reimbursement by CPT
- RVU Report (Rev. 6.31) (for Solution Series 6.31 and later)
- RVU Report (for Solution Series 6.3.0 and earlier)
- RVU Tracking
- Statement
- Till Reconciliation
- Trial Balance

Continued on the next page ...

Accounts Receivable by Insurance (Insurance AR)

Purpose: Serve as an extremely important collections tool. The summary versions give managers a tool to analyze the proportion of activity for each insurance company. This enables managers to form a collections plan based on large balances and filing deadlines. The Collections module can be used to create insurance specific work lists delegated to billing personnel for follow up. One of the report options also gives an analysis by insurance class that is used to aggregate multiple insurance addresses. The report shows each company or class with aged outstanding balances. When the option to Add Invoice Details is included, users have a list of invoices that make up the summary data.

This is useful if doing paper-based collections—the user can call an insurance company and work through the most important invoices with them. (Use the Collections module for a more interactive and comprehensive way to do this.)

Report Location: Bill > Reports > Accounts Receivable > Insurance AR

Data: The report prints in landscape mode. It includes the grouping level (insurance company, class, or both), address for companies, aged and total balances, and proportion of the total A/R represented by a specific company or class.

If there are multiple payers on an invoice, the balance responsibility is assigned as follows:

- If insurance has not been filed for any payer, the balance is assigned to the primary payer.
- If one or more insurances have been filed, then the balance is assigned to the last payer with a filing status (e.g. NX or EX).

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
Profit Center	<p>Using <i>only Provider options</i>, the date type should be CPT Post Date and be the same on both reports, and Primary Only option should be checked:</p> <ul style="list-style-type: none"> • Total Charges should match Profit Center Total Charges exactly. • Total Receivable should match Profit Center Balance. • Total Payments should match Activity Analysis payments exactly when run for a total period.
Activity Analysis	<p>Run Accounts Receivable for a period <i>up to the date before</i> the Activity Analysis date range start date, and then for the end date:</p> <ul style="list-style-type: none"> • Accounts Receivables that <i>are not</i> for insurance class and company will match by adding the charges to the starting A/R, then subtracting the payments and adjustments to get the ending A/R. • Accounts Receivables that are for insurance class and company will match the Activity Analysis Summary by Insurance and Summary by Insurance Class report options.

Report Name or Description	Verify Corresponding Results
CPT Charge and Payment Analysis (Rev. 6.31)	<ol style="list-style-type: none"> 1. First run Accounts Receivables to a specific on or before date. 2. Run the CPT Charge and Payment Analysis (Rev. 6.31) for a date range starting after the A/R. 3. Run the Accounts Receivables with the on or before date set to the last date for the CPT Charge and Payment Analysis (Rev. 6.31) range. The starting A/R plus changes, minus payments and adjustments, will equal the ending A/R.
Accounts Receivable Summary by Provider	If this report is run with a start date <i>before</i> all charge and payment/adjustment data, Accounts Receivable Summary by Provider will match exactly.
Practice Summary (Rev. 6.31)	Run the Practice Summary (Rev. 6.31) with a start date <i>before</i> all charge and payment/adjustment data, and an end date <i>equal to</i> the A/R <i>on or before</i> date to yield the same ending accounts receivable numbers.

Parameters Used for Sample Report: Facility (All), Insurance Company (All), Insurance Class (All), Report Type (Insurance Company), Date Posted, On or Before (01/11/2010), Patient Address Zip (All), User (All), Detail (No Detail), Provider (All), Specialty (All), Referral (All), and Sort (Blank)

**Insurance A/R Report
(By Insurance Company)**

Print Date: 01/11/2010
Print User: .

Facility = All, Post Date on or Before = 01/11/2010
Users = All, Zip Code = All
Insurance = All, Insurance Class = All
Provider = All, Specialty = All, Referral = All

Insurance	Address	Claims #	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Total	%
AARP Health Care Options	12 D Rustic Manor Lane, Atlanta	(739)113-3659	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20.00	\$20.00	0.01
Acordia National	407 Horseshoe Dr, Charleston		\$0.00	\$528.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.00	\$665.00	0.23
Administrative Concepts, Inc.	430 Benton Road, Wayne PA		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63.00	\$63.00	0.02
AETNA	881 Orchard Ridge Drive,		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$618.00	\$618.00	0.22
AETNA	95 Ponce de Leon Boulevard,		\$0.00	\$895.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$895.00	0.32
AETNA	9973 Cedar Crest Dr, Lexington		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,085.00	\$1,085.00	0.38
AETNA	973 14th Street, Lexington KY		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,151.59	\$3,151.59	1.11
AETNA	429 Elm Hill Pike, EL PASO TX		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,401.00	\$2,401.00	0.85
AETNA	136 Brushy Creek Rd, EL PASO		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,038.00	\$1,038.00	0.37
AETNA	97397 Spring Street, San		\$788.00	\$244.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,032.00	0.36
AETNA	397 C Alexander Dr, EL PASO	(596)865-2209	\$96.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,350.83	\$10,446.83	3.68
Aetna	106 Cherry Hollow Crossing,	(139)777-5259	\$0.00	\$414.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,472.87	\$4,886.87	1.72
Aetna	8496 Colver Ln, EL PASO TX		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$458.00	\$458.00	0.16
Aetna	430 Morgan Lane, Lexington KY		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.00	\$137.00	0.05
Aetna	8024 Coriander Cv, EL PASO		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,054.00	\$1,054.00	0.37
AETNA - Withholding	147 Reynaldo St, Jacksonville		\$0.00	\$146.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$146.00	0.05
Aetna HMO	415 Great Valley Parkway, EL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$276.00	\$276.00	0.1
AETNA MC	9365 Papermoon Dr, EL PASO		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$904.77	\$904.77	0.32
AETNA PPO	406 Boulder Ln, BOSTON MA		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$419.00	\$419.00	0.15
AETNA US HC	502 Lutpold Drive, EL PASO TX		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$67.49	\$67.49	0.02
AETNA US HC	140 Babcock Place, El Paso TX		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$638.00	\$638.00	0.22
AETNA US HC MC	8742 C North Indianapolis Road,		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$229.82	\$229.82	0.08
AETNA US HC--HMO	9217 A Pike Avenue, Lexington		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$673.00	\$673.00	0.24
AmeriBen CCN	138 A Antelope Ridge, Boise ID		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$63.00	\$63.00	0.02
American Heritage Life	774 B Trail Ridge Dr,		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$166.00	\$166.00	0.06
American Medical Security	54943 Audrey Avenue, Green		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$393.00	\$393.00	0.14
American Republic Ins. Co.	141 46th Street, Clinton IA		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$88.00	\$88.00	0.03
Arthem Blue Cross and Blue	503 Lantana Court, Dallas TX		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$168.00	\$168.00	0.06
ARIA - HUMANA	420 Timberwood Dr, Austin TX		\$0.00	\$376.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$376.00	0.13
ARIA - NYLC HMO BLUE TEXAS	147 Bird Center Drive, Austin TX		\$0.00	\$2,512.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,512.00	0.89
Assurant Health	742 Stonehenge Cv, El Paso TX	(526)957-3856	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$495.00	\$495.00	0.17
Bankers Life and Casualty	292 D Oak Hollow Dr, Chicago IL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$98.60	\$98.60	0.03
BCBS	356 Pike Avenue, Dallas TX	(362)202-9583	\$0.00	\$284.00	\$0.00	\$0.00	\$0.00	\$0.00	\$53,376.90	\$53,660.90	18.92
BCBS - CAP	87300 Quaker Road, Dallas TX		\$0.00	\$303.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$303.00	0.11

Accounts Receivable by Patient/Guarantor

Purpose: Provide a simple accounts receivable ledger report listing aging and amounts for patient, guarantor, organizations and insurance by selection.

Report Location: Bill > Reports > Accounts Receivable > Patient/Guarantor

Data: Aged insurance, patient and total balances, account details, details of charges and payments, invoice detail, CPT details (Users can see not only the A/R, but also have more information about how it is made up).

Note: Balances are determined by options selected. If only patient balances are desired, users should choose that option.

Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
Periodic Financial Activity	The Accounts Receivable Summary by Provider section should match this report for receivable amounts.
Practice Summary (Rev. 6.31)	The A/R management report should match the Practice Summary report exactly for each classification, aging bracket, and totals.

Parameters Used for Sample Report: Type (Patient), Balance Options (All three options checked), Detail Level (Account), Sort Invoices By (Invoice#), Misc (Show Contact Info), Provider (All Providers), Insurance Company (All insurance Companies), Case Type (All Case Types), Post Date, On Or Before (01/11/2010), Account Status (All Accounts), Financial Group (All Financial Groups), Specialty (All Specialties), Zip Code (All Zip Codes), Code Range (All Codes), Account Name (All Names), Facilities (All Facilities), Fee (Billed Fee), Print Facility (*Name of Your Facility*)

Robin's Remarkable Remedies 125 Eastside Drive Manor, TX 78653		Accounts Receivable (Patient)									Print Date: 01/11/2010 Print User: ,
Facilities = All, Invoice Date: On or Before = 01/11/2010, Detail Level = Account Insurance = All, Fee Type = Billed Fee, Case Type = , Specialty = All, Code Range: All, All Zip Codes, Account Name Like = All Financial Group = All, Provider = All, Account Status = All, Only Invoices With Cases = N											
Account No	Name		0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+	Total	
2121561653 123 Yogurt Lane Austin, TX 78750 (512)846-5153		Charges	\$0.00	\$528.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.00	\$665.00	
		Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Total	\$0.00	\$528.00	\$0.00	\$0.00	\$0.00	\$0.00	\$137.00	\$665.00	
		Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8167A 833 Big Meadow Dr LA GRANGE, TX 78945-0000 (082)611-8923		Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	
		Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	
		Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
47895B 414 Bottlebrush Dr AUSTIN, TX 78704-0000 (414)132-5570		Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47.00	\$47.00	
		Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$15.00	
		Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00	\$32.00	
		Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
86154B 38 Rustic Manor Lane Cedar Park, TX 78613 (403)407-0599		Charges	\$0.00	\$36.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.00	
		Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Total	\$0.00	\$36.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$36.00	
		Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
82193B 408 Quaker Road Austin, TX 78703 (502)652-8484		Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Payments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15.00	\$15.00	
		Adjustments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$15.00)	(\$15.00)	
		Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	

Accounts Receivable Summary by Provider (Rev. 7.2.2)

Important! Run this report only if you are using Solution Series 7.2.2 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Generate an A/R summary by provider. It shows the A/R at the start of the reporting period, totals of charges and payments and adjustments during the period, as well as the ending A/R.

Changes in this Version: Additional parameter choices added to allow you to choose whether or not to include those invoices that have been noted as bad debt (i.e. sent to an external collections agency).

Additional parameter: Handling of Collections Invoices, with three choices:

- Include Collections Invoices: The default and will include all invoices
- Only show Collections Invoices: Will *only* include those invoices marked as Collections
- Show Collections Invoices Separately: Will include all invoices, *but* will include a new grouping, separating “Normal Invoices” from “Collections Invoices.” This grouping will be the 1st grouping, above all other existing groupings.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Accounts Receivable Summary by Provider

Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
Accounts Receivable Summary by Insurance (Insurance AR).	This report should match the Accounts Receivable Summary by Provider exactly.
Practice Summary (Rev. 6.31)	The A/R Summary Charges number should match the grand total of charges for the same date range exactly.

Parameters Used for Sample Report: Start Date (06/01/2009), End Date (12/31/2009), Provider (All)

Accounts Receivable Summary by Provider Report

Provider: All
Date Range: 6/1/2009 to 12/31/2009

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	AR Summary by Provider							
	Starting A/R	Charges	Insurance Payments	Patient Payments	Insurance Adjustments	Patient Adjustments	Pmts. and Adjs. Total	Ending A/R
Bogdanowicz, Jeremy	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Castro, Ethar C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,305.00	(\$1,305.00)
Chapman, Charlie	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,575.10	(\$11,575.10)
Cook, Luke S	\$59,784.48	\$67,162.99	\$37,184.58	\$15,812.23	\$30,511.20	\$3,016.43	\$1,411,088.62	(\$1,284,141.15)
Desjardis, Sam Joseph	\$348.37	\$0.00	\$0.00	\$55.45	\$0.00	\$53.59	\$72,818.92	(\$72,470.55)
Dodd, Keith W	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,884.00	(\$1,884.00)
Ellison, Ray J	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,432.00	(\$1,432.00)
Engelst, William R	\$39,053.11	\$81,100.21	\$37,277.77	\$15,066.08	\$28,024.04	\$510.10	\$4,136,156.53	(\$4,016,003.21)
Hanson, Melissa D	\$40,734.96	\$96,891.49	\$36,713.07	\$15,462.90	\$30,625.19	\$4,856.73	\$1,771,810.89	(\$1,634,184.44)
Hill, Brian J	\$46,383.47	\$116,351.99	\$53,641.34	\$17,991.73	\$43,834.66	\$1,308.62	\$4,683,323.50	(\$4,520,588.04)
Hoke, Michelle M	(\$2.34)	\$0.00	\$0.00	\$45.00	\$0.00	(\$45.00)	\$483,214.01	(\$483,216.35)
Jaworski, Dawn R.	\$36,531.02	\$75,193.13	\$34,432.80	\$16,835.32	\$27,894.71	\$658.42	\$2,100,982.49	(\$1,989,258.34)
Jewell, Clarke J	\$38,113.84	\$70,132.07	\$35,331.30	\$11,445.21	\$30,650.68	\$59.26	\$2,354,207.00	(\$2,245,961.09)
Long, Dylis Joseph	\$89,551.12	\$152,126.86	\$68,831.23	\$22,995.13	\$54,839.75	\$4,148.04	\$4,748,479.79	(\$4,506,801.81)
Powell, Douglas C	(\$71.00)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,073,300.39	(\$1,073,371.39)
Rogers, Ethar D	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,409,797.14	(\$1,409,777.14)
Rogers, Wayne L	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$84,093.99	(\$84,093.99)
Simmons, Anthony	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Torres, Phillip J	(\$62.15)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$270,862.40	(\$270,924.55)
Wick, Jack W	\$64,047.57	\$90,006.87	\$40,210.91	\$17,576.92	\$35,830.53	\$827.17	\$5,211,187.66	(\$5,057,133.22)
Total	\$414,426.45	\$748,965.61	\$343,623.00	\$133,285.97	\$282,210.56	\$15,903.36	\$29,827,519.43	(\$28,664,127.37)

Activity Analysis

Purpose: List totals of charges, payments and adjustments in multiple Activity Analysis reports.

Options:

- Invoices Only
- Invoices and CPT codes
- Invoices and Payments
- Summary of Payments and Adjustments
- Summary by Financial Group
- Summary by Insurance Company
- Summary by Insurance Class
- Summary by TOS
- Summary by POS
- Summary by Provider
- Summary by Referral

Report Location: Bill > Reports > Activity Analysis

Comparison: To verify report results, compare the reports and results described below.

Report Name or Description	Verify Corresponding Results
Accounts Receivable by Insurance (Insurance AR)	Run Accounts Receivable for a period <i>up to the date before</i> the Activity Analysis date range start date, and then for the end date: <ul style="list-style-type: none"> • Accounts Receivables that <i>are not</i> for insurance class and company will match by adding the charges to the starting A/R, then subtracting the payments and adjustments to get the ending A/R. • Accounts Receivables that are for insurance class and company will match the Activity Analysis Summary by Insurance and Summary by Insurance Class report options.
CPT Charge and Payment Analysis (Rev. 6.31)	<ul style="list-style-type: none"> • Charges, Payments and Adjustments should be an exact match. • Total payments and total adjustments should be exact matches.
CPT/ICD Claims	For Invoices and CPT codes: <ul style="list-style-type: none"> • These two reports should match exactly. • The provider and grand totals of charges should match the Summary by Provider charges.
Monthly Work RVUs (Rev. 6.31)	The total charges by provider and facility should be identical when run by line item.
Periodic Financial Activity	This report should balance exactly with the Activity Analysis Summary by Provider.

Report Name or Description	Verify Corresponding Results
Practice Summary (Rev. 6.31)	For Activity Summary by Provider report: <ul style="list-style-type: none"> • The A/R Summary Charges number should match the grand total of charges for the same date range exactly. • The Charges, Payments and Adjustments in the A/R Trending by Month should match the same parameters in this report. • The Charge Summary Trending by Month numbers for Invoice Count, Charges, Payments and Adjustments should match.
RVU Tracking	Provider and grand Total Charges and Total Payments for this report should match the Activity Analysis.

To Determine Best Productivity/Utilization Practices:

Run the report filtered by the insurance company. Although there are multiple activity analysis reports, start by viewing the summary by provider and/or summary by insurance company. The summary by provider view shows how each provider is doing with the plan and compares that provider against the totals. This view helps determine which doctors have best practices that can be followed, or practices that can be corrected for a better financial outcome.

Typical Frequency: Daily to Monthly

To Determine Benefits of Capitation:

In this report, focus on total charges against receipts and adjustments. In short, what the data should show is that the sum of co-payments, carve outs and capitation checks puts the practice or provider at or above what would have been received for the same number of patient visits billed fee for service. This is where the inherent risk in capitated contracts can be detected. If the number and complexity of patient visits is high, the only major income change likely to be seen is the increase in co-payments; however, this will probably be more than offset by the adjustments for capitated codes. The monthly cap check stays the same.

If anomalies with what is expected are seen, it is a warning to run other reports to see where this “loss” is occurring.

Frequency: Daily to Monthly

Parameters Used for Sample Report: Report Type (Invoices Only), Facility (All Facilities), Filter Type (Use CPT Post Date), Date Range, From (01/01/2009), To (12/31/2009), User (All Users), Patient Address Zip (All Zip Codes), Insurance Company (All), Insurance Class (All Classes), Provider (All Providers), Specialty (All), Referral (All Referrals), Type of Service (TOS) (All TOS), Place of Service (POS) (All), Financial Group (All Financial Groups), Fee (Billed Fee), Sort by (Blank), Print Facility (*Your Print Facility*)

Heal with Steel Health Center
 8789 Apple Blossom
 Cedar Park, TX 78613-1234

Activity Analysis (Invoice)

Print Date: 03/05/2010
 Print User: Adams, Garth

Facility = All, Date Type = Use CPT Post Date, Date Range = 01/21/2009 - 12/31/2009
 Users = All, Zip Code = All
 Insurance = All, Insurance Class = All, Financial Group = All
 Provider = All, Specialty = All, Referral = All, POS = All, TOS = All, Fee Type = Billed Fee

Allthework, Dew

Invoice#	Account#	Patient	Insurance	Ins. Class	FGP	Inv. Date	DOS	Charge
223	DEPDUP0001	Stephens, Eugene	General American	PHCS	PPO	04/07/2009	04/07/2009	\$0.00
# of Invoices: 1		Average Charge:		\$0.00	Total Charges:		\$0.00	

Endocrin, Edward

Invoice#	Account#	Patient	Insurance	Ins. Class	FGP	Inv. Date	DOS	Charge
159	HEAHEA0001	Heath, Heather	Blue Cross and Blue Shield	Blue Cross/Blue	BCS	03/24/2009	03/24/2009	\$172.99
# of Invoices: 1		Average Charge:		\$172.99	Total Charges:		\$172.99	

Hobson, Stephanie

Invoice#	Account#	Patient	Insurance	Ins. Class	FGP	Inv. Date	DOS	Charge
205	JONBRI0001	Jones, Brian	Workers Compensation	Workers Comp	WMC	04/03/2009	04/02/2009	\$32.40
207	JONBRI0001	Jones, Brian	United Health Care	United Health Care	WMC	04/03/2009	04/02/2009	\$77.48
# of Invoices: 2		Average Charge:		\$54.94	Total Charges:		\$109.88	

Adjustment Analysis

Purpose: Analyze the distribution of EOB adjustment reason codes posted against charges in the adjustment fields of the payment distribution grid. They may be posted manually or may be using electronic remittance.

Potential uses of the report include:

- Track particular adjustments and take follow-up actions to correct any that are indicative of problems. For example, a specific procedure is frequently denied because it lacks a modifier. Set up a fee schedule rule to always add it or prompt users to do so.
- Find all invoices that contain a CPT code denied by a payer that has subsequently been found to be reimbursable
- Compare payers to see if one is adjusting particular line items that others are paying, or to see if particular CPT codes are being denied on a consistent basis so that an office protocol can be established for submitting the claims differently
- Generate an interactive follow-up work list (double-click a record in the detail section to open the corresponding invoice in edit mode). This is a very useful work list tool. The adjustment analysis report can be accessed from the **Reports** tab in the Bill module and from the electronic remittance window. When running it in the electronic remittance window, it only shows the details for the current remittance file and does not have any filtering options. The above instructions are for the more detailed report.

Report Location: Bill > Reports > Adjustment Analysis

Typical Frequency: Daily to Monthly

Parameters Used for Sample Report: From Reason Code (1), To Reason Code (1), Post Date Range (01/01/2009 to 01/01/2010), Facility (All), Provider (All), Insurance (Blank), Insurance Class (All), Financial Group (All), From CPT Code (Blank), To CPT Code (Blank)

The screenshot shows the 'Adjustment Analysis' window with the following data:

Summary Table:

Reason Code	Description	Count	Total	Posted
Total		3	\$21.09	\$21.09
A2	Contractual adjustment.	3	\$21.09	\$21.09

Detail Table:

Code	Invoice #	DOS	Post Date	FGP	Insurance	Patient	Provider	CPT Code	Allowed	Billed
A2	90	07/02/2008	7/2/2008	BCS	Blue Cross and Blue Shi	Head, Heather	Killdear, Kelsey	99213	\$60.39	
A2	90	07/02/2008	7/2/2008	BCS	Blue Cross and Blue Shi	Head, Heather	Killdear, Kelsey	36415	\$3.00	
A2	90	07/02/2008	7/2/2008	BCS	Blue Cross and Blue Shi	Head, Heather	Killdear, Kelsey	99000	\$3.00	

Heal with Steel Health Center
 8789 Apple Blossom
 Cedar Park, TX 78613-1234

Adjustment Analysis Detail Report

Print Date: 2/19/2010
 Print User: Adams, Garth

Provider: All Insurance: Financial Group: All
 CPT Code: All

Reason Code	Description	Count	Amount	Posted
A2	Contractual adjustment.	3	\$21.09	\$21.09

Reason Code	DOS	Invoice #	Post Date	Insurance	FGP	Patient
Provider		CPT	Allowed Fee	Billed Fee	Payment	Adjustment
A2	07/02/2008	90	07/02/2008	Blue Cross and Blue Shield	BCS	Head, Heather
Killdear, Kelsey		99213	\$60.39	\$77.48	\$50.00	\$17.09
A2	07/02/2008	90	07/02/2008	Blue Cross and Blue Shield	BCS	Head, Heather
Killdear, Kelsey		36415	\$3.00	\$5.00	\$60.00	\$2.00
A2	07/02/2008	90	07/02/2008	Blue Cross and Blue Shield	BCS	Head, Heather
Killdear, Kelsey		99000	\$3.00	\$5.00	\$30.00	\$2.00

Heal with Steel Health Center
 8789 Apple Blossom
 Cedar Park, TX 78613-1234

Adjustment Analysis Summary Report

Print Date: 2/19/2010
 Print User: Adams, Garth

Reason Code: From 1 To W1
 Date: From 1/1/2009 To 1/1/2010

Reason Code	Description	Count	Total	Posted
Total		3	\$21.09	\$21.09
A2	Contractual adjustment.	3	\$21.09	\$21.09

Billing Audit

Purpose: Track changes to every field that affects financial posting. This includes invoicing (insurance, ICDs, CPT grid, Edit CPT, reversals), payments (sources, insurance, prepayments, electronic remittances, and distribution data), claim preparation, and claim defects.

Note: The auditing function available in this report is only effective for transactions posted after upgrading to Solution Series version 6.31 or later. To audit financial posting activity prior to that upgrade date, continue using the audit functions at **Bill > Reports > Audit Trails > Legacy**.

With this report, you can track the specific data that is important for your financial audit purposes. With this report you can:

- Use the search function to retrieve all audit events based on your entered parameters for the current date.
- Generate a preview of print output based on your entered parameters.
- Generate a hard-copy printout of the audit data

This report is accessible from both the Reports menu and from within invoices and payments to provide easy research functionality when investigating claim or payment activity.

Report Location: Bill > Reports > Audit Trails > Billing Audit

Valid on Product Versions: Solution Series 6.31 and later

Parameters/Filters:

- Dates (Activity, Post, and Service)
- User (list names, multi-select list, and All Users)
- Patient (search for name or Patient Name Display)
- Invoice Guarantor (search for name or Guarantor Name Display)
- Invoice #
- Transaction Classification (Insert, Update, View, Print, Deny Access, Attempted Delete, Delete, Audited, and Search)
- Financial Record Type (Invoice, Invoice Notes, Form, Claim, Payment, Default Date, Batch Number, Charge, Claim Prepare, Invoice Insurance, Diagnosis, Payment Source, Payment Distribution, Statement, Electronic Remittance, Prepayment, and Claim Default)
- Field Search (any field name that is logged in the audit trail)
- Description (text search of audit description)
- Show User Summary on Printout

Parameters Used for Sample Report: Date of Activity, From (02/18/2010), To (02/19/2010), Invoice# (Blank), Post Date (Blank), Guarantor (Blank), Service Date (Blank), Field (Blank), Patient (Blank), Description (Blank), Users (Active Users), Transaction Type (Blank), and Transaction Classification (Blank)

ZBK Report Test Facility
 9900 Whatever Lane
 Kerens, TX 75144
 Activity Date: 01/12/2010 - 01/13/2010,
 Users: All
 Transaction Type: All
 Transaction Classification: All

Billing Audit Report

Print User: ,
 Print Date: 1/13/2010

Date	Login Name	Workstation	Field	Action	Type Of Record	Invoice #	Section/ Patient
1/13/2010 4:21:34 PM		SLAWBERSON	Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: All; Transaction Classification: All							
1/13/2010 4:21:09 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: All; Transaction Classification: All							
1/13/2010 4:21:03 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: All; Transaction Classification: Invoice, Statement,							
1/13/2010 4:20:25 PM		SLAWBERSON	Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search, Update, View, ; Transaction							
1/13/2010 4:20:25 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search, Update, View, ; Transaction							
1/13/2010 4:19:59 PM		SLAWBERSON	Summary Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search, Update, View, ; Transaction							
1/13/2010 4:19:55 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search, Update, View, ; Transaction							
1/13/2010 4:19:50 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Post Date: 01/12/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search, Update,							
1/13/2010 4:19:34 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search, Update, View, ; Transaction							
1/13/2010 4:19:09 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Update, View, ; Transaction Classification: All							
1/13/2010 4:19:05 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Update, View, ; Transaction Classification: All							
1/13/2010 4:19:04 PM		SLAWBERSON	Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Update, View, ; Transaction Classification: All							
1/13/2010 4:18:29 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/12/2010 - 01/13/2010 ; Users: All; Transaction Type: Update, View, ; Transaction Classification: Invoice, Statement,							
1/13/2010 4:17:48 PM		SLAWBERSON	Access Audit	Audited	Form	0	,
Description:							
1/12/2010 3:04:36 PM		SLAWBERSON	Summary Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/01/2010 - 01/12/2010 ; Service Date: 01/11/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search,							
1/12/2010 3:04:18 PM		SLAWBERSON	Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/01/2010 - 01/12/2010 ; Service Date: 01/11/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search,							
1/12/2010 3:04:18 PM		SLAWBERSON	Search	Audited	Form	0	,
Description: Parameters : Activity Date: 01/01/2010 - 01/12/2010 ; Service Date: 01/11/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search,							
1/12/2010 3:04:01 PM		SLAWBERSON	Preview	Audited	Form	0	,
Description: Parameters : Activity Date: 01/01/2010 - 01/12/2010 ; Service Date: 01/11/2010 ; Users: All; Transaction Type: Attempted Delete, Audited, Copy, Delete, Deny Access, Insert, Print, Save, Search,							

CPT Charge and Payment Analysis (Rev. 6.31)

Important! Run this report only if you are using Solution Series 6.31 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Provide a report similar to the Profit Center Report but with all charges, payments and adjustments based on activity within the specific date range selected (the Profit Center bases payments and adjustments on the charge date range).

Valid on Product Versions: Solution Series 6.31 and later

Data:

- CPT Code
- Unit Count
- Charges for CPT
- Charge %
- Payment Count
- Total Payments for CPT
- % Payments of Charges
- Adjustment Count
- Total Adjustments for CPT
- % Adjustments of Charges Data is grouped by Provider

Note: CPT codes will display with separate lines for each modifier and description entries. If a description is changed for "catch-all" codes (these will have blank or modified descriptions), expect to see an entry for each. There are totals for each provider as well as grand totals for all providers.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > CPT Charge and Payment Analysis (Rev. 6.31)

Typical Frequency: Monthly

Comparison: To verify report results, examine the reports and results described below:

Report Name or Description	Verify Corresponding Results
Provider vs. Summary	Provider breakouts should add up to match the summary at the end of this report.
Activity Analysis Summary by Provider	Charges, Payments and Adjustments should be an exact match
Activity Analysis Summary by Payments	Total payments and total adjustments should be exact matches
Accounts Receivable by Insurance (Insurance AR)	<ol style="list-style-type: none"> 1. First run Accounts Receivables to a specific on or before date. 2. Run the CPT Charge and Payment Analysis (Rev. 6.31) for a date range starting after the A/R. 3. Run the Accounts Receivables with the on or before date set to the last date for the CPT Charge and Payment Analysis (Rev. 6.31)

Report Name or Description	Verify Corresponding Results
	range. The starting A/R plus changes, minus payments and adjustments, will equal the ending A/R.
Profit Center	<ul style="list-style-type: none"> When running the detail report using the Provider and CPT/HCPCS Code Report Selection option, with the Primary Only box checked and all other parameters the same, the codes, count and charges should match. When running the summary option with the same parameters, the total charges should match for each provider. For each code that is on the Profit Center, there should be an exact match on the CPT Charge and Payment Analysis (Rev. 6.31). <p>Note: The CPT Charge and Payment Analysis (Rev. 6.31) Report may show additional codes that have no charges within the report date range but do have payments or adjustments.</p>
Monthly Work RVUs (Rev. 6.31)	Using the same date and facility filtering, the reports should be an exact match. Provider Monthly Charges totals should be exactly the same as grand totals for the report.
RVU Report (Rev. 6.31)	The CPTs and unit counts should match.
RVU Tracking	The codes, units, and charges should match this report.

Parameters Used for Sample Report: 01 Post Start Date (01/01/2009), 02 Post End Date (12/31/2009), 03 Financial Group (Blank), 04 Provider (Blank), 05 Facility (Blank), 06 Referring Physician (Blank), 07 Insurance Class (Blank), Code Range 1 (00000), Code Range 2 (ZZZZZ), Code Range 3 (Blank)

CPT Charge and Payment Analysis											
Code	Mods	Description	Units	Charges	Chg %	# Pmts	Payments	% Chgs	# Adjs	Adjustments	% Chgs
J7614		Xopenex, unit dose for nebulizer	3.0	\$20.00	0.00	2	\$1.31	6.55	2	\$8.69	43.45
J7615		Levalbuterol, inhalation solution, compounded product, admin	1.0	\$4.00	0.00	0	\$0.00	0.00	1	\$3.79	94.75
J7626		Budesonide inhale soln, FDA-approvd final, non-compounded,	1.0	\$12.00	0.00	1	\$1.07	8.92	1	\$5.99	49.92
J7644		Ipratropium bromide, inhale soln, FDA-approvd fina, non-comp	1.0	\$5.00	0.00	1	\$1.64	32.80	2	\$6.86	137.20
L0210		Thoracic orthotic, rib belt	0.0	\$0.00	0.00	1	\$24.00	0.00	0	\$0.00	0.00
L3908		WHFO, wrist extension control, cock-up, non-molded	0.0	\$0.00	0.00	1	\$8.34	0.00	0	\$0.00	0.00
L3908		WHFO, wrist extension control cock-up, non molded, prefabric	9.0	\$279.00	0.05	9	\$167.40	60.00	6	\$46.50	16.67
L3908	GA	WHFO, wrist extension control, cock-up, non-molded	1.0	\$31.00	0.01	0	\$0.00	0.00	0	\$0.00	0.00
L4350		Ankle control orthosis, stirrup style, rigid, includes any t	0.0	\$0.00	0.00	2	\$49.00	0.00	0	\$0.00	0.00
L4360		Walking boot, pneumatic, with or without joints/interface ma	1.0	\$280.00	0.05	3	\$316.98	113.21	2	\$243.02	86.79
00091		Obtain/prepare screening pap smear; convey to lab	1.0	\$67.00	0.01	1	\$3.55	5.20	1	\$23.45	35.00
S0020		Injection, bupivacaine hydrochloride, 30 ml	11.0	\$165.00	0.03	11	\$25.08	15.20	11	\$138.97	84.22
X0019		Interest Payment from Insurance	21.0	\$407.33	0.08	21	\$407.33	100.00	0	\$0.00	0.00
X0033		Prepayment	3.0	\$0.00	0.00	3	\$70.00	0.00	1	(\$30.00)	0.00
X18SD9		IBS Diagnostio-9 from Promethius Labs	1.0	\$0.00	0.00	0	\$0.00	0.00	0	\$0.00	0.00
Totals for Wick, Jack W :			7,367.0	\$511,641.33		8946	\$303,284.58	59.28	7489	\$231,068.96	45.16
Grand Totals:			47,146.0	\$3,337,397.47		61254	\$2,049,071.09	61.40	45430	\$1,345,030.70	262.89

CPT Charge and Payment Analysis

Important! Run this report only if you are using Solution Series 6.3.0 or earlier. If you are using a later version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: This report is similar to the Profit Center report except that all charges, payments and adjustments are based on activity within the specific date range selected (the Profit Center bases payments and adjustments on the charge date range).

Valid on Product Versions: Solution Series 6.3.0 and earlier

Data:

- CPT Code
- Unit Count
- Charges for CPT
- Charge %
- Payment Count
- Total Payments for CPT
- % Payments of Charges
- Adjustment Count
- Total Adjustments for CPT
- % Adjustments of Charges Data is grouped by Provider

Note: CPT codes will display with separate lines for each modifier and description entries. If a description is changed for "catch-all" codes (these will have blank or modified descriptions), expect to see an entry for each. There are totals for each provider as well as grand totals for all providers.

Parameters Used for Sample Report: Code Range 1 (00000 to ZZZZZ), Code Range 2 (00000 to 00000), Code Range 3 (00000 to 00000), Date Type (Post Date), Start Date (01/01/2008), End Date (12/31/2008), Financial Group (Blank), Insurance Class (Blank), Facility (Blank), Provide (Blank), Referring Physician (Blank), Show modifier breakout? (Yes), Display Options (Show both the "Breakout by Provider" and the "All Provider Summary")

Filters:

CPT Charge and Payment Analysis

Print Date/Time: 6/25/2008, 2:38:33 PM
Page: 26 of 38

Provider: ALL
Facility: ALL
FGP: ALL

Referring: ALL
Date Range: 1/1/2008 to 12/31/2008
Insurance Class: ALL

Show Modifiers: True
Display Option: Show both the "Breakout by Provider" and the "All Provider Summary"

Code	M1-M4	Description	Units	Charges	Chg %	# Pmts	Payments	% Chgs	# Adjs	Adjustments	% Chgs
Wright, Levi A											
23410		Repair musculotendinous cuff; acute	1.0	\$1,844.25	41.85	0	\$0.00	0.00	0	\$0.00	0.00
23410		Repair musculotendinous cuff; acute	1.0	\$1,844.25	41.85	0	\$0.00	0.00	0	\$0.00	0.00
80156		Carbamazepine; total	1.0	\$25.74	0.58	0	\$0.00	0.00	0	\$0.00	0.00
81002		UA, nonauto, w/o micro	1.0	\$0.00	0.00	0	\$0.00	0.00	0	\$0.00	0.00
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office visit - established pt, Level 3	1.0	\$77.00	1.75	1	\$39.93	51.86	2	\$37.07	48.14
99213		Office or outpatient visit for the E&M of an established pat	1.0	\$77.00	1.75	0	\$0.00	0.00	0	\$0.00	0.00
Totals for Wright, Levi A :			13.0	\$4,407.24		8	\$319.44	7.25	16	\$296.56	6.73
Grand Totals:			526.0	\$49,953.72		203	\$4,343.44	8.69	29	\$570.20	12.94

CPT/ICD Claims

Purpose: Display detail of each claim for a period of time. This includes CPT/HCPCS codes, current file status, primary ICD code, dates of service, last date filed and charges. It is a useful report for checking codes before they are filed and also to see what claims are filed under a particular supervisor. It could also be used to identify all claims with a particular coding combination in case these need to be corrected or resubmitted due to changes in payer rules.

Report Location: Bill > Reports > CPT/ICD Claims

Grouped by: Provider or by insurance company

Typical Frequency: Monthly or More Often

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
Activity Analysis Invoices and CPTs	The CPT charges in these two reports should match.
Activity Analysis Summary by Provider	The grand totals of charges should match the Summary by Provider charges.

Parameters Used for Sample Report: Report Type (By DOS Provider), Facility (All Facilities), Date Type (Use Post Date), Date Range, From (01/01/2009), To (12/31/2009), Financial Group (All Financial Groups), Insurance Company (All), Insurance Class (All Classes), Provider (All Providers), Supervising Provider (All Providers), CPT Codes (All CPTs), HCPCS Codes (All HCPCS), and ICD Codes (All ICDs)

ZBK Report Test Facility 9900 Whatever Lane Kerens, TX 75144	CPT/ICD Claims Report (By DOS Provider)	Print Date: 1/12/2010 2:42:02 PM Print User: ,							
Facility = All, Date Type = Use Post Date, Date Range = 01/01/2009 - 12/31/2009 Insurance = All, Insurance Class = All, Financial Group = All Provider = All, CPT Range: All, HCPCS Range: All, ICD Range: All									
DOS Provider / Supervisor: Wick, Jack W / Wick, Jack W									
Insurance: United Health Care									
Invoice: 265692	Patient: [REDACTED]								
CPT	M1 M2 M3 M4	Status ICD	DOS Dates	Post Date	Last File	Order	Units	Unit Charge	Total Charges
99213		EX 477.0	04/06/09 - 04/06/09	04/06/09	04/07/09	1	1	\$88.00	\$88.00
Invoice Total									\$88.00
Insurance Company Total									\$459.00
Insurance: United Health Care									
Invoice: 268621	Patient: [REDACTED]								
CPT	M1 M2 M3 M4	Status ICD	DOS Dates	Post Date	Last File	Order	Units	Unit Charge	Total Charges
99202		EX 461.2	04/29/09 - 04/29/09	04/29/09	05/01/09	1	1	\$108.00	\$108.00
87804	QW	EX 461.2	04/29/09 - 04/29/09	04/29/09	05/01/09	1	1	\$30.00	\$30.00
87804	QW 59	EX 461.2	04/29/09 - 04/29/09	04/29/09	05/01/09	1	1	\$30.00	\$30.00
Invoice Total									\$168.00
Insurance Company Total									\$168.00

Insurance Reimbursement Analysis

Purpose: Show reimbursement by CPT/HCPCS; similar to the fee schedule and contract analysis reports. The report is based upon distributed payments – it does not include ANY non-distributed amounts (which the system does not allow from v6.0).

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Insurance Reimbursement Analysis

Data: CPT/HCPCS code and billing description, Allowed (contracted) charges, % those charges represent of all charges (giving a good benchmark for which codes to focus on most when negotiating), Payments in the date range, % the payment is for all payments (should be a relatively similar number to % charges - differences highlight areas on which to focus), Adjustments in the date range, Allowed differential (total allowed charges minus total payments - ideally this should be zero), Total cost, Total Profit, Totals for most columns

Notes:

- ♦ Billing descriptions may not display for all codes because the billing description has only been stored as part of the distribution in more recent versions of e-MDs Bill.
- ♦ If costs have not been stored for CPT/HCPCS codes, it will take a while for this data to become valid as the cost is stored with the procedure to allow for changes over time, i.e. adding a cost today will not add that cost to all procedures already billed. Cost is entered in fee schedules under the Details tab for each specific code.

Potential Analysis of Data: Double-click on a particular CPT to drill down on modifier combinations for a particular CPT to see if using those has a positive or negative impact on reimbursement.

Parameters Used for Sample Report: 1 Facility (All), 2 Provider (All), 3 Start Date (06/01/2009), 4 (End Date (12/31/2009), 5 Code Range Start (00000), 6 Code Range End (ZZZZZ), 7 Fee Schedule Name (Blank)

Insurance Contract Reimbursement Analysis										
Parameters: Facility: ALL Provider: ALL Date Range: 6/1/2009 to 12/31/2009 Code Range: 00000 to ZZZZZ Fee Schedule: ALL										Print Date: 1/13/2010, 1:46:31PM Page 8 of 8
Code	Description	Allowed Charges	%	Total Payments	%	Total Adjustments	Allowed Differential	Total Cost	Profit	
J0696	Injection, ceftriaxone sodium, per 250 mg	\$1,032.00	0.07	\$43.41	0.01	\$839.39	\$988.59	\$0.00	\$43.41	
J1000	Injection, depo-estradiol cypionate, up to 5 mg	\$13.00	0.00	\$0.00	0.00	(\$7.84)	\$13.00	\$0.00	\$0.00	
J1020	Injection, methylprednisolone acetate, 20 mg	\$290.00	0.02	\$47.37	0.01	\$212.73	\$308.63	\$0.00	\$47.37	
J1030	Injection, methylprednisolone acetate, 40 mg	\$1,440.00	0.12	\$282.98	0.06	\$784.45	\$1,427.02	\$0.00	\$282.98	
J1040	Injection, testosterone cypionate, 80 mg	\$1,440.00	0.11	\$332.21	0.07	\$759.39	\$1,251.79	\$0.00	\$332.21	
J1055	Injection, medroxyprogesterone acetate for contraceptive	\$852.00	0.08	\$289.68	0.06	\$290.94	\$796.32	\$0.00	\$289.68	
J1070	Injection, testosterone cypionate, up to 100 mg	\$240.00	0.02	\$61.91	0.01	\$99.42	\$298.09	\$32.80	\$1.71	
J1080	Injection, testosterone cypionate, 1 cc, 200 mg	\$600.00	0.07	\$145.87	0.03	\$163.11	\$838.13	\$0.00	\$145.87	
J1100	Injection, dexamethosone sodium phosphate, 1 mg	\$216.00	0.02	\$5.23	0.00	\$224.45	\$213.77	\$0.00	\$5.23	
J1580	Injection, garamyacin, gentamicin, up to 80 mg	\$25.00	0.00	\$8.00	0.00	\$20.12	\$21.10	\$3.64	\$4.35	
J1815	Injection, insulin per 5 units	\$30.00	0.00	\$1.55	0.00	\$28.45	\$28.45	\$0.00	\$1.55	
J1885	Injection, ketorolac tromethamine, per 15 mg	\$144.00	0.01	\$3.46	0.00	\$140.54	\$140.54	\$5.70	(\$2.24)	
J2175	Injection, meperidine hydrochloride, per 100 mg	\$198.00	0.01	\$23.80	0.01	\$139.73	\$192.20	\$0.00	\$23.80	
J2270	Injection, morphine sulfate, up to 10 mg	\$18.00	0.00	\$0.00	0.00	\$0.00	\$54.00	\$0.00	\$0.00	
J2275	Injection, morphine sulfate (preservative-free sterile solu	\$252.00	0.02	\$65.08	0.01	\$173.31	\$240.92	\$0.00	\$65.08	
J2300	Injection, nalbuphine hydrochloride, per 10 mg	\$6.00	0.00	\$4.40	0.00	\$1.60	\$1.60	\$0.00	\$4.40	
J2550	Injection, promethazine HCl, up to 50 mg	\$333.00	0.03	\$66.21	0.01	\$196.57	\$322.79	\$0.00	\$66.21	
J3301	Injection, triamcinolone acetonide, not otherwise specifc	\$215.00	0.02	\$60.87	0.01	\$109.77	\$189.13	\$0.00	\$60.87	
J3302	Injection, triamcinolone diacetate, per 5 mg	\$36.00	0.00	\$0.31	0.00	\$17.69	\$35.69	\$0.00	\$0.31	
J3360	Injection, diazepam, up to 5 mg	\$18.00	0.00	\$0.00	0.00	\$18.00	\$18.00	\$0.00	\$0.00	
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1000 mcg	\$133.00	0.01	\$9.17	0.00	\$75.40	\$151.83	\$0.00	\$9.17	
J3535	Drug administered through a metered dose inhaler	\$20.00	0.00	\$15.20	0.00	\$12.30	\$8.90	\$0.00	\$15.20	
J7614	Xopenex, unit dose for nebulizer	\$100.00	0.01	\$11.00	0.00	\$73.69	\$98.90	\$0.00	\$11.00	
J7615	Levalbuterol, inhale soln, compd, admin DME, UD, 0.5 r	\$48.00	0.00	\$32.60	0.01	\$18.15	\$23.40	\$0.00	\$32.60	
L3260	Surgical boot/shoe, each	\$210.00	0.02	\$54.53	0.01	\$40.29	\$185.47	\$84.00	(\$41.47)	
L3908	W/HO, wrist extension control cook-up, non molded, prei	\$899.00	0.07	\$602.30	0.13	\$46.35	\$420.70	\$0.00	\$602.30	
L4250	Ankle control orthosis, stirrup style, rigid, includes any t	\$882.00	0.07	\$497.35	0.11	\$36.75	\$462.65	\$0.00	\$497.35	
Q0091	Obtain/prepare screening pap smear; convey to lab	\$134.00	0.01	\$38.35	0.01	\$28.65	\$162.65	\$0.00	\$38.35	
Q4049	Finger splint, static	\$12.00	0.00	\$7.80	0.00	\$0.00	\$4.20	\$0.00	\$7.80	
S0020	Injection, bupivacaine hydrochloride, 30 ml	\$675.00	0.05	\$127.13	0.03	\$487.84	\$577.87	\$0.00	\$127.13	
S0093	Injection, morphine sulfate	\$0.00	0.00	\$4.34	0.00	\$5.66	(\$4.34)	\$0.00	\$4.34	
X0018	Payment from Ins..No visit found	\$0.00	0.00	\$0.00	0.00	(\$115.59)	\$0.00	\$0.00	\$0.00	
X0019	Interest Payment from Insurance	\$0.00	0.00	\$30.44	0.01	\$0.00	(\$30.44)	\$0.00	\$30.44	
X0032	x-ray copies	\$8.00	0.00	\$8.00	0.00	\$0.00	\$0.00	\$0.00	\$8.00	
X0033	Prepayment	\$0.00	0.00	\$0.00	0.00	(\$215.69)	\$0.00	\$0.00	\$0.00	
X0PMT	Payment from insurance..invoice locked	\$0.00	0.00	\$57.42	0.01	(\$57.42)	(\$57.42)	\$0.00	\$57.42	
XCRED	Double payment from insurance	\$0.00	0.00	\$0.00	0.00	(\$19.48)	\$0.00	\$0.00	\$0.00	
Totals:		\$1,079,196.84		\$452,637.17		\$297,194.11	\$994,216.65	\$50,188.56	\$395,504.84	

Invoice Status Report

Purpose: List claims showing patient, DOS, insurances on invoice with phones, policy #, last filed date, file status, billed amount, payments, adjustments, and balance.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Invoice Status Report

Typical Frequency: Weekly

Parameters Used for Sample Report: Date Range (11/01/2009 to 12/31/2009), Insurance Company Name (All), Invoice Balance (\$0.00), Show Patient Balances (Show Patient & Insurance Financials), Only Show Invoices on Hold (Show All Invoices)

		Invoice Status Report										Printed: 01/13/2010 01:37PM Page: 3 of 3	
Date of Service Range: 11/01/2009 to 12/31/2009													
Insurance Company: ALL													
Minimum Balance: \$0.00													
Only Show Invoices on Hold: NO													
Invoice	Patient	DOB Insurance Company	DOS Phone	Billed Amt Group Num	Ins Paid Policy Num	Type	Ins Adj Last Filed	F/S	Pat Credits	Ins Bal	Pat Bal	Inv Bal	
277209	Balko, Andrew	12/20/73 Aetna Medicare Rural Health Insurance	11/19/09 (803)139-4961	\$ 101.00 88109910001	\$ 0.00 W148631904	Pri Sec	\$ 0.00	EF	\$ 0.00	\$ 81.00	\$ 20.00	\$ 101.00	
277210	Balko, Andrew	12/20/73 Aetna Medicare Rural Health Insurance	11/19/09 (803)139-4961	\$ 300.00 88109910001	\$ 0.00 W148631904	Pri Sec	\$ 0.00	EF	\$ 0.00	\$ 280.00	\$ 20.00	\$ 300.00	
277211	Balko, Aaron R	07/05/00 Medicare Rural Health Insurance ARIA - NYLC HMO B LUE TEXAS	11/19/09	\$ 88.00 None 70000 G	\$ 0.00 871858173m ZGZ45985565441	Pri Sec	\$ 0.00	NF	\$ 0.00	\$ 88.00	\$ 0.00	\$ 88.00	
277212	Balko, Aaron R	07/05/00 Medicare Rural Health Insurance ARIA - NYLC HMO B LUE TEXAS	11/19/09	\$ 101.00 None 70000 G	\$ 0.00 871858173m ZGZ45985565441	Pri Sec	\$ 0.00	NF	\$ 0.00	\$ 101.00	\$ 0.00	\$ 101.00	
277213	Balko, Aaron R	07/05/00 Medicare Rural Health Insurance ARIA - NYLC HMO B LUE TEXAS	11/19/09	\$ 400.00 None 70000 G	\$ 0.00 871858173m ZGZ45985565441	Pri Sec	\$ 0.00	NF	\$ 0.00	\$ 400.00	\$ 0.00	\$ 400.00	
277215	Fagan, Christie	10/09/22 MEDICARE PART B	11/25/09 (526)633-0777	\$ 130.76 001	\$ 0.00 654654654	Pri	\$ 0.00	EF	\$ 0.00	\$ 130.76	\$ 0.00	\$ 130.76	
277220	LaPorte, M L	08/27/77 HUMANA CLAIMS OFFICE	12/07/09 (315)072-7416	\$ 108.00 674362	\$ 0.00 00302682701	Pri	\$ 0.00	EF	\$ 0.00	\$ 88.00	\$ 20.00	\$ 108.00	
277222	Kalman, Alan R	05/02/83 AETNA	12/16/09 (755)710-6904	\$ 126.00 62039301300010	\$ 0.00 W158519587	Pri	\$ 0.00	EF	\$ 0.00	\$ 96.00	\$ 30.00	\$ 126.00	
TOTALS:				41	\$ 15,164.07	\$ 54.00	\$ 904.76	\$ 40.00	\$ 13,795.31	\$ 370.00	\$ 14,165.31		

Monthly Work RVUs (Rev. 6.31)

Important! Run this report only if you are using Solution Series 6.31 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Provide a monthly breakout of total charges and work RVUs by provider. The report also includes YTD (year-to-date) data. Grand totals for YTD and monthly data are at the bottom. With this report, you can choose to list CPT data based on either a service date or invoice post date range.

Valid on Product Versions: Solution Series 6.31 and later

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Monthly Work RVUs (Rev. 6.31)

Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
CPT Charge and Payment Analysis (Rev. 6.31)	Using the same date and facility filtering, the reports should be an exact match. Provider Monthly Charges totals should be exactly the same as grand totals for the report.
Activity Analysis	The total charges by provider and facility should be identical when run by line item.
RVU Tracking	The total charges should be identical for this report.
RVU Report (Rev. 6.31)	The Work RVU totals should be identical.

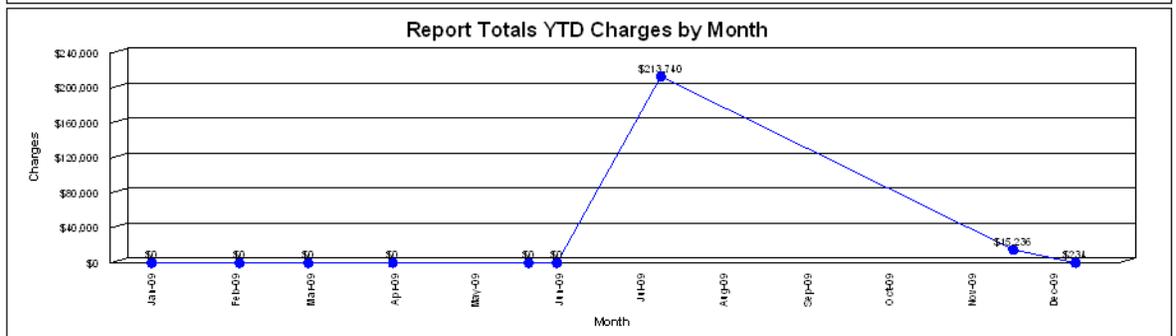
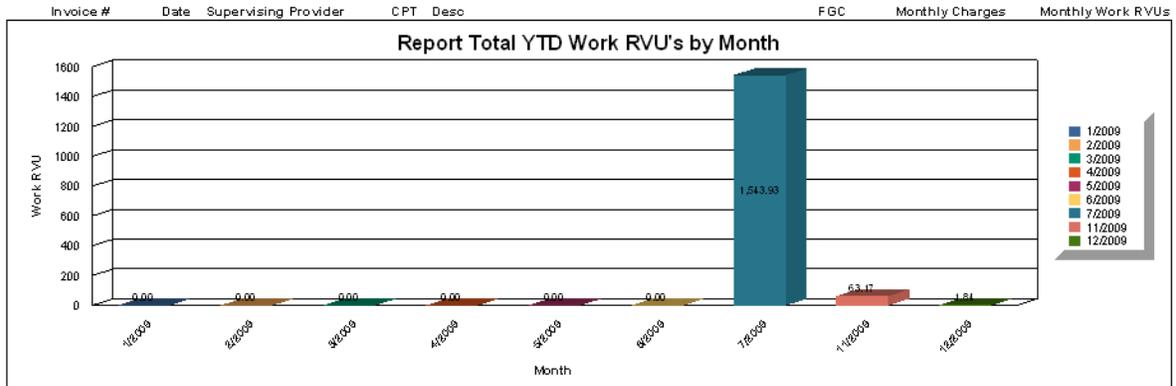
Parameters Used for Sample Report: Date Type (Post Date), Group By (Provider), Start Date (07/01/2009), End Date (12/31/2009), Medical Facility (All), Provider (All), Show Line Item Details (Yes)

Invoice #	Date	Supervising Provider	CPT	Desc	FGC	Monthly Charges	Monthly Work RVUs
Cook, Louis S							
277175	11/18/2009	Cook, Louis S	99211	Office visit - established pt, Level 1	AET	\$36.00	0.17
277186	11/18/2009	Cook, Louis S	99215	Office visit - established pt, Level 5	HUM	\$199.00	2.00
277205	11/19/2009	Cook, Louis S	00404	Anesthesia: radical breast procedure	B CS	\$300.00	0.00
277205	11/19/2009	Cook, Louis S	90281	Immune globulin (lg), human for intramuscular use	B CS	\$101.00	0.00
277205	11/19/2009	Cook, Louis S	99213	Office visit - established pt, Level 3	B CS	\$88.00	0.92
277206	11/19/2009	Cook, Louis S	00404	Anesthesia: radical breast procedure	B CS	\$200.00	0.00
277206	11/19/2009	Cook, Louis S	99213	Office visit - established pt, Level 3	B CS	\$88.00	0.92
277208	11/19/2009	Cook, Louis S	99213	Office visit - established pt, Level 3	AET	\$88.00	0.92
277208	11/19/2009	Cook, Louis S	T1015	RHC Encounter	AET	\$0.00	0.00
277209	11/19/2009	Cook, Louis S	90281	Immune globulin (lg), human for intramuscular use	AET	\$101.00	0.00
277209	11/19/2009	Cook, Louis S	T1015	RHC Encounter	AET	\$0.00	0.00
277210	11/19/2009	Cook, Louis S	00404	Anesthesia: radical breast procedure	AET	\$300.00	0.00
277210	11/19/2009	Cook, Louis S	T1015	RHC Encounter	AET	\$0.00	0.00
277211	11/19/2009	Cook, Louis S	99213	Office visit - established pt, Level 3	HMO	\$88.00	0.92
277211	11/19/2009	Cook, Louis S	T1015	RHC Encounter	HMO	\$0.00	0.00
277212	11/19/2009	Cook, Louis S	90281	Immune globulin (lg), human for intramuscular use	HMO	\$101.00	0.00
277212	11/19/2009	Cook, Louis S	T1015	RHC Encounter	HMO	\$0.00	0.00
277213	11/19/2009	Cook, Louis S	00404	Anesthesia: radical breast procedure	HMO	\$400.00	0.00
277213	11/19/2009	Cook, Louis S	T1015	RHC Encounter	HMO	\$0.00	0.00
November 2009						\$2,525.00	8.06
277220	12/10/2009	Cook, Louis S	81000	UA, nonauto, w/micro	HUM	\$20.00	0.00
277220	12/10/2009	Cook, Louis S	99213	Office visit - established pt, Level 3	HUM	\$88.00	0.92
December 2009						\$108.00	0.92
YTD:						\$377,877.92	2,976.17
Desjardins, Sam Joseph							
YTD:						\$250.00	0.00
Engquist, William R							
275605	07/01/2009	Engquist, William R	99080	Medical Records	PVP	\$25.00	0.00
275605	07/01/2009	Engquist, William R	X00AF	Affidavit Medical Records	PVP	\$30.00	0.00
275633	07/01/2009	Engquist, William R	XCERT	Certified Mail Charge	PVP	\$5.54	0.00

Date Type: Invoice Post Date
 Group by: Provider
 Date Range: 07/01/2009 to 12/31/2009
 Facility: ALL
 Provider: ALL
 Show Details?: Yes

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Monthly Work RVU's



Monthly Work RVUs

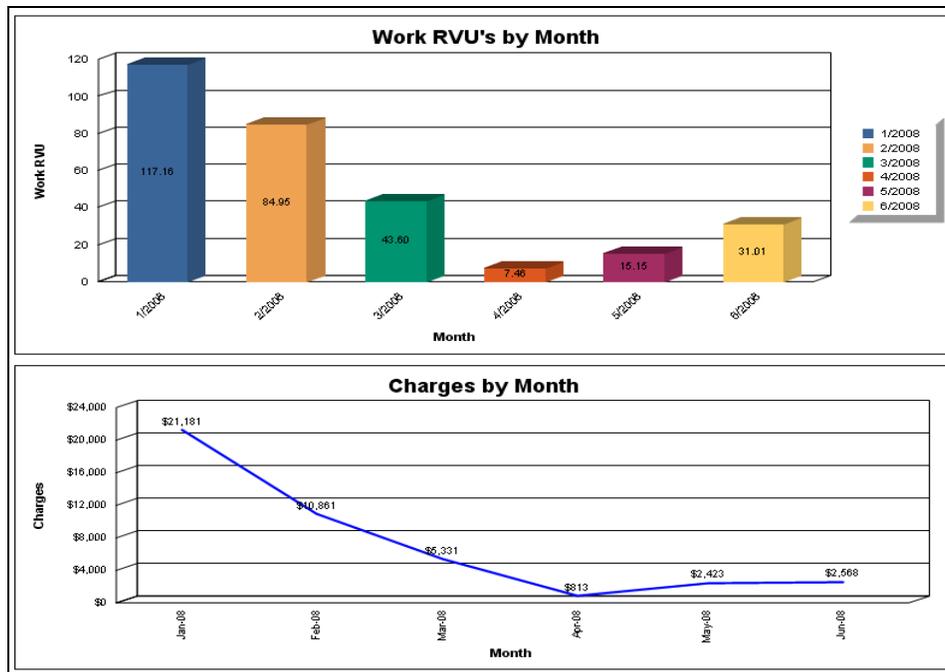
Important! Run this report only if you are using Solution Series 6.3.0 or earlier. If you are using a later version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: A monthly breakout of total charges and work RVUs by provider. The report also includes YTD (year to date) data. Grand totals for YTD and monthly data are at the bottom.

Valid on Product Versions: Solution Series 6.3.0 and earlier

Filters: Date range, medical facility and provider.

Posted Date Range: 12/15/2007 to 06/26/2008			Printed: 06/26/2008 01:39PM		
Facility: ALL			Page: 2 of 3		
Provider: ALL					
Monthly Work RVU's					
Provider	Monthly Charges	Monthly Work RVU's			
YTD:			\$203.00	1.93	
Trauterman, Timmy B					
January 2008	\$635.00	5.38			
February 2008	\$3,758.50	25.71			
March 2008	\$231.83	2.79			
April 2008	\$70.00	0.45			
May 2008	\$275.50	2.29			
June 2008	\$70.00	0.45			
YTD:			\$3,041.67	32.20	
Woods, Vaughn W					
May 2008	\$770.10	1.84			
YTD:			\$144.00	2.36	
Wright, Levi A					
February 2008	\$77.00	0.92			
March 2008	\$3,688.50	25.26			
May 2008	\$462.00	5.52			
June 2008	\$179.74	1.84			
YTD:			\$154.00	0.62	
Grand Total Monthly:			\$47,438.72	327.45	
Grand Total YTD:			\$41,273.88	289.81	



Periodic Financial Activity

Purpose: Break out financial activity by period. It also includes graphs that give practices the ability to compare charges, payments and adjustments over different time periods for a provider, as well as to compare providers against each other. The last page of the report includes an accounts receivable summary by provider. The last page of the report includes an optional accounts receivable summary by provider.

Note: As with all reports, the time necessary to run the report is dependent upon the amount of data being retrieved and the power of the server. Tests at e-MDs varied greatly with the same report and the same data set taking less than a minute on a high end server, and over 10 minutes on a low end workstation/server combination. Due to the way the report queries the data, and because several different queries are being run to generate the data, the usual record count in the top right of the Crystal Viewer may not display, and when it does appear, there will be another pause. It may seem like the application is not responding.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Periodic Financial Activity by Provider; Periodic Financial Activity Summary

Grouping: The report is grouped by Provider. For each provider, users can present data by Day, Day and Month, Month, or Year.

Data: RVUs, CPT Count, Charges, % Charges (only applies when Month and Year options are selected where the month is reflected as a percent of the year), Payment Count, Payments, % Payments (% that payments represent of charges for same period), Adjustment Count, Adjustments, % Adjustments (same as for charges).

Totals: There are totals for each provider as well as grand totals. Depending on the grouping options, users may also see totals by month or year.

Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
Periodic Financial Activity	The provider breakout and summary sections of the report should have identical totals.
Accounts Receivable by Patient/Guarantor Reports	The Accounts Receivable Summary by Provider section should match this report for receivable amounts.
Activity Analysis Summary by Provider	This report should balance properly.
RVU Report (Rev. 6.31) and RVU Tracking	The RVU totals should match this report when run with the same parameters.

Parameters Used for Sample Report: Start Date (06/01/2009), End Date (12/31/2009), Financial Group (Blank), Insurance Class Code (Blank), Insurance (Blank), Facility (Blank), Provider (Blank), Specialty Description (Blank), Login Name (Blank), Referral (Blank), Group By (Month), PE Type (NonFacility PE)

Parameters:
 Facility: All
 Provider: All
 Insurance: All

Periodic Financial Activity by Provider

Date Range: 6/1/2009 to 12/31/2009
 Specialty: All
 Insurance Class: All

Login: All
 Referral: All
 Fin Grp: All

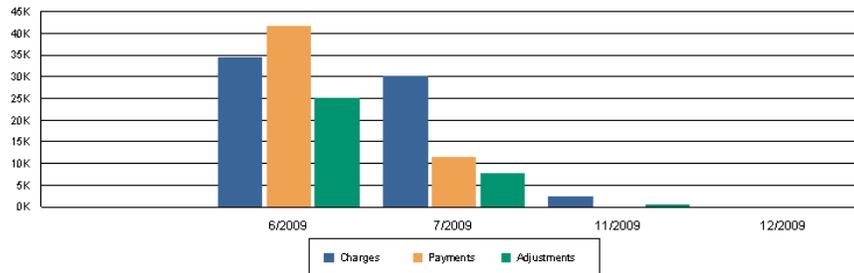
Grouping: Month
 PE Type: Non-Facility PE

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Cook, Louis S

	RVUs	CPT Cnt.	Charges	% Total	Pmt. Cnt.	Payments	% Pmts.	% Chgs.	Adj. Cnt.	Adjustments	% Adj.
June 2009	697.16	403	\$34,420.78	51.25%	661	\$41,539.26	78.38%	120.68%	478	\$25,084.96	74.82%
July 2009	526.38	413	\$30,089.21	44.80%	275	\$11,457.55	21.62%	38.08%	144	\$7,826.67	23.34%
August 2009	0.00	0	\$0.00	0.00%	0	\$0.00	0.00%	0.00%	0	\$0.00	0.00%
September 2009	0.00	0	\$0.00	0.00%	0	\$0.00	0.00%	0.00%	0	\$0.00	0.00%
October 2009	0.00	0	\$0.00	0.00%	0	\$0.00	0.00%	0.00%	0	\$0.00	0.00%
November 2009	15.21	28	\$2,545.00	3.79%	0	\$0.00	0.00%	0.00%	2	\$616.00	1.84%
December 2009	1.86	2	\$108.00	0.16%	0	\$0.00	0.00%	0.00%	0	\$0.00	0.00%
Provider Totals	1240.40	846	\$67,162.99		936	\$52,996.81			624	\$33,527.63	

Monthly Summary
 For Cook, Louis S



Parameters:
 Facility: All
 Provider: All
 Insurance: All

Periodic Financial Activity by Provider

Date Range: 6/1/2009 to 12/31/2009
 Specialty: All
 Insurance Class: All

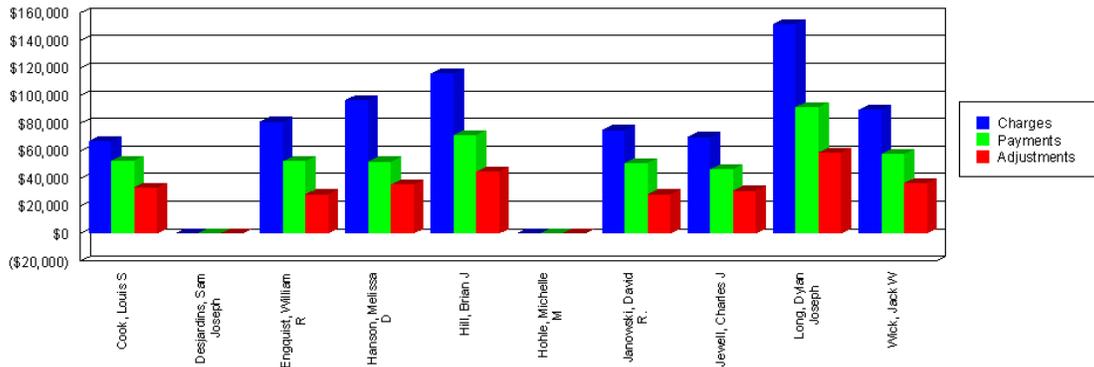
Login: All
 Referral: All
 Fin Grp: All

Grouping: Month
 PE Type: Non-Facility PE

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	RVUs	CPT Cnt.	Charges	Pmt. Cnt.	Payments	Adj. Cnt.	Adjustments
Grand Totals	10744.11	11,016	\$748,965.61	8977	\$476,908.97	5,787	\$298,113.92

Provider Comparison



Posting Closeout Audit (Rev. 6.31)

Important! Run this report only if you are using Solution Series 6.31 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Track when and who makes changes to the posting closeout settings including activating/deactivating the closeout, closeout date ranges, and exception dates and the facilities for which the settings are made.

Valid on Product Versions: Solution Series 6.31 and later

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Posting Closeout Audit (Rev. 6.31)

Parameters Used for Sample Report: Date Range (01/01/08 to 05/20/08), User Name (Blank), Medical Facility (Blank)

Activity Date	User Name	Field Modified	Change Made	Workstation	Medical Facility
05/20/08 09:37:13AM	.	Closeout Enabled/Disabled	Disabled	JHYDER_QA	Northwest Diagnostic Clinic @e-MDs
05/20/08 09:36:54AM	.	Closeout Period Changed	03/20/2008 to 05/20/2008	JHYDER_QA	Northwest Diagnostic Clinic @e-MDs
05/20/08 09:36:54AM	.	Closeout Enabled/Disabled	Enabled	JHYDER_QA	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:51:29AM	.	Closeout Enabled/Disabled	Disabled	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:43:36AM	.	Closeout Period Changed	12/31/1899 to 05/02/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:42:49AM	.	Closeout Period Changed	12/31/1899 to 05/01/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:41:24AM	.	Closeout Enabled/Disabled	Enabled	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:41:24AM	.	Closeout Period Changed	12/31/1899 to 05/02/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:38:41AM	.	Closeout Period Changed	12/31/1899 to 05/01/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
05/15/08 09:38:41AM	.	Closeout Enabled/Disabled	Enabled	BCRANE_T	Northwest Diagnostic Clinic @e-MDs
04/29/08 03:13:33PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/29/08 03:07:14PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/29/08 03:03:17PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/29/08 03:03:09PM	Kuebler, Sharon F	Closeout Period Changed	01/01/2008 to 03/31/2008	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/29/08 03:03:09PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 04:27:41PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 01:27:40PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 01:27:40PM	Kuebler, Sharon F	Closeout Period Changed	01/01/2008 to 02/29/2008	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 01:12:55PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 11:19:29AM	Kuebler, Sharon F	Closeout Period Changed	01/01/2007 to 12/31/2007	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 11:02:47AM	Kuebler, Sharon F	Closeout Period Changed	01/01/2008 to 03/31/2008	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 09:24:41AM	Kuebler, Sharon F	Closeout Period Changed	01/01/2007 to 12/31/2007	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 09:23:57AM	Kuebler, Sharon F	Closeout Period Changed	01/31/2007 to 12/31/2007	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/24/08 09:23:57AM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs
04/07/08 01:20:30PM	.	Closeout Enabled/Disabled	Disabled	JCOLLIER	Billy Bob Clinic
01/24/08 03:47:46PM	.	Closeout Enabled/Disabled	Disabled	LMERCIER2	Billy Bob Clinic

Posting Closeout Audit

Important! Run this report only if you are using Solution Series 6.3.0 or earlier. If you are using a later version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Tracks when and who makes changes to the posting closeout settings including activating/deactivating the closeout, closeout date ranges, and exception dates and the facilities for which the settings are made.

Valid on Product Versions: Solution Series 6.3.0 and earlier

Date Range: 01/01/07 to 06/25/08							Printed: 06/25/2008 04:52 PM
User Name: ALL							Page 1 of 1
Medical Facility: ALL							
Posting Closeout Audit Report							
Activity Date	User Name	Field Modified	Change Made	Workstation	Medical Facility		
05/20/08 09:37:13AM	.	Closeout Enabled/Disabled	Disabled	JHYDER_QA	Northwest Diagnostic Clinic @e-MDs		
05/20/08 09:36:54AM	.	Closeout Period Changed	03/20/2008 to 05/20/2008	JHYDER_QA	Northwest Diagnostic Clinic @e-MDs		
05/20/08 09:36:54AM	.	Closeout Enabled/Disabled	Enabled	JHYDER_QA	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:51:29AM	.	Closeout Enabled/Disabled	Disabled	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:43:36AM	.	Closeout Period Changed	12/31/1899 to 05/02/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:42:49AM	.	Closeout Period Changed	12/31/1899 to 05/01/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:41:24AM	.	Closeout Enabled/Disabled	Enabled	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:41:24AM	.	Closeout Period Changed	12/31/1899 to 05/02/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:38:41AM	.	Closeout Period Changed	12/31/1899 to 05/01/2008	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
05/15/08 09:38:41AM	.	Closeout Enabled/Disabled	Enabled	BCRANE_T	Northwest Diagnostic Clinic @e-MDs		
04/29/08 03:13:33PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/29/08 03:07:14PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/29/08 03:03:17PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/29/08 03:03:09PM	Kuebler, Sharon F	Closeout Period Changed	01/01/2008 to 03/31/2008	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/29/08 03:03:09PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 04:27:41PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 01:27:40PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 01:27:40PM	Kuebler, Sharon F	Closeout Period Changed	01/01/2008 to 02/29/2008	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 01:12:55PM	Kuebler, Sharon F	Closeout Enabled/Disabled	Disabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 11:19:29AM	Kuebler, Sharon F	Closeout Period Changed	01/01/2007 to 12/31/2007	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 11:02:47AM	Kuebler, Sharon F	Closeout Period Changed	01/01/2008 to 03/31/2008	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 09:24:41AM	Kuebler, Sharon F	Closeout Period Changed	01/01/2007 to 12/31/2007	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 09:23:57AM	Kuebler, Sharon F	Closeout Period Changed	01/31/2007 to 12/31/2007	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/24/08 09:23:57AM	Kuebler, Sharon F	Closeout Enabled/Disabled	Enabled	SKUEBLER	Northwest Diagnostic Clinic @e-MDs		
04/07/08 01:20:30PM	.	Closeout Enabled/Disabled	Disabled	JCOLLIER	Billy Bob Clinic		
01/24/08 03:47:45PM	.	Closeout Enabled/Disabled	Disabled	LMERCIER2	Billy Bob Clinic		

Practice Summary (Rev. 7.2.2)

Important! Run this report only if you are using Solution Series 7.2.2 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: List important summary data for a practice in order to give users a snapshot of current statistics and trends for appointments and financials. Data and graphs are presented. This gives them a tool to quickly review key information and make decisions to review more detailed data and take deeper management action if needed.

Data includes:

- Accounts Receivable current aged totals and trends
- Charges, Payments and Adjustments reporting period and trends
- Appointments current information and trends

Changes in this Version: Additional parameter choices added to allow you to choose whether or not to include those invoices that have been noted as bad debt (i.e. sent to an external collections agency).

Additional parameter: Handling of Collections Invoices, with three choices:

- Include Collections Invoices: The default and will include all invoices
- Only show Collections Invoices: Will *only* include those invoices marked as Collections
- Show Collections Invoices Separately: Will include all invoices, *but* will include a new grouping, separating “Normal Invoices” from “Collections Invoices.” This grouping will be the 1st grouping, above all other existing groupings.

Valid on Product Versions: Solution Series 7.2.2 and later

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Practice Summary (Rev. 7.2.2)

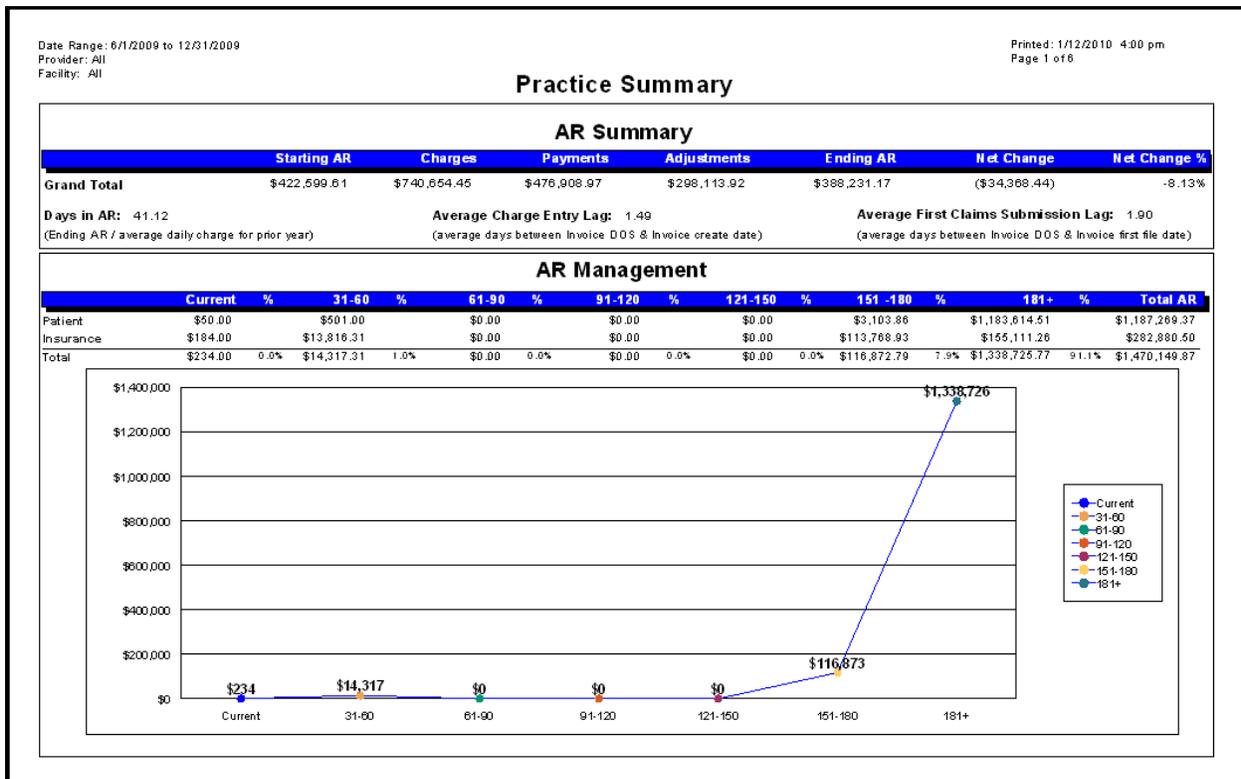
Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
Activity Analysis Summary by Provider	<ul style="list-style-type: none"> • The A/R summary Charges number should match the grand total of charges for the same date range exactly. • The Charges, Payments and Adjustments in the A/R Trending by Month should match the same parameters in this report. • The Charge Summary Trending by Month numbers for Invoice Count, Charges, Payments and Adjustments should match.
Accounts Receivable Summary by Guarantor or Patient	The A/R management report should match this report exactly for each classification, aging bracket, and totals.
Accounts Receivable Summary by Provider	The A/R management report aging should match this report exactly if the report is run with the start date range set to the earliest date in the system.

Report Name or Description	Verify Corresponding Results
A/R Trending by Month	<ul style="list-style-type: none"> The starting and ending accounts receivable should match the A/R Management and Summary data in the same report. The Charges, Payments and Adjustments should match the periodic financial activity totals for each month, as well as the totals.
Accounts Receivable by Insurance (Insurance AR)	Run the Practice Summary with a start date <i>before</i> all charge and payment/adjustment data and end date <i>equal</i> to the A/R on or before date to yield the same ending accounts receivable numbers.

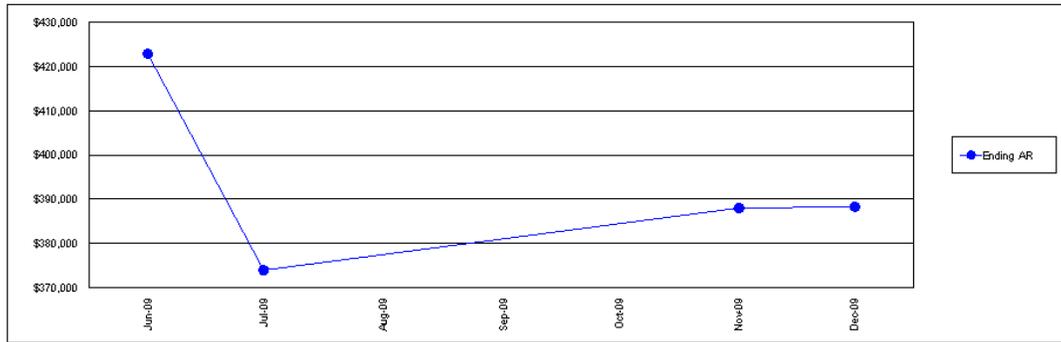
Parameters Used for Sample Report: Start Date (06/01/2009), End Date (12/31/2009), Provider (All), Medical Facility (All), Include Inactive Appointment Resources (No)



Practice Summary

AR Trending by Month

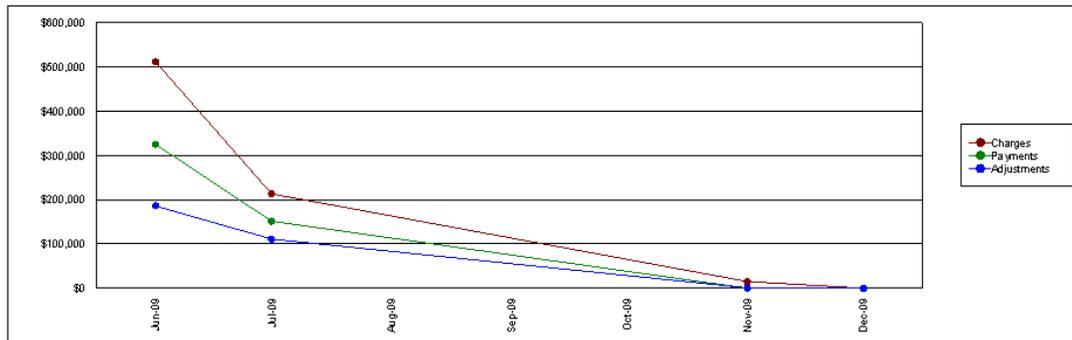
	Starting AR	charges	payments	adjustments	Ending AR	Net Change	Net Change %
June-09	\$422,599.61	\$511,979.24	\$325,355.09	\$186,278.75	\$422,945.01	\$345.40	0.08%
July-09	\$422,945.01	\$213,345.14	\$151,459.88	\$110,930.41	\$373,899.86	(\$49,045.15)	-11.60%
November-09	\$373,899.86	\$15,096.07	\$94.00	\$904.76	\$387,997.17	\$14,097.31	3.77%
December-09	\$387,997.17	\$234.00	\$0.00	\$0.00	\$388,231.17	\$234.00	0.06%
Grand Total	\$422,599.61	\$740,654.45	\$476,908.97	\$298,113.92	\$388,231.17	(\$34,368.44)	



Practice Summary

Charge Summary Trending by Month

	Count of Invoices	charges	payments	adjustments	% C	%P	Cumulative Pmts
June-09	3267	\$511,979.24	\$325,355.09	\$186,278.75	63.55%	0.00%	\$325,355.09
July-09	1412	\$213,345.14	\$151,459.88	\$110,930.41	70.99%	29.58%	\$476,814.97
November-09	45	\$15,096.07	\$94.00	\$904.76	0.62%	0.04%	\$476,908.97
December-09	5	\$234.00	\$0.00	\$0.00	0.00%	0.00%	\$476,908.97
Grand Totals	4,729	\$740,654.45	\$476,908.97	\$298,113.92			



Key:

%C = % payments of same month charges

%P = % payments of prior month charges

Cumulative Pmts = cumulative payment total for reporting period

Practice Summary

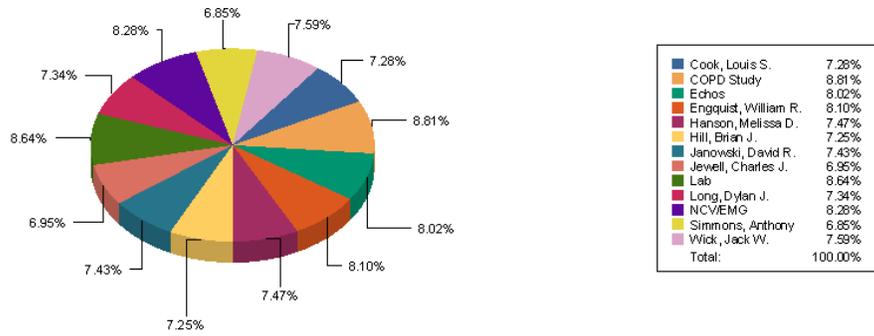
Appointment Summary

Include inactive appointment resources?: No

Provider	Available	New Patients	Normal	% Booked	Cancelled	No Show	Blocked	
Cook, Louis S.	5,805	801	3,767	78.7%	423	172	642	
COPD Study	21	1	19	95.2%	0	1	0	
Echos	346	0	300	86.7%	37	3	6	
Engquist, William R.	5,113	253	4,223	87.5%	327	66	244	
Hanson, Melissa D.	5,682	618	3,972	80.8%	442	137	513	
Hill, Brian J.	6,208	491	4,373	78.4%	614	150	580	
Janowski, David R.	6,261	591	4,436	80.3%	478	103	653	
Jewell, Charles J.	4,975	381	3,358	75.2%	365	69	902	
Lab	2,043	6	1,903	93.4%	109	2	23	
Long, Dylan J.	7,270	533	5,237	79.4%	664	190	646	
NCV/EMG	115	0	103	89.6%	3	1	8	
Simmons, Anthony	833	4	613	74.1%	27	21	168	
Wick, Jack W.	5,992	4	613	82.0%	490	85	501	
Totals:		50,664	4,041	36,858		3,979	1,000	4,786

[Subreport: Appointment Summary.rpt](#)

% Booked Appointments



Practice Summary

Appointment Summary Trending by Month

Include inactive appointment resources?: No

	Scheduled	Block	Confirmed	Cancelled-BUMP	Cancelled-Patient	Checked In	No Show
June-08	2765	97	980	0	0	2719	86
July-08	2817	111	1061	0	1	2764	79
August-08	2703	77	991	0	0	2643	93
September-08	2981	69	1211	0	1	2922	75
October-08	3232	96	1298	0	0	3169	85
November-08	2704	79	1030	0	0	2666	66
December-08	3008	60	1088	0	0	2821	67
January-09	3189	63	1161	0	0	3130	80
February-09	3044	51	1187	0	0	2996	82
March-09	3125	70	1198	0	0	3074	68
April-09	3185	134	1275	0	2	3122	67
May-09	2959	61	1092	0	0	2909	60
June-09	2888	57	1134	0	1	2840	66
July-09	1813	588	618	0	0	1335	26
August-09	312	1130	0	0	0	0	0
September-09	106	852	0	0	0	0	0
October-09	32	554	0	0	0	0	0
November-09	26	213	0	0	0	0	0
December-09	9	348	0	0	0	0	0
Total	40,898	4,708	15,324	0	5	39,110	1,000

Pre Payment

Purpose: Support two functions.

- Give users a method to total all prepayments for a period
If balancing check in or check out receipts for the day, run this report by “unposted prepayments” if payments taken have not been posted to the invoice. This is a good report for balancing at the end of the day for specific users.
- Act as an audit trail to ensure all monies in the system are accounted for – a particularly important function given that because most prepayments/co-payments are cash, they are known to be the most open to theft.

The report is broken out by the user who posted the information. For each user, a sub-grouping of payments by payment type (e.g. cash, check, Visa, Amex) is also included. Each grouping level is totaled and at the end of the report there are grand totals for all users including a breakout by payment type.

The detail data for each payment on the report includes the patient name, the date/time the prepayment was posted, the classification (payment, co-pay, deposit), payment and adjustment amounts, the invoice to which it was posted and the date time this was done. If a prepayment is deleted, it is marked as such in the invoice column.

If the option to show the distribution detail is selected, this shows the invoice #, patient name on the invoice, amount posted to the invoice and the date/time.

Report Location: Bill > Reports > Pre Payment

Typical Frequency: Daily

Parameters Used for Sample Report: All Dates (Checked), Filter (All Pre Payments), Facilities (All Facilities)

All Facilities		Patient Pre Payment			Print Date: 01/13/2010 Print User: ,	
Date Range: All dates						
Payment Type: All						
Patient	Date/Time Created	Classification	Payment Amount	Source Balance	Adjustment Amount	Type
Turner, Tracy Marie						
MCSO						
Rodden, Larry L.	06/10/2009 02:57 pm	Copay	\$30.00	\$0.00	\$0.00	
Ruckert, David W.	06/10/2009 10:15 am	Copay	\$20.00	\$0.00	\$0.00	
Whittemore, Ray	06/10/2009 04:37 pm	Copay	\$15.00	\$0.00	\$0.00	
Patton, Jill	06/12/2009 04:21 pm	Copay	\$25.00	\$0.00	\$0.00	
Wilson, Janet J.	06/12/2009 04:03 pm	Payment	\$13.71	\$0.00	\$0.00	
Wilson, Janet J.	06/12/2009 04:04 pm	Payment	\$10.00	\$0.00	\$0.00	
Almond, Sean L.	06/12/2009 10:00 am	Copay	\$25.00	\$0.00	\$0.00	
Almond, Sean L.	06/12/2009 10:00 am	Payment	\$10.00	\$0.00	\$0.00	
Wills, Philip J.	06/12/2009 08:54 am	Copay	\$20.00	\$0.00	\$0.00	
Hatwell, Harry R.	06/12/2009 08:12 am	Copay	\$20.00	\$0.00	\$0.00	
Total:	1485		\$37,317.03			
MSCD						
De La Rosa, Geneva	06/10/2009 04:38 pm	Copay	\$15.00	\$0.00	\$0.00	
Sanz, William E.	07/07/2009 11:18 am	Copay	\$20.00	\$0.00	\$0.00	
White, Carol F.	07/08/2009 03:47 pm	Copay	\$10.00	\$0.00	\$0.00	
Hutchins, Antonio David	04/22/2009 02:35 pm	Copay	\$25.00	\$0.00	\$0.00	
Johnson, Jill	04/26/2009 01:04 pm	Copay	\$20.00	\$0.00	\$0.00	
Oliver, Patricia M.	03/25/2009 07:43 pm	Payment	\$68.50	\$0.00	\$6.50	PPD
Jenkins, Edward A.	04/03/2009 02:42 pm	Copay	\$20.00	\$0.00	\$0.00	
Whittemore, Linda	05/17/2008 02:32 pm	Copay	\$20.00	\$0.00	\$0.00	

Profit Center

Purpose: Show CPT/HCPCS utilization and reimbursement. The reports are a good way to track payments and adjustments for CPT codes and supplies. This report can help determine if reimbursement from individual insurance companies is in line with or below/above the amount being billed. Excessive adjustments inflate the accounts receivable figures which creates an unbalanced picture of what can be projected in payment receipts. Several options in the report allow users to focus on the desired data.

The report is based on start service date or invoice post dates for the codes selected. Payment totals are tracked to the CPT/HCPCS date range regardless of when they were received. This gives users the ability to measure the percentage of collections against CPT codes over time.

If a user posts payments to a CPT, then deletes the CPT despite the various warnings in the system, it is possible to have a unit count of zero in the profit center.

Note: If you are comparing results from this report to results from other reports, be sure to select the **Primary Only** option in the **Insurance Company** section before running this report.

Report Location: Bill > Reports > Profit Center

Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below.

Report Name or Description	Verify Corresponding Results
Accounts Receivable by Insurance (Insurance AR)	<p>Using Provider options, the date type should be CPT Post Date, and Primary Only option should be checked:</p> <ul style="list-style-type: none"> Total Charges should match Profit Center Total Charges exactly. Total Receivable should match Profit Center Balance. Total Payments should match Activity Analysis payments exactly when run for a total period.
CPT Charge and Payment Analysis (Rev. 6.31)	<ul style="list-style-type: none"> When running the detail report using the Provider and CPT/HCPCS Code Report Selection option, with the Primary Only box checked and all other parameters the same, the codes, count and charges should match. When running the summary option with the same parameters, the total charges should match for each provider. For each code that is on the Profit Center, there should be an exact match on the CPT Charge and Payment Analysis (Rev. 6.31). <p>Note: The CPT Charge and Payment Analysis (Rev. 6.31) Report may show additional codes that have no charges within the report date range but do have payments or adjustments.</p>

Parameters Used for Sample Report: Report Selection (By CPT/HCPCS Code & Insurance), Facility (All Facilities), Provider (All Providers), Code Range (CPT), Show Modifier Breakout (Checked), All CPTs (Checked), Financial Group (All Financial Groups), Date Range, Start Date (06/01/2009), End Date (12/31/2009), Date Type (Post Date), Insurance Company (All Insurance Companies)

Heal with Steel Health Center
 8789 Apple Blossom
 Cedar Park, TX 78613-1234

Profit Center Report
 (CPT/HCPCS Code & Insurance)

Print Date: 04/16/2010
 Print User: Adams, Garth

Date Type = Post Date, Date Range = 06/01/2009 - 12/31/2009, Facility = All, Provider = All
 Financial Group = All, Insurance = All, CPT/HCPCS Range = All

CPT/HCPCS: 85025 Complete (CBC), automated (Hgb, Hct, RBC, WBC, and platelet)												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
Blue Cross and Blue Shield (4)					1	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
Subtotal					1	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
CPT/HCPCS: 85651 Sedimentation rate, non-automated												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
Blue Cross and Blue Shield (4)					1	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
Subtotal					1	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
CPT/HCPCS: 87880 Group A Streptococcus detection by immunoassay with direct o												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
General American (11)					1	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
Subtotal					1	\$5.00	\$5.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.00
CPT/HCPCS: 99213 Office or outpatient visit for the E&M of an established pat												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
Blue Cross and Blue Shield (4)	25				1	\$77.48	\$77.48	\$0.00	\$0.00	\$0.00	\$0.00	\$77.48
Subtotal					1	\$77.48	\$77.48	\$0.00	\$0.00	\$0.00	\$0.00	\$77.48
CPT/HCPCS: 99214 Office or other outpatient visit for the evaluation and mana												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
General American (11)					1	\$116.28	\$116.28	\$0.00	\$0.00	\$0.00	\$0.00	\$116.28
Subtotal					1	\$116.28	\$116.28	\$0.00	\$0.00	\$0.00	\$0.00	\$116.28
CPT/HCPCS: 99395 Periodic preventive medicine; established patient, age 18-39												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
Blue Cross and Blue Shield (4)					1	\$113.29	\$113.29	\$0.00	\$0.00	\$0.00	\$0.00	\$113.29
Subtotal					1	\$113.29	\$113.29	\$0.00	\$0.00	\$0.00	\$0.00	\$113.29
CPT/HCPCS: G8443 All prescriptions created during the encounter were generate												
Provider	Mod1	Mod2	Mod3	Mod4	Count	Charges	Avg Charges	Payment	Avg Pay.	Adjustment	Avg Adj	Balance
Blue Cross and Blue Shield (4)					1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal					1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

1

Provider Reimbursement by CPT

Purpose: List CPT charges, payments, adjustments, costs and net with loss making codes highlighted in yellow and red.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Provider Reimbursement

Grouped by: Provider and facility.

Parameters Used for Sample Report: Group By (Facility then Provider), 1 Facility (All), 2 Provider (All), 3 Start Date (10/01/2009), 4 End Date (12/31/2009), 5 Code Range Start (00000), 6 Code Range End (ZZZZZ)

Code	Billing Description	Original Charges	Payments	Adjustments	Cost	Net
Facility: ALL Provider: ALL Date Range: 10/1/2009 to 12/31/2009 Code Range: 00000 to ZZZZZ Group by Facility?: YES						
CPT/HCPCS Reimbursement by Provider						
Print Date: 1/13/2010, 4:08:20 PM Page: Page 1 of 1						
South Austin Medical Clinic PA						
Cook, Louis S						
00404	Anesthesia: radical breast procedure	\$500.00	\$0.00	\$500.00	\$0.00	\$0.00
99213	Office visit - established pt, Level 3	\$176.00	\$0.00	\$116.00	\$0.00	\$0.00
Provider Totals:		\$676.00	\$0.00	\$616.00	\$0.00	\$0.00
Hill, Brian J						
00404	Anesthesia: radical breast procedure	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00
99204	Office visit - new pt, level 4	\$227.00	\$20.00	\$0.00	\$0.00	\$20.00
99213	Office visit - established pt, Level 3	\$176.00	\$0.00	\$116.00	\$0.00	\$0.00
Provider Totals:		\$503.00	\$20.00	\$216.00	\$0.00	\$20.00
Janowski, David R.						
73562	Radiologic exam, knee; 3 views	\$55.00	\$0.00	\$0.00	\$0.00	\$0.00
99213	Office visit - established pt, Level 3	\$88.00	\$20.00	\$25.76	\$0.00	\$20.00
Provider Totals:		\$143.00	\$20.00	\$25.76	\$0.00	\$20.00
Wick, Jack W						
71020	Radiologic exam, chest, 2 views, frontal	\$81.00	\$14.00	\$30.00	\$0.00	\$14.00
99214	Office visit - established pt, Level 4	\$137.00	\$40.00	\$17.00	\$0.00	\$40.00
Provider Totals:		\$198.00	\$54.00	\$47.00	\$0.00	\$54.00
Facility Totals:		\$1,520.00	\$94.00	\$904.76	\$0.00	\$94.00
Grand Totals:		\$1,520.00	\$94.00	\$904.76	\$0.00	\$94.00

RVU Report (Rev. 6.31)

Important! Run this report only if you are using Solution Series 6.31 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Show RVU utilization. It prints the CPT/HCPCS codes and modifiers with billing description, total units, and the Work, PE, MP and Total RVUs for each code. With this report, you can choose to list CPT data based on either a service date or invoice post date range.

Valid on Product Versions: Solution Series 6.31 and later

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > RVU Report (Rev. 6.31); UB-04; UDS Master Report; UDS Table 9D

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
CPT Charge Payment and Analysis (Rev. 6.31)	The CPTs and unit counts should match.
RVU Tracking	The CPTs, unit counts, and Total RVUs should match.
Monthly Work RVUs (Rev. 6.31)	The totals by month, provider, and grand totals for Work RVUs should match.
Periodic Financial Activity	The RVU totals should match this report when run with the same parameters.

Parameters Used for Sample Report: Use Date of Service or Post Date (Date of Service), Start Date (01/01/2009), End Date (01/01/2009), MedicalFacility (Blank), DOS Provider (Blank), Practice Expense Type (NonFacility PE)

CPT/ HCPCS	M1-M4	Description	Units	Work RVU	PE RVU	MP RVU	Total RVU
<small>Service Date Range: 1/1/2009 to 12/31/2009 Practice Expense Type: NonFacility PE Facility: ALL Provider: ALL</small>							
Heal with Steel Health Center Provider RVU Breakdown							
Killdear, Kelsey continued...							
99243	25	Office consultation, new or established patient, level 3	1.00	1.88	1.46	0.13	3.47
99245		Office consultation, new or established patient, level 5	1.00	3.77	2.30	0.21	6.28
99393		Preventive medicine, established patient, age 5-11 years	3.00	3.57	3.30	0.18	7.05
99395		Preventive medicine, established patient, age 18-39 years	4.00	5.44	4.68	0.28	10.40
99396		Periodic preventive care estab pt 40-64y	8.00	12.24	9.84	0.64	22.72
99396	25	Preventive medicine, established patient, age 40-64 years	1.00	1.53	1.23	0.08	2.84
A4550		Surgical trays	2.00	0.00	0.00	0.00	0.00
A4556		Electrodes, per pair	3.00	0.00	0.00	0.00	0.00
Q8443		All prescriptions created during the encounter were generate	5.00	0.00	0.00	0.00	0.00
Q8445		No prescriptions were generated, provider does have access	3.00	0.00	0.00	0.00	0.00
Q8447		Patient encounter was documented using a CCHIT certified EM	26.00	0.00	0.00	0.00	0.00
NOSH0W		No Show	4.00	0.00	0.00	0.00	0.00
Killdear, Kelsey Total:			311.00	138.91	140.32	7.90	287.13
Heal with Steel Health Center RVU Totals:			320.00	141.93	142.99	8.09	293.01

Grouped by: Internal medical facility and the DOS provider on the invoice with sub-total and grand total for each, respectively.

Related Reports:

- **UB-04:** Used by hospitals and other institutional providers, such as RHC and FQHC certified facilities, to bill governmental and commercial health plans, the UB-04 form will replace the current UB-92 billing form. The UB-04 data set accommodates the National Provider Identifier and incorporates a number of other important changes. Report to replace UB-92 in application. Used for version 6.2.
- **UB-04 (6.1.2):** Used by hospitals and other institutional providers, such as RHC and FQHC certified facilities, to bill governmental and commercial health plans, the UB-04 form will replace the current UB-92 billing form. The UB-04 data set accommodates the National Provider Identifier and incorporates a number of other important changes. Report to replace UB-92 in application. Used for version 6.1 SP2.

Parameters Used for Sample Report: Service date range, the PE type (Non-Facility or Facility), medical facility, and provider.

Billy Bob Clinic		Billing Note		81921	
9900 Spectrum Dr		3000 Continental Drive North		1236547	0888
Austin TX 78717		Mount Olive, NJ 07828			
5121111111				011408	011408
Mercier, Leah M		Austin	9264 Bagdad		
				TX	78726-1122
05231995	F				
Aetna					
600 Washington Highway					
San Antonio, TX 78279-5080					
Colonoscopy, diag		45378		011408	1 173.25
Glycohemoglobin		83036		011408	1 47.00
Office visit - new pt, level 1		99201		011408	1 70.00
903 Office consult new or estab pt - Level 1		99241		011408	1 111.00
0001 1 1 062508 401.25					
Aetna 60054 Y Y 0.00 401.25 123657					
Medicare - Part B 878787 Y Y 0.00 401.25 878787					
Medicaid Pca Star MedPCA Y Y 401.25 929292					
Angela M LaFont	G8	987654			60864812005
Leah M Mercier	18	462728923			236542022A
Leah M Mercier	18	462728923			517950174
1234567 Lago Vista Isd					
e-MDs, Inc.					
e-MDs, Inc.					
g 250	414	462	330		
99201 011408 Burns 1234 Christine					
Ho 5555555 Agnes					

- **UDS Master Report:** UDS Report which includes all approved tables
- **UDS Table 9D:** UDS Report to be run separately to print in landscape
 - **Typical Frequency:** Annually
- **UDS 2008:** UDS 2008 Report which includes all approved tables

Parameters Used for Sample Report: Printer Type (Printer), Invoice Start Date (06/01/2009), Invoice end Date (12/31/2009), No Credit (No), Adjustment (Yes), Facility (All), Insurance Company (All), Insurance Class (All), Financial Group (All), Rendering Provider (All), Patient Name (All), Filing Status (UB), Line Item Status (UB), Box 4 (Yes), Box 80 (Blank)

Reporting Period: January 1, 2009 through December 31, 2009

**CENTER / GRANTEE PROFILE
COVER SHEET**

USER/PATIENT BY ZIP CODE

Zip Code	Patients/Users
02446	1
02482	1
07645	1
10025	1
10030	1
28209	1
28352	1
28532	1
31210	2
37204	1
38632	1
45504	1
53402	1
55414	1
64505	1
70634	1
70806	1
71457	1
75020	1
75032	1
75067	1
75089	1
75071	1
75087	1
75187	2
75230	1
75252	1
75287	1

Reporting Period: January 1, 2009 through December 31, 2009

TABLE 3A - USERS/PATIENTS BY AGE AND GENDER

AGE GROUPS		MALE USERS/PATIENTS (a)	FEMALE USERS/PATIENTS (b)
NUMBER OF USERS/PATIENTS			
1.	Under age 1	32	32
2.	Age 1	13	11
3.	Age 2	16	14
4.	Age 3	13	13
5.	Age 4	13	15
6.	Age 5	10	17
7.	Age 6	18	16
8.	Age 7	13	16
9.	Age 8	17	13
10.	Age 9	22	20
11.	Age 10	31	20
12.	Age 11	35	25
13.	Age 12	25	28
14.	Age 13	34	32
15.	Age 14	35	47
16.	Age 15	55	42
17.	Age 16	42	62
18.	Age 17	51	58
19.	Age 18	44	72
20.	Age 19	49	75
21.	Age 20	57	79
22.	Age 21	58	93
23.	Age 22	55	93
24.	Age 23	72	75
25.	Age 24	67	93
26.	Age 25 - 29	379	382
27.	Age 30 - 34	413	363
28.	Age 35 - 39	403	393
29.	Age 40 - 44	462	440
30.	Age 45 - 49	547	538
31.	Age 50 - 54	551	628
32.	Age 55 - 59	530	528
33.	Age 60 - 64	370	332
34.	Age 65 - 69	185	199
35.	Age 70 - 74	117	155
36.	Age 75 - 79	76	94
37.	Age 80 - 84	33	50
38.	Age 85 and over	16	43
39.	TOTAL USERS/PATIENTS (SUM LINES 1-38)	4959	5206

Reporting Period: January 1, 2009 through December 31, 2009

**TABLE 3B -
USERS/PATIENTS BY RACE/ETHNICITY/LANGUAGE**

RACE/ETHNICITY/LANGUAGE		NUMBER (#)
NUMBER OF USERS/PATIENTS		
1a.	Asian	0
1b.	Native Hawaiian	0
1c.	Other Pacific Islander	0
1.	TOTAL ASIAN/PACIFIC ISLANDER (SUM LINES 1A + 1B + 1C)	0
2.	Black/African American (not Hispanic or Latino)	0
3.	American Indian/Alaska Native	0
4.	White (not Hispanic or Latino)	5
5.	Hispanic or Latino (all races)	2
6.	Unreported / Refused to report	10157
7.	TOTAL USER/PATIENTS (SUM LINES 1 - 6)	10164
8.	Users/patients best served in a language other than English	1

Reporting Period: January 1, 2009 through December 31, 2009

**TABLE 4 -
SOCIOECONOMIC CHARACTERISTICS**

CHARACTERISTIC		NUMBER OF USERS/PATIENTS (a)	
INCOME AS PERCENT OF POVERTY LEVEL			
1.	100% and below	0	
2.	101 - 150%	0	
3.	151 - 200%	0	
4.	Over 200%	0	
5.	Unknown	10218	
6.	TOTAL (SUM LINES 1 - 5)	10218	
PRINCIPAL THIRD PARTY INSURANCE SOURCE		0 - 19 (a)	20 AND OLDER (b)
7.	NONE / UNINSURED	3	15
8a.	Regular Medicaid (Title XIX)	4	18
8b.	CHIP Medicaid	0	0
8.	TOTAL MEDICAID (Line 8A + 8B)	4	18
9.	MEDICARE (TITLE XVII)	1	1214
10a.	Other Public Insurance Non-CHIP (specify:_____)	0	0
10b.	Other Public Insurance CHIP	0	0
10.	TOTAL PUBLIC INSURANCE (Line 10A + 10B)	0	0
11.	PRIVATE INSURANCE	716	7360
12.	TOTAL (SUM LINES 7 + 8 + 9 + 10 + 11)	724	8607
CHARACTERISTIC		NUMBER OF USERS/PATIENTS (A)	
13.	Migrant (330g grantees only)	0	
14.	Seasonal (330g grantees only)	0	
15.	TOTAL MIGRANT/SEASONAL AGRICULTURAL WORKER OR DEPENDENT (ALL GRANTEEES REPORT THIS LINE)	0	
16.	Homeless Shelter (330i grantees only)	0	
17.	Transitional (330i grantees only)	0	
18.	Doubling Up (330i grantees only)	0	
19.	Street (330i grantees only)	0	
20.	Other (330i grantees only)	0	
21.	Unknown (330i grantees only)	0	
22.	TOTAL HOMELESS (ALL GRANTEEES REPORT THIS LINE)	0	
23.	TOTAL SCHOOL BASED HEALTH CENTER USERS/PATIENTS (ALL GRANTEEES REPORT THIS LINE)	0	

RVU Report

Important! Run this report only if you are using Solution Series 6.3.0 or earlier. If you are using a later version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: This is an RVU utilization report. It prints the CPT/HCPCS codes and modifiers with billing description, total units, and the Work, PE, MP and Total RVUs for each code.

Valid on Product Versions: Solution Series 6.3.0 and earlier

Service Date Range: 01/01/2008 to 06/25/2008				Printed: 06/25/2008 05:22PM						
Practice Expense Type: NonFacility PE				Page: 6 of 20						
Facility: ALL										
Provider: ALL										
Billy Bob Clinic Provider RVU Breakdown										
CPT/HCPCS	M1	M2	M3	M4	Description	Units	Work RVU	PE RVU	MP RVU	Total RVU
Trauterman, Timmy B										
80048					Basic metabolic panel	2.00	0.00	0.00	0.00	0.00
80050					General health panel	1.00	0.00	0.00	0.00	0.00
93000					12 lead ECG tracing with interpretation and re	2.00	0.34	0.94	0.06	1.34
93000*F					ECG Professional	4.00	0.00	0.00	0.00	0.00
93000*T					ECG Technical	4.00	0.00	0.00	0.00	0.00
99213					Office visit - established pt, Level 3	4.00	3.68	2.84	0.12	6.64
99215					Office visit - established pt, Level 5	1.00	2.00	1.34	0.08	3.42
Trauterman, Timmy B Total:						18.00	6.02	5.12	0.26	11.40
Billy Bob Clinic RVU Totals:						32.00	37.89	28.54	4.01	70.44

Grouped by: Internal medical facility and the DOS provider on the invoice with sub-total and grand total for each respectively.

Filters: Service date range, the PE type (Non-Facility or Facility), medical facility, and provider.

Related Reports:

- **UB-04:** Used by hospitals and other institutional providers, such as RHC and FQHC certified facilities, to bill governmental and commercial health plans, the UB-04 form will replace the current UB-92 billing form. The UB-04 data set accommodates the National Provider Identifier and incorporates a number of other important changes. Report to replace UB-92 in application. Used for version 6.2.
- **UB-04 (6.1.2):** Used by hospitals and other institutional providers, such as RHC and FQHC certified facilities, to bill governmental and commercial health plans, the UB-04 form will replace the current UB-92 billing form. The UB-04 data set accommodates the National Provider Identifier and incorporates a number of other important changes. Report to replace UB-92 in application. Used for version 6.1 SP2.

Billy Bob Clinic		Billing Note		81921			
9900 Spectrum Dr		3000 Continental Drive North		1236547		0888	
Austin TX 78717		Mount Olive, NJ 07828					
5121111111				011408		011408	
Mercier, Leah M		Austin		9264 Bagdad		TX 78726-1122	
05231995		F					
Aetna		600 Washington Highway		San Antonio, TX 78279-5080			
Colonoscopy, diag		45378		011408		1 173.25	
Glycohemoglobin		83036		011408		1 47.00	
Office visit - new pt, level 1		99201		011408		1 70.00	
903 Office consult new or estab pt - Level 1		99241		011408		1 111.00	
0001		1 1		062508		401.25	
Aetna		60054		Y Y		0.00 401.25	
Medicare - Part B		878787		Y Y		0.00 401.25 878787	
Medicaid Pca Star		MedPCA		Y Y		401.25 929292	
Angela M LaFont		G8 987654				60864812005	
Leah M Mercier		18 462728923				236542022A	
Leah M Mercier		18 462728923				517950174	
1234567						Lago Vista Isd e-MDs, Inc. e-MDs, Inc.	
250		414		462		330	
99201		011408		Burns		1234	
				Ho		5555555	
						Christine	
						Agnes	

- **UDS Master Report:** UDS Report which includes all approved tables
- **UDS Table 9D:** UDS Report to be run separately to print in landscape
- **UDS 2008:** UDS 2008 Report which includes all approved tables

Reporting Period: January 1, 2007 through December 31, 2007

**UDS 2008 Report
Patients by ZIP CODE**

Zip Code	Patients
20002	13
78133	19
78613	13
78641	10
78717	130
78726	27
78728	35
Other Zip Codes	1
TOTAL	285

TABLE 3A - PATIENTS BY AGE AND GENDER

AGE GROUPS		MALE PATIENTS (a)	FEMALE PATIENTS (b)
NUMBER OF PATIENTS			
1.	Under age 1	0	0
2.	Age 1	0	0
3.	Age 2	0	0
4.	Age 3	0	0
5.	Age 4	0	0
6.	Age 5	1	0
7.	Age 6	0	0
8.	Age 7	1	0
9.	Age 8	0	0
10.	Age 9	0	0
11.	Age 10	0	0
12.	Age 11	0	0
13.	Age 12	0	0
14.	Age 13	0	1
15.	Age 14	0	0
16.	Age 15	0	0
17.	Age 16	0	0
18.	Age 17	0	0
19.	Age 18	0	
20.	Age 19	0	1
21.	Age 20	0	0
22.	Age 21	0	0
23.	Age 22	0	0
24.	Age 23	1	0
25.	Age 24	1	
26.	Ages 25 - 29	0	2
27.	Ages 30 - 34	0	1
28.	Ages 35 - 39	2	3
29.	Ages 40 - 44	1	1
30.	Ages 45 - 49	3	4
31.	Ages 50 - 54	1	2
32.	Ages 55 - 59	132	0
33.	Ages 60 - 64	2	0
34.	Ages 65 - 69	1	0
35.	Ages 70 - 74	0	0
36.	Ages 75 - 79	0	0
37.	Ages 80 - 84	1	0
38.	Age 85 and over	2	0
39.	TOTAL PATIENTS (SUM LINES 1-38)	149	17

USERS BY RACE		NUMBER (a)
NUMBER OF PATIENTS		
5a.	Asian	2
5b.	Native Hawaiian	1
5c.	Other Pacific Islander	1
5.	TOTAL ASIAN HAWAIIAN/PACIFIC ISLANDER (SUM LINES 5A + 5B + 5C)	4
6.	Black/African American	2
7.	American Indian/Alaska Native	2
8.	White	3
9.	More than one race	
10.	Unreported / Refused to report	
11.	TOTAL PATIENTS (SUM LINES 6 - 11)	11

USERS BY LANGUAGE		NUMBER (a)
NUMBER OF PATIENTS		
12.	PATIENTS BEST SERVED IN A LANGUAGE OTHER THAN ENGLISH	2

TABLE 4 - SELECTED PATIENT CHARACTERISTICS

CHARACTERISTIC		NUMBER OF PATIENTS (a)				
INCOME AS PERCENT OF POVERTY LEVEL						
1.	100% and below	0				
2.	101 - 150%	2				
3.	151 - 200%	0				
4.	Over 200%	0				
5.	Unknown	164				
6.	TOTAL (SUM LINES 1 - 5)	166				
PRINCIPAL THIRD PARTY MEDICAL INSURANCE SOURCE		0 - 19 YEARS OLD (a)	20 AND OLDER (b)			
7.	None / Uninsured	1	9			
8a.	Regular Medicaid (Title XIX)	1	3			
8b.	CHIP Medicaid	0	0			
8.	TOTAL MEDICAID (Line 8A + 8B)	1	3			
9.	MEDICARE (TITLE XVII)	1	3			
10a.	Other Public Insurance Non-CHIP (specify:_____)	0	0			
10b.	Other Public Insurance CHIP	0	0			
10.	TOTAL PUBLIC INSURANCE (Line 10A + 10B)	0	0			
11.	PRIVATE INSURANCE	5	155			
12.	TOTAL (SUM LINES 7 + 8 + 9 + 10 + 11)	8	170			
MANAGED CARE UTILIZATION						
Payor Category		MEDICAID (a)	MEDICARE (b)	OTHER PUBLIC INCLUDING NON-MEDICAID S-CHIP (c)	PRIVATE (d)	TOTAL (e)
13a.	Capped Member months					
13b.	Fee-for-service Member months					
13c.	TOTAL MEMBER MONTHS (LINES 13a + 13b)					
CHARACTERISTICS - SPECIAL POPULATIONS					NUMBER OF PATIENTS -- (a)	
14.	Migrant (330g grantees only)					0

RVU Tracking

Purpose: Provide a utilization report similar to the Profit Center, but showing the RVU count associated with CPT codes. This method of measuring utilization is becoming more popular with the realization that measurement and comparison needs to allow for the amount of resources particular procedures require. CMS bases its fee schedules on RVU values (although not every CPT has one yet).

The report shows each provider's CPT Utilization as well as payments made to each CPT. The total RVU count for each CPT as well as the reimbursement per RVU are also printed. This makes for an excellent comparison of CPT code reimbursement. With this report, you can choose to list CPT data based on either a service date or invoice post date range. **The report retrieves the provider from the DOS provider associated with the visit.**

Report Location: Bill > Reports > RVU Tracking

Typical Frequency: Monthly

Comparison: To verify report results, compare the reports and results described below:

Report Name or Description	Verify Corresponding Results
CPT Charge Payment and Analysis (Rev. 6.31)	The codes, units, and charges should match this report.
Activity Analysis Summary by Provider	Provider and grand Total Charges and Total Payments for this report should match the Activity Analysis.
RVU Report (Rev. 6.31)	The CPTs, Units, Total Billed and Total RVUs should match the corresponding RVU Report (Rev. 6.31) values exactly.
Monthly Work RVUs (Rev. 6.31)	The total charges should be identical for this report.
Periodic Financial Activity	The RVU totals should match this report when run with the same parameters.

Parameters Used for Sample Report: Provider (All Providers), CPT Code Range (All CPTs), Financial Group (All Financial Groups), Date Range (Post Date, All Dates), Insurance Company (All Insurance Companies), Print To File Options (Blank), Facility (Filter By Facility)

Date Range: All dates

ZBK Report Test Facility
 9900 Whatever Lane
 Kerens, TX 75144

Cook, Louis S

CPT	Description	Units	Average Charge	Total Charges	Average Payment	Total Payments	Total RVU	\$/RVU
71020	Radiologic exam, c	1	\$61.00	\$61.00	\$0.00	\$0.00	0.93	0.00
80053	Comprehensive meta	1	\$35.00	\$35.00	\$0.00	\$0.00	0.00	0.00
81000	UA, nonauto, w/mic	1	\$20.00	\$20.00	\$0.00	\$0.00	0.00	0.00
85025	CBC w/plts and com	2	\$18.00	\$36.00	\$0.00	\$0.00	0.00	0.00
87880	strep screen --	1	\$25.00	\$25.00	\$0.00	\$0.00	0.00	0.00
99212	Office visit - est	2	\$65.00	\$130.00	\$0.00	\$0.00	2.04	0.00
99213	Office visit - est	1	\$88.00	\$88.00	\$0.00	\$0.00	1.66	0.00
99214	Office visit - est	1	\$137.00	\$137.00	\$0.00	\$0.00	2.52	0.00
99215	Office visit - est	2	\$199.00	\$398.00	\$0.00	\$0.00	6.84	0.00
Totals:				\$930.00		\$0.00	13.99	

Hanson, Melissa D

CPT	Description	Units	Average Charge	Total Charges	Average Payment	Total Payments	Total RVU	\$/RVU
81000	UA, nonauto, w/mic	1	\$20.00	\$20.00	\$0.00	\$0.00	0.00	0.00
87880	strep screen --	1	\$25.00	\$25.00	\$0.00	\$0.00	0.00	0.00
99212	Office visit - est	1	\$65.00	\$65.00	\$0.00	\$0.00	1.02	0.00
99213	Office visit - est	1	\$88.00	\$88.00	\$0.00	\$0.00	1.66	0.00
Totals:				\$198.00		\$0.00	2.68	

Statement

Purpose: Provide a classic statement design that should be understood by the majority of patients, thus reducing confusion. The benefits of a clear, concise statement include reduced callbacks and, hopefully, quicker payment. Users can control almost all output in the statement. This includes various options such as printing codes and their descriptions, a transaction and filing history, address and tear line positioning, and invoice summary information. Each setting made is remembered for subsequent print runs.

Statements are addressed to the guarantor listed in demographics for the patient. For organizations, the statement is mailed to the primary business address. For patients, the statement goes to the home address unless a billing address is added to override this.

Guarantors may be responsible for more than one patient account, in which case a unified/family bill is generated. The first line of every invoice in a statement shows the patient name and account number. There is an option to print the DOS provider. The second line shows the DOS and invoice number, and an optional invoice title. The invoice title is mapped from the visit reason entered for the appointment. The title can be changed at the invoice level in the charge entry screen, if desired.

Printing statements is a necessary, but potentially time-consuming task. With this in mind, e-MDs Bill has several default option features that allow a clinic to limit the statement run and reduce the cost associated with the task. Not only can this cost be measured in terms of mailing and stationery, but users should also be cognizant of the less tangible cost of the time it takes to field the telephone callbacks that usually accompany a statement mailing. These default options can be changed by users.

- Options to only print statements for guarantors with open patient balances.
- Option to print or preview transactions that have been reversed.
- Option to set a guarantor balance filter in order to limit the amount of statements sent that cost more to mail than the collectible balance.
- If a patient or guarantor has an account status set to “Hold,” no statement will be printed. This prevents costly statements being mailed to patients from whom no payment can be expected (such as Medicaid).
- Statement comments, including a generic one for all statements in a batch as well as the ones that can be attached to every payment or adjustment, can help explain certain points to patients and reduce some callbacks. These comments are created under the reference tab in the Bill module under **Support Tables**. All statement comments have the code **STMT** and an accompanying text statement. A statement comment can be attached to a particular invoice at the time of payment posting to explain the remaining balance being billed to the patient.
- Patient Case Detail Report: You can filter a statement for a patient to include only invoices related to a specific case.

The Statement format is also used for third-party statement processing. e-MDs has established relationships with other companies that can assist in practice management, including statement fulfillment. Outsourcing statement fulfillment can save a significant amount of money in terms of the cost of employee time, stationery and postage.

As with all reports, a statement for a specific guarantor can be previewed on screen. This is a useful tool when guarantors call with questions about their statement.

- The statement window can also be used to print a summary list of guarantors who will receive a statement. See the “Statement Summary” section listed in this document.
- Statement runs can be automated so that they run overnight. See, “Report Manager.”

Report Location: Bill > Reports > Statement

Typical Frequency: Weekly, Bi-Weekly, or Monthly

Parameters Used for Sample Report: Guarantor Selection (All active guarantors), Guarantor Balance (Balance is greater than zero), Miscellaneous (All Checked *except* Include zero balance invoices, Include CPT(S), and Include ICD(s)), All patients assigned to guarantor (Checked), Last statement date on or before (12/28/2009), Invoice Dates (All), All Financial Groups (Checked), Filter by Facility (Checked)

STATEMENT

Heal with Steel Health Center
309 Sego Lily, Billing Department
Cedar Park, TX 78613-1111

ACCOUNT NUMBER: ARTGAR0001
STATEMENT DATE: 02/19/2010
AMOUNT DUE: \$40.00

AMOUNT ENCLOSED: \$

Inv #	Patient	Balance
11	ADAAGN0001	(\$10.00)
33	ADAAGN0001	\$0.00
94	ADAAGN0001	\$25.00
162	ADAAGN0001	\$25.00
9	ALLIVA0001	\$0.00

Please mark box and indicate any change in address on reverse side

------(PLEASE DETACH AND RETURN TOP PORTION WITH PAYMENT)-----

Heal with Steel Health Center

Statement Inquiries Number: (512)135-7902

SERVICE DATE	DESCRIPTION OF TRANSACTION	CHARGES	INSURANCE PAYMENTS	INSURANCE ADJUSTMENTS	PATIENT PAYMENTS	BALANCE
Arthur Rooney						
09/25/03	Arthritis - Inv # 11 (BCS) 714.0 Rheumatoid arthritis 799.8 High risk medication administration 287.5 Thrombocytopenia					
09/25/03	99204 Office visit - new pt, level 4	\$160.00				
09/25/03	85024 CBC w/plts & partial diff (auto)	\$15.00				
09/25/03	80076 Hepatic function panel	\$15.00				
09/25/03	73100 Radiologic examination, wrist; 2 views	\$15.00				
09/25/03	L3805 WHFO, long opponens, no attachment, custom fa	\$15.00				
09/25/03	Patient Copayment - AMEX Ins Pending - Pat Copay Due: (\$10.00)				\$35.00	\$185.00
Sherri Smythe						
11/01/03	R/A - Inv # 33 (BCS) 714.0 Rheumatoid arthritis 719.4 Joint pain 719.49 Joint pain, multiple sites					
11/01/03	99215 Office visit - established pt, Level 5	\$154.00				

Statement Summary Friday, February 19, 2010 2:09 pm Page No: 1

Heal with Steel Health Center
8789 Apple Blossom
Cedar Park, TX 78613-1234

Guarantor	Last Statement Date	Guarantor Balance
Adams, Cheryl	02/19/2010	\$40.00
Alford, David	02/19/2010	\$40.00
Alford, David	02/19/2010	\$80.00
Alford, David	02/19/2010	\$127.78
Alford, David	02/19/2010	\$30.00
Alford, David	02/19/2010	\$40.00
Alford, David	02/19/2010	\$100.00
Alford, David	02/19/2010	\$34.42
Alford, David	02/19/2010	\$173.54
Alford, David	02/19/2010	\$20.00
Alford, David	02/19/2010	\$30.00
Alford, David	02/19/2010	\$15.00
Alford, David	02/19/2010	\$10.00
Alford, David	02/19/2010	\$25.00
Alford, David	02/19/2010	\$210.00
Alford, David	02/19/2010	\$40.00
Alford, David	02/19/2010	\$80.00
Alford, David	02/19/2010	\$20.00
Alford, David	02/19/2010	\$15.00
Alford, David	02/19/2010	\$10.00

Till Reconciliation

Purpose: Ensure that each day's posted payments balance to the daily bank deposit. The data recorded allows administrators to verify monetary postings were made correctly and to identify the user that entered the transactions. The reports can be run for all posted payments, or to reconcile posted payments from insurance carriers. Users should make a habit of putting checks and credit card slips in the till in the order they were received. Balancing errors can be found by comparing the list of items on the report to the cash and checks listed on the daily bank deposit. This will allow the user to identify data entry errors made when posting.

Note: The Till Reconciliation Report does not print anything entered in the adjustment field since this is not "new" money in the cash register. Any payments/adjustments with 0.00 in the payment field are also excluded.

Payments are categorized by user, date and payment type and can be sorted in patient last name order, date order or date/time order.

Report Location: Bill > Reports > Till Reconciliation

Typical Frequency: Daily

Parameters Used for Sample Report: Facility (All), User (All), Provider (All), Filter Type (Use Date), Date Range (06/01/2009 to 12/31/2009), Report Type (All Payments), Order By (Patient)

Till Reconciliation (All Payments)

Facility = All, User = All, Provider = All, Date Range = 06/01/2009 - 12/31/2009, Order By = Patient

Patient	Time	Description	Check/Credit No	Invoice #	Payment
<hr/>					
11/18/2009					
CASH					
Beamer, Sharon W	04:02:19 pm	Patient - Copay		277179	\$20.00
Total: 1					\$20.00
CHCK					
Stinson, Barbara E	04:17:51 pm	Insurance - BCBS	1111	277182	\$54.00
Total: 1					\$54.00
Total: 2					\$74.00
Total: 2					\$74.00
Beamer, Sharon					
<hr/>					
06/08/2009					
MCSD					
Woods, David J	01:57:45 pm	Patient - Copay	****0850//em EMSI	272940	\$25.00
Total: 1					\$25.00
Total: 1					\$25.00
06/09/2009					
VISA					
Beamer, Sharon W	07:31:17 am	Patient - Copay	****1295//em	272951	\$25.00
Total: 1					\$25.00
Total: 1					\$25.00
06/10/2009					
CHCK					
Beamer, Katherine	08:44:28 am	Patient - Payment	119864141//em DARS	273130	\$18.00
Hall, Benjamin	08:30:37 am	Patient - Copay	119897554//em DARS	273118	\$18.00
Huffman, Tracy	08:48:25 am	Patient - Payment	3098//em medical rec	273134	\$25.00
King, George S	08:29:06 am	Patient - Copay	119897967//em DARS	273117	\$18.00
Leidman, Matt F	08:51:16 am	Patient - Payment	3784//em medical rec	273135	\$25.00
Peres, Carl L	08:31:55 am	Patient - Copay	1932389//em ExamOn	273119	\$25.00
Roper, Rex	08:46:21 am	Patient - Payment	190596267//em Allsta	273131	\$25.00
Russell, Charles B	08:41:32 am	Patient - Payment	1002//em medical rec	273125	\$25.00
Toranzo, John C	08:37:52 am	Patient - Payment	1932334//em ExamO	273123	\$25.00
Williams, Anthony W	08:25:04 am	Patient - Copay	451038//em MediConn	273116	\$25.00
Total: 10					\$229.00
MCSD					
Leidman, Debbie K	10:56:56 am	Patient - Payment	****0983//em EMSI	273224	\$25.00
Sanford, Chuck W	10:55:48 am	Patient - Payment	****7756//em PDC Ret	273222	\$25.00
Total: 2					\$50.00

Trial Balance

Purpose: Provide a detailed report of invoices for a patient. The report may be printed when a detailed analysis is required of an account. Each invoice for the patient is separated out and includes all detail related to the invoice. The trial balance is a good place to see the complete detail of an invoice including statement comments and a detail of each line item payment and adjustment.

Note: If an account contains either a payment or charge reversal, the reverse comment is included, not hidden, for this report.

Report Location: Bill > Reports > Trial Balance

Typical Frequency: Annually or As Needed

Parameters Used for Sample Report: Patient (*Patient Name*), Date Range (09/23/2003 to 09/23/2003), ICD (Checked), CPT (Checked), Insurance (Checked), Distribution (Checked), Aging (Checked)

		ALZAND0001		Page No: 1				
Patient Trial Balance								
Facility: Heal with Steel Health Center								
Patient: XXXXXXXXXX Account No: ALZAND0001 Date: 02/19/2010								

Invoice No: 21								

Invoice No	Invoice Date	Provider	Superbill	ICD Code	CPT Code	Fin. Group	Invoice Total	
21	09/23/2003	Brainiac, Nanette		780.9	99203	HMO	\$120.00	
Note:								

ICD								
Code	Description							
780.9	Memory loss							
300.02	Anxiety, generalised							
331.0	Alzheimer's disease							
250.01	Type I diabetes							

CPT								
Code	Description	StartDate	End Date	Unit	Unit Fee	Fee Amount		
99203	Office visit - new pt, level 3	09/23/2003	09/23/2003	1.00	\$105.00	\$105.00		
90732	Pneumococcal vaccine, 23-valent, adult dos	09/23/2003	09/23/2003	1.00	\$15.00	\$15.00		

Insurance								
Company Name	Group No	Policy No	Copay	%Insurance	%Patient	File Status	Last File	
Medicare Part B	None	389743989A	\$0.00	80	20	UK	08/10/2006	
United Health Care	U80010	38974398904	\$20.00	100	0			

Payment								
Date	Patient/Insurance	Type	Check/Credit Card	CPT Code	Payment	Adjustment	Total	
10/10/2003	Medicare Part B	CHCK	2309480980		\$24.00	\$24.00	\$48.00	
				99203	\$12.00	\$12.00	\$24.00	
				90732	\$12.00	\$12.00	\$24.00	

Summary		Patient		\$0.00		\$0.00		
		Insurance		\$24.00		\$24.00		
		Total		\$24.00		\$48.00		

Invoice Balance						Patient	Insurance	Total
						\$72.00	\$0.00	\$72.00

Patient Balance Aging								

Time (Days)	0 - 30	31 - 60	61 - 90	91 - 120	> 120	Total		
Patient	\$0.00	\$0.00	\$0.00	\$0.00	\$142.01	\$142.01		
Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$280.03	\$280.03		
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$422.04	\$422.04		

Additional Bill Reports

The remaining reports in this section are “legacy” reports that have been available in the Bill module for some time. While the core set of reports will likely be your most commonly used reports, these additional reports are still available for your use with the Bill module.

Note that some of these reports have not been updated recently and may not make full use of the available Bill module functionality currently available.

Billing Block Patient List

Purpose: List patients who have the billing block flag set in the Miscellaneous tab of the patient demographics.

Report Location: Bill > Reports > Crystal Reports > ALL – All Reports > Billing Block Patient List

Billing Block Patient List			Print Date: 6/25/2008, 2:15:30PM
			Page: Page 1 of 1
Patient	Account #	Account Status	
Abdominal, Payne	ABDPAY0001	Hold	
Fatigue, Vera	FATVER0001	Collect	
Atrial, Fibby	ATRFIB0001	Active	

Capitation Payment Report

Purpose: Track charges billed to the IPA and for calculation of each provider's portion of the capitation check. These charges are not added to the accounts receivable. This report also shows carve out (fee-for-service) charges billed to and paid by IPA, as well as patient co-pays.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Capitation Payment Report

Shared by: Los Gatos Family Physicians.

Typical Frequency: As Needed

Parameters Used for Sample Report: Start Date (01/01/2008), End Date (06/2/2008), Provider (All), Medical Facility Code (All), Insurance Class Code (All), Financial Group Code (All), Show Details? (Yes)

Date Range: 01/01/2008 to 06/25/2008
 Provider: ALL
 Medical Facility Code: ALL
 Ins Class: ALL
 Financial Group: ALL
 Show Details?: Yes

Printed: 6/25/2008 2:16:45PM
 Page: 6 of 6

Capitation Payment Report

Provider	Carrier Name	Carrier Plan	Track Charges	Billed Charges	Pmts Applied	Adjs Applied	# of Patients	# of Visits		
Woods, Vaughn W										
Patient	FGP	Class	Invoice #	CPT	Fee Type	Tracked	Billed	Payments	Adjustments	Adj Type
Aetna						0.00	213.00	80.00 INS 0.00 PAT	10.00	
Acuna, Aaron A	HMO		82104	80100	Fee-for-Service		213.00	0.00 Ins	0.00	
Acuna, Aaron A	HMO		82104	80100	Fee-for-Service			30.00 Ins	0.00	
Acuna, Aaron A	HMO		82104	80100	Fee-for-Service			50.00 Ins	10.00	
Acuna, Aaron A	HMO		82104	90477	Fee-for-Service		0.00	0.00 Ins	0.00	
BAC						0.00	213.00	80.00 INS 0.00 PAT	10.00	
Provider Woods, Vaughn W Total:						0.00	426.00	160.00 INS 0.00 PAT	20.00	
Wright, Levi A										
Patient	FGP	Class	Invoice #	CPT	Fee Type	Tracked	Billed	Payments	Adjustments	Adj Type
Acuna, Anna V	POS		69100	99213	Fee-for-Service		77.00	0.00 Pat	10.00	Balance Transfer
Acuna, Anna V	POS		69100	99213	Fee-for-Service			39.93 Ins	27.07	
United Health Care						0.00	77.00	39.93 INS 0.00 PAT	37.07	
Provider Wright, Levi A Total:						0.00	77.00	39.93 INS 0.00 PAT	37.07	
Report Total:						340.00	10,393.25	1,194.93 INS 1,010.00 PAT	479.71	

Case Mix

Purpose: Demonstrate a case mix for board review or for other purposes. The Case Mix report is based on data entered into invoices.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Case Mix

Data: The report shows a breakout of ICD and CPT data by primary ICD. The data is pulled from invoices and payments including:

- Patient Account #
- Patient Age in Years
- Patient Gender Code
- Date of Service
- Primary ICD Code
- CPT
- Other ICD-9 codes linked to the CPT

Grouping/Sorting: Data is grouped by provider and can be sorted by ICD, CPT and patient account #. There are total ICD and distinct ICD counts by provider and for all providers.

Filters: DOS Provider, Start service date range, Primary ICD code starts with, CPT code starts with, Sort by, Show summary table, POS Code, TOS Code.

Summary Options: There is also an option to include a table that shows the following summary statistics by primary ICD:

- Procedures used for the ICD
- Gender count by procedure
- Total distributed payments against the procedure

Case Mix Report

Filters: Provider: _____ Date Range: 1/1/2008 to 12/31/2008 CPT Starts With: _____ Primary ICD Starts With: 250 POS: _____ Sort Order: Code TOS: _____ Gender and Payment Summary Incl?: Yes Print Date/Time: 6/25/2008, 2:23:18 PM Page 1 of 2

Case number (account number)	Patient Age	Gender	DOS	Primary ICD-9	CPT	Additional ICD-9 codes
Abbott, Abby						
TESA000182	58	M	02/24/08	250.01	83036	..
TESAL00002	58	M	01/23/08	250.01	99201	..
				Provider Total ICD Code Count:	2	Provider Distinct ICD Code Count: 1
Burns, Christine						
1238647	13	F	01/14/08	250	45378	..
1238647	13	F	01/14/08	250	83036	..
1238647	13	F	01/14/08	250	99201	414, 462, 330
1238647	13	F	01/14/08	250	99241	414, 462, 330
1238647	13	F	01/16/08	250.00	99201	..
1238647	13	F	03/17/08	250.01	59030	..
1238647	13	F	03/17/08	250.01	83036	..
				Provider Total ICD Code Count:	7	Provider Distinct ICD Code Count: 3
				Total ICD Code Count for All Providers:	9	Distinct ICD Code Count for All Providers: 3

Case Mix Report

Filters: Provider: _____ Date Range: 1/1/2008 to 12/31/2008 CPT Starts With: _____ Primary ICD Starts With: 250 POS: _____ Sort Order: Code TOS: _____ Gender and Payment Summary Incl?: Yes Print Date/Time: 6/25/2008, 2:23:18 PM Page 2 of 2

Summary of Primary Diagnoses, Procedures Applied by Gender and Total Distributed Reimbursement

		F	M	Total
250	45378	1	0	1
		\$0.00	\$0.00	\$0.00
	83036	1	0	1
		\$0.00	\$0.00	\$0.00
	99201	1	0	1
	\$0.00	\$0.00	\$0.00	
	99241	1	0	1
		\$0.00	\$0.00	\$0.00
	Total	4	0	4
		\$0.00	\$0.00	\$0.00
250.00	99201	1	0	1
		\$60.00	\$0.00	\$60.00
	Total	1	0	1
		\$60.00	\$0.00	\$60.00
250.01	59030	1	0	1
		\$103.00	\$0.00	\$103.00
	83036	1	1	2
		\$35.00	\$0.00	\$35.00
	99201	0	1	1
		\$0.00	\$0.00	\$0.00
	Total	2	2	4
		\$138.00	\$0.00	\$138.00
Total		7	2	9
		\$198.00	\$0.00	\$198.00

Case Tracking

Purpose: List all cases meeting a number of different filtering criteria. It is a printed version of the on-screen case work list. It is a good report to get a global view of almost all the setup and status elements for multiple cases, or to create a printed work list based on a filter. For example, users may wish to generate a list of cases which meet a specific disposition, or for a specific guarantor/employer.

Report Location: Bill > Reports > Case Management > Case Tracking

Data: System case #, patient and guarantor names and account numbers, patient case #, active status, date of injury, case type, claim #, file #, case description and case disposition.

Filters: Case status, case type, case description, guarantor/employer, patient, injury/illness date range, case disposition, facility, DOS provider linked to a case, specialty, and attorney.

Sort: The report can be sorted by any of the columns printed.

(Also available via Schedule)

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Case Tracking Report				Print Date: 6/27/2008 Print Name: .	
Case Status = Active, Case Type = All, Case Description = All, Guarantor = All Patient = All, Injury/IllnessDate = All, Case Disposition = All, Facility = All Provider = All, Specialty = All, Attorney = All, Sort By = Patient							
System #	Patient Guarantor	Account # Account #	Case # Active	DOI Type	Claim # File #	Description Disposition	
40	Acuna, Aaron A vWright, Philip	BUTWE000 vWRIPH0002	1 Yes	04/28/08 <none>		test	
33	Case, One Blake	CASONE0001 BLAK000001	1 Yes	12/07/07 <none>		TESTCASE1	
34	Case, Two Blake	CASTWO0000 BLAK000001	1 Yes	12/07/07 <none>		2222222	
32	Grissom, Gil Grissom, Gil	GRIGIL0001 GRIGIL0001	1 Yes	11/01/07 CSI Case	777 111	CSINV Open/Active	
35	Plummer, Artemuse J Plummer, Artemuse J	PLUART0001 PLUART0001	1 Yes	01/16/08 kims type		artemus kims disposition	
11	Plummer, Bill W Plummer, SK	PLUBIL0001 PLUSK00001	7 Yes	10/08/07 <none>		trotatotat	
1	Plummer, Bill W Plummer, Guarantor J	PLUBIL0001 PLUGUA0001	1 Yes	09/10/07 <none>	789 123	kim Open/Active	
2	Plummer, Bill W Plummer, Guarantor J	PLUBIL0001 PLUGUA0001	2 Yes	09/21/07 <none>		kim	
3	Plummer, Bill W Plummer, Guarantor J	PLUBIL0001 PLUGUA0001	3 Yes	09/21/07 <none>		kim	
4	Plummer, Bill W Plummer, Guarantor J	PLUBIL0001 PLUGUA0001	4 Yes	09/21/07 <none>		kim	
5	Plummer, Bill W Plummer, Guarantor J	PLUBIL0001 PLUGUA0001	5 Yes	09/21/07 <none>		kim	
6	Plummer, Bill W Plummer, Guarantor J	PLUBIL0001 PLUGUA0001	6 Yes	09/21/07 <none>		kim AB Disposition	

Charge Capture

Purpose: Display a batch or singleton super bill based on data entered in a Chart Visit or Order Note or e-MDs mobile device encounter.

Report Location: Bill > Reports > Crystal Reports > ALL – All Reports > Charge Capture

Charge Summary by Patient Zip and Age Report

FILTERS

Zip Code Starts With: ALL
 Zip Length: 2

Provider: ALL
 Invoice DOS Range: 1/1/2008 to 12/31/2008

Print Date/Time: 6/25/2008, 2:20:18 PM
 Page: Page 1 of 1

Age Bracket	Inv Cnt	Charges	Payments
Zip Code Starts With: 78			
0 to 9 Years Old	13	\$1,435.00	\$167.00
10-19 Years Old	16	\$3,877.72	\$462.50
20-29 Years Old	20	\$2,094.58	\$200.00
30-39 Years Old	4	\$5,577.00	\$100.00
40-49 Years Old	9	\$1,228.75	\$239.00
50-59 Years Old	110	\$20,385.94	\$364.00
60-69 Years Old	4	\$439.00	\$10.00
70-79 Years Old	12	\$990.48	\$107.64
	188	\$36,028.47	\$1,650.14
Zip Code Starts With: 89			
30-39 Years Old	4	\$7,377.00	\$0.00
50-59 Years Old	3	\$560.00	\$0.00
	7	\$7,937.00	\$0.00

Current Count of Patients By First 2 Digits of Their Home Zip.

	Total
78	188
89	7
Total	195

Chart Cover

Purpose: Provide a patient detail sheet that includes:

- Patient demographics including guarantor and employment information.
- Patient insurances including images of insurance card scans.
- A section in which clinics can handwrite any allergy information, clinic alerts, drug reactions, and any notes. This is for clinics that still have paper charts and that clip this kind of report to the inside cover.
- Optional ability to print health summary data from e-MDs Chart. This follows the same format as the standard Health Summary report available in Chart.

(Also available via Schedule)

Report Location: Bill > Reports > Chart Cover

Typical Frequency: Once Daily to Multiple Times Daily

Northwest Diagnostic Clinic @e-MDs
 1531 49th Street
 Cedar Park, TX 78613

Chart Cover

Print Date : 06/30/2008
 Print Time : 10:00 am
 Print User :

Achy, Betty
234 Test
Bastrop, TX 78602

Account No ACHBET0001
 Home Phone (512)222-2222
 Cell Phone
 Home Fax
 Pager
 Financial Group ASO

Date of Birth 01/01/1950
 SSN XXX-XX-
 Gender F
 DL #
 Marital Status M
 First Visit Date 09/20/2007

Provider Burns, Christine
 Referral N/A

Employment Information

Patient Position
 e-mail
 Office Phone
 Office Fax

Guarantor Information

Achy, Betty
 234 Test
 Bastrop, TX 78602

Account No ACHBET0001
 Home Phone (512)222-2222
 Home Fax
 e-mail

Gender F
 Date of Birth 01/01/1950
 DL #
 SSN XXX-XX-

Insurance Information

Insurance Company Address	Office Phone City	Code State	Policy Holder Zip	Policy Number Group Number	Copayment	Deductible	% Ins
AARP 9371 Brook Meadow	Lakewood	MG TX	Achy, Betty 90712	adsf3 test	\$0.00	\$0.00	100%
AAPG Insurance Program 429 Rocky Mound Ln	(931)052-9439 Phoneix	IP AZ	Achy, Betty 85068-9060	2342342324 aapg	\$20.00	\$2,000.00	100%

Chart Visit/Invoice Compare

Purpose: Compare data in an invoice/claim with that in a progress note. This makes it easy for staff to identify areas for correction. This report is an extremely valuable tool available to users of both e-MDs Bill and Chart.

Reasons for discrepancies are usually that the person who built the invoice made some edits such as changing ICD linkage, entering better codes (where these have not been set up to load automatically in the chart as they should be), or providers changing data after the invoice has been flagged as ready to bill.

The code match report shows the following discrepancies:

- Chart CPT/HCPCS not in the invoice.
- Invoice CPT/HCPCS not in the chart.
- Chart ICD not in the invoice.
- Invoice ICD not in the chart.
- CPT codes with mismatching ICD links.

Appointment Date/Time: 1/4/2008 03:00 pm Resource: Abbott, Abby Patient: TesterBWAGNER464, AI Invoice # 81880
Invoice CPT/HCPCS not in the Chart: 99202, 87880

Appointment Date/Time: 5/22/2008 10:20 am Resource: Burns, Christine Patient: Sanchez, Cathy A Invoice # 82103
Invoice CPT/HCPCS not in the Chart: 80156

Collection Agency Bad Debt (Rev. 7.2.2)

Important! Run this report only if you are using Solution Series 7.2.2 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: List patient invoices grouped by guarantor with contact information, patient account status, DOS, statement count, last payment date, total due by invoice, patient, guarantor and provider. If patient account status filter is used, this report can be submitted to a collection agency when turning over accounts for outside collection or grouped for delegation to staff members for inside collection tasks.

Valid on Product Versions: Solution Series 7.2.2 and later.

Changes in this Version: This report was modified based on system enhancements for the Bad Debt module (external collections). Additional filters were added for:

Include invoices in agency collections: Default filter that includes all invoices including agency collections.

Include only invoices in agency collections: This filter will *only* include those invoices in the report marked as Agency Collections.

Include invoices in agency collections separately: This filter will include *everything* as it has before, but now includes a new grouping, separating "Normal Invoices" from "Agency Collections Invoices." This grouping will be the 1st grouping, above all other existing groupings.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Patient Collections Report (Rev. 7.2.2)

Report Version: BL021-20110603

Typical Frequency: Monthly

Grouping by: Provider and/or medical facility, insurance company or class (latter is recommended)

Options: Show the code detail, and also show payer charts with comparison by %charges, %payments, and collections ratio.

Parameters Used for Sample Report: Date Type (Post Date), Start Date (06/01/2010), End Date (12/31/2010), Facility (All), Provider (All), Supervising Provider (All), Primary Insurance (Primary, Secondary and Tertiary Coverage), Insurance (All), Financial Group (All), Insurance Class Code (All), Facility Grouping (Show Facility Grouping), Provider Grouping (Show Provider Grouping), Ins Co. or Ins Class Grouping (Insurance Company0, Show Code Breakout (Hide CPT breakout by line item); Hide Payment Crosstab (Hide payment crosstab), and Hide Payor Charts (Show Payor pie charts)

Collections Work List

Purpose: List saved collections work lists with drill downs to the invoices in the work list.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Collections Work List

Filters: Work list name and invoice detail by patient, guarantor, provider and financial group.

Work List Name Filter:		Collections Work List Report								Print Date: 6/25/2008, 2:32:58PM	
Double-click a worklist name to drill down.										Page: Page 1 of 1	
Work List Name					Charges	P - Pay	P-Adj	I-Pay	I-Adj	Balance	
BILLER: November 2003 Bal > \$10	Cnt: 10	Completed: 5	Incomplete: 5		\$1,652.00	\$210.00	\$54.00	\$491.71	\$264.29	\$532.00	
BILLER: September 2003 Bal > \$10	Cnt: 22	Completed: 11	Incomplete: 21		\$3,696.00	\$250.00	\$0.00	\$1,326.20	\$643.76	\$1,376.04	
Total Work Lists: 2		32	11	21	\$5,148.00	\$460.00	\$54.00	\$1,817.91	\$908.05	\$1,908.04	

Contract Management

Purpose: Provide a multi-faceted tool that actually contains several sub-reports based on a number of filtering criteria.

Output options include:

- Contract roster report with interactive drill down from the preview to contracts themselves.
- Contract utilization data with options to filter and sort the detail data by several criteria.

Report Location: Bill > Reports > Contracts and Fees > Contract Management

Northwest Diagnostic Clinic @e-MDs		Insurance Contract Report					Print User: ,	
1531 49th Street							Print Date: 6/27/2008	
Cedar Park, TX 78613								
Contract Name like " Anniversary Date: All Insurance Class: All								
Contract	Contact Name	Telephone #	Effective Date	Anniversary Date	Billed Fee Schedule	Allowed Fee Schedule		
Cigna Test Cap			10/08/2007	10/08/2009	Default Fee Schedule	Default Fee Schedule		
Medicare			01/01/2008	12/31/2008	Default Fee Schedule	Medicare PAR		
Plan b			05/30/2008	05/30/2008	<none>	<none>		

CPT Frequency

Purpose: As a utilization tool, list invoice CPT codes with descriptions, count and %.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > CPT Frequency

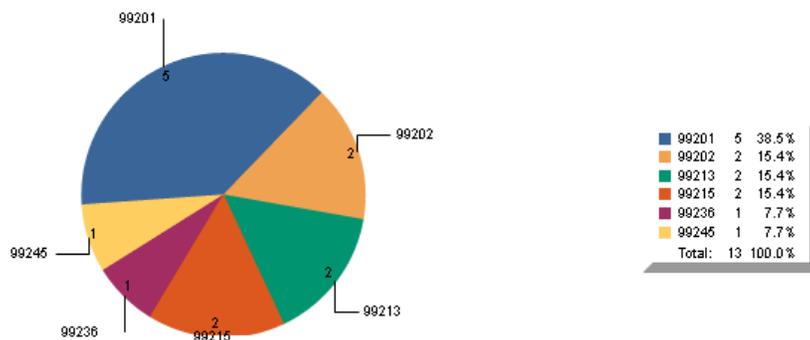
Filters: CPT code starts with, service date range and provider

CPT/HCPCS Frequency

Code	Description	Count	Units	%
Abbott, Abby				
Aetna		5	5.00	38.46%
99213	Office visit - established pt, Level 3	1	1.0	7.69%
99202	Office/outpatient visit; new patient, level 2	1	1.0	7.69%
99202	Office/outpatient visit; new patient, level 2	1	1.0	7.69%
99201	Office visit - newpt, level 1	1	1.0	7.69%
99201	Office visit - newpt, level 1	1	1.0	7.69%
CSI Insurance		3	3.00	23.08%
99245	Group #2 Name: @Group 2 (String) estab pt - Level 5	1	1.0	7.69%
99215	Office visit - established pt, Level 5	1	1.0	7.69%
99213	Office visit - established pt, Level 3	1	1.0	7.69%
None listed		1	1.00	7.69%
99201	Office visit - newpt, level 1	1	1.0	7.69%
Primary Select Va		2	2.00	15.38%
99236	Observation & same-day DC of pt-Level 3	1	1.0	7.69%
99215	Office visit - established pt, Level 5	1	1.0	7.69%
TriCare Prime Remote		2	2.00	15.38%
99201	Office visit - newpt, level 1	2	2.0	15.38%
Distinct CPT/HCPCS: 6		Total Count: 13	13.0	100.00%

CPT Frequency by Provider

For Abbott, Abby



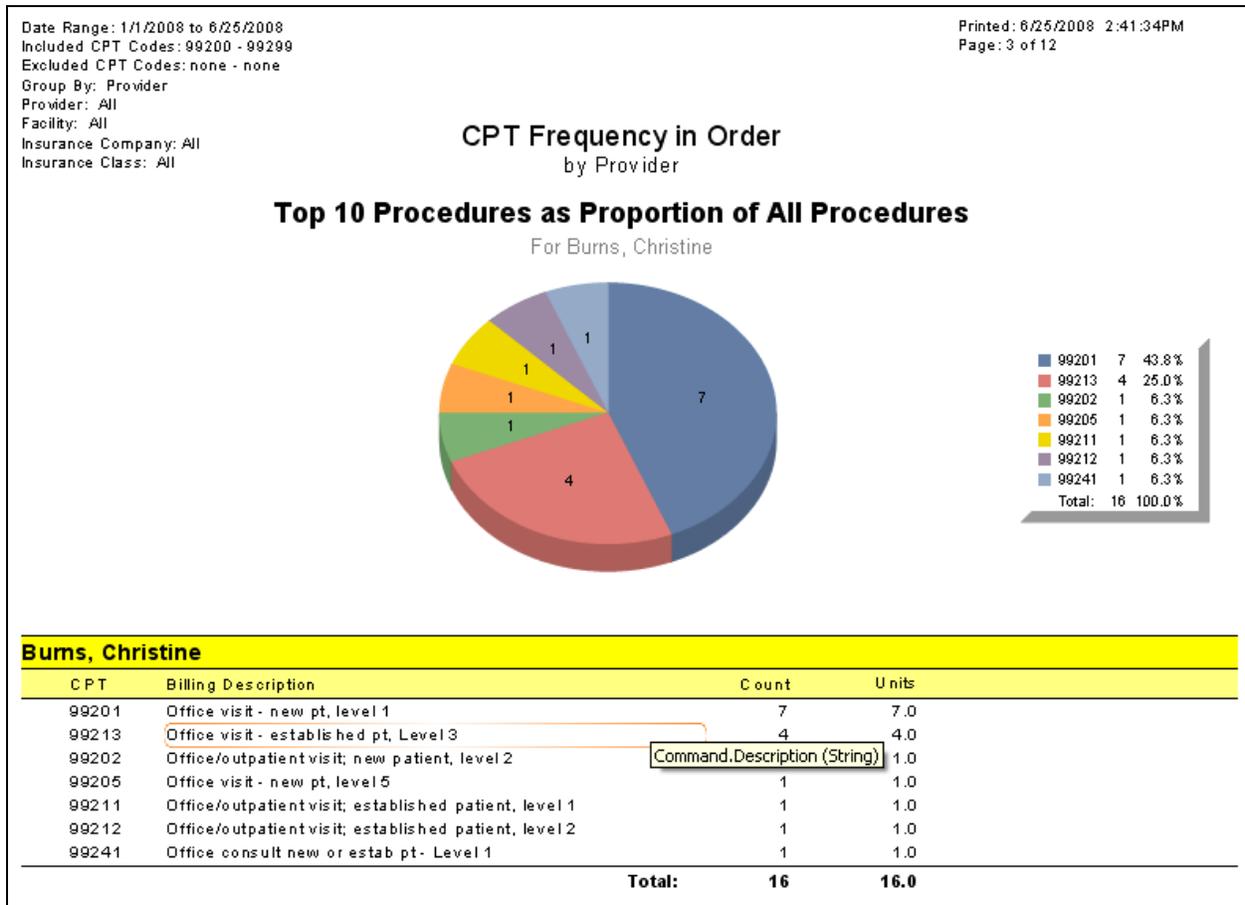
CPT Frequency in Order

Purpose: As a utilization tool, list invoice CPT codes with descriptions and count in order of frequency. The top CPT codes are graphed on a pie chart.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > CPT Frequency in Order

Filters: CPT code starts with service date range, provider, facility, insurance company or insurance class.

Group by: Facility or Provider



CPT Reimbursement

Purpose: Show reimbursement by CPT codes. The report separates reimbursements into Patient and Insurance Payments.

Report Location: Bill > Reports > BILL – Billing Reports > Crystal Reports > CPT Reimbursement

Parameters Used for Sample Report: Start Date (01/01/2008), End Date (12/31/2009), FGC (Blank), CPT Start Range (00000), CPT End Range (ZZZZZ), Patient (Blank), Patient Pmt Start Range (\$0.00), Patient Pmt End Range (\$1,000,000.00), Ins Payment Range Start (\$0.00), Ins Payment Range End (\$1,000,000.00), Show Invoice Details (Yes)

CPT Reimbursement							
Date Range: 01/01/2000 to 12/31/2009				Printed: 05/05/2010 03:25 PM			
Patient: ALL				Page: 1 of 3			
Financial Group: ALL				Print User: Adams, Garth			
CPT Range: 00000 to ZZZZZ							
Ins Range: \$0 to \$1,000,000							
Patient Range: \$0 to \$1,000,000							
CPT Code	Invoice #	Patient	FGC	Invoice Date	Fee Amount	Ins Payment	Pat Payment
36415	16	Connor, Constance	HMO	9/25/03	\$15.00	\$2.90	\$0.00
36415	90	Head, Heather	BCS	7/2/08	\$5.00	\$60.00	\$0.00
36415	6	Smith, Abbie	PPO	9/24/03	\$15.00	\$4.50	\$0.00
36415	31	Smith, Abbie	PPO	11/1/03	\$15.00	\$8.00	\$0.00
36415	35	Smith, Abbie	PPO	9/6/03	\$15.00	\$12.00	\$0.00
36415	28	Smith, Bryan H	PPO	9/26/03	\$12.00	\$4.99	\$0.00
36415					\$77.00	\$92.39	\$0.00
73600	8	Green, Ankar	PPO	9/24/03	\$15.00	\$0.00	\$0.00
73600					\$15.00	\$0.00	\$0.00
80051	6	Smith, Abbie	PPO	9/24/03	\$15.00	\$2.40	\$0.00
80051					\$15.00	\$2.40	\$0.00
81003	10	Brown, Andy	PPO	9/25/03	\$15.00	\$1.25	\$0.00
81003	19	Hyper, Horatio	PPO	9/25/03	\$15.00	\$10.00	\$0.00
81003	6	Smith, Abbie	PPO	9/24/03	\$15.00	\$10.00	\$0.00
81003	31	Smith, Abbie	PPO	11/1/03	\$15.00	\$12.00	\$0.00
81003	35	Smith, Abbie	PPO	9/6/03	\$15.00	\$8.88	\$0.00
81003					\$75.00	\$42.13	\$0.00
81025	6	Smith, Abbie	PPO	9/24/03	\$15.00	\$10.29	\$0.00
81025	31	Smith, Abbie	PPO	11/1/03	\$15.00	\$13.50	\$0.00
81025	35	Smith, Abbie	PPO	9/6/03	\$15.00	\$11.33	\$0.00
81025	7	Smith, Emily	HMO	9/24/03	\$15.00	\$4.90	\$0.00
81025					\$60.00	\$40.02	\$0.00
82270	6	Smith, Abbie	PPO	9/24/03	\$15.00	\$12.00	\$0.00
82270	28	Smith, Bryan H	PPO	9/26/03	\$15.00	\$12.00	\$0.00
82270					\$30.00	\$24.00	\$0.00
82550	14	Cheatham, Payne	BCS	9/25/03	\$15.00	\$15.00	\$0.00

20100505

Date of Service Income Analysis

Purpose: Show income by facility, date and patient with detail of the patient invoices including invoice number, CPTs, billed and allowed charges, adjustments and received payments.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Date of Service Income Analysis

Data: The report is grouped by facility and date. There are totals by date for charges adjustments and payments with grand totals by facility and for the entire report.

Filters: Date of service range, medical facility, DOS provider, and CPT code.

Date of Service Income Analysis

Patient	Invoice #	CPT-Mods	Billed Charges	Allowed Charges	Adjustments	Received Pmts
Northwest Diagnostic Clinic @Buttercup						
06/09/2008						
Mercier, Leah M	82108	36415	\$22.00	\$22.00	\$0.00	\$0.00
		44005	\$1,891.25	\$1,891.25	\$0.00	\$0.00
		80156	\$25.74	\$25.74	\$0.00	\$0.00
		99201	\$70.00	\$70.00	\$0.00	\$0.00
		99213	\$77.00	\$77.00	\$0.00	\$0.00
			\$1,885.99	\$1,885.99	\$0.00	\$0.00
Northwest Diagnostic Clinic @Buttercup Total:			\$1,885.99	\$1,885.99	\$0.00	\$0.00
Northwest Diagnostic Clinic @e-MDs						
06/02/2008						
Miller, Eleven	82031	99201	\$70.00	\$70.00	\$0.00	\$0.00
Miller, Kevin	82044	99213	\$77.00	\$77.00	\$0.00	\$0.00
Miller, Sinbad Y	82000	99201	\$70.00	\$70.00	\$0.00	\$0.00
			\$217.00	\$217.00	\$0.00	\$0.00
06/03/2008						
Fegan, Albert C	82107	50684	\$97.50	\$97.50	\$0.00	\$0.00
		78000	\$73.50	\$73.50	\$0.00	\$0.00
		99211	\$37.00	\$37.00	\$0.00	\$0.00
		A4207	\$3.00	\$3.00	\$0.00	\$0.00
			\$211.00	\$211.00	\$0.00	\$0.00
06/09/2008						
Mercier, Leah M	82109	99213	\$77.00	\$50.00	\$0.00	\$20.00
		99253	\$0.00	\$0.00	\$0.00	\$0.00
		99254	\$0.00	\$0.00	\$0.00	\$0.00
			\$77.00	\$50.00	\$0.00	\$20.00
06/10/2008						
Acuna, Anne	82110	80156	\$25.74	\$25.74	\$0.00	\$0.00
		99213	\$77.00	\$77.00	\$0.00	\$0.00
			\$102.74	\$102.74	\$0.00	\$0.00
06/25/2008						
Acuna, Anne	82111	81002	\$0.00	\$0.00	\$0.00	\$0.00
		99213	\$77.00	\$77.00	\$0.00	\$0.00
			\$77.00	\$77.00	\$0.00	\$0.00
07/02/2008						
Miller, Eleven	82032	99201	\$70.00	\$70.00	\$0.00	\$0.00
Miller, Kevin	82045	99213	\$77.00	\$77.00	\$0.00	\$0.00
Miller, Sinbad Y	82024	99201	\$70.00	\$70.00	\$0.00	\$0.00
			\$217.00	\$217.00	\$0.00	\$0.00
08/02/2008						
Miller, Sinbad Y	82003	99201	\$70.00	\$70.00	\$0.00	\$10.00
			\$70.00	\$70.00	\$0.00	\$10.00
Northwest Diagnostic Clinic @e-MDs Total:			\$971.74	\$944.74	\$0.00	\$30.00
Report Total:			\$2,857.73	\$2,830.73	\$0.00	\$30.00

Deleted Invoices

Purpose: List all deleted invoices. Although an invoice can be deleted, it is a “soft” delete. The system still stores the invoice but it is not viewable.

Note: New auditing functions are available in the Billing Audit Report for transactions posted after upgrading to Solution Series version 6.31 or later. For more information on that functionality, see “Billing Audit.”

Report Location: Bill > Posting > *Select Patient* > *Select Invoice* > Reports > Audit Trails > Legacy > Deleted Invoices

Deleted Invoices

Print User: ,
Print Date: 07/02/2008

Activity Date/Time	Invoice No	Type
5/22/2008 10:47:05 AM	82105	Deleted
5/22/2008 10:32:42 AM	82101	Deleted
5/21/2008 8:37:08 AM	82100	Deleted
5/15/2008 12:40:32 PM	82096	Deleted
5/15/2008 9:43:24 AM	82090	Deleted
5/15/2008 9:42:37 AM	82089	Deleted
5/15/2008 9:40:00 AM	82087	Deleted
4/29/2008 3:36:49 PM	82081	Deleted
4/29/2008 3:33:03 PM	82080	Deleted
4/29/2008 3:15:00 PM	82079	Deleted
4/24/2008 4:49:07 PM	82076	Deleted
4/24/2008 1:21:22 PM	82073	Deleted
4/24/2008 1:15:59 PM	82070	Deleted
4/24/2008 1:14:26 PM	82069	Deleted
4/24/2008 11:01:14 AM	82068	Deleted
4/1/2008 3:09:07 PM	82062	Deleted
3/25/2008 1:38:08 PM	82058	Deleted
2/12/2008 2:35:28 PM	82011	Deleted
2/12/2008 2:35:17 PM	82012	Deleted
2/12/2008 1:46:54 PM	82010	Deleted
2/12/2008 1:46:46 PM	81716	Deleted
2/12/2008 1:46:36 PM	81719	Deleted
2/12/2008 1:46:21 PM	81724	Deleted
2/4/2008 4:22:13 PM	82007	Deleted
2/4/2008 1:05:42 PM	81996	Deleted
2/4/2008 1:01:12 PM	81995	Deleted
1/23/2008 11:08:48 AM	81969	Deleted
1/7/2008 5:38:36 PM	81887	Deleted
1/7/2008 5:38:22 PM	81890	Deleted

EOB

Purpose: Provide an “internal” explanation of how benefits/payments have been distributed against codes in invoices. It is a useful way to review an electronic remittance distribution, or to reconcile data to check or review how it was posted. It can be used for both insurance and patient payments.

The report is actually part of the payment source setup. It's simply showing how the source was posted out. It shows the source payment information (amount and balance, date, check number, etc.), summary information for each invoice against which it was posted (patient name & address, insurance policy information), payment distribution data for each CPT in the invoice including adjustments and reason codes, and grand totals.

Payment/EOB Detail Report

Check Date: 02/05/2008 **Check #:** **Source Amount:** \$100.00 **Source Balance:** \$0.00

Patient: Achy, Betty		DOB: 1/1/1950	Address: 234 Test, Bastrop, TX 78602												
Policy Holder	Address:	Policy #		Copay Patient %											
Achy, Betty	234 Test, Bastrop, TX 78602	adsf3		\$0.00 0											
Inv# 82009	DOS 02/05/2008	DOS Provider Burns, Christine		Charges \$1,888.50											
StartDOS	POS	TOS	Code	M1	M2	M3	M4	Billed	Allowed	Coins	Payment	Adj 1	Adj 2	GC	RC
02/05/2008	21	01	59409					\$1,888.50	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00		
SubTotal:				\$1,888.50		\$0.00		\$0.00		\$100.00		\$0.00		\$0.00	
Grand Total:				\$1,888.50		\$0.00		\$0.00		\$100.00		\$0.00		\$0.00	

Adjustment Reason Code Summary

Code	Description	Count	Total
		1	\$100.00
			\$100.00

Fee Schedule Comparison

Purpose: Give users the ability to compare fee schedules against each other. The fee schedule comparison report is an extremely powerful tool that can be used to analyze how one contract compares to another based on actual payments. Thus, a practice can now make contractual decisions based on hard data.

The report is run by comparing hard data collected under one fee schedule or contract period with another fee schedule. It uses the known utilization and payment data and then projects collections ratios onto another fee schedule.

Report Location: Bill > Reports > Contracts and Fees > Fee Schedule Roster/Comparison

Data:

- Code with modifier, POS, TOS, provider, specialty and facility iterations.
- Utilization count. See below for explanation
- Allowed Charges: The total of all allowed charges for the code when billed using the fee schedule which is the base for the comparison
- Collections: Actual collections received against the allowed charges
- Collections Ratio: The percent the collections amount is of the allowed. This gives you a historical basis for what one might realistically expect in the future.
- Expected Charges: Using the comparison fee schedule's fee, this is the utilization count multiplied by that fee
- Expected Collections: The existing collections ratio multiplied by the comparison expected charges

- **Difference:** The net dollar difference between the known collections for the baseline fee schedule and the comparison fee schedule's expected collections. For a contract negotiation where the comparison fee schedule is a projected one, a larger number is better. Users will want to focus on codes with lower or negative differentials since the costs might be increasing simply as a result of inflation, or while most fees might be increasing a little bit, decreases on high utilization codes could offset the other gains.
- **Difference %:** The same as the difference but expressed as a percentage
- **Totals**

Note: The utilization count for the report is gathered using the fee schedule that was in force at the time the charges were originally entered. When the code is added to an invoice, the fee schedule ID of the allowed fee schedule is also stored. Thus, all codes have a definite pointer for analysis. This is still maintained when fee schedules are changed through the fee schedule and contract archiving functions.

Those utilities allow users to create archived copies of fee schedules and contracts which preserve the integrity of the data by finding every invoice and code used and updating the ID to the archive copy of the fee schedule. This helps with maintenance because the links to all the insurances to which the fees and contracts are associated are updated automatically by the system.

Comparing a Proposed Contractual Fee Schedule to Current: Depending on the analysis desired, a proposed fee schedule may need to be created prior to running the report. While this might seem like a large task, consider the effects this proposed contract may have on the practice and then follow the steps outlined next. To create a sample fee schedule, start by making a copy of the existing fee schedule and then update the fees using automated tools (such as % markup, fixed markup). Run the contract utilization report to show the top codes that should be included.

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Fee Schedule Comparison (ALL Compared With)										Print User: . Print Date: 6/30/2008					
Fee Schedule																	
2007																	
CPT/HCPCS Codes																	
Code	M1	M2	M3	M4	POS	TOS	Prov.	Spec.	Fac.	Count	All Cha.	Collections	Coll%	Exp. Charges	Exp. Collections	Difference	Diff. %
99214					11	01				1	\$84.83	\$0.00	0.00%	\$84.83	\$0.00	\$0.00	0.00%
											\$84.83	\$0.00	\$84.83	\$0.00	\$0.00		
archive of test																	
CPT/HCPCS Codes																	
Code	M1	M2	M3	M4	POS	TOS	Prov.	Spec.	Fac.	Count	All Cha.	Collections	Coll%	Exp. Charges	Exp. Collections	Difference	Diff. %
81000					11	05				3	\$60.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
85025					11	05				3	\$125.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
90476					11	01				3	\$297.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
90476*1					11	01				1	\$68.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
90477					11	01				2	\$24.68	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
90477*1					11	01				1	\$98.76	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	0.00%
99213					11	01				5	\$365.00	\$35.00	9.09%	\$279.15	\$25.37	(\$9.63)	72.49%
											\$1,078.44	\$35.00	\$279.15	\$25.37	(\$9.63)		

Fee Schedule Insurance

Purpose: A basic insurance fee schedule print out of code, modifiers, POS, TOS, description and fee.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Fee Schedule Insurance

Filters: Fee schedule, code range, POS, and TOS.

Filters:

Fee Schedule Name:

Code Range: 00000 to ZZZZ

Place of Service: Type of Service:

Insurance Fee Schedule

Print Date/Time: 6/25/2008, 2:54:35 PM

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Code	M1	M2	M3	M4	POS	TOS	Description	Fee
testing default units and ndc								
81000					11	05	UA, nonauto, w/micro	\$15.00
85025					11	05	CBC w/plts and complete diff (auto)	\$25.00
90476					11	01	Adenovirus vaccine, type 4, live, for oral use	\$99.00
90476*1					11	01	Test NDC #1	\$88.00
90477					11	01	Adenovirus vaccine, type 7, live, for oral use	\$12.34
90477*1					11	01	Test NDC #2	\$98.76
99212					11	01	Office visit - established pt, Level 2	\$55.00
99213					11	01	Office visit - established pt, Level 3	\$77.00
99214					11	01	Office visit - established pt, Level 4	\$88.00

Fee Schedule Office

Purpose: Provide a printout of the code, billing description, TOS, POS, private rate and cost in the master CPT and HCPCS reference tables. These are only used if there are no records in the master fee schedules.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Fee Schedule Office

Filters:

Code Starts With:

Rate >= \$0.00

Fee Schedule - Office Fees

Print Date: 6/25/2008, 2:57:00 PM

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Code	Billing Description	TOS	POS	Private Rate	Cost
A4726	Dialysate solution, >5999 cc, for peritoneal dialysis	09	65	\$15.00	\$0.00
A4728	Dialysate solution, non-dextrose containing, 500 ml	09	65	\$0.00	\$0.00
A4730	Fistula cannulation set for hemodialysis, each	09	65	\$15.00	\$0.00
A4735	Local/topical anesthetics for dialysis only	09	65	\$15.00	\$0.00
A4736	Topical anesthetic, for dialysis, per gm	09	65	\$15.00	\$0.00
A4737	Injectable anesthetic, for dialysis, per 10 ml	09	65	\$15.00	\$0.00
A4740	Shunt accessory, for hemodialysis, anytype	09	65	\$15.00	\$0.00
A4750	Blood tubing, arterial or venous, for hemodialysis, each	09	65	\$15.00	\$0.00
A4755	Blood tubing, arterial and venous combined, for hemodialysis	09	65	\$15.00	\$0.00
A4760	Dialysate solution test kit, for peritoneal dialysis	09	65	\$15.00	\$0.00
A4765	Dialysate concentrate, powder, additive for dialysis	09	65	\$15.00	\$0.00
A4766	Dialysate concentrate, solution, additive for PD, per 10 ml	09	65	\$15.00	\$0.00
A4770	Blood collection tube, vacuum, for dialysis, per 50	09	65	\$15.00	\$0.00
A4771	Serum clotting time tube, for dialysis, per 50	09	65	\$15.00	\$0.00
A4772	Blood glucose test strips, for dialysis, per 50	09	65	\$15.00	\$0.00
A4773	Occult blood test strips, for dialysis, per 50	09	65	\$15.00	\$0.00
A4774	Ammonia test strips, for dialysis, per 50	09	65	\$15.00	\$0.00
A4780	Sterilizing agent for dialysis equipment, per gallon	09	65	\$15.00	\$0.00
A4790	Cleansing agents for equipment for dialysis only	09	65	\$15.00	\$0.00
A4800	Heparin for dialysis/antidote any strength porcine/beef	09	65	\$15.00	\$0.00
A4801	Heparin, any type, for hemodialysis, per 1000 units	09	65	\$15.00	\$0.00
A4802	Protamine sulfate, for hemodialysis, per 50 mg	09	65	\$15.00	\$0.00
A4820	Hemodialysis kit supplies	09	65	\$15.00	\$0.00
A4850	Hemostats with rubber tips for dialysis	09	65	\$15.00	\$0.00
A4860	Disposable catheter tips for peritoneal dialysis, per 10	09	65	\$15.00	\$0.00
A4870	Plumbing/electrical work for home hemodialysis equipment	09	12	\$15.00	\$0.00
A4880	ESRD Water storage tanks	18	65	\$15.00	\$0.00
A4890	Contracts, repair and maintenance, hemodialysis equipment	18	12	\$15.00	\$0.00
A4900	Continuous ambulatory peritoneal dialysis (CAPD) supply kit	09	65	\$15.00	\$0.00
A4901	Continuous cycling peritoneal dialysis (CCPD) supply kit	09	65	\$15.00	\$0.00
A4905	Intermittent peritoneal dialysis (IPD) supply kit	09	65	\$15.00	\$0.00
A4910	Non-medical supplies for dialysis, (i.e., scale, scissors, s	09	65	\$15.00	\$0.00
A4911	Drain bag/bottle, for dialysis, each	09	65	\$15.00	\$0.00
A4912	Gomco drain bottle	09	65	\$15.00	\$0.00
A4913	Miscellaneous dialysis supplies, not otherwise specified	09	65	\$15.00	\$0.00
A4914	Preparation kits	09	65	\$15.00	\$0.00

Fee Schedule Roster

Purpose: The fee schedule roster report is a list of all the properties set for CPT and HCPCS codes in a fee schedule. The properties include pricing and rule settings. There are options to show just the fee schedule names, the contracts linked to fee schedules and the detail of the codes in the fee schedule so this list actually has multiple uses in addition to the code list. Use this report to ensure that all codes used by the practice have been included and have the appropriate options (POS, TOS, in house or send out) have been set for billing.

The Fee Schedule Roster can be set to print:

- A simple roster of fee schedule names
- A list of contracts linked to fee schedules including Contract Name, Type, Effective and Anniversary Dates, whether the fee schedule link is for the billed or allowed fee schedule, Insurance Class, Withhold %, Withhold Cost %, Withhold Period and the first few lines of the Memo
- A complete list of fees for a schedule including Code, M1-M4, POS, TOS, Provider, Specialty, Facility, Fee, Cost, and the different rule properties

Report Location: Bill > Reference > Fee Schedules & Rules > Fee Roster/Comparison Report > Preview > Print

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Fee Schedule Roster Report										Print User: . Print Date: 6/30/2008																						
Fee Schedule																																		
<none>																																		
Contracts:																																		
Name	Type	Eff. Date	Anniv. Date	Billed?	Exception?	Ins Class.	With. Pct.	With. Cost.	With. Period	Memo																								
				Yes	Yes		0%	0%	0 days																									
Plan b	best	05/30/08	05/30/08	Yes	Yes		0%	0%	0 days																									
CPT/HCPCS Codes																																		
Code	M1	M2	M3	M4	POS	TOS	Prov.	Spec.	Fac.	Fee	Cost	RA	Cov	ABNM	CAP	Paper	Claim	RU	I/O	CI	Bundle	DM	DMR	Period	G-Add	GAM	GAMR	Sub	SCM	SCMR	Print?	M	Days	MDDM
										\$0.00	\$0.00	N	Y	N	N	N	N	N	N	N	N	N	N	0		N			N	N	N	0		
2007																																		
CPT/HCPCS Codes																																		
Code	M1	M2	M3	M4	POS	TOS	Prov.	Spec.	Fac.	Fee	Cost	RA	Cov	ABNM	CAP	Paper	Claim	RU	I/O	CI	Bundle	DM	DMR	Period	G-Add	GAM	GAMR	Sub	SCM	SCMR	Print?	M	Days	MDDM
0001F					11	73				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0001T					11	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0002F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0002T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0003F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0003T					21	04				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0004F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0005F					11	73				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0005T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0006F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0006T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0007F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0007T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0008F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0008T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0009F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0009T					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00100					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00102					21	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00103					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00104					21	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0010F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0010T					11	05				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0011F					11	01				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00120					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00124					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00126					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0012F					11	73				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0012T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
0013T					21	02				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00140					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		
00142					22	07				\$0.00	\$0.00	N	Y	N	N	Y	N	O	Y				N	0		N			N	N	N	0		

Financial Group Charge and Payment Statement

Purpose: Serve as an alternative statement output for one patient at a time. This is useful for printing a statement for services such as those related to specific cases like WC, OB or MVA

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Fin Group Charge & Payment Statement

Filters: Date range and FGP

Data: Prints detailed demographics in header followed by charges grouped by encounter (invoice/date of service). Payments are listed at the top of the encounter detail. Each service detail line shows CPT description, invoice #, ICD codes, CPT code and charge (or payment).

Summary Totals: Each encounter as well as for the complete.

Financial Group Charge & Payment Statement				
For patient: Leah Mercier		On dates of service from: January 01, 2008		
File ID: 1236547		to: March 10, 2008		
Date of birth: 5/23/95		Home Phone #: (512)879-7545		
SSN: 462-72-8923		Office Phone #: (512)767-6108 x6108		
Address: Home 9264 Bagdad Austin, TX 78726-1122		Cell Phone #: (512)879-8262		
Description of Service	Invoice #	ICD9 Codes	CPT Code	Pmt/Charge
Date of Service 1/14/2008				
Provider Christine Burns MD				
Colonoscopy, diag	81921	250	45378	\$173.25
Glycohemoglobin	81921	250	83036	\$47.00
Office visit - new pt, level 1	81921	250, 414, 462	99201	\$70.00
Office consult new or estab pt - Level 1	81921	250, 414, 462	99241	\$111.00
			Invoice 81921 Balance:	\$401.25
			1/14/2008	
			Invoice Totals:	\$401.25
			Invoice Payments:	
			Invoice Amt Due:	
Date of Service 1/16/2008				
Provider Christine Burns MD				
Insurance Payment	81933			\$(30.00)
Insurance Payment	81933			\$(20.00)
Patient Payment	81933			\$(10.00)
Office visit - new pt, level 1	81933	250.00	99201	\$100.00
			Invoice 81933 Balance:	\$40.00
			1/16/2008	
			Invoice Totals:	\$100.00
			Invoice Payments:	\$(60.00)
			Invoice Amt Due:	\$40.00
Date of Service 3/1/2008				
Provider Andrea Parker P.A.				
Patient Payment	82048			\$(10.00)
Office visit - new pt, level 1	82048		99201	\$70.00
			Invoice 82048 Balance:	\$60.00
			3/1/2008	
			Invoice Totals:	\$70.00
			Invoice Payments:	\$(10.00)
			Invoice Amt Due:	\$60.00
			TOTAL CHARGES:	\$571.25
			TOTAL PAYMENTS:	\$(70.00)
			TOTAL AMOUNT DUE:	\$501.25

Financial Group Charge Statement

Purpose: Provide an alternative statement output for one patient at a time. Identical to Financial Group Charge & Payment Statement except omits payments.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Fin Group Charge Statement

Filters: Permits user to filter by date range and FGP making it useful to print a statement for a purpose such as services related to specific cases like WC, OB or MVA.

Data: Prints detailed demographics in header followed by charges grouped by encounter (invoice/date of service). Each service detail line shows CPT description, invoice #, ICD codes, CPT code and charge.

Summary Totals: Each encounter as well as for the complete statement.

Financial Group Charge Statement				
For patient: Leah Mercier		On dates of service from: January 01, 2008		
File ID: 1236547		to: March 17, 2008		
Date of birth: 5/23/95		Home Phone #: (512)879-7545		
SSN: 462-72-8923		Office Phone #: (512)767-6108 x6108		
Address: Home		Cell Phone #: (512)879-8262		
	9264 Bagdad			
	Austin, TX 78726-1122			
Printed: 06/25/2008 3:04:49 PM Page: 1 of 1				
Description of Service	Invoice #	ICD9 Codes	CPT Code	Charge
Date of Service 1/14/2008				
Provider Christine Burns MD				
Office visit - new pt, level 1	81921	250, 414, 462	99201	\$70.00
Glycohemoglobin	81921	250	83036	\$47.00
Office consult new or estab pt - Level 1	81921	250, 414, 462	99241	\$111.00
Colonoscopy, diag	81921	250	45378	\$173.25
		Invoice 81921 Total:		\$401.25
		TOTAL for 1/14/08:		\$401.25
Date of Service 1/16/2008				
Provider Christine Burns MD				
Office visit - new pt, level 1	81933	250.00	99201	\$100.00
		Invoice 81933 Total:		\$100.00
		TOTAL for 1/16/08:		\$100.00
Date of Service 3/1/2008				
Provider Andrea Parker P.A.				
Office visit - new pt, level 1	82048		99201	\$70.00
		Invoice 82048 Total:		\$70.00
		TOTAL for 3/1/08:		\$70.00
Date of Service 3/17/2008				
Provider Christine Burns MD				
Office visit - established pt, Level 3	82050		99213	\$77.00
Glycohemoglobin	82050	250.01	83036	\$47.00
Fetal scalp blood sample	82050	250.01	59030	\$283.50
		Invoice 82050 Total:		\$407.50
		TOTAL for 3/17/08:		\$407.50
		TOTAL CHARGES:		\$978.75

HCFA Form by State

Important! Run this report only if you are using Solution Series 6.3.0 or earlier. If you are using a later version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: This generates state specific claim forms for New York (eMedNY-150001 Claim Form), Colorado (CO-1500 Claim Form), and Alabama (AL-340 Claim Form).

Valid on Product Versions: Solution Series 6.3.0 and earlier

Filters: Preferences based on normal claims printing and a filter allowing specific claim form selection.

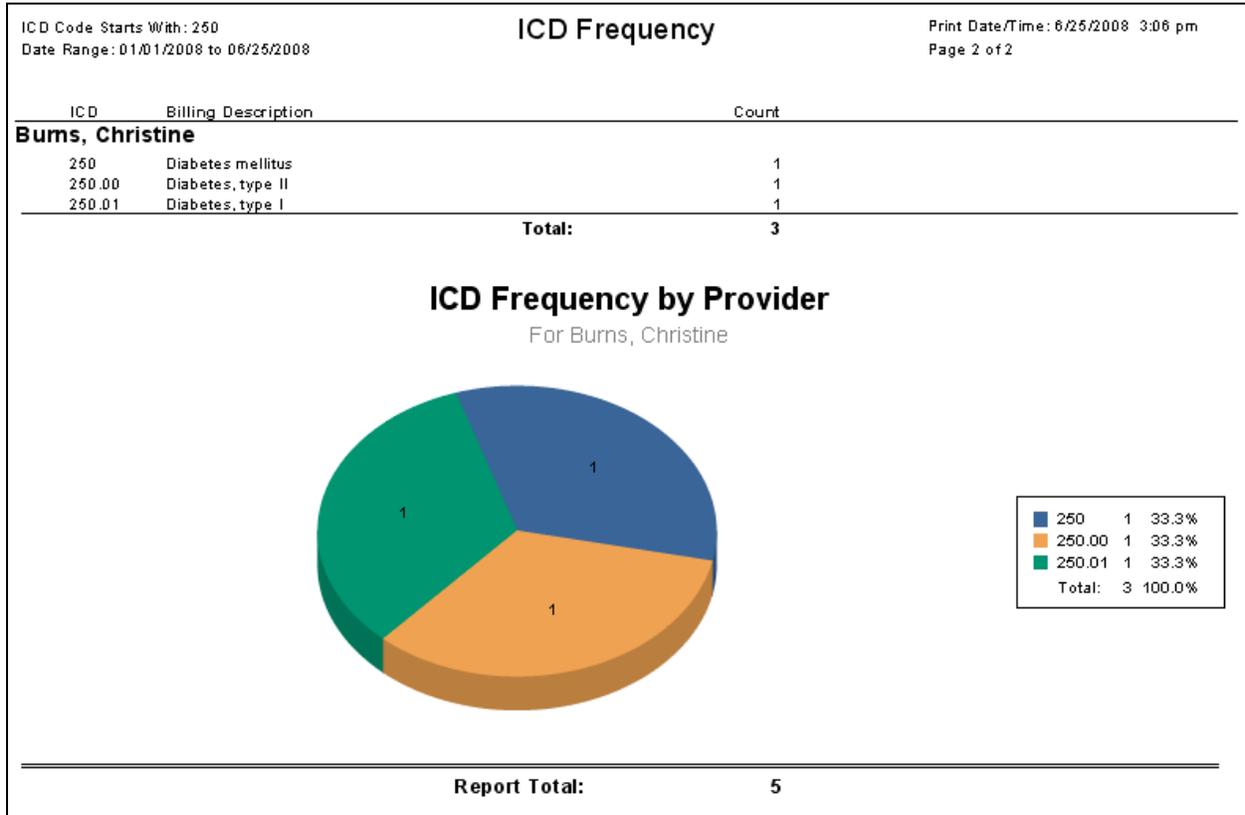
LEAH M MERCIER	05231995	ANGELA M LAFONT		
9264 BAGDAD,	X	X	462-72-8923	
AUSTIN, TX 78726-1122	(512)879-7545		864812005	
e-MDs, Inc.		Lago Vista Isd		
Mercier, Leah M Medicare - Part B 93 Brushy Creek Rd Dallas, TX 75266-0031	X	2244 POST OAK CR, LAGO VISTA, TX 78645-		
B				
	X			
Christine Burns	123 Anywhere Street,		1 4 2 5 3 6	
	A BARTON HEPBURN HOSPITAL			
A BARTON HEPBURN HOSPITAL	425 W. Lakeland Drive, OGDENSBURG, NY 13689		X	0.00
Christine Burns		2 0 2 0 2 0		EX
DIABETES MELLITUS			X	X
OTHER FORMS OF CHRONIC ISCHEMIC HEART DISEASE				
ACUTE PHARYNGITIS			1 2 3 4 5 6 7	
01 14 08 1 1 9 9 2 0 1	250	1		70.00
01 14 08 1 1 8 3 0 3 6	250	1		47.00
01 14 08 1 1 9 9 2 4 1	250	1		111.00
01 14 08 1 1 4 5 3 7 8	250	1		173.25
	X		401.25	0.00 401.25
		Billy Bob Clinic		
1 4 2 5 3 6		9900 SPECTRUM DR, AUSTIN, TX 78717		
2 7 2 7 2 7				
06 25 08			1 2 3 6 5 4 7	

ICD Frequency

Purpose: Provide a utilization report listing invoice ICD codes with descriptions and count in order of frequency. The top ICDs are graphed on a pie chart.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > ICD Frequency

Filters: ICD code starts with, service date range, and provider



ICD Frequency in Order

Purpose: Provide a utilization report listing invoice ICD codes with descriptions and count in order of frequency. The top ICDs are graphed on a pie chart.

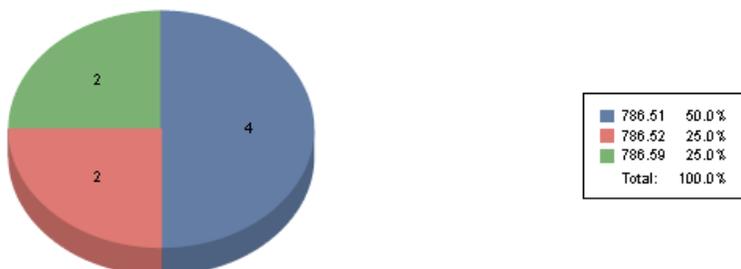
Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > ICD Frequency in Order

Filters: ICD code starts with, service date range, provider, facility, insurance company, or insurance class. User can group the report by facility or provider.

ICD Frequency by Provider by Count

Top 10 Diagnoses as Proportion of All Diagnoses

For Trauterman, Timmy B



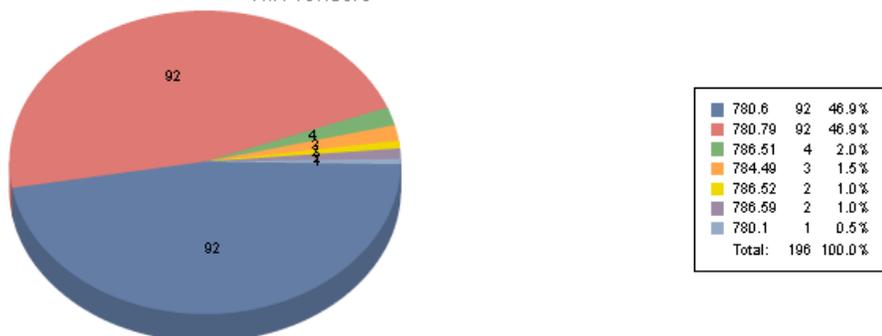
Trauterman, Timmy B

ICD	Description	Count
786.51	Precordial chest pain	4
786.52	Painful respiration	2
786.59	Chest pain	2
Total:		8

Report Total: 196

Top 10 Diagnoses as Proportion of All Report Diagnoses

All Providers



Injury/Illness

Purpose: List cases with a summary of the information in the dates tab of a case. These are disability days, lost work days, etc. It is a useful way to provide employers with a list of their employees who have cases and quantify the impact on productivity and employee availability, as well as cost.

Report Location: Bill > Reports > Case Management > Injury/Illness

Data: Injury/illness date, patient name and diagnosis (case description), case #, patient account #, return to work days (RWD), lost work days (LWD), total disability days (TDD), partial disability days (PDD), and total charges from invoices linked to the case.

Filters: Return to work date range, guarantor/employer, case status, injury date range, patient, case description, assigned DOS provider on a case, facility and case disposition.

(Also available via Schedule.)

Northwest Diagnostic Clinic @e-MDs
 1531 49th Street
 Cedar Park, TX 78613

Injury and Illness Summary

Print Date: 6/27/2008
 Print Name: ,

Return To Work: All, Injury/Illness Date: All
 Guarantor: All, Patient: All, Provider: All
 Facility: All, Case Disposition: All, Case Description: All

Date	Patient Name & Diagnosis	Case #	Account #	RWD	LWD	TDD	PDD	Charges
	Plummer, SK pioipj	28	PLUSK00001	0	0	0	0	\$0.00
09/22/2005	Smith, Austin Burn, left arm	38	SMIAUS0001	0	0	0	0	\$0.00
09/10/2007	Plummer, Bill W kim	1	PLUBIL0001	0	0	0	0	\$0.00
09/21/2007	Plummer, Bill W kim	2	PLUBIL0001	0	0	0	0	\$0.00
09/21/2007	Plummer, Bill W kim	3	PLUBIL0001	0	0	0	0	\$0.00
09/21/2007	Plummer, Bill W kim	4	PLUBIL0001	0	0	0	0	\$0.00
09/21/2007	Plummer, Bill W kim	5	PLUBIL0001	0	0	0	0	\$0.00
09/21/2007	Plummer, Bill W kim	6	PLUBIL0001	0	0	0	0	\$0.00
10/01/2007	Poole, Erica erica	29	YBAMAR0001	0	0	0	0	\$0.00
10/02/2007	Plummer, Blackie Cat kll;.....	7	PLUBLA0001	0	0	0	0	\$0.00
10/04/2007	Plummer, SK trgtgtgt	8	PLUSK00001	0	0	0	0	\$0.00
10/08/2007	Plummer, Bill W trgtgtgt	11	PLUBIL0001	0	0	0	0	\$0.00
10/08/2007	Plummer, Bill W trgtgtgt	20	PLUBIL0001	0	0	0	0	\$0.00
10/08/2007	Plummer, SK trgtgtgt	21	PLUSK00001	0	0	0	0	\$0.00

Insurance Claims Batch Summary

Purpose: Generate a batch summary report when creating insurance batches for electronic or paper claims. The reports show each claim in the batch along with the insurance, financial group and current balance. The report also includes a count of claims by financial group.

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Electronic Filing Summary				Print Date: 07/02/2008 Print User: ,		
Batch Number	16287	File Name	Anne					
Patient Name	Account No	Insurance Company	Fin Grp	Inv No	PR	Invoice Date	Policy No	Balance
Acuna, Anne	MOYLAU0001	Medicare - Part B	AAA	82085	T	05/07/2008	8378489398357	\$77.00
Acuna, Anne	MOYLAU0001	Medicare - Part B	AAA	82086	T	05/01/2008	8378489398357	\$77.00
Acuna, Benjamin	CRACH030	Testing default units and NDC	AAA	82093	T	05/13/2008	123155	\$182.00
Acuna, Benjamin	CRACH030	Testing default units and NDC	AAA	82095	T	05/15/2008	123155	\$228.34
Acuna, Benjamin	CRACH030	Testing default units and NDC	AAA	82097	T	05/15/2008	123155	\$181.00
Frost, Jack	FRDJAC0001	Primary Select Va	ASO	81983	T	01/25/2008	1245	\$1,980.50
Mercier, Leah	1238547	Aetna	ASO	82049	T	01/11/2008	987654	\$70.00
Achy, Betty	ACHBET0001	AAPG Insurance Program	ASO	81581	T	09/26/2007		\$99.99
Achy, Betty	ACHBET0001	AAPG Insurance Program	ASO	81582	T	09/26/2007		\$99.99
Achy, Betty	ACHBET0001	AAPG Insurance Program	ASO	81586	T	09/26/2007	2342342324	\$99.99
Achy, Betty	ACHBET0001	AAPG Insurance Program	ASO	81588	T	09/26/2007	2342342324	\$99.99
Payne, Willie	REEPA010	BCBS of TX	BCS	81549	T	06/18/2003	ZGZ3295689410	\$100.00
Poole, Zhong	WYAJ0000	BCBS of TX	BCS	81554	T	06/18/2003	ZGB104468856	\$221.00
Ruckert, Debbie	BROHAL0001	BCBS of TX	BCS	81555	T	06/18/2003	ZGP4664131640	\$15.00
Lee, Alexis	WITKA000	BCBS of TX	BCS	81507	T	06/17/2003	ZGB451577894	\$157.00
Montgomery, Johanna	SHESUS0001	BCBS of TX	BCS	81522	T	06/17/2003	MRT512507069	\$115.00
Wright, Melissa	GAIGEN0001	BCBS of TX	BCS	81525	T	06/17/2003	ZGP461378274	\$105.00
Shaffer, Marta	WALCRY0001	BCBS of TX	BCS	81528	T	06/17/2003	ZGB451838967	\$311.94
Phillips, Nicholas	HAMDOU0001	BCBS of TX	BCS	81547	T	06/18/2003	ZGB467982654	\$67.00
Thomas, Ronni	PEOPA000	BCBS of TX	BCS	81483	T	06/17/2003	ZGB141484312	\$95.00
Peterson, Tracy	DUCCHR0001	BCBS of TX	BCS	81487	T	06/17/2003	ZGB454799291	\$67.00
Sanderlin, Aundra	RAMMEL0002	BCBS of TX	BCS	81500	T	06/17/2003	ZGZ3227025900	\$151.00
Paschal, Mitchell	RAMMIG0001	BCBS of TX	BCS	81502	T	06/17/2003	ZGZ3227025900	\$258.00
Williams, Willie	GOUHA010	BCBS of TX	BCS	81509	T	06/17/2003	CND534482404	\$100.00
Yanko, Amy	ARAGA000	BCBS of TX	BCS	81773	T	11/28/2007	ZGB 466950182	\$56.00
Tanner, Amy	ENGDA0001	BCBS of TX	BCS	82064	T	04/14/2007	32944337701	\$92.00
Case, One	CASONE0001	Texas Carpenters Welfare Fund	BCS	81806	T	12/07/2007	1111111111	\$77.00
Case, One	CASONE0001	Texas Carpenters Welfare Fund	BCS	81807	T	12/07/2007	1111111111	\$115.00
Case, One	CASONE0001	Texas Carpenters Welfare Fund	BCS	81808	T	12/07/2007	1111111111	\$155.00
Case, Two	CAS TWO0001	Texas Carpenters Welfare Fund	BCS	81809	T	12/07/2007	1111111111	\$77.00
1, Baby	0BAB0002	Medicare - Part B	BCS	82013	T	02/12/2008	987654	\$77.00
Miller, Randy	123456	Aetna	BCS	82018	T	02/26/2008	234567890	\$53.00
Plummer, Atemuse	PLUART0001	AAPG Insurance Program	BCS	81925	T	01/15/2008	907070900	\$37.00

Insurance Filing History

Purpose: Generate a filing history report from within an invoice or from within a patient file. When printed from within an invoice, it only shows the history for that invoice. When printed from the patient file, it shows a history of all invoices for the patient.

Data: The report shows the batch in which the invoice was filed, its item number within the batch, the date and method of filing, the financial group at the time of filing, the insurance to which it was filed, and whether there were any uncorrected errors. If CMS or HCFA-1500 forms were printed, a form count is also included.

Note: The system generates a separate form for every six CPT codes.

Patient		Filing History				Print Date: 07/02/2008			
Achy, Betty									
234 Test									
Bastrop, TX 78602									
Guarantor									
Achy, Betty									
234 Test									
Bastrop, TX 78602									
Invoice #	Batch	Item	# Forms	Batch Date	Date of Service	FGP	Insurance Company	File Status	
81626	15575	12	1	10/22/2007	10/03/2007	ASO	AARP	NF	
81626	15567	12	1	10/19/2007	10/03/2007	ASO	AARP	NF	
81588	16287	75		07/02/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	16262	75		05/30/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	16257	75		05/29/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	16150	71		04/07/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	16096	71		04/01/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	16094	69		04/01/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	16092	71		04/01/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15900	71		01/21/2008	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15728	70		12/07/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15726	70		12/07/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15687	71		12/05/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15684	70		12/05/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15582	70		10/24/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15549	70		10/05/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15548	70		10/05/2007	09/26/2007	ASO	AAPG Insurance Program	EF	
81588	15547	70		10/05/2007	09/26/2007	ASO	AAPG Insurance Program	EF	

Insurance Filing Hold

Purpose: List invoices that have been put on hold along with the hold reason. A claim is put on hold by checking the **Filing Hold** box in the invoice Claim Prepare window. The hold reason is entered in a field next to this check box. Users should run these reports regularly to ensure all claims put on hold are completed and are filed on time. The filing hold reports are available from within the EF and HCFA wizards.

Northwest Diagnostic Clinic @e-MDs		Hold Summary				Print Date: 07/02/2008			
1531 49th Street									
Cedar Park, TX 78613									
Patient Name	Account No	Insurance Company	FGP	FS	Invoice Date	Policy No	Charges	Balance	
Gibbs, Leroy Jethro	GIBLER0001	Aetna	PPO	AB	09/27/2007	13614564654	\$202.00	\$32.00	
Hold Reason: File on HOLD									
							Total:	\$202.00	\$32.00
Financial Group Summary:							Financial Group	Total Number of Invoices	
							PPO	1	
							Total:	1	
(Only Financial Groups with Invoices on Hold are shown)									

Insurance Payment Aging Report

Purpose: Show the age buckets that track time difference between when the claim is filed and the date the insurance payment is posted.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Insurance Payment Aging Report

Filters: Date of Service range, insurance company, insurance class, facility, external medical facility, and provider. Grouped by Insurance and invoice number.

Shared by: Trinity Pain Medicine

Date of Service Range: 1/1/2008 to 6/25/2008			Printed: 6/25/2008 3:09:55 PM					
Insurance Carrier: ALL			Page: 1 of 1					
Insurance Class: ALL								
Facility: ALL								
External Facility: ALL								
Provider: ALL								
Insurance Payment Aging Report								
		Payment by Date of Service						
INS CARRIER	Total Claim Amt	0 - 30	31 - 60	61 - 90	91 - 120	121 - 150	151 - 180	181+
AAPG Insurance Program	81926 \$ 37.00	15.00						
Aetna	81877 \$ 181.00	149.00						
Aetna	81933 \$ 100.00	50.00						
BAC	82104 \$ 426.00	80.00						
Cigna	82094 \$ 128.50	85.50						
Custom Care	81726 \$ 30.00						15.00	
Medicaid NHIC	81765 \$ 146.00				15.00			
Medicare - Part B	81989 \$ 70.00	15.00						
Medicare - Part B	81990 \$ 70.00			30.00				
Medicare - Part B	82050 \$ 407.50	100.00						
Medicare - Part B	82109 \$ 77.00	20.00						
Testing default units and NDC	82097 \$ 216.00	35.00						
Texas Carpenters Welfare Fund	81808 \$ 170.00		12.00					
TriCare Prime Remote	81668 \$ 111.00				25.00			
TriCare Prime Remote	82004 \$ 70.00		15.00					
TriCare Prime Remote	82005 \$ 70.00	20.00						
United Health Care	69100 \$ 77.00		39.93					
TOTAL **	\$ 2,387.00	569.50	66.93	30.00	40.00		15.00	
% of Total \$ Rec'd that is 61+	11.78%	636.43		85.00				
TOTAL \$ Rec'd	721.43							

**Total Claim Amt reflects the sum of invoice charges without duplication if more than one payment is made on an invoice.

Insurance Status

Purpose: Collect all invoices assigned to the same insurance company with the insurance company's claims telephone number, as well as patient policy and group numbers to expedite utilization. The report is printed in insurance company order. The insurance company displayed is the one with an open claim status flag (EF or NF), or the primary insurance. For each invoice there is a line including patient name, account number, insurance numbers, date of service, invoice date and all charges, payments and adjustments. An option to insert a blank line between each claim for notes is also available.

Report Location: Bill > Reports > Insurance Status

Insurance Status Report

Search Criteria		Insurance Company	ALL	ALL	Invoice Last File Date	Range:	to			Pat Bal	Ins Bal	Inv Bal	
Inv #	Patient	DOS	Orq Amt	Group #	Ins Paid	Ins Adj	Pat Credits	Seq	L - Filed	FS			
	Insurance Company				Claims Phone	Policy No							
15297	Miquel, Damian T	06/05/00	\$239.00	5137436	\$151.50	\$34.50	\$15.00	1	06/06/00	NX	\$0.00	\$38.00	\$38.00
	Humana				(090)732-9322	460354887							
24129	Tanner, Darrell R	11/28/00	\$295.00	0100040120	\$0.76	\$0.00	\$10.00	1	04/17/02	NX	\$0.00	\$284.24	\$284.24
	Amil PPO					44978191001							
24130	Tanner, Darrell R	11/28/00	\$138.00	0100040120	\$0.00	\$0.00	\$0.00	1	04/17/02	NX	\$0.00	\$138.00	\$138.00
	Amil PPO					44978191001							
24788	Tanner, Darrell R	12/07/00	\$104.00	0100040120	\$0.00	\$0.00	\$10.00	1	04/17/02	NX	\$0.00	\$94.00	\$94.00
	Amil PPO					44978191001							
25095	Edwards, Joseph C	12/12/00	\$317.00	0055784	\$216.00	\$77.00	\$15.00	1	12/14/00	EX	\$0.00	\$9.00	\$9.00
	BCBS of TX					PSW450507637							
	Medicare - Part B				(800)555-5555	450507637A		2	01/05/01	NX			
33925	Thomson, Lois R	05/01/01	\$114.94	054632	\$47.00	\$23.00	\$0.00	1	06/17/02	NX	\$0.00	\$44.94	\$44.94
	BCBS of TX					HBT504583124							
34051	Lopez, Walter C	05/03/01	\$107.00	176811	\$32.34	\$32.66	\$10.00	1	05/13/02	NX	\$0.00	\$32.00	\$32.00
	United Health Care				(239)093-7838	484747446							
34789	James, Susan L	05/16/01	\$192.94	210229	\$103.07	\$29.93	\$15.00	1	05/30/02	NX	\$0.00	\$44.94	\$44.94
	Aetna				(164)132-3951	BBFWSBLA							
34804	Murphy, Sandra A	05/16/01	\$262.94	722266	\$96.07	\$106.93	\$15.00	1	06/06/02	NX	\$0.00	\$44.94	\$44.94
	United Healthcare					463667308							
35124	Besett, Christina	05/22/01	\$180.94	25042548FE321	\$64.14	\$56.86	\$15.00	1	07/26/02	NX	\$0.00	\$44.94	\$44.94
	Cigna				(378)841-4710	46031966703							
35239	Thornburg, Tracie M	05/23/01	\$141.00	3MNL111	\$61.03	\$41.19	\$6.78	1	05/13/02	NX	(\$6.78)	\$38.78	\$32.00
	BCBS of TX					MMM453783040							
35767	Kelly, Rose M	06/06/01	\$169.94	201281	\$72.00	\$53.00	\$0.00	1	07/15/02	NX	\$10.00	\$34.94	\$44.94
	United Health Care				(239)093-7838	466191473							
35873	Messerschmidt, Sarah B	06/07/01	\$147.00	176811	\$48.36	\$56.64	\$10.00	1	05/13/02	NX	\$0.00	\$32.00	\$32.00
	United Health Care				(239)093-7838	458454646							
35926	James, Terrv A	06/08/01	\$121.00	185940	\$45.86	\$33.14	\$10.00	1	05/20/02	NX	\$0.00	\$32.00	\$32.00
	United Health Care				(239)093-7838	462771542							
36014	Evans, Sandra R	06/11/01	\$210.00	213902	\$74.38	\$98.62	\$5.00	1	05/14/02	NX	\$0.00	\$32.00	\$32.00
	United Health Care				(239)093-7838	460370216							
36152	Janowski, Martha T	06/13/01	\$267.94	549779	\$141.00	\$7.00	\$75.00	1	05/30/02	NX	(\$60.00)	\$104.94	\$44.94
	New England Financial				(894)391-0721	370642857							
36217	Wick, Am A	06/14/01	\$262.94	722266	\$96.07	\$106.93	\$15.00	1	05/30/02	NX	\$0.00	\$44.94	\$44.94
	United Healthcare					511487949							
36457	Wright, Edward A	06/19/01	\$280.94	201281	\$114.07	\$121.93	\$0.00	1	07/15/02	NX	\$10.00	\$34.94	\$44.94
	United Health Care				(239)093-7838	466191473							
36595	Tucker, Ashley M	06/21/01	\$141.00	38000N	\$62.08	\$36.92	\$10.00	1	05/13/02	NX	\$0.00	\$32.00	\$32.00
	BCBS of TX					45521588501							
36699	Maunder, Ruth E	06/22/01	\$132.00	85160	\$44.86	\$45.14	\$10.00	1	05/14/02	NX	\$0.00	\$32.00	\$32.00
	United Healthcare					460235551							
36857	King, Lindsey N	06/26/01	\$344.00	184094	\$206.02	\$95.98	\$10.00	1	05/14/02	NX	\$0.00	\$32.00	\$32.00
	United Health Care					303620866							
36873	Bell, Dylan D	06/26/01	\$107.00	1P7536	\$32.34	\$32.66	\$10.00	1	05/13/02	NX	\$0.00	\$32.00	\$32.00
	United Health Care				(239)093-7838	57613163601							

Invoice Audit

Purpose: Provide a line item charge and payment audit report to expand upon the invoice level Billing Audit report. Instead of showing only invoice and payment entries, it will track what happened at the line item (CPT/HCPCS) level. This report lets users drill down on specific items within an invoice should an abnormal activity show up in the Billing Audit.

This report requires the **Billing Invoice Audit** privilege.

Note: New auditing functions are available in the Billing Audit Report for transactions posted after upgrading to Solution Series version 6.31 or later. For more information on that functionality, see "Billing Audit."

Report Location: Report Location: Bill > Posting > *Select Patient* > *Select Invoice* > Reports > Audit Trails > Legacy > Invoice Audit

Audit Invoice						Print Date: 07/02/2008
Invoice No: 82009						Print User: ,
Payments						
Activity Date Time	User Name	Type	Payment By	Payment	Adjustment	
05/01/08 10:41 am	,	Update	Patient	\$100.00	\$0.00	
04/16/08 08:01 am	,	Update	Patient	\$100.00	\$0.00	
04/15/08 03:21 pm	,	Update	Patient	\$100.00	\$0.00	
02/05/08 12:32 pm	Ho, Agnes	Update	Patient	\$100.00	\$0.00	
02/05/08 12:31 pm	Ho, Agnes	Insert	Patient	\$0.00	\$0.00	
Invoice CPTs						
Activity Date Time	User Name	Type	CPT/HCPCS Code	Billed Fee		
03/31/08 03:43 pm	Miller, Ro	Insert	A4213	\$0.00		
03/31/08 03:43 pm	Miller, Ro	Insert	A4208	\$0.00		
03/31/08 03:43 pm	Miller, Ro	Insert	A4207	\$0.00		
03/31/08 03:43 pm	Miller, Ro	Insert	A4206	\$0.00		
02/05/08 12:30 pm	Ho, Agnes	Insert	59409	\$1,888.50		

Marketing Tracking

Purpose: Show invoice and payment data grouped by the marketing source/referral in a patient file. It is used to compare the cost of advertising against revenues, or see which referring physicians are sending you patients, including an age and gender breakout.

Report Location: Bill > Reports > Marketing Tracking

Options: The marketing tracking report can be printed in detail or summary modes.

All Facilities										Page No: 1
										Print User: ,
Marketing Tracking Report										
Date Range: 01/01/2000 - 07/01/2008										Print Date/Time: 07/01/2008 04:27 PM
Source	Patient Count	Invoice Count	Total Charges	Total Payments	Payment Percent					
Bledsoe, Maya	1	34	\$10,902.23	\$2,170.51	20%					
Summary by Gender and Age										
Male	Female	Age10	Age20	Age30	Age40	Age50	Age60	Age70	Age80	
0	1	0	0	0	0	0	1	0	0	
A BARTON HEPBURN HOSPITAL, Franken, Stein J										
Patient	First Visit Date	Invoice Count	Total Charges	Total Payments						
Mercier, Leah M	01/08/2007	34	\$10,902.23	\$2,170.51						

Mass Health Form 5 (Rev. 6.31)

Important! Run this report only if you are using Solution Series 6.31 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Fill out the MA Medicaid Form 5 claim form. It functions in much the same way as printing HCFA forms.

Valid on Product Versions: Solution Series 6.31 and later

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Mass Health Form 5 (Rev. 6.31)

Filters: Date, rendering provider and a number of other parameters. The default list of filing status codes can be overwritten with other codes if necessary. Note that MF has been added to this list. This filing status should be created and assigned to the insurance company set up which requires this form. These claims can now be segregated to ensure users don't print for this insurance on normal HCFA-1500s when printing batches. When the data is retrieved to the Crystal Report, it will also update the claim filing status, write an entry into the claim filing history and generate a batch number that is in sequence with the EF and HCFA wizard batches. This occurs at preview, so if these claims are not printed, the status will have to be reactivated. To get a batch summary or to reactivate a batch, use the EF and HCFA wizards.

1 2 3 6 5 7				2 0 7 Q 0 0 0 0 0 X							
LEAH M MERCIER				05231995				ANGELA M LAFONT			
9264 BAGDAD, AUSTIN, TX 78726-1122 (512)879-7545				X				987654			
Mercier, Leah M 462728923 - 93 Brushy Creek Rd Dallas, TX 75266-0031				X				60864812005			
SIGNATURE ON FILE				X				2244 POST OAK CR, LAGO VISTA, TX 78645-			
SIGNATURE ON FILE				X				SIGNATURE ON FILE			
CHRISTINE BURNS				1234							
A BARTON HEPBURN HOSPITAL								X 0.00			
								X			
1 2 3 4				2 0 7 Q 0 0 0 0 0 X				X			
								1234567			
01142008	01142008	01	01	99201	Office visit - new pt, level 1	250	70.00	1			
01142008	01142008	01	05	83036	Glycohemoglobin	250	47.00	1			
01142008	01142008	01	01	99241	Office consult new or estab p	250	111.00	1			
01142008	01142008	01	02	45378	Colonoscopy, diag	250	173.25	1			
							401.25	0.00	401.25		
CHRISTINE BURNS MD				06252008				BILLY BOB CLINIC 9900 SPECTRUM DR, AUSTIN, TX 78717			
1236547								272727			

Mass Health Form 5

Important! Run this report only if you are using Solution Series 6.3.0 or earlier. If you are using a later version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: The report fills out the MA Medicaid Form 5 claim form. It functions in much the same way as printing HCFA forms.

Valid on Product Versions: Solution Series 6.3.0 and earlier

Filters: Date, rendering provider and a number of other parameters. The default list of filing status codes can be overwritten with other codes if necessary. Note that MF has been added to this list. This filing status should be created and assigned to the insurance company set up which requires this form. These claims can now be segregated to ensure users don't print for this insurance on normal HCFA-1500s when printing batches. When the data is retrieved to the Crystal Report, it will also update the claim filing status, write an entry into the claim filing history and generate a batch number that is in sequence with the EF and HCFA wizard batches. This occurs at preview, so if these claims are not printed, the status will have to be reactivated. To get a batch summary or to reactivate a batch, use the EF and HCFA wizards.

1 2 3 6 5 7				2 0 7 Q 0 0 0 0 X				
LEAH M MERCIER		05231995		ANGELA M LAFONT				
9264 BAGDAD, AUSTIN, TX 78726-1122 (512)879-7545		X		987654				
Mercier, Leah M 462728923 - 93 Brushy Creek Rd Dallas, TX 75266-0031		X		60864812005				
SIGNATURE ON FILE		SIGNATURE ON FILE		2244 POST OAK CR, LAGO VISTA, TX 78645-				
CHRISTINE BURNS		1234		X				
A BARTON HEPBURN HOSPITAL				0.00				
1 2 3 4				2 0 7 Q 0 0 0 0 X				
				X				
				1234567				
01142008	01142008	01	01	99201	Office visit - new pt, level 1	250	70.00	1
01142008	01142008	01	05	83036	Glycohemoglobin	250	47.00	1
01142008	01142008	01	01	99241	Office consult new or estab p	250	111.00	1
01142008	01142008	01	02	45378	Colonoscopy, diag	250	173.25	1
						401.25	0.00	401.25
CHRISTINE BURNS MD		06252008		BILLY BOB CLINIC 9900 SPECTRUM DR, AUSTIN, TX 78717				
1236547				272727				

Monthly AR by Financial Group

Purpose: Display AR based on aging buckets with option to group by facility, provider or both.

Report Location: Bill > Reports > Crystal Reports > ALL – All Reports > Monthly AR by Financial Group

Shared by: Citizens Rural Clinic

Date Range: 1/1/2008 to 12/31/2008
 Facility: ALL
 Provider: ALL
 Sort by: Provider, Financial Group

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Monthly AR by Financial Group

FGC	0-30	31-60	61-90	91-120	121-150	151-180	181-365	366-730	731+	Total
Parker, Andrea										
TST	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.00	\$0.00	\$0.00	\$80.00
Trauteman, Timmy B										
AAA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$43.00	\$0.00	\$0.00	\$43.00
BCS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$84.83	\$0.00	\$0.00	\$84.83
CHP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$567.00	\$0.00	\$0.00	\$567.00
CHV	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
MDC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$457.36	\$0.00	\$0.00	\$457.36
PPD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,765.50	\$0.00	\$0.00	\$3,765.50
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,917.69	\$0.00	\$0.00	\$4,917.69
Woods, Vaughn W										
AAA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$557.10	\$0.00	\$0.00	\$557.10
HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$321.00	\$0.00	\$0.00	\$321.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$878.10	\$0.00	\$0.00	\$878.10
Wright, Levi A										
AAA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$154.00	\$0.00	\$0.00	\$154.00
MDC	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$385.00	\$0.00	\$0.00	\$385.00
MDD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$102.74	\$0.00	\$0.00	\$102.74
POS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PPD	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,688.50	\$0.00	\$0.00	\$3,688.50
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,330.24	\$0.00	\$0.00	\$4,330.24
All Providers:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$70.00	\$42,085.83	\$0.00	\$0.00	\$42,155.83

Monthly Billing Report Breakdown

Purpose: Show gross charges, adjustments, net charges, patient payments, insurance payments, AR, and percent of collections by month with option to show details by invoice number.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Monthly Billing Report Breakdown

Shared by: Blue Ridge Nephrology

Parameters Used for Sample Report: DOS Start (06/01/2008), DOS End (06/30/2009), Grouping (Provider), Provider (Blank), Facility (Blank), Show Detail? (No), Highlight if % Collection is < what %? (90.00)

DOS Date Range : 6/1/2008 to 6/30/2009
 Group by: Provider
 Provider: ALL
 Facility: ALL
 Show Detail No
 Highlight: 90%

Monthly Billing Report Breakdown

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 Page: 1 of 2
 Print User: Adams, Garth

Provider

Allthework, Dew

June 2008		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 587.95	\$ 0.00	\$ 587.95	\$ 0.00	\$ 0.00	\$ 587.95	0.00 %

July 2008		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 1,363.11	\$ 0.00	\$ 1,363.11	\$ 0.00	\$ 0.00	\$ 1,363.11	0.00 %

Bowling, Bernard

July 2008		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 3,928.04	\$ 212.57	\$ 3,715.47	\$ 0.00	\$ 0.00	\$ 3,715.47	0.00 %

Endocrin, Edward

March 2009		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 172.99	\$ 0.00	\$ 172.99	\$ 0.00	\$ 0.00	\$ 172.99	0.00 %

Hobson, Stephanie C

April 2009		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 109.88	\$ 0.00	\$ 109.88	\$ 0.00	\$ 0.00	\$ 109.88	0.00 %

Killdear, Kelsey

June 2008		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 4,129.05	\$ 88.61	\$ 4,040.44	\$ 40.00	\$ 100.00	\$ 3,900.44	3.46 %

July 2008		Total			Account	
Gross Charges	Adjustments	Net Charges	Cash Pmt	Ins Pmt	Receivable	% Collections
\$ 3,315.22	\$ 103.57	\$ 3,211.65	\$ 20.00	\$ 140.00	\$ 3,051.65	4.98 %

20100505

Monthly Financial Report

Purpose: Provide a grand summary report that shows multiple practice financial summaries for a reporting period including A/R summary (beginning, ending, A/R days), collections % (gross, net, YTD and MTD), and production summaries for multiple code groups that are defined by the user (office procedures, PAPS, NCS, Somatosensory, U/S, EKG, Holters, Echos, EMG, Doppler, EEG, Matrix, PFT).

Report Location: Bill > Reports > Crystal Reports > ALL – All Reports > Monthly Financial Report

Filters: Post or service date, date range, facility, provider and financial group.

Shared by: Contemporary Family Medicine.

Date Range: 01/01/2008 to 05/31/2008
 Date Type: **Invoice Post Date**
 Facility: ALL
 Provider: ALL
 Financial Group: ALL

Monthly Financial Report

	Abby Abbott	Agnes Ho	Andrea Parker	CaseyMain Green	Christine Burns	Duz Hertz	Jimm G
Medicare Hosp Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$283.50	\$0.00	
Other Hosp Charges	\$5,577.00	\$0.00	\$0.00	\$0.00	\$1,888.50	\$0.00	
Medicare Office Charges	\$179.25	\$70.00	\$0.00	\$0.00	\$664.00	\$0.00	
Other Office Charges	\$1,124.00	\$460.00	\$140.00	\$0.00	\$1,572.34	\$8,100.00	
Medicare Lab Charges	\$27.00	\$0.00	\$0.00	\$0.00	\$98.48	\$0.00	
Other Lab Charges	\$247.00	\$83.00	\$0.00	\$0.00	\$164.25	\$7,816.00	
TOTAL FEES	\$7,154.25	\$613.00	\$140.00	\$0.00	\$4,671.07	\$15,916.00	

	Abby Abbott	Agnes Ho	Andrea Parker	Christine Burns	Levi Wright	Robert Adams	Stein Fra
Doctor Payments	\$450.00	\$70.00	\$10.00	\$177.00	\$39.93	\$15.00	
Lab Payments	\$159.00	\$20.00	\$0.00	\$180.00	\$0.00	\$0.00	
Medicare Payments	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$0.00	
TOTAL PAYMENTS	\$609.00	\$90.00	\$10.00	\$357.00	\$39.93	\$15.00	

	Abby Abbott	Agnes Ho	Andrea Parker	Christine Burns	Levi Wright	Robert Adams	Stein Fra
Doctor Adjustments	\$0.00	\$10.00	\$0.00	\$0.00	\$37.07	\$0.00	
Lab Adjustments	\$0.00	\$10.00	\$0.00	\$17.00	\$0.00	\$0.00	
TOTAL ADJUSTMENTS	\$0.00	\$20.00	\$0.00	\$17.00	\$37.07	\$0.00	

Based on Post Date	Abby Abbott	Agnes Ho	Andrea Parker	Benjamin Hudson	Bryce Miller	Carter Edwards	CaseyMain
Beginning AR Total	\$6,052.19	\$14,979.00	\$35,778.43	\$41,059.23	\$62,174.18	\$58,934.19	
Ending AR Total	\$12,660.44	\$15,729.00	\$35,908.43	\$41,059.23	\$62,174.18	\$58,934.19	
AR Days	27.44	24.67	27.86	0.00	0.00	0.00	

	Abbott, Abby	Adams, Robert	Burns, Christine	Franken, Stein	Goad, Jimm	Green, CaseyMain	Hertz,
New Patients	5	0	9	7	0	0	8
Established Patients	10	3	25	10	2	1	8
Total Patient Encounters	15	3	34	17	2	1	17

Based on Post Date	Abby Abbott -	Agnes Ho -	Christine Burns -	Levi Wright -	Stein Franken -	Timmy Trauterman
Total Admissions	4	2	2	2	1	2
TOTAL YTD Admissions	4	2	2	2	1	2

Based on Post Date	Abby Abbott	Agnes Ho	Bryce Miller	Christine Bums	Levi Wright	Robert Adams
Total Consults	5	0	1	9	0	1
TOTAL YTD Consults	4	0	1	8	0	1
Total Patient Days in Hospital	6	2	0	3	2	0
Total Patient Discharged	4	2	0	3	2	0
Average Stay per Patient	2	1	0	1	1	0

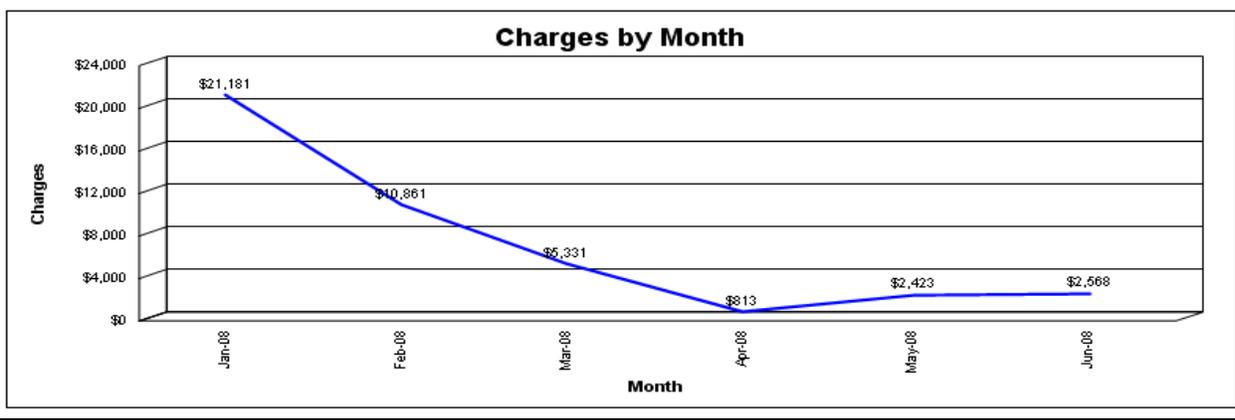
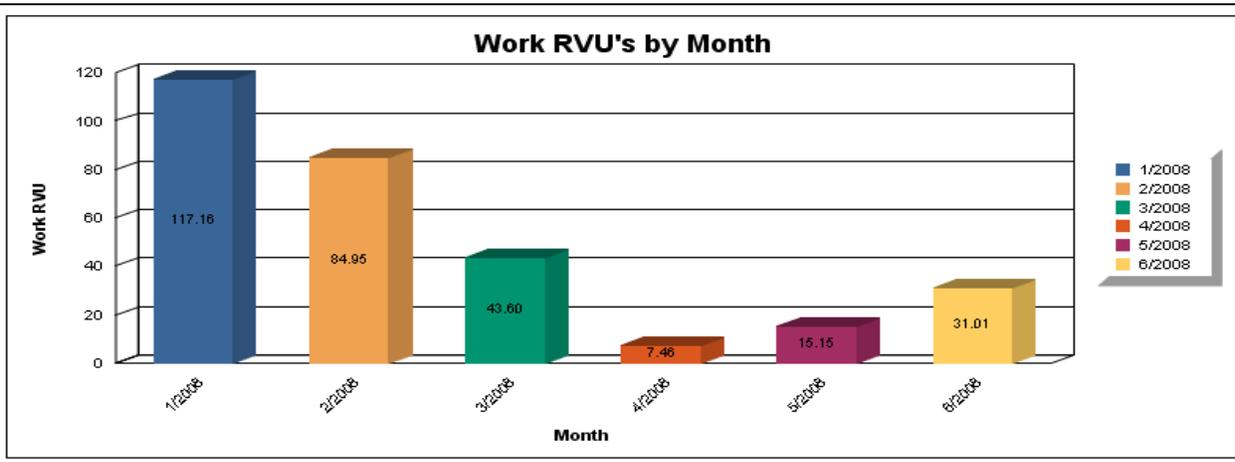
	Abby Abbott			Agnes Ho			Andrea Parker		
	Charges	Payments	Count	Charges	Payments	Count	Charges	Payments	Count
Office Procedures	\$8,294.93	\$1,540.00	81	\$9,331.00	\$180.00	108	\$343.00	\$107.40	7

	Abby Abbott			Christine Bums		
	Charges	Payments	Count	Charges	Payments	Count
PAP	\$811.94	\$285.00	5	\$310.00	\$180.00	2

	Abby Abbott			Christine Bums		
	Charges	Payments	Count	Charges	Payments	Count
NCS	\$176.25	\$0.00	7	\$1,129.50	\$10.00	8

	Abby Abbott			Christine Bums		
	Charges	Payments	Count	Charges	Payments	Count
SOMETOSENSORY	\$282.00	\$0.00	4	\$70.50	\$0.00	1

	Abby Abbott			Christine Bums		
	Charges	Payments	Count	Charges	Payments	Count
US	\$800.25	\$0.00	6	\$150.00	\$0.00	1



Ohio Medicaid HCFA Form

Purpose: Fill out the Ohio DHS 6780 claim form. It functions in much the same way as printing HCFA forms.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Ohio Medicaid HCFA Form

Filter: Date, rendering provider and a number of other parameters. The default list of filing status codes can be overwritten with other codes if necessary.

Stein Franken				1236547		
222 monster way,						
Canyon Lake, TX 78133						
				MERC IER	LEAH	464632132
462728923				N	N	N
060908	99213	01	1		77.00	
060908	99253	03	1		0.00	
060908	99254	03	1		0.00	
06092008	\$50.00	\$20.00	\$0.00	\$77.00	\$20.00	\$57.00
06092008						

Patient Activity-Monthly Report

Purpose: Generate a count of patient visits and invoices by new or return and broken out by internal and external facility. A list also shows a high-level detail of the encounters.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Patient Activity—Monthly Report

Parameters Used for Sample Report: Year (2009), Month (Blank), Internal Facility (Blank), External Facility (Blank), Provider (Blank), Referring Provider (Blank)

Note: New patients are those with 99245 and POS <> 21, 22, or 81

Return patients are those with 99211, 99212, 99213, 99214, 99215 and POS <> 21, 22, 81.

Hospital patients are those with 99253, 99254, 99255, 99231, 99232, 99233, 57410, 56605, 56606, 56620, 56625, 56630, 58120, 58558, 57065, 57500, 57505, 57520, 57522, 57155, 56630, 56631, 56632, 56633, 56634, 56637, 58150, 58200, 58720, 58943, 58951, 58953, 58954, 58956, 44005, 50715, 44955, 57531, 58210 and POS <> 11

Year: 2009
 Month: ALL
 Internal Facility: ALL
 External Facility: ALL
 Provider: ALL
 Referring Provider: ALL

Print Date: 03/01/2010 10:19AM
 Page 1 of 9

Patient Activity - Monthly Report

Patient	Date	CPT	Invoice #	POS	Provider	Referring Provider	Internal Facility	External Facility
New Patients								
Allgood, Ivan	03/30/2009	99203	170	Office	Killdear, Kebeey	Rooney, Arthur	HWSHC	NORTH
Allgood, Ivan	04/02/2009	99203	183	Office	Killdear, Kebeey	Rooney, Arthur	HWSHC	NORTH
Breaston, Melissa	03/25/2009	99203	186	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	SOUTH
Breaston, Melissa	04/02/2009	99203	184	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	SOUTH
Breaston, Melissa	04/02/2009	99203	186	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	SOUTH
Dikson, Lizzy	04/10/2009	99203	243	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	
Head, Heather	03/24/2009	99243	159	Office	Endocrin, Edward	Butler, Internist E	HWSHC	SOUTH
Jones, Brian	04/03/2009	99243	198	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Smith, Abbie	03/24/2009	99245	183	Office	Killdear, Kebeey	Hobson, Stephanie C	HWSHC	CSUR G
Welton, Vinny	04/07/2009	99203	215	Office	Killdear, Kebeey	Althework, Dew	HWSHC	NORTH
Wilder, Kenneth	04/07/2009	99203	216	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Return Patients								
Adams, Agnus	03/24/2009	99215	162	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	
Allgood, Ivan	03/25/2009	99215	165	Office	Killdear, Kebeey	Rooney, Arthur	HWSHC	NORTH
Beeman, Emily	04/02/2009	99211	181	Office	Killdear, Kebeey	Butler, Internist E	HWSHC	
Breaston, Melissa	04/01/2009	99213	177	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	SOUTH
Breaston, Melissa	04/02/2009	99215	191	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	SOUTH
Breaston, Melissa	04/03/2009	99213	200	Office	Killdear, Kebeey	Smythe, Sherri	HWSHC	SOUTH
Brown, Andy	03/24/2009	99215	160	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	03/25/2009	99213	167	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	03/30/2009	99213	171	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	03/31/2009	99213	173	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	04/01/2009	99215	178	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	04/02/2009	99213	187	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	04/02/2009	99213	192	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	04/03/2009	99213	201	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Brown, Andy	04/14/2009	99215	245	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Depfford, Dupree	04/07/2009	99215	212	Office	Killdear, Kebeey	Killdear, Kebeey	HWSHC	
Depfford, Dupree	04/08/2009	99214	231	Office	Killdear, Kebeey	Hobson, Stephanie C	HWSHC	
Depfford, Dupree	04/10/2009	99215	242	Office	Killdear, Kebeey	Hobson, Stephanie C	HWSHC	
Depfford, Dupree	04/14/2009	99215	246	Office	Killdear, Kebeey	Hobson, Stephanie C	HWSHC	

Patient Type	Internal Facility	External Facility	2009						Total	
			March		April		July		# Patients	# Invoices
			# Patients**	# Invoices*	# Patients**	# Invoices*	# Patients**	# Invoices*		
New Patients	HWSHC		0	0	3	3	0	0	3	3
		CSUR G	1	1	0	0	0	0	1	1
		NOR TH	1	1	2	2	0	0	2	3
		SOU TH	2	2	1	2	0	0	2	4
	Total		4	4	6	7	0	0	8	11
Return Patients	HWSHC		4	8	8	28	1	1	9	37
		CSUR G	1	2	1	6	0	0	1	8
		EAST	0	0	1	1	0	0	1	1
		NOR TH	2	2	0	0	0	0	2	2
	SOU TH	0	0	3	12	1	1	3	13	
Total		7	12	12	47	2	2	15	61	
Others	HWSHC		2	4	9	35	1	1	9	40
		CSUR G	1	3	1	7	0	0	1	10
		EAST	0	0	1	1	0	0	1	1
		NOR TH	1	2	2	2	0	0	2	4
	SOU TH	1	1	3	13	1	1	3	15	
Total		5	10	15	58	2	2	15	70	
Distinct Total			9	16	16	70	2	2	18	88

* #Invoices will show the distinct number of invoices for the month.
 ** #Patients is a distinct count of patients per month. Patients seen more than once in the same month will only show up once in the group and grand total counts).

Patient Case

Purpose: Provide detail of all the default elements, policies and requirements, and activity associated with a specific case. It can be printed or faxed. When it is faxed, it can be directed to the e-MDs APF fax printer, or use the built in functionality that automatically directs the fax to all the contacts listed on the case.

Report Location: Bill > Reports > Case Management > Patient Case

Data:

- Case setup information: Case name, contacts, guarantor, insurance, required providers, co-pay and deductibles, etc.
- Case policy and requirements including the status of the requirements
- Case notes
- Case invoices including details of ICD-9 codes, CPT codes and invoice insurance
- Case appointments

Northwest Diagnostic Clinic (@e-MDs 1531 49th Street Cedar Park, TX 78613		Case Report for Plummer, Bill W (For Case No. 1 Description: kim)		Print User: , Print Date: 6/27/2008				
Contact	Contact Phone	Ext.	E-Mail					
Guarantor:	Plummer, Guarantor J	DOS Provider:	Burns, Christine	Co-Pay: \$0.00				
Primary Insurance:		DOS Specialty:		Patient %: %				
Secondary Insurance:		DOS Supervisor:	Trauterman, Timmy B	Deductible: \$0.00				
Tertiary Insurance:		Medical Facility:	Northwest Diagnostic Clinic (@e-MDs	FGP: PPO				
Referral/Authorization:	Adams, Casey J							
Attorney:	Achy, Betty							
Policy: kim								
Description	Due Date	Word Form	IR	Scan Category	Req	Com	Completed By	Completed On
kim	10/01/2007	chris form letter edited	Y		Y	N		
* IR - Image Required, Req - Required, Com - Completed								

Patient Collections Report

Purpose: List patient invoices grouped by guarantor with contact information, patient account status, DOS, statement count, last payment date, total due by invoice, patient, guarantor and provider. If patient account status filter is used, this report can be submitted to a collection agency when turning over accounts for outside collection or grouped for delegation to staff members for inside collection tasks.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Patient Collections Report

Filters: Invoice date range, patient account status, patient balance range, guarantor name range, last payment made by date, financial group, insurance class and provider.

Patient Collections Report										Printed: 4/12/2011 4:53:59PM Page: 1 of 1 Print User:				
Invoice Date Range: 1/1/2010 to 12/31/2010		Provider: ALL		Guarantor Name Range: A to Z			Financial Grp: ALL							
Patient Acct Status: ALL		Patient Balance Range: \$0.00 to \$1,000,000.00			Last Pmt On or Before: 4/1/2011			Insurance Class: ALL						
Note: S column refers to number of statements printed since last payment														
Guarantor Name	Address	G-Phone #	SSN	DOB	Account #	FGP	Class	Inv #	Status	DOS	S	L-Pmt	Inv. Balance	P-Balance
Killdear, K														
Campbell, Betsy	21 California Poppy Place , San Marcos, TX 78666	H: (512)378-2887 M: (512)654-6546	362-09-8200	01/01/21	COUCLJ0001									
	Patient: Campbell, Betsy		362-09-8200	01/01/21	CAMBET0001	MDC		123		12/30/10	0		\$120.00	\$120.00
TOTAL DUE:													\$120.00	

Patient List by Diagnosis and CPT by Provider

Purpose: List patient invoices. This report is useful for providing a list of patients receiving certain services.

Report Location: Bill > Reports > Crystal Reports > ALL – All Reports > Patient List by Diagnosis & CPT by Provider

Output options: Breakdown by patient and CPT line item, summaries only, or a list without summaries (good for export). Output of Summary Report, Line Item Report, or Breakdown by Patient & CPT Line Items is also available.

Data: Patient name, invoice #, CPT code, primary ICD linked to a CPT, primary insurance, DOS provider, and sum of charges, payments and adjustments for each CPT

Filters: Invoice service date range, provider, facility, CPT range, and one or more ICD-9 codes on the invoice.

Patient	Invoice #	DOS	Provider	Primary Insurance	Primary DX	CPT	Units	Charges	Payments	Adjs	
Report Type: Detail Report Date Range: 01/01/2008 to 06/26/2008 Medical Facility: ALL Provider: ALL CPT Range: 99200 to 99299 ICD Code: ALL											
Patient List by Diagnosis & CPT by Provider Detail Report											
Billy Bob Clinic											
Adams, Robert C											
Plummer, Artemuse J	81925	01/15/08	Adams, Robert C	AAP G Insurance Program	099.3	99211	1	\$37.00	\$0.00	\$0.00	
Plummer, Artemuse J	81926	01/15/08	Adams, Robert C	AAP G Insurance Program	402.10	99211	1	\$37.00	\$15.00	\$0.00	
Totals for Adams, Robert C :		Invoices: 2	Procedures: 2	Distinct Procedures: 1			2.0	\$74.00	\$15.00	\$0.00	
Burns, Christine											
Mercier, Leah M	81921	01/14/08	Burns, Christine	Aetna	250	99201	1	\$70.00	\$0.00	\$0.00	
Mercier, Leah M	81921	01/14/08	Burns, Christine	Aetna	250	99241	1	\$111.00	\$0.00	\$0.00	
Mercier, Leah M	81933	01/16/08	Burns, Christine	Aetna	250.00	99201	1	\$100.00	\$60.00	\$0.00	
Totals for Burns, Christine :		Invoices: 2	Procedures: 3	Distinct Procedures: 2			3.0	\$281.00	\$60.00	\$0.00	
Ho, Agnes											
Bella, Rose	81929	01/16/08	Ho, Agnes	Primary Select	Va	311	99212	1	\$56.00	\$0.00	\$0.00
Totals for Ho, Agnes :		Invoices: 1	Procedures: 1	Distinct Procedures: 1			1.0	\$56.00	\$0.00	\$0.00	
Trauterman, Timmy B											
Alvarez, Heather M	81891	01/07/08	Trauterman, Timmy B	Medicare - Part B	786.51	99213	1	\$77.00	\$0.00	\$0.00	
Alvarez, Heather M	81892	01/07/08	Trauterman, Timmy B	Medicare - Part B	786.52	99216	1	\$170.00	\$0.00	\$107.64	
Alvarez, Heather M	81894	01/07/08	Trauterman, Timmy B	Medicare - Part B	786.59	99213	1	\$77.00	\$0.00	\$0.00	
Alvarez, Heather M	81899	01/09/08	Trauterman, Timmy B	Medicare - Part B	786.51	99213	1	\$77.00	\$0.00	\$0.00	
Totals for Trauterman, Timmy B :		Invoices: 4	Procedures: 4	Distinct Procedures: 2			4.0	\$401.00	\$0.00	\$107.64	
Totals for BBB:		Invoices: 9	Procedures: 10	Distinct Procedures: 6			10.0	\$812.00	\$75.00	\$107.64	

Patient Reimbursement Report

Purpose: Provide departmental activity reports that break out CPT charges, adjustments and payments by department groupings and location (internal or external medical facility) and grouped by provider.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Patient Reimbursement Report

Filters: Date range, financial group, provider, facility, referral, and Insurance class.

Shared by: New Braunfels ENT

Payment Post Date Range: 01/01/08 to 06/25/08
 CPT Range: 99200 - 99299
 Provider: All
 Patient: All

Printed: 06/25/2008 04:06PM
 Page: 1 of 2

Patient Reimbursement Report

Patient	Invoice #	DOS	CPT	Fee Amount	Payment	Adj	Pmt/Adj Date	I/P	Payment Type	Balance
Acuna, Alexander										
	82094	05/12/08	99213	\$77.00	\$53.00	\$0.00	05/12/08	I	Check	\$24.00
Acuna, Anna										
	69100	02/05/08	99213	\$77.00	\$0.00	\$10.00	03/11/08	P	Adjustment	\$67.00
					\$39.93	\$27.07	03/14/08	I	Check / Adj	\$0.00
Acuna, Benjamin										
	82097	05/15/08	99213	\$77.00	\$35.00	\$0.00	05/30/08	I	Check	\$42.00
Alvarez, Heather										
	81892	01/07/08	99215	\$170.00	\$0.00	\$107.64	01/07/08	I		\$62.36
Case, One										
	81808	12/07/07	99215	\$170.00	\$12.00	\$3.00	01/28/08	I	American Express / Ad	\$155.00
Frost, Jack										
	81983	02/02/08	99215	\$170.00	\$100.00	\$0.00	02/25/08	P	Cash	\$70.00
Mercier, Leah										
	81933	01/16/08	99201	\$100.00	\$30.00	\$0.00	01/18/08	I	Cash	\$70.00
					\$20.00	\$0.00		I	Check	\$50.00
					\$10.00	\$0.00		P	Check	\$40.00
	81990	12/15/07	99201	\$70.00	\$30.00	\$0.00	02/21/08	I	Check	\$40.00
	82048	03/01/08	99201	\$70.00	\$10.00	\$0.00	03/11/08	P	Check	\$60.00
	82050	03/17/08	99213	\$77.00	\$15.00	\$0.00	04/03/08	P	Check	\$62.00
					\$20.00	\$0.00		I	Cash	\$42.00
					\$7.00	\$0.00	04/22/08	P	Automatic Bank Draft	\$35.00
	82106	05/28/08	99213	\$77.00	\$10.00	\$0.00	05/28/08	P	Check	\$67.00
	82109	06/09/08	99213	\$77.00	\$20.00	\$0.00	06/09/08	I	American Express	\$57.00
Miller, Adult										
	81991	02/04/08	99201	\$70.00	\$10.00	\$0.00	02/04/08	P	Cash	\$60.00

Payer Mix Report (Rev. 6.31)

Important! Run this report only if you are using Solution Series 6.31 or later. If you are using an earlier version of Solution Series for this report, you will receive an error message and your report will not be generated.

Purpose: Analyze charges, payments and adjustments gross and ratios, by payer, with the ability to compare against each other. This report has a number of options but can print financials by invoice and/or code detail with Relative Value Units, units, invoice count, charges and %, payments and %, adjustments and %, and payments/collections ratio. There are pie charts showing the top 10 payers by charges, payments and collections ratio and a trending table by payments.

Valid on Product Versions: Solution Series 6.31 and later

Changes in this Version: This report was modified to more effectively evaluate performance in the Medicaid Meaningful Use (MU) program. An option was added to include either primary insurance only or to include primary, secondary and tertiary insurance. If primary, secondary and tertiary are selected, you will see Medicaid data only. If you run the report for primary insurance only, that will give you the denominator needed. Then you can run the report to include primary, secondary and tertiary insurance, and that will provide the Medicaid numerator.

A second option was added to permit filtering on the Supervising Provider. This option allows you to specify a particular individual or to filter for all Supervising Providers. This report was also updated to support the hard-closeout functionality added in Solution Series 6.31.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Payor Mix Report (Rev. 6.31)

Report Version: BL021-20110603

Typical Frequency: Monthly

Grouping by: Provider and/or medical facility, insurance company or class (latter is recommended)

Options: Show the code detail, and also show payer charts with comparison by %charges, %payments, and collections ratio.

Parameters Used for Sample Report: Date Type (Post Date), Start Date (06/01/2010), End Date (12/31/2010), Facility (All), Provider (All), Supervising Provider (All), Primary Insurance (Primary, Secondary and Tertiary Coverage), Insurance (All), Financial Group (All), Insurance Class Code (All), Facility Grouping (Show Facility Grouping), Provider Grouping (Show Provider Grouping), Ins Co. or Ins Class Grouping (Insurance Company0, Show Code Breakout (Hide CPT breakout by line item); Hide Payment Crosstab (Hide payment crosstab), and Hide Payor Charts (Show Payor pie charts)

Payor Mix Report													
Date Range: 7/1/2010 to 12/31/2010			Insurance Company: Medicaid			Insurance Grouping: Ins Co			Printed: 06/03/2011 03:26PM				
Report Date Type: Post Date			Insurance Class Code: MDD			Show Code Breakout: No			Page 1 of 8				
Facility: ALL			Insurance Coverage: Primary, Secondary, and Tertiary Coverage			Hide Trends: Yes			Print User: Adams, Garth				
Provider: ALL			Facility Grouping: Show			Hide Payor Charts: No							
Supervising Provider: ALL			Provider Grouping: Show										
Provider	Ins Co	R/VU	Units	Count	Billed Charges		Payments			Adjustments		% Pmt of Charges	
					Total	%	Count	Total	%	Count	Total	%	
Bleeding Edge Trauma Center													
Allthework1, Dew													
	Medicaid	4.63	2.0	1	\$203.48	46.6	3	\$35.00	100.0	2	\$49.00	100.0	17.2
	Medicaid RHC/FQHC	5.46	2.0	2	\$232.56	53.4	0	\$0.00	0.0	0	\$0.00	0.0	0.0
Provider Totals:		10.09	4.0	3	\$436.04	100	3	\$35.00	100	2	\$49.00	100	8.0
Bowing, Bernard													
	Medicaid	5.00	6.0	4	\$426.48	99.9	5	\$345.00	100.0	4	\$45.00	0.0	80.9
Provider Totals:		5.00	6.0	4	\$426.48	100	5	\$345.00	100	4	\$45.00	0	80.9
Cardio, Kevin													
	Medicaid	7.07	8.0	3	\$377.38	99.9	0	\$0.00	0.0	0	\$0.00	0.0	0.0
Provider Totals:		7.07	8.0	3	\$377.38	100	0	\$0.00	0	0	\$0.00	0	0.0
Rooney, Arthur													
	Medicaid	4.72	8.0	2	\$227.13	99.9	0	\$0.00	0.0	6	\$174.96	100.0	0.0
Provider Totals:		4.72	8.0	2	\$227.13	100	0	\$0.00	0	6	\$174.96	100	0.0
Facility Totals:		26.88	26.0	12	\$1,467.03	100	8	\$380.00	100	12	\$178.96	100	25.8

Payor Mix Report

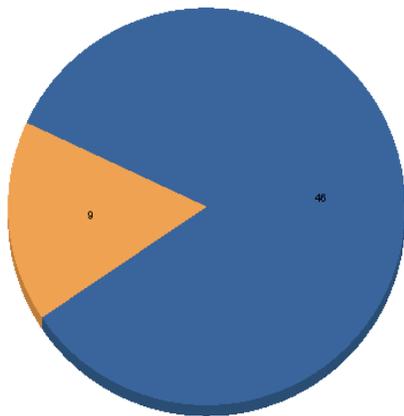
Date Range: 7/1/2010 to 12/31/2010
Report Date Type: Post Date
Facility: ALL
Provider: ALL
Supervising Provider: ALL

Insurance Company: Medicaid
Insurance Class Code: MDD
Insurance Coverage: Primary, Secondary, and Tertiary Coverage
Facility Grouping: Show
Provider Grouping: Show

Insurance Grouping: Ins Co
ShowCode Breakout: No
Hide Trends: Yes
Hide Payor Charts: No

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Top 10 Payors by Invoice Count



Medicaid	46	83.6%
Medicaid RHC/FQHC	9	16.4%
Total	55	100.0%

Payor Mix Report

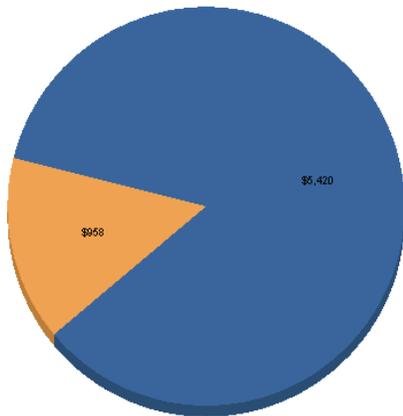
Date Range: 7/1/2010 to 12/31/2010
Report Date Type: Post Date
Facility: ALL
Provider: ALL
Supervising Provider: ALL

Insurance Company: Medicaid
Insurance Class Code: MDD
Insurance Coverage: Primary, Secondary, and Tertiary Coverage
Facility Grouping: Show
Provider Grouping: Show

Insurance Grouping: Ins Co
ShowCode Breakout: No
Hide Trends: Yes
Hide Payor Charts: No

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Print User: Adams, Garth

Top 10 Payors by Gross Charges



Medicaid	\$5,420	85.0%
Medicaid RHC/FQHC	\$958	15.0%
Total	\$6,378	100.0%

Payor Mix Report

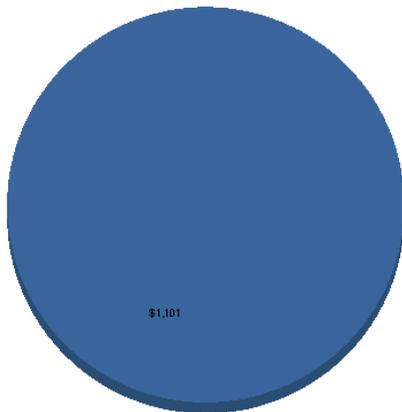
Date Range: 7/1/2010 to 12/31/2010
Report Date Type: Post Date
Facility: ALL
Provider: ALL
Supervising Provider: ALL

Insurance Company: Medicaid
Insurance Class Code: MDD
Insurance Coverage: Primary, Secondary, and Tertiary Coverage
Facility Grouping: Show
Provider Grouping: Show

Insurance Grouping: Ins Co
ShowCode Breakout: No
Hide Trends: Yes
Hide Payor Charts: No

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Top 10 Payors by Gross Payments



Medicaid	\$1,101	100.0%
Medicaid RHC/FQHC	\$0	0.0%
Total:	\$1,101	100.0%

Payor Mix Report

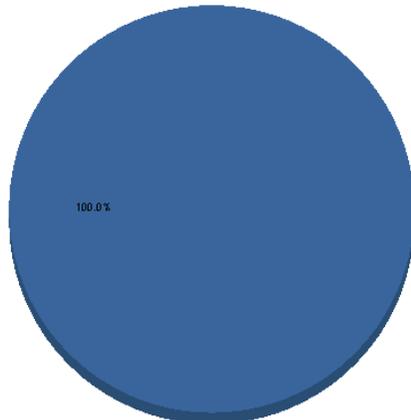
Date Range: 7/1/2010 to 12/31/2010
Report Date Type: Post Date
Facility: ALL
Provider: ALL
Supervising Provider: ALL

Insurance Company: Medicaid
Insurance Class Code: MDD
Insurance Coverage: Primary, Secondary, and Tertiary Coverage
Facility Grouping: Show
Provider Grouping: Show

Insurance Grouping: Ins Co
ShowCode Breakout: No
Hide Trends: Yes
Hide Payor Charts: No

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Print User: Adams, Garth

Top 10 Payors by % Payment of Charges



Medicaid	100.0%
Medicaid RHC/FQHC	0.0%
Total:	100.0%

Payor Mix Report

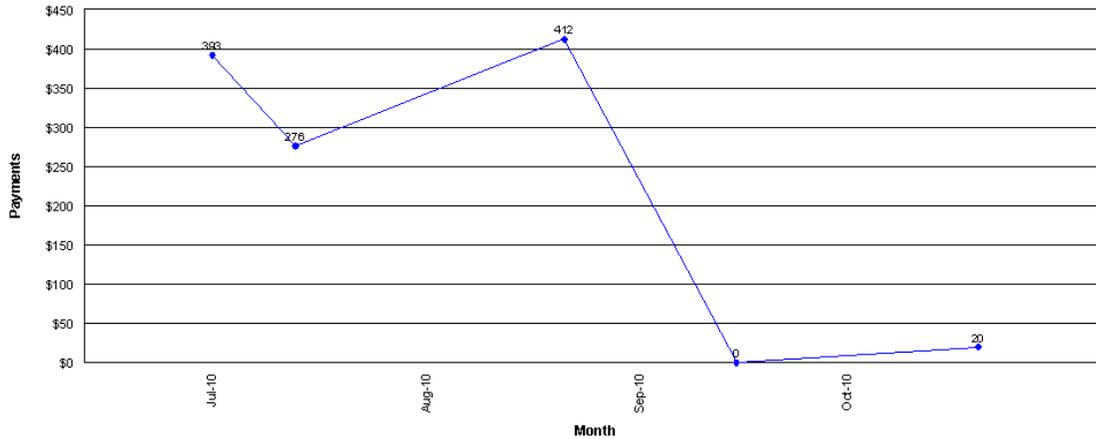
Date Range: 7/1/2010 to 12/31/2010
 Report Date Type: Post Date
 Facility: ALL
 Provider: ALL
 Supervising Provider: ALL

Insurance Company: Medicaid
 Insurance Class Code: MDD
 Insurance Coverage: Primary, Secondary, and Tertiary Coverage
 Facility Grouping: Show
 Provider Grouping: Show

Insurance Grouping: Ins Co
 ShowCode Breakout: No
 Hide Trends: Yes
 Hide Payor Charts: No

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 Print User: Adams, Garth

Total Payments by Month



Payment and Adjustment Summary

Purpose: Summarize tables of payments by type and adjustments by type for each provider.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Payment and Adjustment Summary

Filters: Facility, provider and date range.

Payment and Adjustment Summary by Provider

Facility:
 Provider:
 Date Range: 01/01/2008 to 06/25/2008

Print Date/Time: 6/25/2008, 4:19:40 PM
 Page: 1 of 1

Payments

	Abbott, Abby	Adams, Robert C	Burns, Christine	Franken, Stein J	Ho, Agnes	Parker, Andrea	Trauter man, Timmy B	Woods, Vaughn W	Wright, Levi A	Total
AMEX	\$0.00	\$12.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$32.00
BANK	\$40.00	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$90.00
CASH	\$400.00	\$0.00	\$270.00	\$79.50	\$115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$864.50
CHCK	\$174.00	\$15.00	\$95.00	\$50.00	\$15.00	\$10.00	\$85.50	\$95.00	\$39.93	\$579.43
Total	\$614.00	\$27.00	\$415.00	\$149.50	\$130.00	\$10.00	\$85.50	\$95.00	\$39.93	\$1,565.93

Adjustments

	Abbott, Abby	Adams, Robert C	Burns, Christine	Franken, Stein J	Ho, Agnes	Parker, Andrea	Trauter man, Timmy B	Woods, Vaughn W	Wright, Levi A	Total
	\$2.00	\$0.00	\$97.00	\$0.00	\$32.00	\$0.00	\$107.64	\$10.00	\$27.07	\$275.71
ABTR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00
ADJ	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3.00
Total	\$2.00	\$3.00	\$97.00	\$0.00	\$32.00	\$0.00	\$107.64	\$10.00	\$37.07	\$288.71

Payment Source

Purpose: List payment sources and the invoices to which they were applied. This report can be used to see if there were any posting errors. If a source balance is not 0.00., a data entry error is likely. Likewise, it can be used to find sources that have not been fully posted. Another possible use of this report would include account queries due to the variety of search criteria. There is a grand summary for the entire report.

Report Location: Bill > Reports > Payment Source

Data: Patient or insurance name, payment date, check or credit card number, amount and current balance, each transaction posted against the source is listed including patient name, invoice number, date posted, payment, and adjustment amounts, summary of the number of payments and total applied for the source.

Patient/Insurance Company		Date	Check/Credit No	Source Amount	Source Balance
All Facilities		Payment Source			6/27/2008 2:11:25 PM
Patient Name:					Print User: ,
Insurance Company:					Date Range: 01/01/2000 - 06/27/2008
Insurance Class :					Check No.:
Assigned User : ALL					Balance Range :
Medicare - Part B		06/09/2008		\$20.00	\$0.00
<u>Patient Name</u>	<u>Invoice No</u>	<u>Date Posted</u>	<u>Payment</u>	<u>Adjustment</u>	
Mercier, Leah M	82109	06/09/2008	\$20.00	\$0.00	
Count: 1	Total:	\$20.00			
Testing default units and NDC		05/30/2008		\$0.00	(\$35.00)
<u>Patient Name</u>	<u>Invoice No</u>	<u>Date Posted</u>	<u>Payment</u>	<u>Adjustment</u>	
Acuna, Benjamin L	82097	05/30/2008	\$35.00	\$0.00	
Count: 1	Total:	\$35.00			
Mercier, Leah M		05/28/2008		\$10.00	\$0.00
<u>Patient Name</u>	<u>Invoice No</u>	<u>Date Posted</u>	<u>Payment</u>	<u>Adjustment</u>	
Mercier, Leah M	82106	05/28/2008	\$10.00	\$0.00	
Count: 1	Total:	\$10.00			
BAC		05/22/2008	454654	\$100.00	\$20.00
<u>Patient Name</u>	<u>Invoice No</u>	<u>Date Posted</u>	<u>Payment</u>	<u>Adjustment</u>	
Acuna, Aaron A	82104	05/22/2008	\$30.00	\$0.00	
Acuna, Aaron A	82104	05/22/2008	\$0.00	\$0.00	
Acuna, Aaron A	82104	05/22/2008	\$0.00	\$0.00	
Acuna, Aaron A	82104	05/22/2008	\$50.00	\$10.00	
Count: 4	Total:	\$80.00			
Cigna		05/15/2008	897987987	\$85.50	\$0.00
<u>Patient Name</u>	<u>Invoice No</u>	<u>Date Posted</u>	<u>Payment</u>	<u>Adjustment</u>	
Acuna, Alexander T	82094	05/12/2008	\$85.50	\$0.00	
Count: 1	Total:	\$85.50			
Custom Care		04/28/2008	584991411	\$50.00	\$35.00
<u>Patient Name</u>	<u>Invoice No</u>	<u>Date Posted</u>	<u>Payment</u>	<u>Adjustment</u>	
Acuna, Aaron A	81726	04/28/2008	\$15.00	\$0.00	
Count: 1	Total:	\$15.00			

Periodic Facility Snapshot

Purpose: Show provider activity with billed and allowed charges, total payments, unapplied payments, adjustments, refunds, net receipts, insurance A/R, patient A/R and total A/R.

Report Location: Bill > Reports > Crystal Reports > ALL – All Reports > Periodic Facility Snapshot

Options: You can also opt to include invoice details, which shows the invoice #, patient, invoice count, and a CPT breakout for each of the financial elements described.

Filters: Date range, facility, provider, patient type (which gives you option to see things like patients in collections or employed), and insurance class.

Shared by: IT OverSEE and Diamond Infertility Clinic.

Date Range: 01/01/2008 to 03/31/2008		Periodic Facility Snapshot										Print Date: 6/25/2008 5:19:44PM	
Date: 4/30/2008												Page: 1 of 1	
Provider: Abbott, Abby													
Patient Type: ALL													
Insurance Class: ALL													
Medical Facility: ALL													
Dates: 1/1/2008 to 3/31/2008													
Provider	Billed Total	Billed Total (Allowed)	Total Payments	Unapplied Payments	Adjustments	Refunds	Net Receipts	Total Insurance AR	Total Patient AR	Total AR			
Abbott, Abby	\$13,632.00	\$13,588.00	\$619.00	\$0.00	\$2.00	(\$5.00)	\$614.00	\$12,715.60	\$82.40	\$12,798.00			
Total	\$13,632.00	\$13,588.00	\$619.00	\$0.00	\$2.00	(\$5.00)	\$614.00	\$12,715.60	\$82.40	\$12,798.00			
Date: 4/30/2008													
Provider	Billed Total	Billed Total (Allowed)	Total Payments	Unapplied Payments	Adjustments	Refunds	Net Receipts	Total Insurance AR	Total Patient AR	Total AR			
Abbott, Abby	\$95.25	\$95.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$118.95)	-\$118.95			
Total	\$95.25	\$95.25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(\$118.95)	-\$118.95			
Dates: Month to 4/30/2008													
Provider	Billed Total	Billed Total (Allowed)	Total Payments	Unapplied Payments	Adjustments	Refunds	Net Receipts	Total Insurance AR	Total Patient AR	Total AR			
Abbott, Abby	\$816.50	\$816.50	\$20.00	\$20.00	\$0.00	\$0.00	\$20.00	\$586.00	(\$197.90)	\$388.10			
Total	\$816.50	\$816.50	\$20.00	\$20.00	\$0.00	\$0.00	\$20.00	\$586.00	(\$197.90)	\$388.10			
Dates: Year to 04/30/2008													
Provider	Billed Total	Billed Total (Allowed)	Total Payments	Unapplied Payments	Adjustments	Refunds	Net Receipts	Total Insurance AR	Total Patient AR	Total AR			
Abbott, Abby	\$14,448.50	\$14,404.50	\$639.00	\$20.00	\$2.00	(\$5.00)	\$634.00	\$13,301.60	(\$115.50)	\$13,186.10			
Total	\$14,448.50	\$14,404.50	\$639.00	\$20.00	\$2.00	(\$5.00)	\$634.00	\$13,301.60	(\$115.50)	\$13,186.10			

Procedure Reimbursement Summary

Purpose: Break out CPT charges, adjustments and payments by department groupings and location (internal or external medical facility and grouped by provider.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Procedure Reimbursement Summary

Filters: Date range, financial group, provider, facility, referral, insurance class, and insurance company.

Procedure Reimbursement Summary by Department & Location

Filters:
 Provider: ALL Referring: ALL Print Date/Time: 7/2/2008 11:10:37 AM
 Facility: ALL Service Date Range: 2/2/2008 to 7/2/2008 Page 1 of 11
 FG P: ALL Insurance Class: ALL

	Units	Charges	Adjustments	Payments	# Prnts	Average Payment
Abbott, Abby						
Office Visits						
99201 Office visit - new pt, level 1	1.00	\$70.00	\$0.00	\$0.00	0	\$0.00
Northwest Diagnostic Clinic@Buttercup	1.00	\$70.00	\$0.00	\$0.00	0	\$0.00
99201 Office visit - new pt, level 1	2.00	\$140.00	\$0.00	\$95.00	5	\$19.00
99202 Office/outpatient visit; new patient, level 2	0.00	\$0.00	\$0.00	\$20.00	1	\$20.00
Northwest Diagnostic Clinic@e-MDs	2.00	\$140.00	\$0.00	\$115.00	6	\$19.17
Total 99201-99205, G0344 New Patient	3.00	\$210.00	\$0.00	\$115.00	6	\$19.17
99215 Office visit - established pt, Level 5	1.00	\$170.00	\$0.00	\$100.00	1	\$100.00
	1.00	\$170.00	\$0.00	\$100.00	1	\$100.00
99213 Office visit - established pt, Level 3	1.00	\$77.00	\$0.00	\$0.00	0	\$0.00
Northwest Diagnostic Clinic@Buttercup	1.00	\$77.00	\$0.00	\$0.00	0	\$0.00
99213 Office visit - established pt, Level 3	1.00	\$77.00	\$0.00	\$0.00	0	\$0.00
99215 Office visit - established pt, Level 5	1.00	\$170.00	\$0.00	\$0.00	0	\$0.00
Northwest Diagnostic Clinic@e-MDs	2.00	\$247.00	\$0.00	\$0.00	0	\$0.00
Total 99211-99215 Established	4.00	\$494.00	\$0.00	\$100.00	1	\$100.00
99245 Office consult new or estab pt - Level 5	1.00	\$313.00	\$0.00	\$0.00	0	\$0.00
Northwest Diagnostic Clinic@e-MDs	1.00	\$313.00	\$0.00	\$0.00	0	\$0.00
Total 99241-99245 Consults	1.00	\$313.00	\$0.00	\$0.00	0	\$0.00
Dept. Total:	8.00	\$1,017.00	\$0.00	\$215.00		
Hospital Visits						
99236 Observation & same-day DC of pt-Level 3	1.00	\$0.00	\$0.00	\$0.00	0	\$0.00
	1.00	\$0.00	\$0.00	\$0.00	0	\$0.00
Total 99234-99236 Observation	1.00	\$0.00	\$0.00	\$0.00	0	\$0.00
Dept. Total:	1.00	\$0.00	\$0.00	\$0.00		
Pathology and Laboratory						
86901 Rh blood typing	1.00	\$22.00	\$0.00	\$0.00	0	\$0.00
	1.00	\$22.00	\$0.00	\$0.00	0	\$0.00
80156 Carbamazepine; total	1.00	\$25.74	\$0.00	\$0.00	0	\$0.00
Northwest Diagnostic Clinic@Buttercup	1.00	\$25.74	\$0.00	\$0.00	0	\$0.00
83036 Glycohemoglobin	1.00	\$47.00	\$0.00	\$0.00	0	\$0.00
Northwest Diagnostic Clinic@e-MDs	1.00	\$47.00	\$0.00	\$0.00	0	\$0.00
Total 80048-89399, G0103 Laboratory	3.00	\$94.74	\$0.00	\$0.00	0	\$0.00
Dept. Total:	3.00	\$94.74	\$0.00	\$0.00		
Radiology						
70134 Radiologic exam, auditory meatus	0.00	\$0.00	\$0.00	\$20.00	1	\$20.00
Northwest Diagnostic Clinic@e-MDs	0.00	\$0.00	\$0.00	\$20.00	1	\$20.00
Total 70010-76499 Diagnostic Radiology	0.00	\$0.00	\$0.00	\$20.00	1	\$20.00
76516 Ophthalmic biometry, A-scan	1.00	\$95.25	\$0.00	\$0.00	0	\$0.00
Billy Bob Clinic	1.00	\$95.25	\$0.00	\$0.00	0	\$0.00

Provider Production by Specialty and Code

Purpose: List charges, payments and adjustments by various departments showing some departments broken out by provider and some grouped together. This is a custom report for a practice to reimburse doctors based on production. The department classifications may not match those in an individual practice's database. You must define the code range(s) per department.

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Provider Production by Specialty and Code

Filters: Facility, provider, and date range.

Note: This report may affect network speed and should be run after working hours.

Provider Production by Specialty and Code Grouping

Parameters:
 Facility: ALL
 Provider: ALL

Date Range: 01/01/2008 to 06/27/2008

Printed: 6/27/2008 2:13:07PM
 Page 1 of 1

PROVIDER	CHARGES	PAYMENTS	ADJUSTMENTS
FAMILY PHYSICIANS	\$31,224.99	\$645.43	\$251.71
Burns, Christine	\$4,807.82	\$415.00	\$97.00
Hertz, Duz	\$15,916.00	\$0.00	\$0.00
Parker, Andrea	\$70.00	\$10.00	\$0.00
Trauterman, Timmy B	\$5,040.83	\$85.50	\$107.64
Woods, Vaughn W	\$983.10	\$95.00	\$10.00
Wright, Levi A	\$4,407.24	\$39.93	\$37.07
MD SPECIALISTS	\$11,574.98	\$920.50	\$37.00
Abbott, Abby	\$9,110.24	\$614.00	\$2.00
Adams, Robert C	\$244.00	\$27.00	\$3.00
Franken, Stein J	\$699.74	\$149.50	\$0.00
Goad, Jimm	\$609.00	\$0.00	\$0.00
Green, CaseyMain	\$0.00	\$0.00	\$0.00
Ho, Agnes	\$912.00	\$130.00	\$32.00
LABORATORY			
SUPPLEMENTS			
DIAGNOSTICS			
NCVEMG			
X-Ray			
Bone Density			
Other			
VACCINES/IMMUNIZATIONS			
OTHERS			
GRAND TOTALS	\$42,799.97	\$1,565.93	\$288.71

Receipt

Purpose: Print a receipt for a co-payment.

Receipts can be printed from the prepayment window by clicking **Receipt** after recording the payment.

Northwest Diagnostic Clinic @e-MDs
 1531 49th Street Cedar Park, TX 78613
 Phone: (320)613-5560 Fax: (683)144-8385

Receipt

Patient Name: Achy, Betty
 Account No: ACHBET0001
 Guarantor Balance: (\$120.00)

Invoice No: 82009
 Invoice Date: 02/05/2008
 Invoice Amount: \$1,888.50

Co-Payment Paid: \$100.00
 Patient Paid: \$0.00
 Patient Deposit: \$0.00
 Payment Type: CASH
 Check/Credit Card No:
 Payment Date: 02/05/2008

Referral/Authorization List

Purpose: Print a report from within the Referral/Authorization window where the records retrieved can be “worked” as a list.

- **Referral Work List:** More applicable to primary care practices that get referral authorizations on behalf of patients. Using the pending referrals filter, the user can see which insurances need to be called for referrals/authorizations, and then can add the information to the referral and change its status to active.
- **Compliance Report:** Users can track which patients are compliant with number of treatments authorized, date range, etc. This is a useful way to make sure patients come back and complete their course of treatment.
- **Clean Up:** If users don’t maintain the status of their referrals, filters can be set to search for these. For example, one might look for all active referrals that have expired or the visit count is zero.

Report Location: Bill > Referrals

Data: The report displays the insurance, patient name, PCP/referring physician, authorization number, type and status of the referral, date range, insurance phone number, visits authorized and remaining.

Insurance	Patient	PCP/Org	Authorization #	In/Out	S	Date Range	Ins Phone	Auth.	Rem.	Specia
Blue Cross and Blue Sh	Allgood, Ivan	Allthework, Dew	4320948	0	A	-	(800)451-0287	3	3	
Blue Cross and Blue Sh	Adams, Agnus	Smythe, Sherri	2340980	I	A	-	(800)451-0287	0	-1	Roone
Medicaid	Coronado, Cal	Killdear, Kelsey	42342343242	I	A	-	(512)343-4900	2	2	Cardio
Medicare Part B	Parkinson, Dennis	Educator, Elle		0	P	-	(877)392-9865	0	0	Brainia
Principal	Smith, Abbie	Smythe, Sherri		0	P	-	(800)247-4695	0	0	
United Health Care	Jones, Brian	Allthework, Dew		I	P	-	(800)842-6202	0	-2	Orthopi

Referral/Authorization Sheet

Purpose: One-page report that lists the details of a particular authorization/referral for a patient. It is a useful summary that can be given to the patient, or faxed to a referral to assist them with their data entry. This has the potential to reduce phone calls to the practice from that other location requesting the information.

Report Location: Bill > Referrals > Print

Insurance	Patient	PCP/Referral/Organization	Authorization #	T S Date Range	Insurance Phone#	Visit#	Rem#
Aetna	Mercier, Leah M	Burns, Christine		I A 01/01/08-08/07/08	(161)530-0157	5	3
Aetna	Mercier, Leah M	Chapman, Albert	421220	I A 01/01/08-01/31/08	(161)530-0157	20	20
Aetna	Mercier, Leah M	Parker, Andrea		I A 03/01/08-	(161)530-0157	99	93

Referring Provider Revenue-Quarterly Report

Purpose: Summarize revenue and patients per referring provider for each quarter. Choose quarters and years to include.

Hospital patients are counted by having the codes 99253, 99254, 99255, 99231, 99232, 99233, 57410, 56605, 56606, 56620, 56625, 56630, 58120, 58558, 57065, 57500, 57505, 57520, 57522, 57155, 56630, 56631, 56632, 56633, 56634, 56637, 58150, 58200, 58720, 58943, 58951, 58953, 58954, 58956, 44005, 50715, 44955, 57531, 58210

New patients are counted by having the codes 99201, 99202, 99203, 99204, 99205, 99245

Report Location: Bill > Reports > Crystal Reports > BILL – Billing Reports > Referring Provider Revenue-Qtrly Report

Shared by: Regional Gynecology & Oncology

Referring Physician	Patient	Invoice Date	Payment	Qtr	Provider
2008 - 2nd Qtr					
New Patients					
None					
	Grissom, Gil	04/23/2008	\$0.00	2nd Qtr	Abbott, Abby
	Sanchez, Cathy	04/09/2008	\$0.00	2nd Qtr	Burns, Christine
	Miller, Sinbad	05/03/2008	\$20.00	2nd Qtr	Franken, Stein
	Miller, Sinbad	04/01/2008	\$0.00	2nd Qtr	Franken, Stein
	Miller, Sinbad	08/02/2008	\$0.00	2nd Qtr	Franken, Stein
			\$20.00		
Butler, Jonathan					
	Miller, Adult	04/28/2008	\$0.00	2nd Qtr	Burns, Christine
			\$0.00		
Trauterman, Timmy B					
	Miller, Eleven	04/02/2008	\$0.00	2nd Qtr	Trauterman, Timmy
			\$0.00		

Referring Provider	2008	YTD
	2nd Qtr	# Patients Total Payments
None	5 \$ 20.00	5 \$20.00
Butler, Jonathan	1 \$ 0.00	1 \$0.00
Trauterman, Timmy B	1 \$ 0.00	1 \$0.00
Total	7 \$ 20.00	7 \$20.00

Report Manager

Purpose: Print reports on a time-based schedule. The advantages of using Report Manager is that it saves staff time, reduces the load on server resources during busy times of the day, and makes reports available for reviewing at any time. It is well known that reprinting reports for users who lose their copies is time consuming and expensive (labor, stationery, etc.) so this tool should be used as much as possible for report distribution.

The automatically generated reports are saved as PDF files in predefined directories. Users can be instructed to open them from the directories but you can also automatically route a link to the report in TaskMan. There are several reports that can be scheduled using report manager.

- Accounts Receivable (patient, guarantor and invoice)
- Activity Analysis Reports (there are 11 in total)
- Case Tracking Report
- Eligibility Check
- HCFAs (paper claims)
- Injury & Illness Report
- Insurance AR
- Statements
- Work Restrictions Report
- DOQ-IT Reporting for Chart (See Chart user guide for details)

In order to accommodate repeat generations of a report over time, these will typically have special parameter options which can be set for date ranges. If a fixed date range is set for a report, it would quickly become useless since the same report will be generated time and time again. Through the use of Dynamic Dates and On or Before a specific server date, a single report definition can be used to generate an output based on, for example, the previous month, or data up to a specific date and these are based on the server date when the report is run.

The report manager saves the reports in a user defined directory as PDF files.

(Also available via Schedule.)

Report Location: Bill > Reports > Report Manager

RVU Time Tracking

Purpose: Show the earnings per hour for each procedure.

This report only works if the clinic uses e-MDs Schedule, and **Treatment start** and **Checkout times** are logged. The system matches invoice dates of service with appointments booked for the same patient on the same day. If there are no appointments and time has not been tracked for the patient, this report will not be able to collect statistics.

Report Location: Bill > Reports > RVU Time Tracking

RVU Time Tracking (With Modifiers)

Facility = All, Provider = All, Date Range = 01/01/2008 - 06/27/2008
 Insurance = All, Financial Group = All, CPT/HCPCS = All

Burns, Christine

CPT	M1	M2	M3	M4	Count	RVU	Total Charges	Avg Charge	Total Payments	Avg Payment	Total Time	Avg Time	RPH*
50684					1	5.54	\$97.50	\$97.50			3	3	

Hertz, Duz

CPT	M1	M2	M3	M4	Count	RVU	Total Charges	Avg Charge	Total Payments	Avg Payment	Total Time	Avg Time	RPH*
99202					15	25.95	\$1,380.00	\$92.00			127	8.47	

Grand Total:	Charges	Payments	Time
	\$1,477.50	\$0.00	130

Statement History

Purpose: Show a list of invoices by patient, broken into three sections showing the number of times that each statement has been sent. The sections are once, twice, and three or more statements printed since the last payment was received.

The report is based on the "Statement(s) printed for this invoice since last payment" field in the Payment tab of an invoice. This field is increased by 1 each time a statement is printed which includes the invoice. When a patient payment is made, the system will return the counter to zero.

This report gives users the ability to work collections by number of times billed without response (in addition to total dollar value for which the Accounts Receivable is used). The collections module has a similar filter and is a more powerful tool.

Report Location: Bill > Reports > Statement History

Statement History					
		Friday, June 27, 2008 11:10 am	Print User: .	Page No: 1	
First Statement Sent					
Invoice No	Invoice Date	Guarantor	Patient	Last Statement Date	
33015	04/16/2001	Memorial Medical Center-Transp	Cooper, Dolores A		
37998	07/18/2001	Acuna, Anthony P	Acuna, Anthony P		
33190	04/18/2001	Acuna, Kerin L	Acuna, Kerin L		
32411	04/06/2001	Acuna, Lauren	Dodd, Phyllis L		
30679	03/09/2001	Acuna, Lynn S	Cox, Vasilios J		
27802	01/25/2001	Acuna, Pablo	Ross, Marilyn A		
68963	12/09/2002	Acuna, Pablo	Howard, Carl E		
53227	03/28/2002	Acuna, Philip C	Acuna, Philip C		
24365	12/01/2000	Acuna, Robert E	Acuna, Robert E	12/26/2000	
53500	04/02/2002	Acuna, Terry I	Acuna, Terry I		
32212	04/03/2001	Adams, Beverly E	Adams, Beverly E		
41324	09/17/2001	Adams, Beverly E	Witt, Angela D		
43461	10/24/2001	Adams, Beverly E	Adams, Beverly E		
46277	12/10/2001	Adams, Beverly E	Witt, Angela D		
58076	06/17/2002	Adams, Beverly E	Witt, Angela D		
61864	08/19/2002	Adams, Beverly E	Witt, Angela D		
61865	08/19/2002	Adams, Beverly E	Adams, Beverly E		
62147	09/25/2002	Adams, Beverly E	Adams, Beverly E		
62073	09/25/2002	Adams, Beverly E	Adams, Beverly E		
69362	12/13/2002	Adams, Beverly E	Adams, Beverly E		
36796	06/26/2001	Adams, Donna A	Adams, Donna A		
68628	12/04/2002	Adams, Donna A	Adams, Donna A		
34124	05/03/2001	Adams, Irene M	Besett, Jeffrey A		
38811	08/02/2001	Adams, Joshua W	Adams, Joshua W		
24216	11/29/2000	Adams, Mona	Ancira, Katie R	12/20/2000	
57070	05/30/2002	Adams, Otila I	Adams, Otila I		
48327	01/16/2002	Adams, Richard J	Adams, Richard J		

Visit CPT List Report

Purpose: Search patient charts for any procedures other than office visits

Filters: Procedure

Date Range: 1/1/2008 to 6/27/2008		Procedure: ALL		Printed: 6/27/2008 2:44:45PM		Page: 1 of 27	
In House/Send Out CPT Report							
Date Occurred	Provider	CPT Description	CPT Code	In/Out	Patient	DOB	
02/06/2008	Burns, Christine	Lipid panel (total cholesterol, HDL, triglycerides)	80061	In House	Abv, Acb A	02/02/1971	
02/06/2008	Burns, Christine	Lipid panel (total cholesterol, HDL, triglycerides)	80061	In House	Abv, Acb A	02/02/1971	
02/06/2008	Ho, Agnes	Lipid panel (total cholesterol, HDL, triglycerides)	80061	In House	Abv, Acb A	02/02/1971	
02/11/2008	Ho, Agnes	Most recent hemoglobin A1c (HbA1c) level < 7.0% (DM)	3044F	Send Out	Abv, Acb A	02/02/1971	
02/11/2008	Ho, Agnes	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/w/o max ventilate	94010	In House	Abv, Acb A	02/02/1971	
02/11/2008	Ho, Agnes	Diabetes foot exam (structure, biomechanics, vascular, sensation, skin)	DFTEXM	Send Out	Abv, Acb A	02/02/1971	
02/11/2008	Ho, Agnes	Dilated Eye Exam	DLEYE	Send Out	Abv, Acb A	02/02/1971	
02/12/2008	Ho, Agnes	Spirometry results documented and reviewed (COPD)1	3023F	Send Out	Abv, Acb A	02/02/1971	
02/13/2008	Ho, Agnes	Statin therapy, prescribed	4002F	Send Out	Abv, Acb A	02/02/1971	
02/13/2008	Ho, Agnes	Serum Creatinine	82565	Send Out	Abv, Acb A	02/02/1971	
02/13/2008	Ho, Agnes	Creatinine clearance test	82575	Send Out	Abv, Acb A	02/02/1971	
03/12/2008	Green, CaseyMain	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast	70540	In House	Abv, Acb A	02/02/1971	

Northwest Diagnostic Clinic @e-MDs

1531 49th Street Cedar Park, TX 78613

Phone: (320)613-5560 Fax: (683)144-8385

Receipt

Patient Name: Achy, Betty
Account No: ACHBET0001
Guarantor Balance: (\$120.00)

Invoice No: 82009
Invoice Date: 02/05/2008
Invoice Amount: \$1,888.50

Co-Payment Paid: \$100.00
Patient Paid: \$0.00
Patient Deposit: \$0.00
Payment Type: CASH
Check/Credit Card No:
Payment Date: 02/05/2008

Withhold

Purpose: Give expected reimbursements that a practice should expect based on the terms of a withhold contract against the actual activity against the contract. It provides a much more scientific tool to ensure that fair reimbursement is received vs. the “best guess” or “trust” policies used by many practices because they don’t have a good tool to quickly generate utilization vs. adjustment and withhold cost data. For example, a contract that withholds a certain percentage of the contracted reimbursement for 90 days, after which the payment is released less the administrative costs. Users can compare this with actual payments received and also analyze the total cost of the contract.

The report requires a contract with withhold functionality set up and the contract must be linked to insurance companies and groups which are used when entering charges. Once charges are entered and adjustments made based on the withhold percentage and auto adjustment codes, an expected payment for a future period can be projected. The contract setup also allows users to set up the percent of the allowed amount that never retrieved because of the administrative cost of the contract which has been deemed to be worthwhile for the practice. If there is a risk pool with penalties and bonuses, those need to be posted separately using special payment and adjustment codes and accounts.

By setting default withhold invoice and CPT level adjustment codes, users can also track what was withheld in a period by running activity analysis, adjustment reason code, and other reports that include this data.

The report groups data by provider or contract depending on the report selection. For the lower level group, it then shows the allowed charges, withhold %, the total withhold adjustments made, the withhold cost % (administrative fee), withhold cost total and, most importantly, the expected payment.

Note that in addition to the withhold report, users can track withholds by adjustment type code using reports such as the Activity Analysis Summary by Payments. The adjustment codes are part of the contract setup so they can be unique to a particular withhold contract.

The withhold report includes:

- Provider and Contract grouping options enabling the user to view the data by contract, or users can print it for each provider.
- Total allowed charges based on the charges originally entered. They can come from any time period since the report is based on the expected payment time frame (if the filters are set).
- Withhold percent from the contract and the total withhold adjustments monetary amount
- Withhold cost % and the dollar value that this represents which is based on the allowed fees
- Expected payments

Report Location: Bill > Reports > Contracts and Fees > Withhold

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Expected Withhold Payments (By Provider and Contract)				Print User: . Print Date: 6/27/2008	
Contract: All, Provider: All, Date Range: All							
Burns, Christine							
Contract	Allowed Charges	WH %	WH Adj	WH Cost%	WH Cost	Expected Pmt	
Medicare	\$70.00	%	\$0.00	%	\$0.00	\$0.00	
Total:	\$70.00		\$0.00		\$0.00	\$0.00	
Franken, Stein J							
Contract	Allowed Charges	WH %	WH Adj	WH Cost%	WH Cost	Expected Pmt	
Medicare	\$125.00	%	\$0.00	%	\$0.00	\$0.00	
Total:	\$195.00		\$0.00		\$0.00	\$0.00	
Ho, Agnes							
Contract	Allowed Charges	WH %	WH Adj	WH Cost%	WH Cost	Expected Pmt	
Medicare	\$70.00	%	\$2.00	%	\$0.00	\$2.00	
Total:	\$265.00		\$2.00		\$0.00	\$2.00	
Trauterman, Timmy B							
Contract	Allowed Charges	WH %	WH Adj	WH Cost%	WH Cost	Expected Pmt	
Medicare	\$107.64	%	\$107.64	%	\$0.00	\$107.64	
Total:	\$372.64		\$109.64		\$0.00	\$109.64	
Total:	Allowed Charges		WH Adj		WH Cost	Expected Pmt	
	\$372.64		\$109.64		\$0.00	\$109.64	

Work Restrictions

Purpose: View the work restrictions for patients with cases. An example of its use is sending a list of the patients with cases to their employer so that the company can verify appointment dates against employee time away from work, and can also see the most recent work restrictions recommended by the treating physician.

Report Location: Bill > Reports > Case Management > Work Restrictions

Data: The report prints the patient name, account number, injury/case description, injury date, date and time of appointments linked to the case, and the most recent work restrictions.

- Appointments may have a code appended after the date and time. These are FA=future appointment; NS=No Show; CI=cancelled internally by practice; and CP=cancelled by patient. If there is no code the patient is assumed to have checked in or nothing was done to the appointment. A key at the bottom of the page also explains these.
- The work restrictions printed on the report are those documented using the WC Link Work Status or the Work Status templates in the Chart plan. If templates are nested into these by a clinic, the information will also print, but no other templates can be used independently to generate the information.

Filters: Case status, guarantor/employer, injury date range and patient

(Also available via Schedule

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Work Restrictions		Print Date: 6/27/2008 Print Name: ,
Injury/Illness Date: All Guarantor: All, Patient: All, Case Status: Active				
<u>Guarantor/Employer</u>				
Blake 184 C Hymeadow Austin, TX 78726-		Contact: T: F:		
Patient, Account # Injury/Case Description	Appointments	Work Restrictions		
Case, One (CASONE0001) TESTCASE1 DOI: 12/07/2007				
Case, Two (CASTWO0001) 2222222 DOI: 12/07/2007				

4

Chart Reports

The reports in this section are generated from patient chart information. A Chart report may contain information about Chart functions (such as unsigned notes), medications prescribed to numerous patients, frequently performed procedures, and many other combinations.

Continued on the next page...

All Unsigned Log/Phone Notes

Purpose: Display all unsigned Log and Phone Notes for all authors. Select **By Patient** or **By Author** to sort the report alphabetically by either patient's or author's last name.

Report Location: Chart > Reports > Un-Signed Notes Report > All Log/Phone/Rx Notes > By Patient;
By Author

Typical Frequency: As Needed

Un-signed Notes					1 of 2
					7/1/2008
Author	Patient	Account #	Date	Note Type	
Ho, Agnes	AAP, Female	AAPFEM0001	10/31/2007 10:13:41 AM	Permanent Prescription Note	
Ho, Agnes	Achy, Betty	ACHBET0001	12/10/2007 10:07:44 AM	Permanent Log Note	
,	Achy, Betty	ACHBET0001	12/10/2007 3:34:24 PM	Permanent Log Note	
Miller, Bryce	Acuna, Albert E	RAIRAN0001	11/19/2007 4:06:27 PM	Permanent Prescription Note	
Miller, Bryce	Acuna, Albert E	RAIRAN0001	11/19/2007 4:06:46 PM	Permanent Phone Note	
,	Acuna, Alexander T	AYLZAC0001	9/19/2007 2:25:33 PM	Permanent Log Note	
Ho, Agnes	Acuna, Anthony P	CONROB0002	4/16/2008 3:44:53 PM	Permanent Prescription Note	
Ho, Agnes	Acunabbb, Aaronbbb CbbbSANFL000		11/2/2007 11:16:22 AM	Permanent Log Note	
Ho, Agnes	Acunabbb, Aaronbbb CbbbSANFL000		11/2/2007 11:16:35 AM	Permanent Prescription Note	
Mccaskill, D	Bailey, Alice L	ALLNA010	12/10/2007 9:08:05 AM	Permanent Log Note	
Mccaskill, D	Bailey, Alice L	ALLNA010	12/10/2007 9:09:59 AM	Permanent Phone Note	
Mccaskill, D	Bailey, Alice L	ALLNA010	12/10/2007 9:10:30 AM	Permanent Prescription Note	
Mccaskill, D	Bailey, Alice L	ALLNA010	12/10/2007 9:11:14 AM	Permanent Prescription Note	
,	Burns, Adult	BURADU0001	10/18/2007 9:50:58 AM	Permanent Log Note	
Burns, Christine	Campbell, Daniel G	KHOKAM0001	9/20/2007 12:47:21 PM	Permanent Log Note	
,	Chapman, Amanda I	FOLEVA0001	12/17/2007 9:26:42 AM	Permanent Log Note	
Ho, Agnes	D'ancanto, Anna Marie	ROGUE0001	2/20/2008 12:42:37 PM	Permanent Log Note	
Ho, Agnes	Davis, Donnie C	SCACHR0001	9/24/2007 9:49:45 AM	Permanent Log Note	
,	Diaz, Brianna	FITMI000	10/11/2007 2:52:58 PM	Permanent Log Note	
Ho, Agnes	Hagood, Carrie	DAYMA000	4/15/2008 10:38:47 AM	Permanent Prescription Note	
Ho, Agnes	Kallmer, Bonnie L	CLAMA020	12/19/2007 4:31:00 PM	Permanent Log Note	
Ho, Agnes	Kallmer, Bonnie L	CLAMA020	12/19/2007 4:31:09 PM	Permanent Prescription Note	

All Unsigned Notes

Purpose: Display all unsigned notes (Doctor Visits, Nurse Visits, Order Notes, Log and Phone Notes) for all authors. Select either **By Patient** or **By Author** to sort the report alphabetically by either patient's or author's last name.

Note: For an enhanced version of this report that also permits display of nurse notes and notes from the OB module, see "Unsigned Notes (Crystal Report Version)."

Report Location: Chart > Reports > Un-signed Notes Reports > All Notes

Typical Frequency: Daily or Weekly

Unsigned Notes					1 of 46 7/1/2008
Author	Patient	Account #	Date	Note Type	
Burns, Christine	1, Baby	OBAB0002	9/27/2007 1:36:05 PM	Doctor Note	
Burns, Christine	1, Baby	OBAB0002	10/10/2007 3:32:11 PM	Doctor Note	
Burns, Christine	1, Baby	OBAB0002	10/25/2007 2:03:39 PM	Order Note	
Burns, Christine	1, Baby	OBAB0002	12/10/2007 11:29:36 AM	Doctor Note	
Plummer, Physician J	1, Baby	OBAB0002	3/10/2008 2:37:18 PM	Doctor Note	
Burns, Christine	2, Baby	OBAB0001	9/27/2007 2:29:38 PM	Doctor Note	
Burns, Christine	A,AP, Female	A,APFEM0001	10/17/2007 2:24:43 PM	Doctor Note	
Ho, Agnes	A,AP, Female	A,APFEM0001	10/30/2007 4:19:27 PM	Doctor Note	
Ho, Agnes	A,AP, Female	A,APFEM0001	10/31/2007 10:13:41 AM	Permanent Prescription Note	
Burns, Christine	A,AP, Female	A,APFEM0001	11/6/2007 11:32:28 AM	Doctor Note	
Burns, Christine	A,AP, Female	A,APFEM0001	11/9/2007 8:59:50 AM	Doctor Note	
Burns, Christine	A,AP, Female	A,APFEM0001	11/9/2007 10:10:30 AM	Doctor Note	
Burns, Christine	A,AP, Female	A,APFEM0001	12/5/2007 2:22:25 PM	Doctor Note	
Parker, Andrea	Abv, Acb A	ABVACB0001	10/4/2007 2:54:21 PM	Doctor Note	
Parker, Andrea	Abv, Acb A	ABVACB0001	10/4/2007 3:00:26 PM	Order Note	
Burns, Christine	Abv, Acb A	ABVACB0001	10/12/2007 12:09:35 PM	Doctor Note	
Burns, Christine	Abv, Acb A	ABVACB0001	12/5/2007 2:14:13 PM	Doctor Note	
Burns, Christine	Abv, Acb A	ABVACB0001	12/5/2007 2:34:47 PM	Doctor Note	
Burns, Christine	Abv, Acb A	ABVACB0001	2/1/2008 3:14:22 PM	Doctor Note	
Ho, Agnes	Abv, Acb A	ABVACB0001	2/6/2008 10:54:17 AM	Doctor Note	
Ho, Agnes	Abv, Acb A	ABVACB0001	2/7/2008 10:10:13 AM	Doctor Note	
Ho, Agnes	Abv, Acb A	ABVACB0001	2/11/2008 2:51:38 PM	Doctor Note	
Ho, Agnes	Abv, Acb A	ABVACB0001	2/11/2008 2:53:12 PM	Doctor Note	
Ho, Agnes	Abv, Acb A	ABVACB0001	2/12/2008 10:33:17 AM	Doctor Note	
Ho, Agnes	Abv, Acb A	ABVACB0001	2/13/2008 10:35:46 AM	Doctor Note	
Burns, Christine	Abv, Acb A	ABVACB0001	2/25/2008 11:53:25 PM	Doctor Note	
Green, CaseyMain	Abv, Acb A	ABVACB0001	3/12/2008 2:00:52 PM	Doctor Note	
Plummer, Physician J	Abv, Acb A	ABVACB0001	3/14/2008 2:26:03 PM	Doctor Note	
Burns, Christine	Abv, Acb A	ABVACB0001	5/27/2008 2:16:42 PM	Doctor Note	
Burns, Christine	Achy, Betty	ACHBET0001	9/21/2007 9:29:59 AM	Doctor Note	
Trauterman, Timmy B	Achy, Betty	ACHBET0001	9/26/2007 10:57:43 AM	Doctor Note	
Green, CaseyMain	Achy, Betty	ACHBET0001	9/26/2007 1:32:43 PM	Doctor Note	

All Unsigned Visit or Order Notes

Purpose: Display all unsigned Visit Notes (Doctor and Nurse Notes) and Order Notes. Select either **By Patient** or **By Author** to sort the report alphabetically by either patient's or author's last name.

Report Location: Chart > Reports > Un-Signed Notes Report > All Visit Notes > By Patient; By Author

Typical Frequency: As Needed

Un-signed Notes				
				24 of 44 7/1/2008
Author	Patient	Account #	Date	Note Type
Burns, Christine	Parker, Aundra J	BUCJE000	9/27/2007 12:59:48 PM	Doctor Note
Burns, Christine	Parker, David R	MARADA0001	9/27/2007 12:56:08 PM	Doctor Note
Miller, Bryce	Parker, Jeremy M	RUSJ0000	7/15/2002 9:21:23 AM	Doctor Note
Miller, Bryce	Parker, Judith M	JENDI000	7/5/2002 2:04:13 PM	Order Note
Miller, Bryce	Paschal, Cal L	OCHJO000	10/31/2002 10:09:35 AM	Doctor Note
Miller, Bryce	Paschal, Cal L	OCHJO000	11/20/2002 4:18:04 PM	Doctor Note
Miller, Bryce	Paschal, Carol M	MCCJA050	10/31/2002 1:17:40 PM	Doctor Note
Trauterman, Timmy B	Paschal, Fred C	BAUJEF0001	8/13/2002 4:21:08 PM	Doctor Note
Miller, Bryce	Paschal, Willie D	COPAL000	1/16/2003 1:49:44 PM	Nurse Note
Miller, Bryce	Paschal, Willie D	COPAL000	3/21/2003 9:45:58 AM	Doctor Note
Test-Doctor, Fox	Patient-Six, Test	PATTES0001	5/6/2008 9:56:12 AM	Order Note
Miller, Bryce	Patterson, Becquer A	GERJA000	11/8/2002 3:39:20 PM	Doctor Note
Wright, Levi A	Patterson, Kelsey M	ZIEMAR0001	10/14/2002 3:13:57 PM	Doctor Note
Miller, Bryce	Payne, Ariane	BARAN000	8/27/2002 3:23:19 PM	Doctor Note
Miller, Bryce	Payne, Habb R	THOHA010	9/10/2002 9:24:17 AM	Doctor Note
Miller, Bryce	Payne, Habb R	THOHA010	3/7/2003 10:05:23 AM	Nurse Note

Allergy List Maintenance

Provider Goal for Stage 1: >80%

Meaningful Use Requirement for Stage 1: More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data.

Description: Reports on unique patients seen by the EP that have at least one medication allergy recorded as structured data.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

The Patient will appear in the numerator of this report if they have at least one medication allergy in their medication allergy list in the Visit/HS section of the chart. If the patient does not have any medication allergies, the box for No Known Drug Allergies (NKDA) may be checked and the patient will be included.

Appropriate Testing for Children with Pharyngitis

Crystal Report Title: Appropriate Testing for Children with Pharyngitis

Clinical Quality measure Title: Appropriate Testing for Children with Pharyngitis

Description: The percentage of children 2-18 years of age who were diagnosed with Pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Numerator:

Laboratory test performed: group A streptococcus test <= 3 days before

OR

Simultaneously to Medication active: pharyngitis antibiotics occurring <= 3 days after encounter

OR

Laboratory test performed: group A streptococcal test <= 3 days after

OR

Simultaneously to Medication active: pharyngitis antibiotics occurring <= 3 days after

CPT: 87070, 87071, 87081, 87430, 87650, 87651, 87652, 87880

Eligible Patient Criteria (Denominator):

Age Range: 2-18

Encounter: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99281, 99282, 99283, 99284, 99285

Diagnosis active: pharyngitis (ICD-9 034.0, 462, 463) Medication pharyngitis antibiotics including Aminopenicillins, Beta-Lactamase inhibitors, First generation cephalosporins, Folate antagonist, Lincomycin derivatives, Macrolides, Miscellaneous antibiotics, Natural penicillins, Penicillinase-resistant penicillins, Quinolones, Second generation cephalosporins, Sulfonamides, Tetracycline, Third generation cephalosporins

NQF/PQRI Number: NQF 0002/PQRI

Exclusions: None

PQRI Report Type: N/A

Purpose: Calculate the percentage of patients of a specified age range, with a diagnosis of persistent asthma, who were appropriately prescribed medication during the measurement year (measurement year equals the date range entered when running the report).

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Appropriate testing for Children with Pharyngitis

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Asthma Assessment

Purpose: Calculate the percentage of patients specified with a diagnosis of asthma that have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms. If the numeric frequency is not available (which there is currently no structured data to support this), you may document that the asthma assessment was documented by use of the CPT code 1005F. Enter the specified age when running the report. The typical report will run for patient aged 5-40. The age will be calculated using the age on the most recent qualifying visit date.

Description: Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least 2 office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.

Crystal Report Title: Asthma Assessment

Clinical Quality Measure Title: Asthma Assessment

Numerator: Asthma symptoms evaluated by the provider - 1005F

Eligible Patient Criteria (Denominator):

Age Range: 5-40 years.

Current Diagnosis: 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92.

NQF/PQRI Number: NQF 0001

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Asthma Assessment

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Asthma Pharmacologic Therapy

Purpose: Calculate the percentage of patients of a specified with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Description: Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.

Crystal Report Title: Asthma Pharmacologic Therapy

Clinical Quality Measure Title: Asthma Pharmacologic Therapy

Numerator:

Medication: corticosteroid, inhaled or alternative asthma medication including beclomethasone dipropionate (QVAR), budesonide (Pulmicort Flexhaler, Pulmicort Respules, Budesonide - inhalation suspension), budesonide/formoterol fumarate (Symbicort), ciclesonide (Alvesco), fluticasone (AeroBid, AeroBid M), fluticasone propionate (Flovent Diskus, Flovent HFA), fluticasone/salmeterol (Advair Diskus, Advair HFA 115/21, Advair HFA 230/21, Advair HFA 45/21), mometasone furorate (Asmanex Twisthaler), mometasone furorate/formoterol fumarate (Dulera), Leukotriene Inhibitors montelukast sodium (Singulair), zafirlukast (Accolate), zileuton (Zyflo, Zyflo CR), albuterol sulfate (AccuNeb, albuterol, ProAir HFA, Proventil, Proventil HFA, Ventolin, Ventolin HFA, VoSpire ER), ipratropium/albuterol (Combivent, DuoNeb, Ipratropium bromide/Albuterol), levalbuterol (Xopenex, Xopenex HFA, Levalbuterol), metaproterenol sulfate (Metaproterenol sulfate), pirbuterol acetate (Maxair Autohaler), salmeterol (Serevent Diskus), arformoterol (Brovana), formoterol fumarate (Foradil Aerolizer), omalizumab (Xolair), terbutaline, sulfate (Brethine, Terbutaline Sulfate), tiotropium bromide (Spiriva HandiHaler), ipratropium bromide (Atrovent, Atrovent HFA, Ipratropium Bromide), cromolyn sodium (Cromolyn Sodium), dyphylline (Lufyllin, Lufyllin-400), aminophylline (Aminophylline), theophylline, anhydrous (Elixophyllin, Theo-24, Theochron, Theophylline, Theophylline ER, Theophylline SR, Uniphyll)

Eligible Patient Criteria (Denominator):

Age Range: 5-40 years

Current Diagnosis: 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92

Outpatient Encounters Required: 2 (99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245)

NQF/PQRI Number: NQF 0047/PQRI 53

Exclusions: Medication not prescribed due to patient reason, allergy/adverse event/intolerance to corticosteroid/asthma medications.

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Asthma Pharmacological Therapy

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Beta Blocker Therapy for CAD Patients with Prior MI

Purpose: To provide a report showing the percentage of patients aged 18 years and older, with a diagnosis of CAD and prior MI, who were prescribed Beta Blocker therapy.

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta - blocker therapy.

Crystal Report Title: Beta-Blocker Therapy for CAD Patients with Prior MI

Clinical Quality Measure Title: Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction

Numerator: The patient will appear in the numerator of the report if they have been prescribed a Beta-Blocker Therapy. The medications used in this query for Beta-Blocker Therapy include: Carvedilol, Coreg, Coreg CR, Labetalol HCl: Normodyne, Trandate, Corgard, Nadolol, Nebivolol, Bystolic, Penbutolol, Levatol, Pindolol, Viskin, Inderal, Inderal LA, InnoPranXL, Propranolol HCl, Timolol Maleate, Acebutolol HCl, Sectral, Tenormin, Atenolol, Kerlone, Betaxolol HCl, Bisoprolol Fumarate, Zebeta, Metoprolol, Lopressor, Metoprolol Tartrate, Metoprolol Succinate, Toprol XL, Atenolol/Chlorthalidone, Tenoretic 50, Tenoretic 100, Bisoprolol/Hydrochlorothiazide, Ziac, Lopressor HCT, Metoprolol/Hydrochlorothiazide, Corzide, Nadolol/Bendroflumethiazide, Inderide, Propranolol/Hydrochlorothiazide

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of CAD: 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82

AND

Have a prior MI: 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 92980, 92982, 92995

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

OR

Have a diagnosis of prior MI at any time: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 412

AND

Have a minimum of 1 encounter using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

NQF/PQRI Number: NQF 0070/PQRI 7

Exclusions: The patient is excluded from the report if they have an active diagnosis of: arrhythmia, hypotension, asthma, bradycardia, atresia and stenosis of aorta: 427.81, 427.89, 458.0, 458.1, 458.21, 458.29, 458.8, 458.9, 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92

OR

AV BLOCK CODE 426.0, 426.12, 426.13 WITHOUT PERM PACEMAKER CODE V45.01 (I9)

OR

Documentation of the Beta-Blocker not prescribed due to medical reason, patient reason, or system reason using the CPT codes:4006F1P or 4006F2P or 4006F3P.

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241, 99304, 99305, 99306, 99307, 99308,99309, 99310, 99324, 99325, 99326, 99327, 99328,99334, 99335, 99336, 99337, 99341, 99342, 99343,99344, 99345, 99347, 99348, 99349, 99350

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Beta Blocker Therapy for CAD Patients with Prior MI

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Body Mass Index (BMI) Screening and Follow-up

Purpose: Determine what percentage of patients aged 18 and older who have a calculated BMI calculated sometime in the past six months (past 6 months refers to the specified date range set in the selected parameters) or during the current visit. The second portion of the report determines if a follow-up plan is documented for the patients whose BMI is outside the parameters below:

- BMI for patients 65 or older is < 30 or ≥ 22.
- BMI for patients 18-64 is < 25 or ≥ 0.

Description: Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.

Crystal Report Title: Body Mass Index (BMI) Screening and Follow-up

Clinical Quality Measure Title: Adult Weight Screening and Follow-Up

Numerator: The patient qualifies for the numerator if they have a calculated BMI within the past 6 months or current visit with Normal BMI during reporting period. If abnormal or low, a follow-up plan documented using one of the following CPT/HCPCS codes: 43644, 43645, 43770, 43771, 43772, 43773, 43774, 43842, 43843, 43845, 43846, 43847, 43848, 97804, 98961, 98962, 99078, S9449, S9451, S9452, S9470, G8417

OR

One of the following ICD-9 codes: V65.3, V85.41, V85.42, V85.43, V85.44, V85.45

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 2 encounters using one of the following encounter codes: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

OR

G0270, G0271

NQF/PQRI Number: NQF 0421/PQRI 128

Exclusions: Exclusions only applied if the patient did not have a calculated BMI documented in the medical record as normal OR outside parameters with a follow-up plan documented. This is documented by the documentation of the CPT/HCPCS codes: 3008F1P or G8422.

The patient is also excluded from this report if they have an active pregnancy diagnosis during the reporting period using the standard pregnancy ICD-9 code list.

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 97001, 97002, 97003, 97004, 97802, 97803, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Body Mass Index (BMI)

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

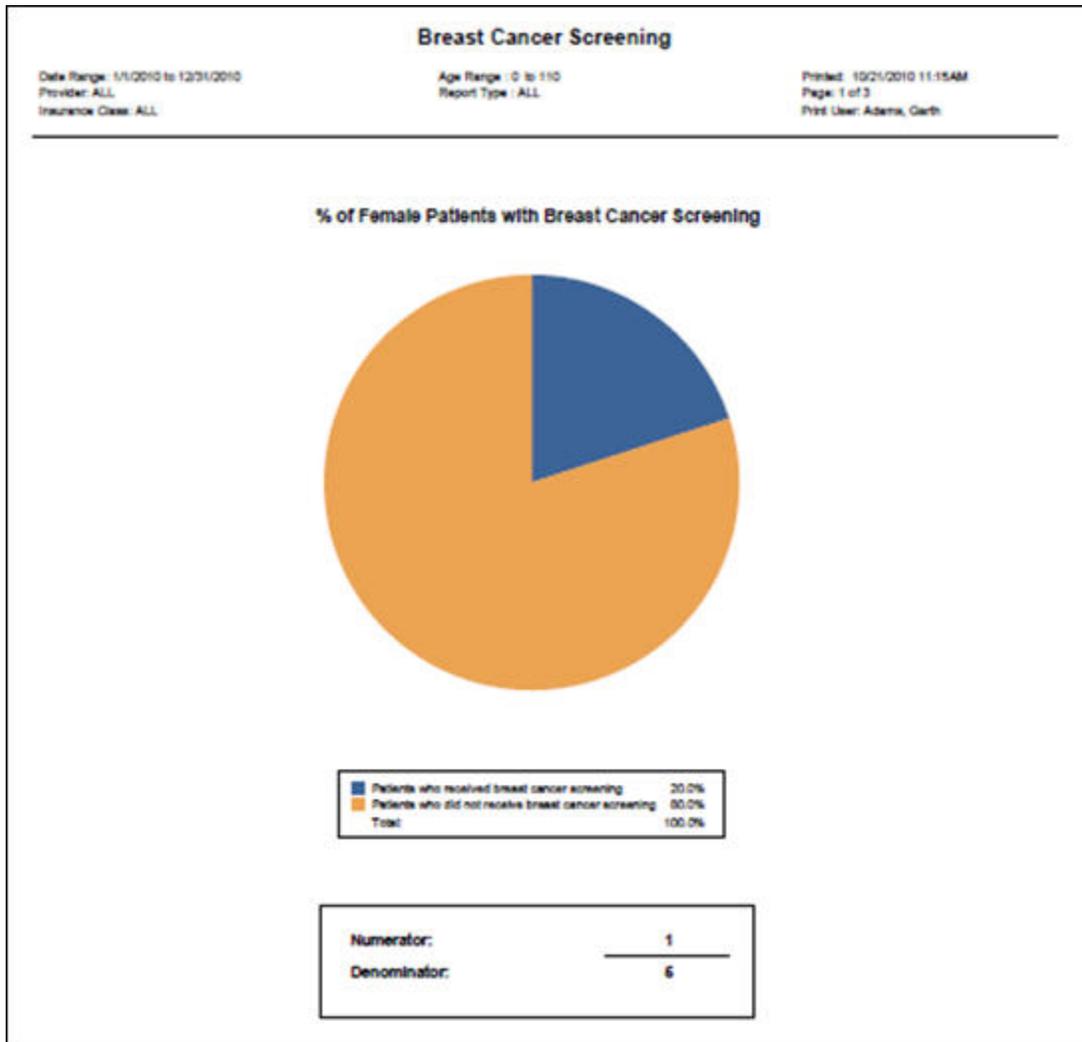
Breast Cancer Screening

Purpose: Determine the percentage of women who had screening for breast cancer.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Breast Cancer Screening

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later



BMI Patient List with Average

Purpose: Calculate each patient's BMI based on their last height and weight values. It also calculates an average BMI for all patients on the report.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > BMI Patient List with Average

Data: Patient, DOB, BMI, Visit Date, Average BMI for all patients in report

Filters: Time interval in months (data gathered within the period is retrieved)

Typical Frequency: As Needed

BMI Patient List Report			
Average BMI for all patients on this report is 22.96			Print Date: 6/26/2008, 3:07:12PM
Patients with visits within the last 3 months			Page 1 of 1
<u>Patient</u>	<u>DOB</u>	<u>BMI</u>	<u>Visit Date</u>
Acuna, Anna V	06/13/2005	15.38	06/16/2008
Acuna, Anthony P	12/31/1969	26.39	05/21/2008
Acuna, Brett W	08/14/1989	16.87	05/13/2008
Frederick, Russell O	01/01/1997	24.30	03/27/2008
Jackson, Jill F	10/30/1938	21.63	04/03/2008
Ramirez, Alexis J	12/15/1960	24.03	05/21/2008
Ramirez, Ashley M	12/04/1988	12.30	05/13/2008
Saathoff, Holly B	01/19/1990	19.53	04/30/2008
TesterBWA GNER639, AI	01/01/1951	26.61	05/08/2008
TesterBWA GNER640, AI	01/01/1951	26.61	05/08/2008
TesterBWA GNER641, AI	01/01/1951	26.61	05/08/2008
TesterBWA GNER642, AI	01/01/1951	26.61	05/08/2008
Waker, Cheryl R	01/03/1978	31.62	05/21/2008

CAD – Antiplatelet Therapy

Purpose: List CAD patients for whom an anti-platelet medication was prescribed any time during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CAD – Antiplatelet Therapy

Data Source: The report queries the database for patients with a diagnosis of CAD in both Chart (CHRT_VisitICD) and Bill (BILL_InvoiceICD)

Typical Frequency: As Needed

CAD Antiplatelet Therapy				
<i>An antiplatelet prescribed within the last year</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients with CAD Antiplatelet Therapy:				4
Total # CAD Eligible Members :				138
Patient Name	Refills	Current Medication	Date Prescribed	Age
Coker, Heather L	3	Coumadin 5mg Tablets 1 tab(s) po qd #90 tablet(s)	12/13/2002	68
Hagood, Jimm H	1	Coumadin 5mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s)	02/06/2008	59
Mercier, Leah M	1	Abciximab 2mg/1ml Injection asdfasfads #1 (One) 5 ml vial	11/09/2007	11
Stephens, Jonathan A	3	Dipyridamole 75mg Tablets 1 tablet(s) po tid #360 Tablets	12/21/2000	64



CAD – Beta Blocker Prescribed

Purpose: List patients with CAD for whom a Beta Blocker (BB) was prescribed any time during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CAD – Beta Blocker Prescribed

Typical Frequency: As Needed

CAD Beta Blocker Prescribed				
<i>A Beta Blocker prescribed anytime</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients with CAD Beta Blocker Prescribed:				50
Total # CAD Eligible Members :				138
Member	Refills	Current Medication	Date Prescribed	Age
Acuna, Aaron A	0	Timolol Maleate	02/13/2008	3
Alexander, Joseph	3	Toprol XL 100mg Tablets, Extended Release 1 tab(s) po qd #90 tablet(s)	05/20/2003	73
Andrews, Mitchell G	6	Acebutolol HCl 200mg Capsule 1 capsule(s) po bid #60 Capsules	05/21/1999	69
Batte, Mike F	5	Atenolol 25mg Tablet 1 tab(s) po qd #30 tablet(s)	09/14/2001	66
Bell, Wayne E	0	Atenolol 25mg Tablets 1 tablet(s) po qd #30 Tablets	08/03/2000	74
Bennett, Daw F	5	Coreg 12.5mg Tablets 1 tab(s) po bid #60 tablet(s)	09/25/2001	71
Bennett, Tracie A	11	Metoprolol 50mg Tablet 1/2 tab(s) po bid #30 tablet(s)	07/08/2002	61
Borges, Jerem L	5	Toprol XL 100mg Tablets, Extended Release	02/27/2002	55



CAD – LDL Control

Purpose: Provide a benchmark report to show compliance for LDL control in patients with Coronary Artery Disease.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CAD – LDL Control

Typical Frequency: As Needed

CAD - LDL Control					
<i>An LDL-C test done anytime within the last year</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients with CAD - LDL Control:				5	
Total # CAD Eligible Members :				138	
Patient Name	Exam Description	Lab Date	Result	Age	
Acuna, Aaron A	Lipid panel (total cholesterol, HDL, triglycerides)	10/22/2007	131	3	
Alexander, Gilberto A	Lipid panel (total cholesterol, HDL, t	02/06/2008	100	59	
Barnes, Dennis R	Lipid panel	02/06/2008	120	58	
Bennett, Cal K	Lipid panel (total cholesterol, HDL, triglycerides)	02/06/2008	120	63	
Mercier, Leah M	Lipid panel (total cholesterol, HDL, triglycerides)	05/14/2008	120	11	
Patients Deferring/Waiving/Refusing Exam				# Patients Declined:	0
Address	City, ST	Zip	Phone	Phone Type	

CAD – LDL Screening

Purpose: List patients with CAD for whom an LDL-C test was performed/deferred/waived or refused during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CAD – LDL Screening

Data: Patient name, exam description, lab date, result, age, Patients deferring, waiving or refusing, address, city, state, zip code, phone and phone type

Typical Frequency: As Needed

CAD - LDL Screening					e-MDs
<i>An LDL-C test done anytime within the last year</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients with CAD - LDL Screening:				5	
Total # CAD Eligible Members :				138	
Patient Name	Exam Description	Lab Date	Result	Age	
Acuna, Aaron A	Lipid panel (total cholesterol, HDL, triglycerides)	10/22/2007	131	3	
Alexander, Gilberto A	Lipid panel (total cholesterol, HDL, triglycerides)	02/06/2008	100	59	
Barnes, Dennis R	Lipid panel	02/06/2008	120	58	
Bennett, Cal K	Lipid panel (total cholesterol, HDL, triglycerides)	02/06/2008	120	63	
Mercier, Leah M	Lipid panel (total cholesterol, HDL, triglycerides)	05/14/2008	120	11	
Patients Deferring/Waiving/Refusing Exam				# Patients Declined: 0	
Address	City, ST	Zip	Phone	Phone Type	

CAD – Oral Antiplatelet Therapy

Purpose: To calculate the percentage of patients who were prescribed Antiplatelet Therapy.

Description: Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral Antiplatelet Therapy.

Crystal Report Title: CAD-Oral Antiplatelet Therapy

Clinical Quality Measure Title: Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD

Numerator: The patient will appear in the numerator of the report if they have been prescribed an Antiplatelet Therapy or have documentation of being prescribed an Antiplatelet Therapy. The CPT code used for documentation is: 4011F-Anti platelet Therapy Prescribed.

The medications used in this query for Antiplatelet Therapy include: Aspirin(ASA), Bayer, Bayer Children's Aspirin, Ecotrin, Ecotrin Low Strength Adult, Ecotrin Maximum Strength, Halfprin, Maximum Bayer Aspirin, St. Joseph Adult Chewable, ZORprin, Coumadin, Jantoven, Warfarin Sodium, Clopidogrel, Plavix, Persantine, Dipyridamole, Prasugrel, Effient, Ticlid, Ticlopidine HCl, Dipyridamole/Aspirin: Aggrenox.

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of CAD: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 412, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8, 414.9, V45.81, V45.82

AND

Have a minimum of 1 encounter using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92980, 92981, 92982, 92984, 92995, 92996

NQF/PQRI Number: NQF 0067/PQRI 6

Exclusions: The patient is excluded from this report if they were not prescribed an Antiplatelet Therapy for medical reason, system reason, patient reason or other unspecified reason. This is documented by the use of the corresponding CPT codes found in Chart Visit and Order Notes: 4011F1P, 4011F2P, 4011F3P, 4011F4P.

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > CAD – Oral Antiplatelet Therapy

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

CAD – RX Therapy for Lowering LDL Cholesterol

Purpose: To calculate percentage of patients who were prescribed a lipid-lowering therapy.

Description: Percentage of patients aged 18-110 years with a diagnosis of CAD who were prescribed a lipid lowering therapy (based on current ACC/AHA guidelines).

Crystal Report Title: CAD-RX Therapy for Lowering LDL Cholesterol

Clinical Quality Measure Title: Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol

Numerator: Patients who were prescribed lipid-lowering therapy, including the following medications: Lipitor, Lescol, Lescol XL, Altoprev, Mevacor, Lovastatin, Livalo, Pravachol, Pravastatin Crestor, Rosuvastatin Zocor, Simvastatin, Cholestyramine, Cholestyramine Light, Prevalite, Questran, Questran Light, Welchol, Colestid, Colestid Flavored, Colestid Unflavored, Colestipol HCl, Antara, Fenofibrate, Fenoglide, Lipofen, Lofibra, Tricor, Triglide, Fibricor, Trilipix, Lopid, Gemfibrozil, Niacin, Niacor, Niaspan, Slo-Niacin, Advicor, Simcor, Caduet, Zetia, Vytorin, Lovaza

Eligible Patient Criteria (Denominator): The eligible Patient will have an active CAD diagnosis OR have had Cardiac Surgery. Active CAD DX: 410.00, 410.01, 410.02, 410.10, 410.11, 410.12, 410.20, 410.21, 410.22, 410.30, 410.31, 410.32, 410.40, 410.41, 410.42, 410.50, 410.51, 410.52, 410.60, 410.61, 410.62, 410.70, 410.71, 410.72, 410.80, 410.81, 410.82, 410.90, 410.91, 410.92, 411.0, 411.1, 411.81, 411.89, 412, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.8

OR

Cardiac Surgery: 33140, 33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536, 92980, 92981, 92982, 92984, 92995, 92996

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

NQF/PQRI Number: NQF 0074/PQRI 197

Exclusions: The patient is excluded from this report if they were not prescribed a Lipid Lowering Therapy for medical reason, system reason, patient reason or other unspecified reason. This is documented by the use of the corresponding CPT codes found in Chart Visit and Order Notes: 4002F1P, 4002F2P, 4002F3P, 4002F4P. Also, a Medication Allergy noted for Lipid Lowering Therapy (Use the medication list from Numerator above) and the last LDL test value recorded before or during the last encounter is <130mg/dl.

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > CAD – RX Therapy for Lowering LDL Cholesterol

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

CAD – Smoking Cessation Education

Purpose: Document patients with CAD in regard to smoking status (smoker/non-smoker) and education given regarding quitting and treatment options. Indicator is considered compliant if there is documentation that the patient is a non-smoker.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CAD – Smoking Cessation Education

Typical Frequency: As Needed

CAD Smoking Cessation Education					
<i>Any smoking education given to members with Coronary Artery Disease at anytime</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients with CAD Smoking Cessation Education:					1
Total # CAD Eligible Members :					138
<u>Patient Name</u>	<u>Description</u>	<u>Date</u>	<u>Age</u>		
Mercier, Leah M	Tobacco use cessation intervention, pharmacologic therapy	11/09/2007	11		
Patients Deferring/Waiving/Refusing Exam					# Patients Declined: 0
<u>Address</u>	<u>City, ST</u>	<u>Zip</u>	<u>Phone</u>	<u>Phone Type</u>	

Cervical Cancer Screening

Purpose: Calculate the percentage of female patients of a given age range who received one or more Pap tests to screen for cervical cancer.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Cervical Cancer Screening

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

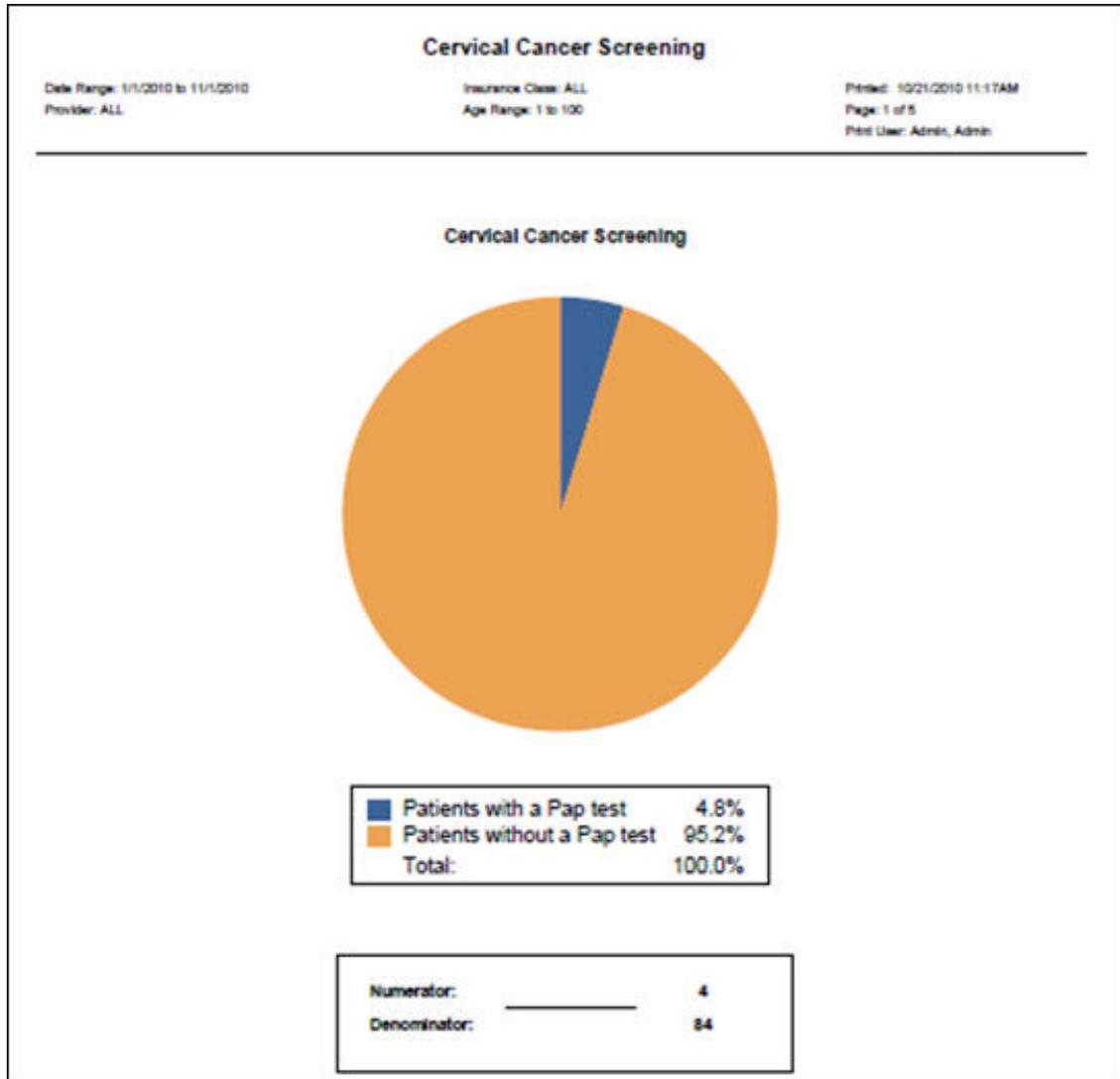


Chart Audit

Purpose: Provide an audit trail that captures changes that are made to a patient chart. This audit trail captures information about clinical information that is added to a patient chart. In order for the information to be tracked, the Chart Audit option must be turned on. See *e-MDs Chart User Guide* for instructions on activating the Chart Audit option.

Note: This option is a global one and affects every user of the system.

With this screen, you can view information immediately, export information to a text file and print the results of a query. From the Chart Audit report screen, you can filter the information in multiple combinations to get very specific output for your requirements. For example, you may want to verify the handling of Chart Visit Notes by a specific doctor within a set period of time. To do that, you simply specify the start and end dates, identify the user (in this case, the doctor), select the action being monitored, and select the type of record upon which the action was being taken.

The screenshot shows the 'Chart Audit Report' window with the following filters and data table:

Filters:

- Date of Activity:** From 7/9/2012, To 9/18/2012, Today (checkbox)
- Action:** Select by Action (checkbox). List: Insert, Update, Delete, View, Send, Resend, Deny Access, Attempted Delete, Don't Send, Print, Sign Off, History.
- Type of Record:** Select by Type of Record (checkbox). List: Adverse Reaction, Allergy, Chart Patient Security, Chart Preferences, Chart Referral Note, Communicable Diseases, CPT, Family Medical History, HCPCS, ICD, Immunization, Medication.
- User:** Select by User (checkbox)
- Patient:** Select by Patient (checkbox)

Date	Login Name	Work-Station	Patient Name	Action	Type of Record	Record Description	Send Method	Pharmacy	Print/Fax Reason
9/17/2012 12:04:15 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/17/2012 11:47:05 AM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/17/2012 10:41:24 AM	bowling	RJABBAR	Goofy, Dog	View	Patient Chart	Chart Accessed			
9/14/2012 5:19:49 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/14/2012 5:15:58 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/14/2012 5:14:08 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/14/2012 5:05:45 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/14/2012 4:50:34 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/13/2012 5:44:58 PM	cardio	PTALABIS	Adams, Agnus M	View	Pregnancy	Viewed Pregnancy			
9/13/2012 5:42:04 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/13/2012 5:40:52 PM	cardio	PTALABIS	Adams, Agnus M	View	Patient Chart	Chart Accessed			
9/5/2012 10:48:22 AM	administrator	TDUFFIN	Devlin, Diane	View	Patient Chart	Chart Accessed			
9/5/2012 10:47:56 AM	administrator	TDUFFIN	Devlin, Diane	View	Patient Chart	Chart Accessed			
9/5/2012 10:47:27 AM	administrator	TDUFFIN	Devlin, Diane	View	Patient Chart	Chart Accessed			
9/5/2012 10:47:15 AM	administrator	TDUFFIN	Devlin, Diane	Update	Visit Note	Chart Note 09/05/2003 5			
9/5/2012 10:47:01 AM	administrator	TDUFFIN	Devlin, Diane	View	Patient Chart	Chart Accessed			

Report Location: Chart > Reports > Chart Audit

Typical Frequency: As Needed

Parameters Used for Sample Report: Date of Activity: From (01/01/2009), To (06/30/2009), Today (Not Used Here), Select by User (Kildear, Kelsey), Select by Patient (Blank), Select by Action (Update), Select by Type of Record (Chart Visit Notes)

Chart Audit Report

Search Parameters:
 Date Range = 1/1/2009 - 6/30/2009
 Login Name = Killdear, Kelsey
 Actions = Update
 Record Types = Visit Note

Heal with Steel Health Center
 8789 Apple Blossom
 Cedar Park, TX 78613-1234
 (512)135-7901

Print Date 6/2/2010 2:06:17 PM
 Print User Adams, Garth

DATE	LOGIN	WORKSTATION	PATIENT	ACTION	TYPE	DESCRIPTION	SEND METHOD	AUDIT REASON
2009-04-14T23:04:00-05:00	killdear	LPHILLIPS L	Smith, Emilv	Update	Visit Note	Updated visit		
2009-04-14T22:34:00-05:00	killdear	LPHILLIPS L	Smith, Abbie	Update	Visit Note	Chart Note 04/14/2009 10:31pm		
2009-04-14T22:33:00-05:00	killdear	LPHILLIPS L	Smith, Abbie	Update	Visit Note	Chart Note 04/14/2009 10:31pm		
2009-04-14T22:32:00-05:00	killdear	LPHILLIPS L	Smith, Abbie	Update	Visit Note	Chart Note 04/14/2009 10:31pm		
2009-04-14T22:32:00-05:00	killdear	LPHILLIPS L	Smith, Abbie	Update	Visit Note	Chart Note 04/14/2009 10:31pm		
2009-04-10T14:31:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/10/2009 2:30pm		
2009-04-10T14:30:00-05:00	killdear	LPHILLIPS L	Deotford, Dupree	Update	Visit Note	Chart Note 04/10/2009 2:30pm		
2009-04-10T14:30:00-05:00	killdear	LPHILLIPS L	Deotford, Duoree	Update	Visit Note	Chart Note 04/10/2009 2:30pm		
2009-04-10T14:30:00-05:00	killdear	LPHILLIPS L	Deotford, Dupree	Update	Visit Note	Chart Note 04/10/2009 2:30pm		
2009-04-10T14:27:00-05:00	killdear	LPHILLIPS L	Smith, Brvan H	Update	Visit Note	Chart Note 04/10/2009 2:27pm		
2009-04-10T14:27:00-05:00	killdear	LPHILLIPS L	Smith, Bryan H	Update	Visit Note	Chart Note 04/10/2009 2:27pm		
2009-04-10T14:20:00-05:00	killdear	LPHILLIPS L	Brown, Andv	Update	Visit Note	Chart Note 04/10/2009 1:58pm		
2009-04-10T14:17:00-05:00	killdear	LPHILLIPS L	Brown, Andv	Update	Visit Note	Chart Note 04/10/2009 1:58pm		
2009-04-10T14:14:00-05:00	killdear	LPHILLIPS L	Brown, Andv	Update	Visit Note	Chart Note 04/10/2009 1:58pm		
2009-04-10T14:10:00-05:00	killdear	LPHILLIPS L	Brown, Andv	Update	Visit Note	Chart Note 04/10/2009 1:58pm		
2009-04-10T14:02:00-05:00	killdear	LPHILLIPS L	Brown, Andy	Update	Visit Note	Chart Note 04/10/2009 1:58pm		
2009-04-08T14:55:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:47pm		
2009-04-08T14:54:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:47pm		
2009-04-08T14:52:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:47pm		
2009-04-08T14:48:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:47pm		
2009-04-08T14:43:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:31pm		
2009-04-08T14:41:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:31pm		
2009-04-08T14:38:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:31pm		
2009-04-08T14:34:00-05:00	killdear	LPHILLIPS L	Dickson, Lizzv	Update	Visit Note	Chart Note 04/08/2009 2:31pm		
2009-04-08T12:30:00-05:00	killdear	LPHILLIPS L	White, Eva	Update	Visit Note	Chart Note 04/08/2009 12:27pm		
2009-04-08T07:55:00-05:00	killdear	LPHILLIPS L	Devlin, Diane	Update	Visit Note	Chart Note 04/08/2009 7:51am		
2009-04-08T07:51:00-05:00	killdear	LPHILLIPS L	Devlin, Diane	Update	Visit Note			

Chemotherapy for Stage III Colon Cancer

Purpose: Calculate the percentage of patients aged 18 years and older (default is 18 – 100, user can change) with Stage IIIA through IIIC colon cancer who are referred for, received or previously received adjuvant chemotherapy during the reporting period.

Description: Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.

Crystal Report Title: Chemotherapy for Stage III Colon Cancer

Clinical Quality Measure Title: Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients

Numerator:

Medication order: chemotherapy for colon cancer.

Medication administered: chemotherapy for colon cancer

Eligible Patient Criteria (Denominator):

Age Range: 18+

Diagnosis (active): colon cancer (153.0, 153.1, 153.2, 153.3, 153.4, 153.5, 153.6, 153.7, 153.8, 153.9)

OR

Colon cancer history (V10.05)

Encounter: ≥2 (99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215)

Procedure result: colon cancer stage III (3388F)

NQF/PQRI Number: NQF 0385/PQRI 72

Exclusions:

Diagnosis: Metastatic sites common to colon cancer (197.7), acute renal insufficiency (593.90, neutropenia 288.00, 288.02, 288.03, 288.04, 288.09, 289.53), leukopenia 9288.50, 288.59), ECOG performance status-poor

Medication intolerance, adverse event or allergy: chemotherapy for colon cancer

Medication not done: medical reason, patient reason, system reason (CHEMO1P, CHEMO2P, CHEMO3P)

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Chemotherapy for Stage III Colon Cancer

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

CHF – ACEI Prescribed

Purpose: List patients with CHF for whom an ACE inhibitor (ACEI) was prescribed any time during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CHF – ACEI Prescribed 6.2

Typical Frequency: As Needed

ACE Inhibitor Prescribed				
<i>A current Ace Inhibitor (ACEI) prescribed</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients with ACE Inhibitor Prescribed:				14
Total # Eligible Members with Congestive Heart Failure:				24
Patient	Refills	Current Medication	Date Last Prescribed	Age
Acunabbb, Aaronbbb Cbbb	0	Accupril 10mg Tablet Quantity: 8	11/27/2007	87
Bennett, Cal K	5	Atacand 32mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s)	05/12/2008	63
Collins, Delona	1	Zestoretic 20/25 Tablets 1 tablet(s) po qd #90 Tablets	10/30/2000	92
Cooper, Shirley M	5	Altace 10mg Capsules 1 cap(s) po qd #30 capsule(s)	09/16/2002	85
Foster, Roy R	11	Accupril 40mg Tablets 1 tab(s) po bid #60 tablet(s)	05/12/2003	56
Jackson, Jason R	1	Accuretic 20/12.5 Tablets 2 tab(s) po qd #60 tablet(s)	04/23/2002	61



CHF – ARB Prescribed

Purpose: List patients with CHF for whom an Angiotensin Receptor Blocker (ARB) was prescribed any time during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CHF – ARB Prescribed 6.2

Typical Frequency: As Needed

ARB Prescribed				
<i>An ARB prescribed at anytime to patients with CHF</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients prescribed ARB Prescribed:				10
Total # Eligible Members with Congestive Heart Failure:				24
Patient	Current Medication	Refills	Last Prescribed	Age
Angelocci, Christopher W	Avalide 150mg/12.5mg Tablets 1 tab(s) po qd #30 tablet(s)	5	08/27/2002	94
Bennett, Cal K	Cozaar 50mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s)	0	05/12/2008	65
Bryant, Chuck S	Diovan 160mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s)	5	05/13/2008	90
Collins, Delona	Avalide 150mg/12.5mg Tablets 1 tab(s) po qam #30 tablet(s)	5	02/28/2003	94
Crosby, Douglas	Avalide 150mg/12.5mg Tablets 1 tab(s) po qam #30 tablet(s)	1	06/10/2003	94



CHF – Beta Blocker Prescribed

Purpose: List patients with CHF for whom a Beta Blocker (BB) was prescribed any time during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CHF – Beta Blocker Prescribed; Beta Blocker Prescribed 6.2

Typical Frequency: As Needed

CHF Beta Blocker Prescribed				
<i>An Beta Blocker prescribed to patients with CHF at anytime</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients with CHF Beta Blocker Prescribed:				8
Total # Eligible Members with Congestive Heart Failure:				24
Member	Refills	Current Medication	Date Prescribed	Age
Acuna, Aaron A	0	Timolol Maleate	02/13/2008	3
Collins, Delona	0	Metoprolol 50mg Tablets 1 tablet(s) po qd #30 Tablets	06/22/1999	92
Foster, Roy R	11	Metoprolol 50mg Tablet 1/2 tab po bid #30 tablet(s)	05/12/2003	56
Janowski, Mark L	2	Atenolol 100mg Tablet 1 tab(s) po qd #30 tablet(s)	09/06/2002	66
Lopez, Stephanie M	5	Coreg 3.125mg Tablets 1 tab(s) po bid #60 tablet(s)	06/13/2003	51
Mercier, Leah M	0	Carteolol HCl 1% Ophthalmic Solution Instill 1 drop(s) to affected eye(s) bid #20 (Twenty) 5 ml bottle	03/05/2008	24
Spain, Jane M	0	Toprol XL 100mg Tablets, Extended Release 1 tablet(s) po qd #30 Tablets	09/20/2000	68
Watson, Benedetta R	5	Coreg 6.25mg Tablets 1 tab(s) po bid #60 tablet(s)	06/04/2003	76



CHF – LVF Assessment

Purpose: List patients who have had LVF assessment utilizing one or more of the following:

- Echocardiogram (2-D, cardiac ultrasound, Doppler, m-mode).
- MUGA (cardiac blood pool imaging, Cardio-lite scan, gated blood pool imaging study, gated heart study, gated ventriculogram, radionuclide ventriculography, sustamibi scan, technetium scan, thallium stress with LVEF, wall motion study).
- Cardiac Cath-LV gram.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > CHF – LVF Assessment

Typical Frequency: As Needed

Parameters Used for Sample Report: Insurance Class (None), PayorID (All), DOS Start (07/01/2007), DOS End (12/31/2007), Display Comments (Deferred LVF .rpt) (Show)

CHF LVF Assessment						
<i>Members who have had an LVF assessment at any time utilizing one or more of 3 tools & have CHF</i>						
PayorID:						
Insurance Class: - <none>						
# Patients with CHF LVF Assessment:					1	
Total # Eligible Members with Congestive Heart Failure:					24	
Member	Exam Description	DOS	Age			
Mercier, Leah M		09/24/07 12:00AM	24			
Patients Deferring/Waiving/Refusing Exam					# Patients Declined: 1	
Address	City, ST	Zip	Phone	Phone Type		
Mercier, Leah M	LVF assessment annually for all CHF patients		Refused	06/26/2008	24	
9900 Spectrum Dr,	Austin, TX	78717-	(541)265-4987	09/26/2008		
				Contact		

Childhood Immunization Status

Purpose: The measure calculates a rate for each vaccine and two separate combination rates.

Description: The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B), one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and two separate combination rates.

Crystal Report Title: Childhood Immunization Status

Clinical Quality Measure Title: Childhood Immunization Status

Numerator:

- **Numerator #1:** DTaP vaccine administered x 4, different dates, occurring ≥ 42 days and < 2 years after birth date
- **Numerator #2:** IPV administered x 3, different dates, occurring ≥ 42 days and < 2 years after birth date
- **Numerator #3:** MMR administered x 1 occurring < 2 years after birth date
- **Numerator #4:** HiB administered x 2 occurring ≥ 42 days and < 2 years after birth date
- **Numerator #5:** Hep B administered x 3 occurring < 2 years after birth date
- **Numerator #6:** VZV administered x 1 occurring < 2 years after birth date
- **Numerator #7:** Pneumococcal vaccine administered x 4 occurring ≥ 42 days and < 2 years after birth date
- **Numerator #8:** Hepatitis A vaccine administered x 2 occurring < 2 years after birth date
- **Numerator #9:** Rotavirus vaccine administered x 2 occurring ≥ 42 days and < 2 years after birth date
- **Numerator #10:** Influenza vaccine administered x 2 occurring ≥ 180 days and < 2 years after birth date
- **Numerator #11:** DTaP vaccine administered x 4, different dates, occurring ≥ 42 days and < 2 years after birth date AND IPV administered x 3, different dates, occurring ≥ 42 days and < 2 years after birth date AND MMR administered x 1, occurring < 2 years after the birth date AND VZV x 1, occurring < 2 years after birth date AND hepatitis B vaccine x 3, occurring < 2 years after birth date
- **Numerator #12:** DTaP vaccine x 4, different dates, occurring ≥ 42 days and < 2 years after birth date AND IPV X 3, different dates, occurring ≥ 42 days and < 2 years after birth date AND MMR administered x 1 occurring < 2 years after birth date AND VZV administered x 1, occurring < 2 years after birth date AND hepatitis B vaccine administered x 3, occurring < 2 years after birth date AND pneumococcal vaccine administered occurring ≥ 42 days and < 2 years after birth date.

Eligible Patient Criteria (Denominator):

- **Age Range:** Patient ≥ 1 year and < 2 years to capture all patients who will reach 2 years during the reporting period.
- Outpatient Encounter Required (1)

NQF/PQRI Number: NQF 0038

Exclusions: None (specific allergies or medical conditions that dictate vaccines not be administered for medical reasons include the patient in the numerator; see NQF electronic specification document for this measure for more specific information regarding these allergies and conditions)

PQRI Report Type: None

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Childhood Immunization Status

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Clinical Reminders

Provider Goal for Stage 1: >20%

Meaningful Use Requirement for Stage 1: *More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period.*

Description: Reports on unique patients 65 years old or older and 5 years old or younger who were sent an appropriate reminder during the EHR reporting period. The clinical reminder must be sent to the patient via his/her preferred reminder method listed in the patient's demographics.

Denominator:

The patient must meet the following criteria to be considered for the denominator section of this measure.

The patients who are queried for this report are in the following age ranges:

- 0-5 years
- 65-110 years

The age ranges are defaulted in the crystal report parameters, however these may be edited so that the report may be run for the entire patient set for tracking clinical reminders if desired.

Each staff provider shall get credit for each patient in this measure.

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

- Patient qualifies for the numerator of this report if there is evidence of at least one clinical reminder sent to the patient during the EHR reporting period. The clinical reminder is created using the Registry Processor, accessed from the Chart > Reports or Bill > Reports menu.
- The 7.0 Utilities User Guide, pages 107-114 has complete instructions on the Registry Processor. When generating a patient list to send clinical reminders, you must check the box that states "This is a clinical reminder report" in order to set a flag that this report queries to separate clinical reminders intended for the Meaningful Use measure and other reminder lists generated by a clinic.

Note: Due to the nature of this query, this report could take longer to run.

Clinical Rules Compliance Report

Purpose: Provide clinical compliance analysis and generate a recall list. Shows a list of all measures based upon rules in Rule Manager including number of patients compliant with the rule and number non-compliant.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Clinical Rules Compliance Report

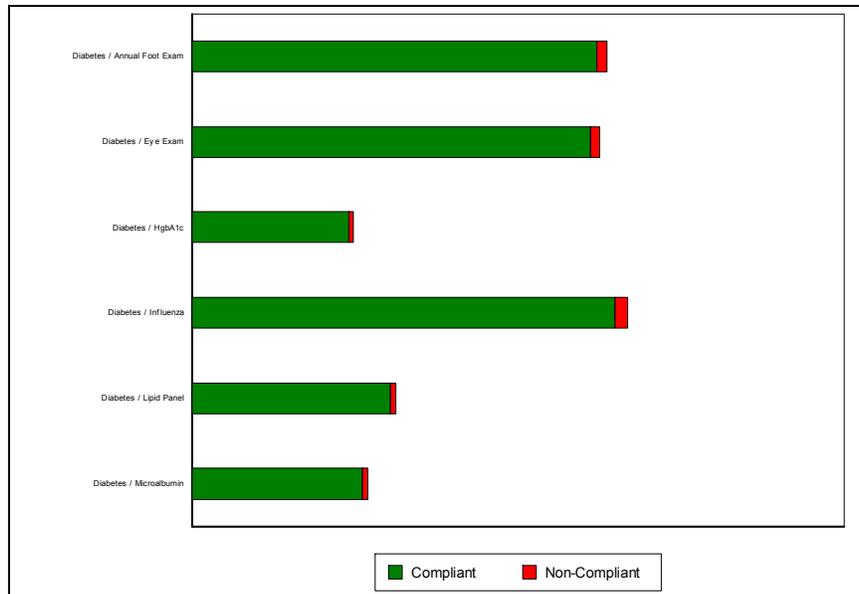
Drill Downs: Click the non-compliant number to drill down to a recall list of patients.

Graphs: Horizontal bar chart that presents an easy graphical view of overall compliance.

Filters: Patients who have visited in the last X months, by any part of a rule name (example: retrieve all diabetes topic measures such as flu shot, monofilament, etc. by entering "diabet"), rule type, facility, insurance class (can be used to provide documentation of clinical compliance during contracting), and provider.

Typical Frequency: As Needed

Clinical Rules Compliance Report			
Data Listed for Patients with Visits within the Last 6 month(s)			Page: 1 of 2
Rule(s): diabetes			Print Date: 8/26/2008, 4:32:32PM
Rule Type(s): All Rule Types			
*** The data below is all-inclusive across facilities, providers and insurance classes. ***			
Rule	Eligible	Compliant	Non-Compliant
			<i>For non-compliant patient details, click below</i>
Diabetes / Annual Foot Exam	2,586	2,527 (98.00%)	59 (2.00%)
Diabetes / Eye Exam	2,586	2,527 (98.00%)	59 (2.00%)
Diabetes / HgbA1c	2,586	2,516 (97.00%)	70 (3.00%)
Diabetes / Influenza	2,586	2,510 (97.00%)	76 (3.00%)
Diabetes / Lipid Panel	2,586	2,517 (97.00%)	69 (3.00%)
Diabetes / Microalbumin	2,586	2,514 (97.00%)	72 (3.00%)
<i>Totals</i>	15,516	15,111	405



Chlamydia Screening for Women

Purpose: The purpose of this measure is to calculate the percentage of female patients of a given age range who were identified as sexually active and who have had at least one test for Chlamydia during the date range specified. The eligible patient population for this report is all female patients aged 15-24.

Crystal Report Title: Chlamydia Screening for Women

Clinical Quality Measure Title: Chlamydia Screening for Women

Numerator: The patient qualifies to be in the numerator if evidence of one of the following CPT codes for Chlamydia screening is present in the qualifying encounter: 86631, 86632, 87110, 87270, 87320, 87490, 87491, 87492, 87810

Eligible Patient Criteria (Denominator): The eligible Patient will have an outpatient encounter during the measurement period to establish the face-to-face relationship with the provider. All female patients of a certain age at the time of the qualifying visit in the initial patient population. If the patient has more than one visit in the measurement period, use the most recent qualifying encounter. The encounter codes are: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 9940, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

Any one or more of the following CPT codes: 11975, 11976, 11977, 57022, 57170, 58300, 58301, 58600, 58605, 58611, 58615, 58970, 58974, 58976, 59000, 59001, 59012, 59015, 59020, 59025, 59030, 59050, 59051, 59070, 59072, 59074, 59076, 59100, 59120, 59121, 59130, 59135, 59136, 59140, 59150, 59151, 81025, 84702, 84703, 86592, 86593, 87164, 87166, 87590, 87591, 87592, 87620, 87621, 87622, 87660, 87800, 87801, 87808, 87850, CONEDU

HCPCS Codes: G0101, G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, H1000, H1001, H1003, H1004, H1005, P3000, P3001, Q0091, S0180, S0199, S4981, S8055, CONEDU

ICD-9 Codes:

NQF/PQRI Number: N/A

Exclusions: Patients whom should be excluded from the denominator of this report are those patients with evidence of a pregnancy test: 81025, 84702, 84703

AND

Has one of the following ordered or prescribed within 7 days of the pregnancy test order: 70010, 70015, 70030, 70100, 70110, 70120, 70130, 70134, 70140, 70150, 70160, 70170, 70190, 70200, 70210, 70220, 70240, 70250, 70260, 70300, 70310, 70320, 70328, 70330, 70332, 70336, 70350, 70355, 70360, 70370, 70371, 70373, 70380, 70390, 70450, 70460

Medications:

Retinoid Drugs: Acitretin, Soriatane, Alitretinoin, Panretin, Isotretinoin, Accutane, Amnesteem, Claravis, Isotretinoin, Sotret, Tretinoin, Atralin, Aita, Refissa, Renova, Retin-A, Retin-A Micro, Tretin-X, Tretinoin, Vesanoid, Bexarotene, Targretin, Tazarotene, Avage, Tazorac, Adapalene, Adapalene, Differin

Retinoid Combinations: Mequinol/Tretinoin, Solage, Clindamycin/Tretinoin, Veltin, Ziana, Fluocinolone acetonide/Hydroquinone/Tretinoin, Tri-Luma, Adapalene/Benzoyl Peroxide, Epiduo

PQRI Report Type: Report Location: Chart > Reports > Crystal Reports> Clinical Quality Reporting > Chlamydia Screening for Women

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

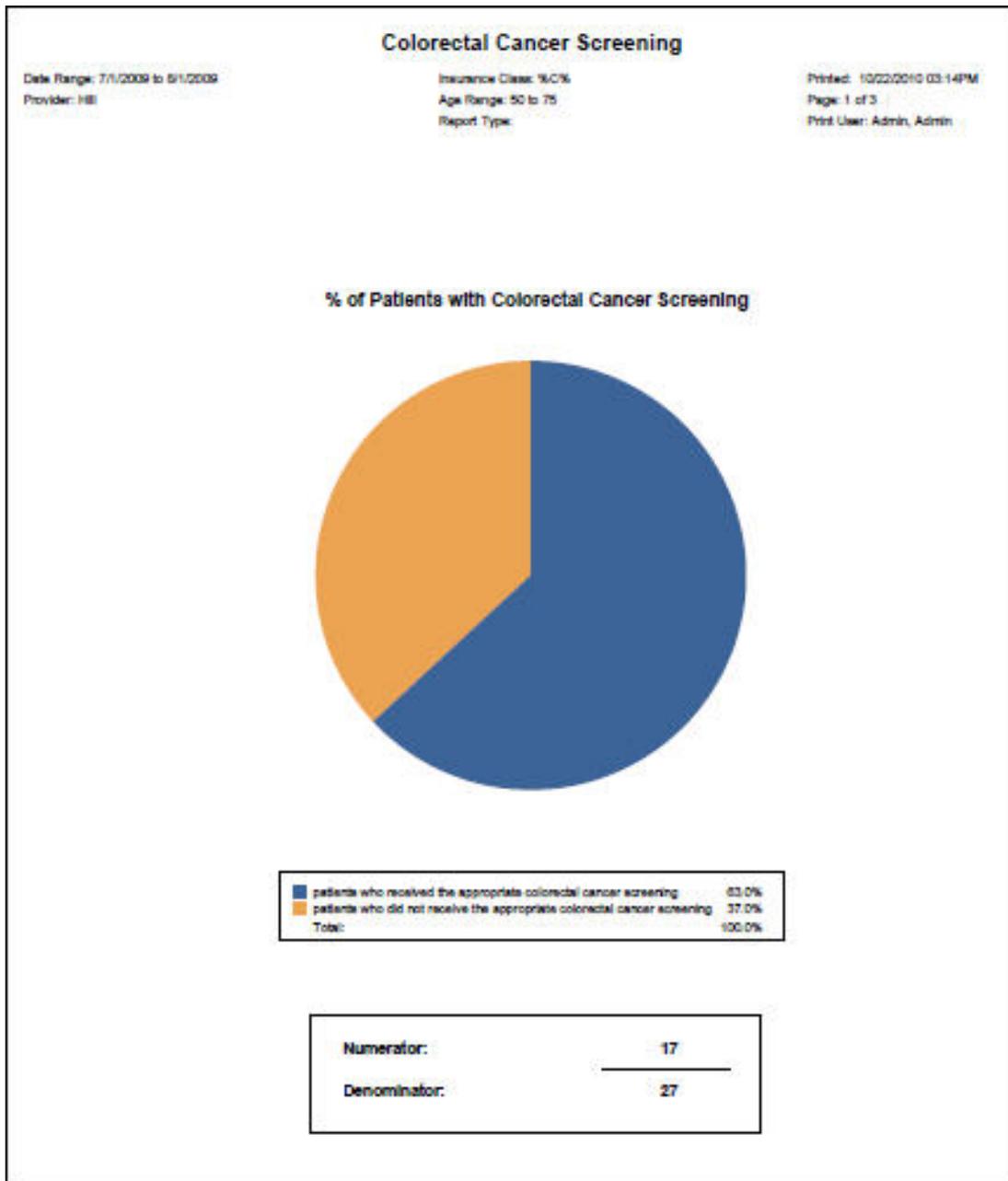
Colorectal Screening Cancer Screening

Purpose: Provide the percentage of patients who received the appropriate colorectal cancer screening.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Colorectal Cancer Screening

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later



Controlled Diabetes with Hemoglobin A1c

Purpose: To calculate the percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c less than 8.0%.

Please note the report has a “Report Type” parameter that addresses the fact that these reports can be used for PQRI reporting as well as Meaningful use reporting. When the report is used for PQRI report, there are certain CPT codes that are not in the Physician Fee Schedule, therefore are not allowed to be counted in the denominator. When PQRI is selected as a report type, select the Insurance Class of MDC or MCC. When the report is used for Meaningful Use reporting, then the Report Type is selected as ALL and the CPT codes that are not covered in the Physician Fee Schedule are included in the denominator of the report. When the Report Type is selected as ALL, then the Insurance Class selected is ALL.

Description: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c <8.0%.

Crystal Report Title: Controlled Diabetes with Hemoglobin A1c

Clinical Quality Measure Title: Diabetes: HbA1c Control (<8%)

Numerator: The patient will appear in the numerator of this report if they have documentation of one of the following CPT codes: 83036, 83037 WITH documentation of Hemoglobin A1c < 8.0% This will be a result documented in a patient FlowSheet.

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 2 encounters using one of the following encounter codes: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 9315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

OR

G0270, G0271

NQF/PQRI Number: NQF 0575

Exclusions: Patients whom should be excluded from the denominator of this report are those patients who are: Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes: 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81, 648.82, 648.83, 648.84, 962.0

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Controlled Diabetes with Hemoglobin A1c

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

COPD – Beta-agonists Prescribed

Purpose: List patients with COPD for whom a Beta-agonist was prescribed any time during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > COPD – Beta-agonists Prescribed 6.2.

Typical Frequency: As Needed.

Beta-agonists Prescribed				
<i>Beta-agonists Prescribed to members 45+ yrs with Chronic Obstructive Pulmonary Disease</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients with Beta-agonists Prescribed:				66
Total # Eligible Members 45+ yrs with COPD :				77
Patient Name	Refills	Current Medication	Date Prescribed	Age
Allen, Donnie T	5	Foradil Aerolizer 12mcg Inhalation Powder Inhale 1 puff(s) q12h #1 60 capsule blister pack	06/18/2002	57
Alvarez, Jare E	3	Proventil HFA 90mcg Oral Inhaler 2 puff(s) q4-6h #2 Inhaler (200 dose)	12/18/2000	52
Anderson, Cal L	11	Combivent Oral Inhaler 2 puff(s) qid #2 14.7 gm inhaler	01/09/2003	81
Batte, Howard M	2	Combivent Oral Inhaler 2 puff(s) qid #1 14.7 gm inhaler	12/16/2002	49
Batte, Juan D	11	Foradil Aerolizer 12mcg Inhalation Powder Inhale 1 puff(s) q12h #1 60 capsule blister pack	01/10/2003	63
Bennett, Cal K	0	Proventil HFA 90mcg Oral Inhaler 2 puff(s) q4-6h #1 Inhaler (200 dose)	09/07/1999	63
Bennett, Tracie A	2	Foradil Aerolizer 12mcg Inhalation Powder	01/29/2002	61



COPD – SAo2 Measurement

Purpose: List patients with COPD with a SAo2 measurement during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > COPD – SAo2 Measurement

Typical Frequency: As Needed

SAo2 Measurement					
<i>SAo2 Measurement given to members 45+ yrs with Chronic Obstructive Pulmonary Disease at anytime</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients with SAo2 Measurement:				1	
Total # Eligible Members 45+ yrs with COPD :				79	
Patient Name	Exam Description	Measure	DOS	Age	
Mercier, Leah M	Oxygen Saturation	60	01/09/08 12:00AM	51	
Patients Deferring/Waiving/Refusing Exam				# Patients Declined: 0	
Address	City, ST	Zip	Phone	Phone Type	

COPD – Smoking Cessation Education

Purpose: Document all patients with COPD including smoking status (smoker/non-smoker) and education given regarding quitting and treatment options. Indicator is considered compliant if there is documentation that the patient is a non-smoker.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > COPD – Smoking Cessation Education

Typical Frequency: As Needed

COPD Smoking Cessation Education					
<i>Any smoking education given to members 45+ yrs with Chronic Obstructive Pulmonary Disease at anytime</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients with COPD Smoking Cessation Education:				1	
Total # Eligible Members 45+ yrs with COPD :				78	
Patient Name	Description	Date	Age		
Mercier, Leah M	Tobacco use cessation intervention, pharmacologic therapy	11/09/2007	51		
Patients Deferring/Waiving/Refusing Exam				# Patients Declined: 1	
Address	City, ST	Zip	Phone	Phone Type	
Mercier, Leah M	Offer smoking cessation assistance to all smokers	Deferred	01/28/2008	51	
9264 Bagdad,	Austin, TX	78726-1	(512)879-7545	Home	
			Exam Due:	04/28/2008	

COPD – Spirometry

Purpose: List patients with COPD who have had/deferred/waived or refused a Spirometry assessment.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > COPD – Spirometry

Typical Frequency: As Needed

Spirometry Assessment				
<i>Spirometry Assessment given to members 45+ yrs with Chronic Obstructive Pulmonary Disease</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients with Spirometry Assessment:			18	
Total # Eligible Members 45+ yrs with COPD :			45	
Patient Name	Exam Description	DOS	Age	
Byrd, Willie	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	10/25/2002	48	
Campbell, Benjamin W	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	03/08/2003	79	
Carter, Kim M	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator	04/02/2004	59	
Creech, Valerieane O.	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator	12/05/2002	69	
Ellis, Timmy	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator	03/26/2003	71	
Janowski, Bruce David	Office/outpatient visit; established patient, level 2	12/28/2006	52	
Kulley, Violeta	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	12/08/2006	79	
Martin, Phillip A.	Office/outpatient visit; established patient, level 3	03/29/2007	74	
Martinez, Dennis	Bronchodilation responsiveness, spirometry as in 94010, pre- and post bronchodilator administration	07/23/2007	64	
Moore, Zachar	Bronchodilation responsiveness, spirometry as in 94010, pre- and post bronchodilator administration	02/28/2008	60	
Nixon, Kristin L.	Bronchodilation responsiveness, spirometry as in 94010, pre- and post bronchodilator administration	02/15/2006	48	
Ramsey, Audrey J	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	05/30/2006	65	
Russ, Daw E.	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	10/28/2002	86	
Russ, Jessica B	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator	03/15/2003	77	
Serur, Gary G.	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	02/14/2007	64	
Vora, Johanna Paulette	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	05/26/2006	57	
Wyatt, Chris	Spirometry, w/graphic record, total & timed vital capacity, expiratory flow rates w/wo max ventilate	03/16/2007	56	
Young, Linda	Bronchospasm evaluation: spirometry as in 94010, before and after bronchodilator	01/20/2004	51	
Patients Deferring/Waiving/Refusing Exam			# Patients Declined:	0
Address	City, ST	Zip	Phone	Phone Type

CPOE (Computerized Physician Order Entry)

Provider Goal for Stage 1: **>30%**

Meaningful Use Requirement for Stage 1: More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE.

Description: Reports on unique patients with at least one medication in their medication list entered using computerized order entry (EHR).

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99395, 99396, 99397, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

Patients included have at least one medication in their medication list entered using computerized order entry (EHR). The medication order must be entered directly by a licensed healthcare professional (MD, DO, DPM, CNP, CRPN, PA, PA-C, RN, LVN, LPN). It only includes new prescriptions and a refill prescribed and/or performed by licensed healthcare professionals and does not include recorded medications. If a patient does not have any medications in their medication list, but is prescribed a medication during the qualifying visit date, the patient will qualify for the numerator.

The licensed healthcare professional is declared in two ways:

The Staff Provider who has a state license number entered in the provider demographics.

The Staff Provider or Clinical Staff Member with credentials entered in the demographics under the **Certification** section that indicate that the staff member is a licensed professional. The following credentials meet the criteria for this requirement: **MD, DO, DPM, CNP, CRPN, PA, PA-C, RN, LVN, and NP.**

If your state, local and professional guidelines permit the medication orders written by any other certifications, there is a parameter on the report that will allow you to add other clinical staff member's certification. When entering in the report parameters of the report, under Additional "licensed healthcare professionals" you may free text in certifications such as "MA or CNA."

The report query reads the AUDIT trails for the entry of medication orders so it is **imperative** that the chart Audit trails remain ON at all times during the reporting period.

Current & Past Patient Med List

Purpose: List medications prescribed for a specific patient.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Current & Past Patient Med List 6.2

Display Options: User can choose to show patient demographics (address, DOB and MRN), Current Meds, Past Meds, or Both. There is also an option to display a signature at the bottom of the report for anyone who has a signature entered into the system, or this can be left blank.

Typical Frequency: As Needed

Patient Last Name: achy	Print Date: 6/26/2008 4:34:29PM
Patient First Name: ALL	Page: 1 of 2
Patient Middle Initial: ALL	
Patient Account Number: ALL	
Current & Past Medications for Achy, Betty	
DOB: 01/01/1975 MRN: 121212121	
234 Test, Bastrop, TX 78602	
Flovent HFA 110mcg Oral Inhaler Inhale 1 puff(s) bid QS for 30 day(s)	Foradil Aerolizer 12mcg Inhalation Powder Inhale 1 puff(s) once 15 minutes before exercise if needed. #5 (Five) capsule(s)
Agnes Ho MD	Agnes Ho MD
<i>Ambien 10mg Tablet</i> <i>Take 1 tablet(s) by mouth at bedtime pm</i> <i>#10 (Ten) tablet(s)</i>	12 Hour Cold Tablet Take 1 tablet(s) by mouth q12h #1 (One) tablet(s)
<i>Agnes Ho MD</i>	Ima Nurse N.P.

Current Med List

Purpose: List medications prescribed for a specific patient.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Current Med List

Display Options: Patient demographics (address, DOB and MRN)

Typical Frequency: As Needed

Patient Last Name: achy	Print Date: 6/26/2008 4:35:28PM
Patient First Name: ALL	Page 1 of 1
Patient Middle Initial: ALL	
Patient Account Number: ALL	

Current Medications for Achy, Betty

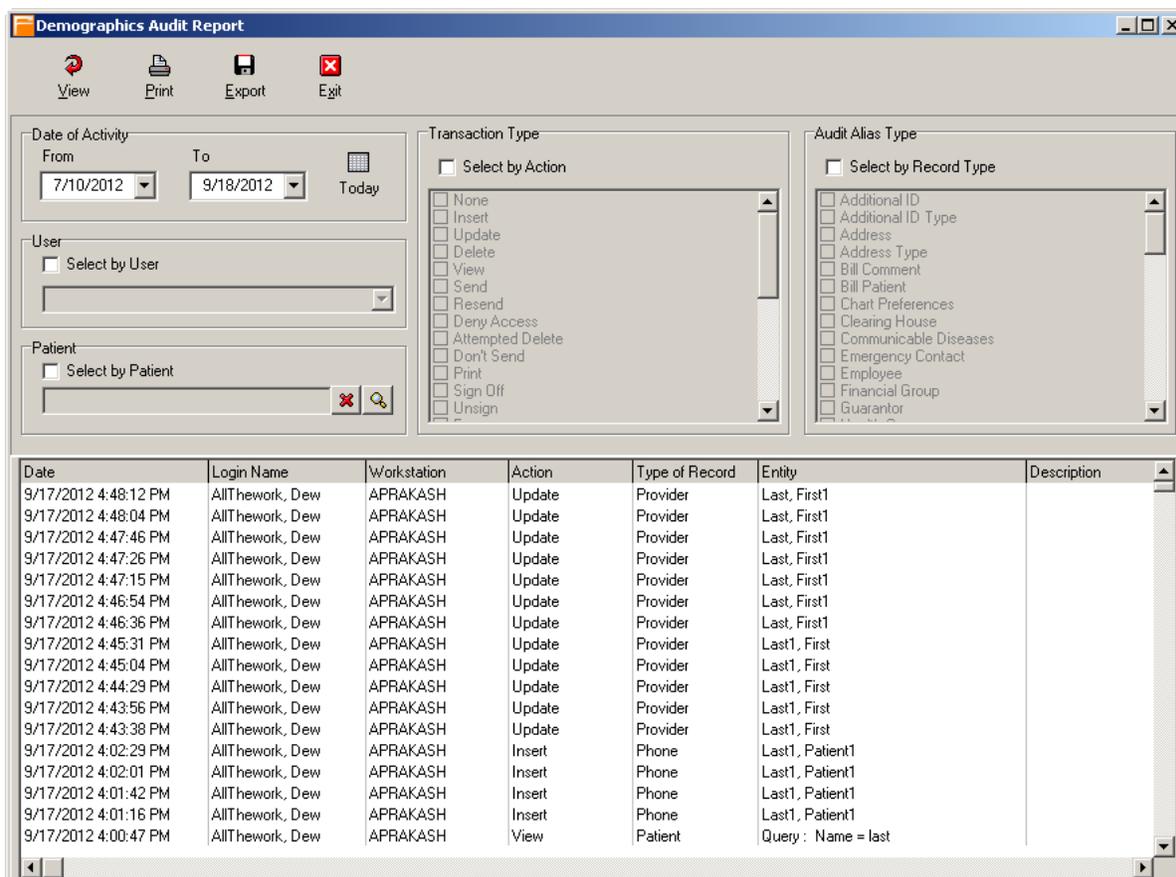
DOB: 01/01/1975 MRN: 121212121
234 Test,
Bastrop, TX 78602

Flovent HFA 110mcg Oral Inhaler Inhale 1 puff(s) bid QS for 30 day(s) Agnes Ho MD	Foradil Aerolizer 12mcg Inhalation Powder Inhale 1 puff(s) once 15 minutes before exercise if needed. #5 (Five) capsule(s) Agnes Ho MD
<i>Ambien 10mg Tablet</i> <i>Take 1 tablet(s) by mouth at bedtime prn</i> <i>#10 (Ten) tablet(s)</i> <i>Agnes Ho MD</i>	

Demographics Audit

Purpose: Review inserts, updates, and deletes made to most demographics tables and applies to all e-MDs Solution Series modules. It also includes a number of other reference tables used in general demographics forms. Examples of these are insurance filing methods, address and phone types, comments, relationship codes, zip codes and so on. This report can be used to provide documentation of HIPAA compliance. *(Also available via Schedule.)*

Note: This option is a global one and affects every user of the system.



Report Location: Chart > Reports > Demographics Audit

Typical Frequency: As Needed

Parameters Used for Sample Report: Date of Activity: From (07/01/2008), To (07/01/2009), Today (Not Used Here), Select by User (Blank), Select by Patient (Blank), Transaction Type (View), Audit Alias Type (Patient)

Audit Report

Date of Activity: 7/1/2008 - 7/1/2008

PrintDate 7/1/2008 4:14:26 PM

Print User ,

Date	Login Name	Workstation	Action	Type of Record	Entity	Description
07/01/2008 16:10:28	,	AROBERTS	View	Patient	Query : Name = achy	
07/01/2008 16:03:04	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = acuna	
07/01/2008 15:29:34	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = mercier	
07/01/2008 15:28:59	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = acuna	
07/01/2008 15:28:33	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = achy	
07/01/2008 15:28:02	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = tester	
07/01/2008 15:19:05	,	LMERCIER2	View	Patient	Query : Name = test	
07/01/2008 15:18:56	,	LMERCIER2	View	Patient	Query : Name = mercier	
07/01/2008 12:47:14	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = achy	
07/01/2008 12:43:01	,	JCOLLIER	View	Patient	Query : Name = shoul	
07/01/2008 12:42:43	,	JCOLLIER	View	Patient	Query : Name = sh	
07/01/2008 12:35:37	,	LMERCIER2	View	Patient	Query : Name = acuna	
07/01/2008 12:34:47	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = mercier	
07/01/2008 12:29:43	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = achy	
07/01/2008 12:27:11	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = acuna	

Diabetes Mellitus: Dilated Eye Exam

Purpose: Calculate the percentage of diabetic patients of a specified age range who have had a dilated eye examination.

Description: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.

Crystal Report Title: Diabetes Mellitus -- Dilated Eye Exam

Clinical Quality Measure Title: Diabetes: Eye Exam

Numerator: The patient will appear in the numerator of this report if one of the following CPT/HCPCS codes appears within a Chart Visit and Ordered Note during the reporting period: DLEYE, 2019F, 2020F, 2021F, 2022F, DQ250P, 2021F2P, 2021F1P, DQ260P, 2022F, 2024F, 2026F, 3072F2022F8P, 2024F8P, 2026F8P

Eligible Patient Criteria (Denominator):

The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 1 encounter using one of the following encounter codes: 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

NQF/PQRI Number: NQF 0055/PQRI 117

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Diabetes Mellitus Dilated Eye Exam

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Diabetes Mellitus: Foot Exam

Purpose: Calculate the percentage of diabetic patients for a given age range who have had a foot examination.

Description: The percentage of patients aged 18-75 years with diabetes (type 1 or type 2) who had a foot exam.

Crystal Report Title: Diabetes Mellitus - Foot Exam

Clinical Quality Measure Title: Diabetes: Foot Exam

Numerator: The patient will appear in the numerator of this report if one of the following CPT/HCPCS codes appears within Chart Visit and Order Notes during the reporting period: FTEXM, DFTEXM, 73630, 2028F, 2028F1P, 2028F8P.

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 1 encounter using one of the following encounter codes: 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271

NQF/PQRI Number: NQF 0056/PQRI 136

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Diabetes Mellitus Foot Exam

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

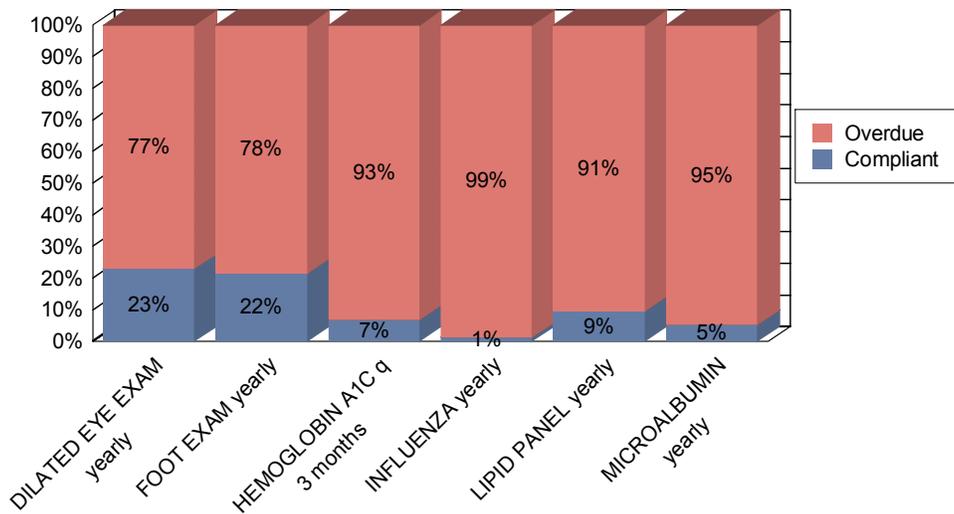
Diabetic Benchmarks

Purpose: Provide a bar chart summary of major diabetic benchmark compliance for the diabetic patient population including annual dilated eye exam, influenza shot, lipid panel, microalbumin and quarterly hemoglobin A1C. Shows total count of diabetic patients with ability to drill down to lists of patients who are not compliant with a specific measure and a count of overdue and current for the measure.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic Benchmarks

Typical Frequency: As Needed

Diabetic Benchmarks



6/26/2008

DILATED EYE EXAM yearly

Person Name	Gender	Age	DOB	Last Test Date	Address	Phone	Email
Morris, Albert R	M	61	09/28/1946	unknown	107 Alexander Dr Cedar Park, Texas 78613	(903)875-5539	NA
Parker, Judith M	F	56	12/07/1951	unknown	742 Bello Dr Round Rock, Texas 78681	(744)125-0540	NA
Paschal, Willie D	M	57	05/16/1951	unknown	292 D Brianna Ct Cedar Park, Texas 78613	(758)295-3476	NA
Peterson, Judy	F	68	01/28/1940	unknown	884 Kelly Drive Lago Vista, Texas 78645-	(987)052-4871	NA
Ponder, Daw V	F	50	07/04/1957	unknown	153 Fawnfield Dr Leander, Texas 78641-	(822)846-9943	NA
Ponder, Kelly A	F	65	03/26/1943	unknown	100 Rocky Mound Ln Liberty Hill, Texas 78642-3720	(367)024-1621	NA
Pop, Craig K	M	23	04/05/1985	unknown	896 Shawnee Mission Pkwy Cedar Park, Texas 78613-	(345)546-7756	NA
Pop, Keith	M	39	11/04/1968	unknown	888 Northland Drive Leander, Texas 78641-	(298)216-4474	NA
Ramirez, Anne A	F	48	05/18/1960	unknown	109 Amethyst Trail Leander, Texas 78646	(333)802-3450	NA
Schofield, Benjamin	M	59	09/19/1948	unknown	325 A Redden Cv Cedar Park, Texas 78613-	(256)813-0973	NA
Shamel, Corey A	M	81	09/01/1926	unknown	9373 51st Street Lago Vista, Texas 78645-	(689)857-2796	NA
TesterBW A&NER106, AIT	M	3	01/01/2005	unknown	1567 Main St Austin, Texas 78717	(512)555-1212	NA
Twardowski, Nolberto J	M	72	12/31/1935	unknown	671 33rd Street Leander, Texas 78641	(057)862-0510	NA
Wallace, Daniel M	M	45	02/15/1963	unknown	429 S Kings Caneyon Drive Cedar Park, Texas 78613	(022)807-7002	NA
Wyatt, Ty D	M	43	04/20/1965	unknown	9361 38th Street Cedar Park, Texas 78613	(624)273-9174	NA

Number Overdue 57

Number Current 17

Diabetic – Creatinine Testing

Purpose: List patients screened/deferred/waived/refusing Creatinine clearance testing or evidence of nephropathy, as documented through either administrative data or MMR. This measure is intended to assess compliance with Creatinine clearance monitoring for diabetic patients. Patients allowed to count toward the numerator include:

- Patients who have been screened.
- Patients who already have evidence of nephropathy, as demonstrated by either evidence of medical attention for nephropathy or a positive test. (+/- 30 days).

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic – Creatinine Testing

Typical Frequency: As Needed

Diabetic Creatinine Testing				
<i>Screening for Creatinine Clearance or evidence of Nephropathy during the last year in Diabetic patients ages 18-75</i>				
PayorID: ALL				
Insurance Class: - <none>				
# of Patients w/ Creatinine Testing:				1
Total # Diabetic Members 18-75 yrs:				376
<u>Patient Name</u>	<u>Exam Description / Code</u>	<u>Result</u>	<u>Date</u>	<u>Age</u>
Mercier, Leah M	Creatinine, Urine 24hr	15	09/24/2007	24
Patients Deferring/Waiving/Refusing Exam			# Patients Declined: 0	
<u>Address</u>	<u>City, ST</u>	<u>Zip</u>	<u>Phone</u>	<u>Phone Type</u>

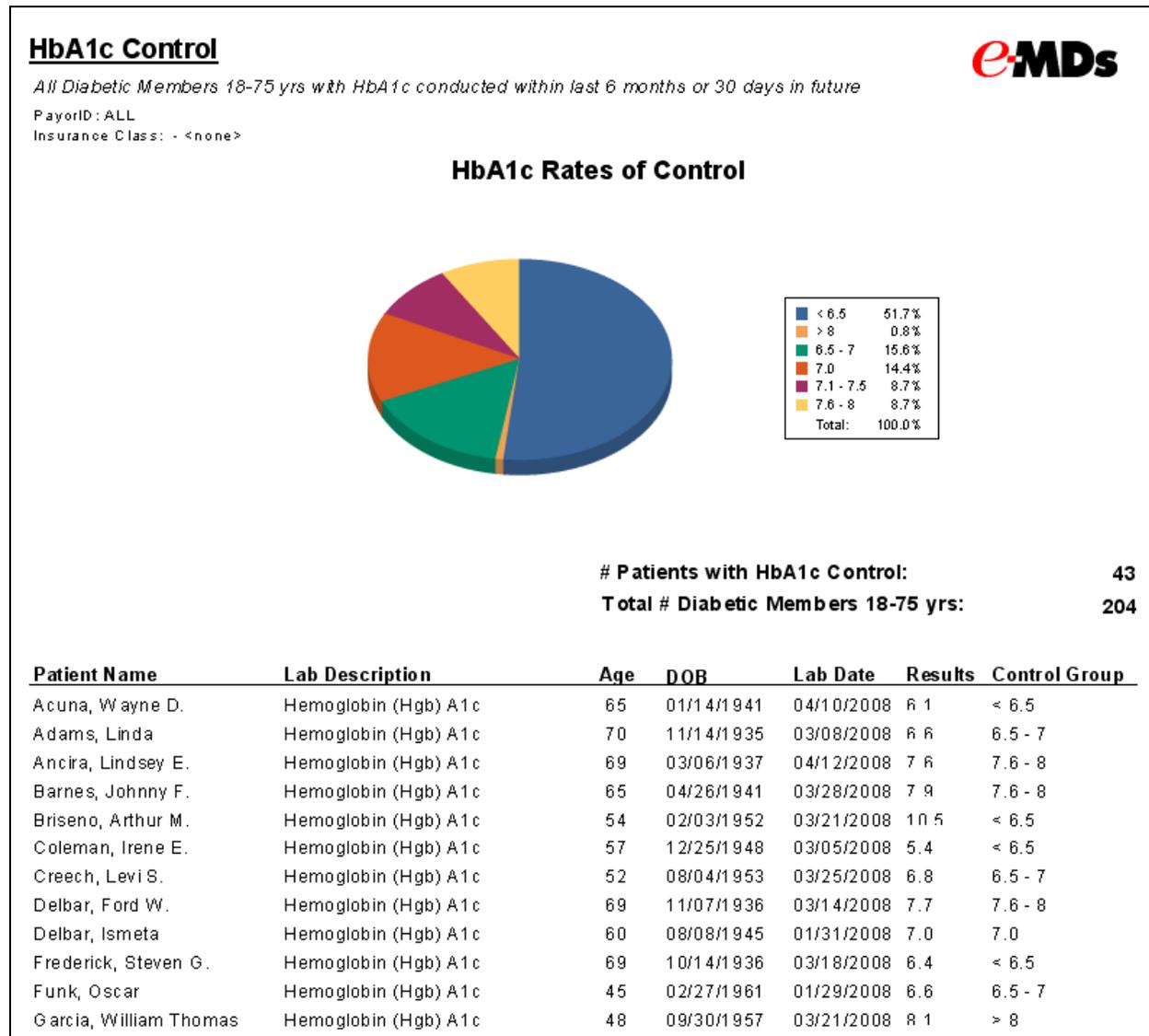


Diabetic – HbA1c Control

Purpose: List diabetic patients and the most recent HbA1c level (performed during the measurement period). If there is no HbA1c level during the measurement period, the level is considered uncontrolled.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic – HbA1c Control

Typical Frequency: As Needed



Diabetic – HbA1c Screening

Purpose: List diabetic patients for whom one or more HbA1c tests have been performed every six months. All HbA1c conducted within +/- 30 days of the next measurement period are considered compliant.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic – HbA1c Screening

Typical Frequency: As Needed

HbA1c Screening							
<i>All Diabetic Members 18-75 yrs with HbA1c conducted within last 6 months or 30 days in future</i>							
PayorID: ALL							
Insurance Class: - <none>							
# Patients with HbA1c Screening Screenin						43	
Total # Diabetic Members 18-75 yrs:						204	
Patient Name	Lab Description	Age	DOB	Lab Date	Results	Control Group	
Acuna, Wayne D.	Hemoglobin (Hgb) A1c	65	01/14/1941	04/10/2008	6.1	< 6.5	
Adams, Linda	Hemoglobin (Hgb) A1c	70	11/14/1935	03/08/2008	6.6	6.5 - 7	
Ancira, Lindsey E.	Hemoglobin (Hgb) A1c	69	03/06/1937	04/12/2008	7.6	7.6 - 8	
Barnes, Johnny F.	Hemoglobin (Hgb) A1c	65	04/26/1941	03/28/2008	7.9	7.6 - 8	
Briseno, Arthur M.	Hemoglobin (Hgb) A1c	54	02/03/1952	03/21/2008	10.5	> 8	
Coleman, Irene E.	Hemoglobin (Hgb) A1c	57	12/25/1948	03/05/2008	5.4	< 6.5	
Creech, Levi S.	Hemoglobin (Hgb) A1c	52	08/04/1953	03/25/2008	6.8	6.5 - 7	
Delbar, Ford W.	Hemoglobin (Hgb) A1c	69	11/07/1936	03/14/2008	7.7	7.6 - 8	
Delbar, Ismeta	Hemoglobin (Hgb) A1c	60	08/08/1945	01/31/2008	7.0	6.5 - 7	
Frederick, Steven G.	Hemoglobin (Hgb) A1c	69	10/14/1936	03/18/2008	6.4	< 6.5	
Funk, Oscar	Hemoglobin (Hgb) A1c	45	02/27/1961	01/29/2008	6.6	6.5 - 7	
Garcia, William Thomas	Hemoglobin (Hgb) A1c	48	09/30/1957	03/21/2008	8.1	> 8	
Gray, Doctor M	Hemoglobin (Hgb) A1c	64	11/10/1941	02/12/2008	7.0	6.5 - 7	
Hagood, Madelyn E.	Hemoglobin (Hgb) A1c	55	10/13/1950	02/06/2008	6.5	< 6.5	
Halsell, Kevin	Hemoglobin (Hgb) A1c	71	04/08/1937	03/16/2008	6.5	< 6.5	

Diabetic – LDL Screening

Purpose: Provide a benchmark report to show compliance for LDL screening in patients with Diabetes.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic – LDL Screening

Typical Frequency: As Needed

Parameters Used for Sample Report: Insurance Class (All), PayorID (All), Start Date (01/01/2009), End Date (12/31/2009), Display Comments (Diabetic Deferred Subreport.rpt) (Show)

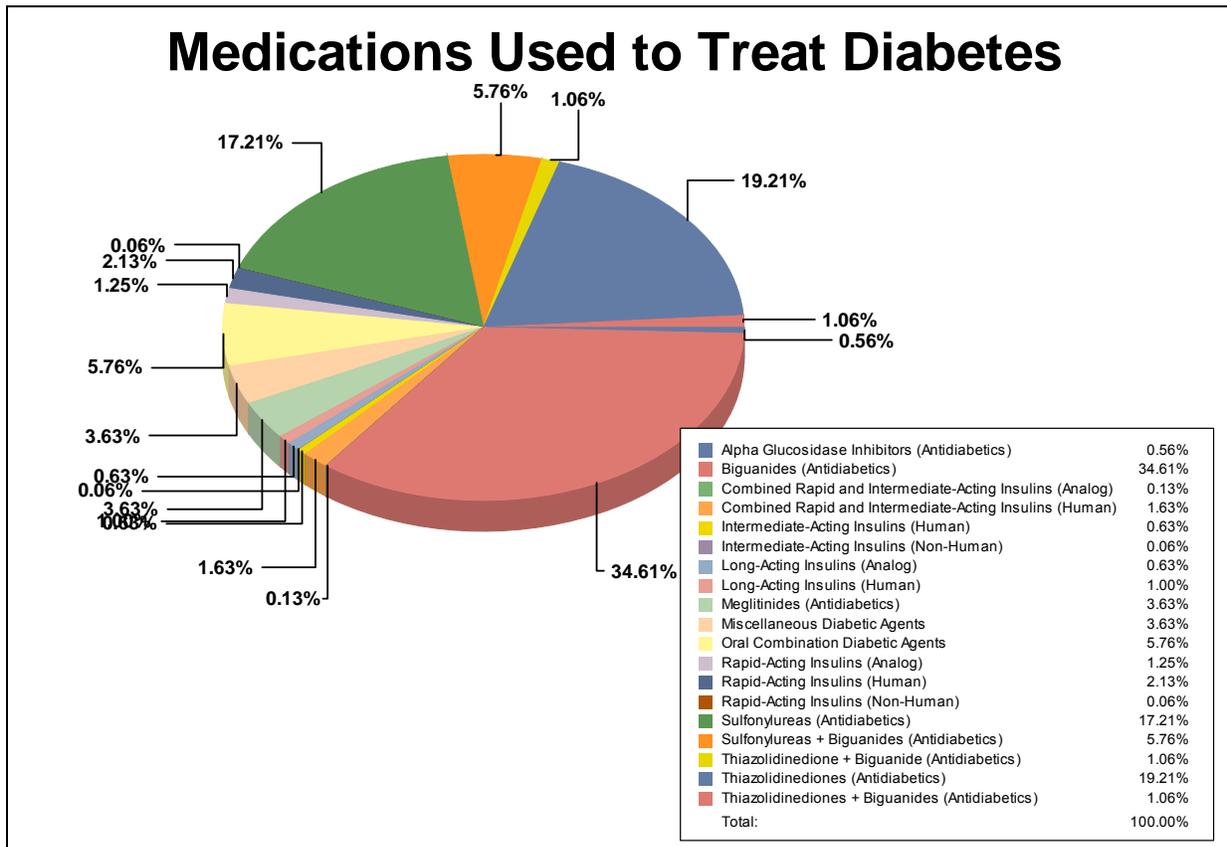
Diabetic - LDL Screening				
PayorID: ALL Insurance Class: ALL Date Range: 1/1/2009 to 12/31/2009		Printed: 05/05/2010 03:12PM Page: 1 of 2 Print User: Adams, Garth		
# Patients with Diabetic - LDL Screening:				6
Total # Diabetic Members 18-75 yrs:				12
Patient Name	CPT Description	Lab Date	Result	Age
Allgood, Ivan	Lipid panel (total cholesterol, HDL, triglycerides)	11/06/2004	0	49
Brown, Andy	Lipid panel (total cholesterol, HDL, triglycerides)	11/01/2003	1.132	30
Head, Heather	Lipid panel (total cholesterol, HDL, triglycerides)	07/02/2008	6.0	27
Hyper, Horatio	Lipid panel (total cholesterol, HDL, triglycerides)	09/29/2003	0.2	64
Smith, Abbie	Lipid panel (total cholesterol, HDL, triglycerides)	11/06/2004	0.8	30
Smith, Emily	LDL	04/07/2009	193	32
Patients Deferring/Waiving/Refusing Exam				# Patients Declined: 0
Address	City, ST	Zip	Phone	Phone Type
Comments:				

Diabetic Medications

Purpose: Show a breakdown of diabetic patients based on the medications used to treat the condition.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic Medications 6.2

Typical Frequency: As Needed



Diabetic Mellitus: Urine Screening for Microalbumin

Purpose: To calculate the percentage of diabetic patients of a given age range who have had a Urine Screening for Microalbumin or Medical Attention for Nephropathy in Diabetic Patients.

Description: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

Crystal Report Title: Diabetic Mellitus - Urine Screening for Microalbumin

Clinical Quality Measure Title: Diabetes: Urine Screening

Numerator: The patient will appear in the numerator of this report if one of the following CPT/HCPCS codes appears within Chart Visit and Order Notes during the reporting period:

82043, 3060F, 3061F, 3062F, 3066F, G8506, 3060F8P, 3061F8P, 3062F8P

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 1 encounter using one of the following encounter codes: 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, G0270, G0271.

NQF/PQRI Number: NQF 0062/PQRI 119

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Diabetic Mellitus Urine Screening for Microalbumin

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Diabetic – Microalbuminuria

Purpose: List diabetic patients for whom a screening for nephropathy or evidence of nephropathy has been performed, as documented through either administrative data or MRR. This measure is intended to assess if diabetic patients are being monitored for nephropathy. Patients allowed to count toward the numerator include:

- Patients who have been screened for microalbuminuria.
- Patients who already have evidence of nephropathy, as demonstrated by either evidence of medical attention for nephropathy or a positive macroalbuminuria test (not included for trace readings) +/- 30 days.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic – Microalbuminuria

Typical Frequency: As Needed

Diabetic Microalbuminuria						
<i>Screening for Diabetic patients ages 18-75 with Nephropathy or evidence of Nephropathy during the last year</i>						
PayorID: ALL						
Insurance Class: -						
					# Patients with Diabetic Microalbuminuria:	0
					Total # Diabetic Members 18-75 yrs:	376
Patient Name	Exam Description	Lab Date	Result	Age		
Patients Deferring/Waiving/Refusing Exam					# Patients Declined: 1	
Address	City, ST	Zip	Phone	Phone Type		
Mercier, Leah M	MICROALBUMIN yearly for Diabetic patients		Refused	06/26/2008	24	
9264 Bagdad,	Austin, TX	78726-1	(512)879-7545	Home	Exam Due: 09/26/2008	
<small>Subreport: Deferred Microalbuminuria</small>						

Diabetic Patient Key Measures

Purpose: List patients compliant/noncompliant with exams/tests measured for diabetic patients including results for each measure.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic Patient Key Measures.

Typical Frequency: As Needed.

Diabetic Patient Key Measures										
Person Name	Eye Exam	Foot Exam	HbA1c	Height	Weight	BMI	Systolic	Diastolic	LDL	MicroAlbumin
AAAP, Female				65	120	20.01	110	70		
Abv, Acb A	compliant		7.5	185	76	1.55	75	125	120	99
Achy, Betty	compliant	compliant	7.8	150	50	1.57	120	80	90	50
Acuna, Aaron A			10.0	36	60	32.62	125	80	131	
Acuna, Alexander T										
Acuna, Alice				72	200	27.18	119	79		
Acuna, Damon V										
Acunabbb, Aaronbbb Cbbb					140					
Adams, Deborah R			6.0							
Adams, Marta C										
Adams, Rachelle										
Alexander, Gilberto A									100	
Alexander, Holly										
Alexander, Oscar L	compliant	compliant								
Allen, Corey R										
Allen, Donnie T			9.3							
Almond, Helen S										
Amaro, Damon J										
Amaro, Gabriela J										
Amaro, Judith S										
Ancira, Hugh L										
Ancira, Teresa F										
Anderson, Gregg										
Andrews, Edward C										
Andrews, Elizabeth J										
Andrews, Michelle C										
Angelocci, Lu J										
Antle, Tracie B			6.8							
Antle, Tracy L										
Askew, Kelly B										
Askew, Paradis D										
Askew, Thomas W										
Assistant, Lillian L										
Assistant, Victor C										
Bailey, Dolores D										
Bailey, Phillip										
Baker, Darla R										
Baker, John W										
Barnes, Joan A										
Batte, Lowell B										
Batte, Michelle L										
Beamer, Anthony A										

Diabetic Retinopathy – Macular Edema

Purpose: To calculate the percentage of patients aged 18 and older with diabetes mellitus who had a dilated macular fundus exam performed.

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.

Crystal Report Title: Diabetic Retinopathy – Macular Edema

Clinical Quality Measure Title: Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy

Numerator: The patient is in the numerator of this report if there is evidence of the macular or fungus procedure performed, documented by one of the following CPT codes: 2019F, 2021F.

Eligible Patient Criteria (Denominator): The eligible patient must have an active diagnosis of diabetic retinopathy, documented by one of the following ICD-9 codes: 362.01, 362.02, 362.03, 362.04, 362.05, 362.06

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 92002, 92004, 92012, 92014

NQF/PQRI Number: NQF 0088/PQRI 18

Exclusions: The patient is excluded from the report if the macular or fungus procedure was not performed due to medical reason, patient reasons, or other unspecified reasons, documented by one of the following CPT codes: 2021F1P, 2021F2P, 2021F8P, 2019F1P, 2019F2P, 2019F8P

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Diabetic Retinopathy – Macular Edema

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Diabetic Retinopathy – Ongoing Diabetes Care

Purpose: To calculate the percentage patients aged 18 and older with diabetes mellitus that had a dilated macular fundus exam performed.

Description: Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the on-going care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.

Crystal Report Title: Diabetic Retinopathy- Ongoing Diabetes Care

Clinical Quality Measure Title: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care

Numerator: The patient is in the numerator of this report if there is evidence of documentation of communication to the provider regarding the findings of the macular exam, documented by the CPT code: 5010F

Eligible Patient Criteria (Denominator): The eligible patient must have an active diagnosis of diabetic retinopathy, documented by one of the following ICD-9 codes: 362.01, 362.02, 362.03, 362.04, 362.05, 362.06

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 92002, 92004, 92012, 92014

AND

The patient must have had the macular or fundus exam performed, documented by one of the following CPT codes: 2019F, 2021F

NQF/PQRI Number: NQF 0089/PQRI 19

Exclusions: The patient is excluded from the report if the macular or fungus procedure or communication to the provider was not performed, due to medical reason, patient reasons, or other unspecified reasons, documented by one of the following CPT codes: 2021F1P, 2021F2P, 2021F8P, 2019F1P, 2019F2P, 2019F8P, 5010F1P, 5010F2P, 5010F8P

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Diabetic Retinopathy – Ongoing Diabetes Care

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Diabetic – Statin

Purpose: List patients for whom any statin medication has been prescribed during the measurement period.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diabetic – Statin 6.2

Typical Frequency: As Needed

Statin				
<i>Any Statin medication prescribed during the last year</i>				
PayorID: ALL				
Insurance Class: - <none>				
# Patients prescribed Statin medication:				1
Total # Diabetic Members 18-75 yrs:				376
Patient Name	Refills	Current Medication	Date Prescribed	Age
Mercier, Leah M	1	Crestor 10mg Tablet Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s)	03/05/2008	24

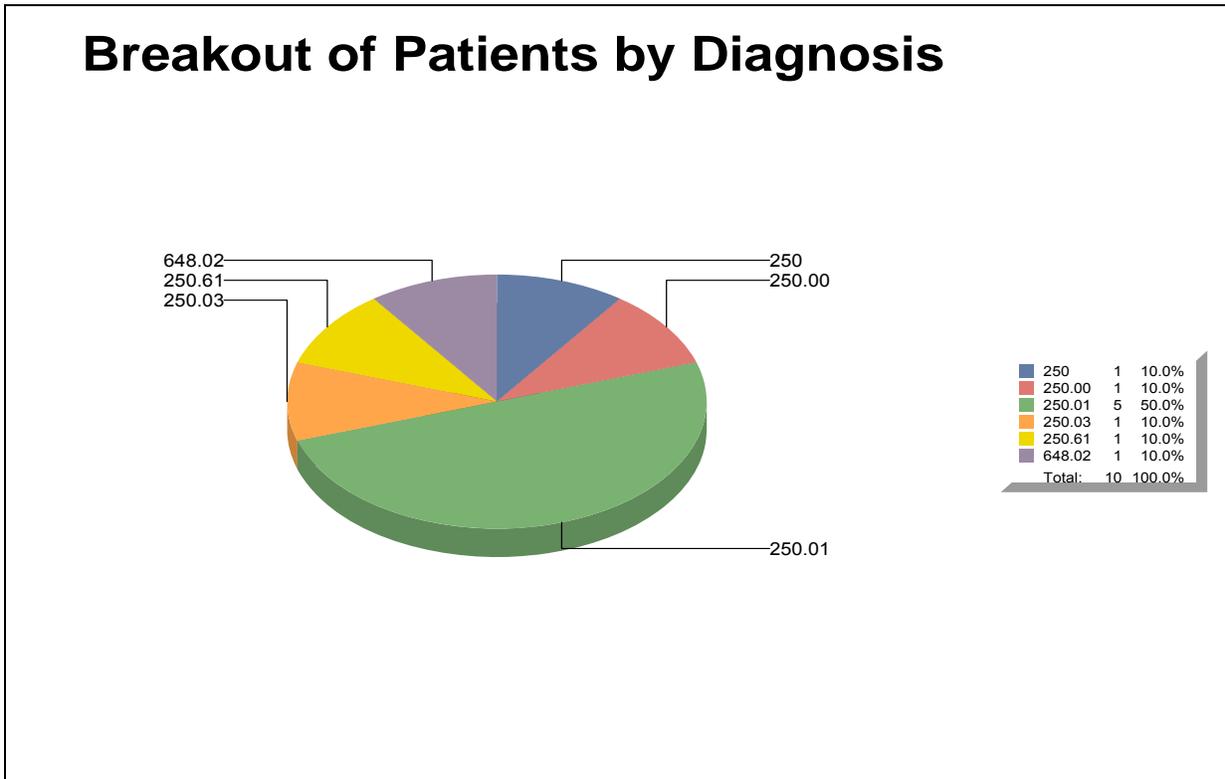


Diagnosis Breakdown

Purpose: Provide a pie chart breakdown of the number of patients with one or more user selected diagnoses.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Diagnosis Breakdown

Typical Frequency: As Needed



Date Range: 01/01/2008 to 06/17/2008
 Diagnosis: diabet
 Race: ALL
 Gender: BOTH
 Exempt patients: Excluded
 Expired patients: Excluded

Printed: 06/17/2008 05:20PM
Page: 5 of 5

Diagnosis Breakdown

Code	Name	Gender	Age	DOB	Race	Date	Diagnosis
250.42							
250.42	Chapman, Amanda I	Female	40	09/21/1968	<none>	03/10/2008	Diabetes with renal manifestations, type II uncontrolled
250.42	Mercier, Leah M	Female	13	05/23/1995	African American	01/08/2008	Diabetes with renal manifestations, type II or unspecified type, uncontrolled
# Patients for 250.42: 2							
250.90							
250.90	Miller, OBGYN2	Female	29	01/10/1979	<none>	02/14/2008	Diabetes with unspecified complication, type II or unspecified type, not stated as uncontrolled
# Patients for 250.90: 1							

Electronic Copy of Health Information upon Request

Provider Goal for Stage 1: **>50%**

Meaningful Use Requirement for Stage 1: *More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days.*

Description: Reports on patients that requested an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, and procedures) and were provided a Chart Summary (CCD) within 3 business days of the request.

Denominator:

The patient must meet the following criteria to be considered for the denominator section of this measure.

- Patient must request an electronic copy of health information
- When a patient requests an electronic copy of their healthcare records, the user will create a Telephone/Log/Rx Note with the box selected next to Electronic Copy of Health Info (Patient Summary) Request associated with their chart.

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

Patient qualifies for the numerator of this report if the patient's Chart Summary (CCD) has been exported from their chart within three business days of the creation of the original Telephone/Log/Rx Note.

Since there is not a way to assign an electronic request to a provider, each provider in the database who has seen the patient in the last 3 years shall get credit for each patient who requested the electronic copy of healthcare records.

Potentially, a patient could call more than one time within three days, therefore creating more than one request for their healthcare information. If the user exports the Chart Summary (CCD) within 3 days of both requests the user gets credit in the numerator for both requests.

The report will query for the audit record description of CCD-Chart Summary.

It is **imperative** that the Chart Audit remain on at all times to ensure the capture of this information.

Entire Patient Chart

Purpose: Print everything included in patient chart. Selecting **Limit by Date** will allow you to choose a date range for documents included in this file. If all options need to be selected, place a check mark next to **Select All**.

Report Location: Chart > *Open Patient Chart* > Print Patient Reports icon (*little printer*) > Entire Patient Report

Typical Frequency: As Needed

Parameters Used for Sample Report: Print (Checked), Fax (Blank), Electronic (Blank), Limit by Date (Blank), From (Blank), To (Blank), Select All (Checked)

~~XXXXXXXXXX, XXXXXXXX~~ 01/01/1921
Office/Outpatient Visit
Visit Date: Tue, May 4, 2010 12:19 pm
Provider: Bernard Bowling, MD (Assistant: Heather Helper, MA)
Location: Heal with Steel Health Center

This note has not been signed and may be incomplete. Printed on 10/07/2010 at 11:33 am.

SUBJECTIVE:

Past Medical History / Family History / Social History:

Past Medical History:

Type 1 Diabetes: dx'd at age 56; uncontrolled; complications include autonomic neuropathy;
Alzheimer's Disease: dx'd at age 80;

Surgical History:

Carotid Endarterectomy: right; uncomplicated;
Cataract Removal: bilateral;
Transurethral Resection of Prostate
Vasectomy

Family History:
Unremarkable

Social History:
Occupation:
Retired
. Disabled
Marital Status: Married
Children: 3 children
Hobbies/Recreation: he enjoys television;
A.D.L.s: At his current level of functioning, he can bathe himself, clean the house, dress himself, feed himself, recognize familiar faces and remember his name. He cannot control his bladder, control his bowel function, cook meals, converse in a meaningful manner or find his way home.

Tobacco/Alcohol/Supplements:
UNREMARKABLE

Substance Abuse History:
NEGATIVE

Mental Health History:
Generalized Anxiety Disorder

Communicable Diseases (eg STDs):
Reportable health conditions; NEGATIVE

Current Problems:
Alzheimer's disease
Anxiety, generalized
Diabetes mellitus non-insulin dependent
Diabetes mellitus without mention of complications
Essential hypertension, benign
Ischemic heart disease related atrial fib
Juvenile fibroadenoma

e-Prescribing

Provider Goal for Stage 1: **>40%**

Meaningful Use Requirement for Stage 1: *More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology.*

Description: Reports on permissible prescriptions written by the EP that are transmitted electronically using certified EHR technology. Permissible prescriptions include only Non-Schedule prescriptions. Since Schedule II-V prescriptions are not able to be transmitted electronically, they are not included on this report.

Denominator:

The prescription must meet the following criteria to be considered for the denominator section of this measure.

- Prescriptions will be grouped under the provider responsible for the prescription therefore; the same patient having different prescriptions may qualify with multiple providers within the same clinic.
- Custom created drugs will be not included in this report.
- Prescriptions for DME (durable medical equipment) will not be included in either the numerator or denominator for this report.
- Schedule II – V prescriptions are not included in the report query.

Numerator:

The prescription must meet the following criteria to be considered for the Numerator section of this measure.

- The prescription will qualify for the numerator of this report if it was generated and transmitted electronically (eRX via Surescripts).
- The report query reads the AUDIT trails for the send method of prescriptions, so it is imperative that the chart Audit trails remain ON at all times during the reporting period.

Formal Health Record

Purpose: Create a dynamic group of user-specific documents to be considered as the patient's health record. When running this report, prompts to enter values for the following parameters will display:

- **Adult:** Visit Notes, Order Notes, Log/Phone Notes, Immunization Record
- **Adult-Confidential:** Visit Notes, Order Notes, Hidden Health Summary, Log/Phone Notes, Immunization Record.
- **Pediatric:** Visit Notes, Order Notes, Health Summary, Log/Phone Notes, Immunization Record, Growth Chart
- **Pediatric-Confidential:** Visit Notes, Order Notes, Hidden Health Summary, Log/Phone Notes, Immunization Record, Growth Chart.
- **Worker's comp:** Visit Notes, Order Notes, Log/Phone Notes
- **Legal-Confidential:** Visit Notes, Order Notes, Hidden Health Summary, Log/Phone Notes, Immunization Record), Start Date, End Date, Patient, Account, Facility, Appointment Provider, Primary Physician, # Charts, Case #, Diagnosis.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Formal Health Records

Typical Frequency: As Needed

Health Summary	
Patient: Achy, Betty (01/01/1975) Date: 6/26/2008	
Current Problems	
Acquired hypothyroidism Generalized anxiety disorder Generalized osteoarthritis, site unspecified Hand pain Hyperthyroidism Hypothyroidism, iodine-induced Lack of energy Osteoarthritis of knee Osteopenia Outlet dysfunction constipation Type II diabetes	
Current Medications	
Ambien 10mg Tablet Take 1 tablet(s) by mouth at bedtime prn #10 (Ten) tablet(s) *****Confidential***** Foradil Aerolizer 12mcg Inhalation Powder Inhale 1 puff(s) once 15 minutes before exercise if needed. #5 (Five) capsule(s)	
Allergies / Adverse Reactions	
A & D 12 Hour Cold Animal dander Penicillins	

Formal Patient Health Record
Achy, Betty

Past Medical History

Past Medical History:
UNREMARKABLE
Asthma: she has never had a peak flow meter;
Fracture(s)
Myocardial Infarction: complications included renal failure;

Surgical History:
Biopsy of lymph node

Family History:
Unremarkable

Social History:
Hobbies and recreational interests include dancing, horseback riding, and sports (rollerblading).

Upcoming Tests / Health Maintenance Items

Last Date	Due Date	Order Status	Description
N/A	05/05/2008	Not Addressed	DEPRESSION SCREEN annually
N/A	05/05/2008	Not Addressed	CHLAMYDIA SCREEN at annual well woman exams
03/07/2008	06/06/2008	Not Addressed	HEMOGLOBIN A1C every 3 months for Diabetic patients
N/A	05/05/2008	Not Addressed	TETANUS / DIPHTHERIA required every 10 years for all adult patients

Tests and Procedures

Date	Description
03/07/2008	Glycated hemoglobin
03/07/2008	Serum Creatinine
02/05/2008	Lipid panel (total cholesterol, HDL, triglycerides)
12/10/2007	Estriol
12/10/2007	Ultrasound, Complete (> 14 wks)
12/10/2007	CVS
09/28/2007	Thyroid stimulating hormone (TSH)
09/28/2007	Total thyroxine
09/27/2007	Cytopathology smears, cervical or vaginal; screening by automated system under MD supervision
09/27/2007	Comprehensive metabolic panel
09/27/2007	Urinalysis, automated, without microscopy
09/27/2007	Complete blood count with platelets and partial differential (automated)
09/27/2007	Electrocardiogram, routine with at least 12 leads; with interpretation and report
09/24/2007	Noninvasive ear or pulse oximetry for oxygen saturation; single determination

Formal Patient Health Record
Achy, Betty

Date Range: 01/01/2008 to 06/26/2008 Printed: 06/26/2008 05:08PM

Patient: Achy, Betty
Account #: ACHBET0001
Diagnosis: ALL

Visit Notes

Achy, Betty 01/01/1975
Office/Outpatient Visit
Visit Date: Thu, May 15, 2008 12:55 pm
Provider: Christine Burns, MD (Assistant: Nurse Betty, MA)
Location: Eskimo Test Clinic

Telephone & Log Notes

LOG NOTE
Date: 12/10/2007 10:07 AM
Patient: Achy, Betty **DOB:** 01/01/1935
Author: Ho, Agnes

log/phone note

LOG NOTE
Date: 12/10/2007 03:34 PM
Patient: Achy, Betty **DOB:** 01/01/1975
Author: ,

No Show for appointment on 12/10/2007 at 08:00 am

Immunization Detail

Facility Unknown Patient Name: **Achy, Betty**
Home Phone: (512)222-2222
Home Address: 234 Test
Date of Birth: 1/1/1975 12:00:00AM
Reaction Information:

Account Number: **ACHBET0001**

Date	Time	Dose	Location	Administered By	Manufacturer	Lot. No.	Expire Date	VIS Rev. Date	VIS Given
Anthrax									
5/5/2008	10:33	1	left thigh	Abby Abbott, MD	Adams Laboratories	3	1/5/2010		

Health Summary

Purpose: Provide another format for printing the Health Summary information in a patient's chart. An option is available to omit confidential information.

Report Location: **Report Location:** Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Health Summary

Typical Frequency: As Needed

Health Summary			
Patient: Mercier, Leah Marie (05/23/1982) Date: 6/26/2008			
Current Problems			
Asthma Asymptomatic HIV infection status Diabetes mellitus without mention of complications, type I [juvenile type], uncontrolled Sedative, hypnotic or anxiolytic dependence, in remission			
Current Medications			
Aspirin 500mg Caplet Take 1 tablet(s) by mouth q 4 to 6 hr prn #10 (Ten) tablet(s)			
Allergies / Adverse Reactions			
Antihistamines			
Past Medical History			
[Unknown]			
Upcoming Tests / Health Maintenance Items			
Last Date	Due Date	Order Status	Description
N/A	02/25/2008	Not Addressed	ACTION PLAN Discuss/Verify understanding yearly
Tests and Procedures			
Date	Description		
02/27/2008	Radiologic examination, ankle; 2 views		
02/27/2008	Hemoglobin; glycosylated (A1C)		

Health Summary and Hidden Health Summary

Purpose: Combine the Current Problem List, Current Medications List, Allergies/Adverse Reactions, Past Medical History, Surgical History, Family Medical History, Social History, Tobacco/Alcohol/Supplements, Substance Abuse History, Mental Health History, and Communicable Disease History. The Hidden Health Summary will not list items marked confidential in the medical record.

Report Location: Chart > *Open Patient Chart* > Print Patient Reports (*little printer icon*) > Health Summary; Hidden Health Summary

Typical Frequency: As Needed

Health Summary		1 of 3
Billy Bob Clinic 9900 Spectrum Dr Austin, TX 78717 Phone: (512)111-1111 Fax: (555)555-5555		
Patient:	Mercier, Leah M (5/23/1955)	
Date:	6/30/2008	
Current Problems		
2 falls in the last 6 months Acute coronary occlusion without myocardial infarction Asthma Attention deficit disorder, with hyperactivity Bacterial Pneumonia, due to Staphylococcus, Unspecified Carcinoma in situ of skin Chronic bronchitis, obstructive, with (acute) exacerbation Chronic kidney disease, Stage I Congestive heart failure, unspecified Diabetes mellitus without mention of complications, type II or unspecified type, not stated as uncontrolled Esophageal varices, without bleeding Essential hypertension Essential hypertension, malignant High blood pressure Left heart failure Parkinson's disease Trigger thumb Type 2 diabetes		
Current Medications		
Singulair 10mg Tablet Take 1 tablet(s) by mouth each evening Ropinirole HCl 0.5mg Tablet Take 1 tablet(s) by mouth tid Adderall XR 20mg Capsules, Extended Release Take 1 cap by mouth qam Albuterol 90mcg/1actuation Oral Inhaler inhale 2 puff(s) by mouth q 4 to 6 hr Accupril 20mg Tablet Take 1 tablet(s) by mouth bid Crestor 10mg Tablet Take 1 tablet(s) by mouth daily Enalapril/Hydrochlorothiazide 10mg/25mg Tablet Take 1 tablet(s) by mouth daily Fenofibrate 134mg Capsules Take 1 capsule(s) by mouth daily with meals Propranolol HCl 60mg Tablet Take 1 tablet(s) by mouth bid Cozaar 50mg Tablets Take 1 tablet(s) by mouth daily Effexor XR 75mg Capsules, Extended Release Take 1 capsule(s) by mouth daily Lo Ovral 28 30mcg/0.3mg Tablet Take 1 tablet(s) by mouth daily as directed. Foradil Aerolizer 12mcg Inhalation Powder Inhale 1 puff(s) once 15 minutes before exercise if needed.		
Allergies / Adverse Reactions		
⚠ Aggrenox ⚠ Bzotropine Mesylate ⚠ Eggs ⚠ Insulin Aspart (rDNA) Animal dander Timolide		
Past Medical History		
Past Medical History: Asthma: severe; she has intubated x 7 with exacerbation; Pneumonia: dx'd at age 23;		
Surgical History: Hernia Repair: umbilical;		
Family History:		

Positive for Irritable Bowel Syndrome (brother -- Travis).

Social History:

She is exposed to second hand smoke thru tobacco use by a brother(s).

Tobacco/Alcohol/Supplements:

Tobacco: Currently smokes 1-5 cigarettes per day.

Alcohol:

Drinks alcohol on a regular basis.

Substance Abuse History:

[REDACTED]

Mental Health History:

[REDACTED]

Communicable Diseases (eg STDs):

Reportable health conditions:

[REDACTED]

Upcoming Tests/Health Maintenance Items

<u>Date Last</u>	<u>Due Date</u>	<u>Status</u>	<u>Description</u>
N/A	02/11/2008	Not Addressed	HEPATITIS A 1st dose at 1 year
N/A	06/26/2008	Not Addressed	AHcopy of PEAK FLOW METER Discuss/Demonstrate use yearly
N/A	06/26/2008	Not Addressed	AEROCHAMBER (Spacer) Discuss/Demonstrate use yearly
N/A	06/26/2008	Not Addressed	METERED DOSE INHALER Discuss/Demonstrate yearly for patients with Asthma
N/A	06/26/2008	Not Addressed	PEAK FLOW METER Discuss/Demonstrate use yearly
03/26/2008	06/26/2008	Not Addressed	HgbA1c > 7.0 in Diabetic patients - HgbA1c
N/A	06/26/2008	Not Addressed	HPV 1st dose at 11 years (min. age: 9 yrs/ max. age: 26 yrs)
N/A	06/26/2008	Not Addressed	HPV 2nd dose--2 months after 1st dose
N/A	06/26/2008	Not Addressed	HPV 3rd dose--6 months after 1st dose
N/A	06/26/2008	Not Addressed	LIVER FUNCTION TEST every 6 months for patients on Rosuvastatin
N/A	06/26/2008	Not Addressed	MENINGOCOCCAL 2nd dose at 13 to 18 years
N/A	06/26/2008	Not Addressed	TETANUS / DIPHTHERIA dose between 11 and 12 years

Tests and Procedures

<u>Date</u>	<u>Description</u>
06/20/2008	Obstetric panel

Heart Failure – ACE Inhibitor or ARB Therapy for LVSD

Purpose: To calculate the percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.

Crystal Report Title: Heart Failure - ACE Inhibitor or ARB Therapy for LVSD

Clinical Quality Measure Title: Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Numerator: The patient will appear in the numerator of this report if they were prescribed an ACE inhibitor or ARB therapy. This is documented by one of the following medications: Capoten, Captopril, Vasotec, Enalapril Maleate, Monopril, Fosinopril, Prinivil, Lisinopril, Zestril, Quinapril HCl, Accupril, Quinapril, Altace, Ramipril, Mavik, Trandolapril, Candesartan, Cilexetil, Atacand, Cozaar, Losartan, Valsartan, Diovan, Losartan/Hydrochlorothiazide, Hyzaar

Eligible Patient Criteria (Denominator):

The eligible Patient will have an active diagnosis of heart failure: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.0, 425.1, 425.2, 425.3, 425.4, 425.5, 425.7, 425.8, 425.9, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 78414, 78451, 78452, 78453, 78454, 78468, 78472, 78473, 78481, 78483, 78494, 78496, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93317, 93350, 93351, 93352, 93543

AND

Have LVSD (defined as ejection fraction less than 40%) or with moderately or severely depressed left ventricular systolic function.

NQF/PQRI Number: NQF 0081/PQRI 5

Exclusions: The patient is excluded from the report if they have an active diagnosis of OR: deficiencies of circulating enzymes, non-rheumatic mitral (valve) disease, chronic kidney disease with or without hypertension, hypertensive renal disease with renal failure, atherosclerosis of renal artery, renal failure and ESRD, acute renal failure, atresia and stenosis of aorta: 39.95, 54.98, 277.6, 395.0, 395.2, 396.0, 396.2, 396.8, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 425.1, 440.1, 584.5, 584.6, 584.7, 584.8, 584.9, 585.5, 585.6, 586, 747.22, 788.5, V56.0, V56.8 or active pregnancy during the reporting period using the standard pregnancy code list.

OR

Documentation of the ACE inhibitor or ARB not prescribed due to medical reason, patient reason, or system reason using the CPT codes: 4009F1P, 4009F2P, 4009F3P.

PQRI Report Type:

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Heart Failure – ACE Inhibitor or ARB Therapy for LVSD

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Heart Failure – Beta Blocker Therapy for Patients with LVSD

Purpose: To calculate the percentage of patients with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.

Description: Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta-blocker therapy.

Crystal Report Title: Heart Failure - Beta Blocker Therapy for Patients with LVSD

Clinical Quality Measure Title: Heart Failure (HF): Beta - Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)

Numerator: The patient will appear in the numerator of this report if they were prescribed a Beta-Blocker therapy. This is documented by one of the following medications: Carvedilol, Coreg, Coreg CR, Zebeta, Bisoprolol Fumarate, Lopressor, Metoprolol, Metoprolol Tartrate, Metoprolol Succinate, Toprol XL or one of the following CPT codes: G8450, G8451, G8395, G8396, G8452

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Heart Failure: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.0, 425.1, 425.2, 425.3, 425.4, 425.5, 425.7, 425.8, 425.9, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350

AND

Have LVSD (defined as ejection fraction less than 40%) or with moderately or severely depressed left ventricular systolic function or a procedure code indicating a diagnostic study for LVF assessment: 78414, 78451, 78452, 78453, 78454, 78468, 78472, 78473, 78481, 78483, 78494, 78496, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 93352, 93543

NQF/PQRI Number: NQF 0083/PQRI 8

Exclusions: The patient is excluded from the report if they have an active diagnosis of: arrhythmia, hypotension, asthma, atrio-ventricular block, bradycardia: 427.81, 427.89, 458.0, 458.1, 458.21, 458.29, 458.8, 458.9, 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92, 337.09, 427.81, 427.89 OR 426.0, 426.12, 426.13 without V45.01

OR

A documented allergy to beta-blocker therapy from the list of beta-blocker medications in the numerator section of this report.

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99238, 99239, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Heart Failure - Beta Blocker Therapy for Patients with LVSD

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Hemoglobin A1c Poor Control in Diabetes Mellitus

Purpose: Calculate the percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent hemoglobin A1c greater than 9.0%.

Description: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had HbA1c >9.0%.

Crystal Report Title: Hemoglobin A1c Poor Control in Diabetes Mellitus

Clinical Quality Measure Title: Diabetes: HbA1c Poor Control

Numerator: The patient will appear in the numerator of this report if they have documentation of one of the following CPT codes: 83036, 83037 WITH documentation of Hemoglobin A1c > 9.0% This will be a result documented in a patient FlowSheet.

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 2 encounters using one of the following encounter codes: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99281, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

OR

G0270, G0271

NQF/PQRI Number: NQF 0059/PQRI 1

Exclusions: Patients whom should be excluded from the denominator of this report are those patients who are: Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes: 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81, 648.82, 648.83, 648.84, 962.0.

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Hemoglobin A1c Poor Control in Diabetes Mellitus

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

HF – Beta Blocker for LVSD

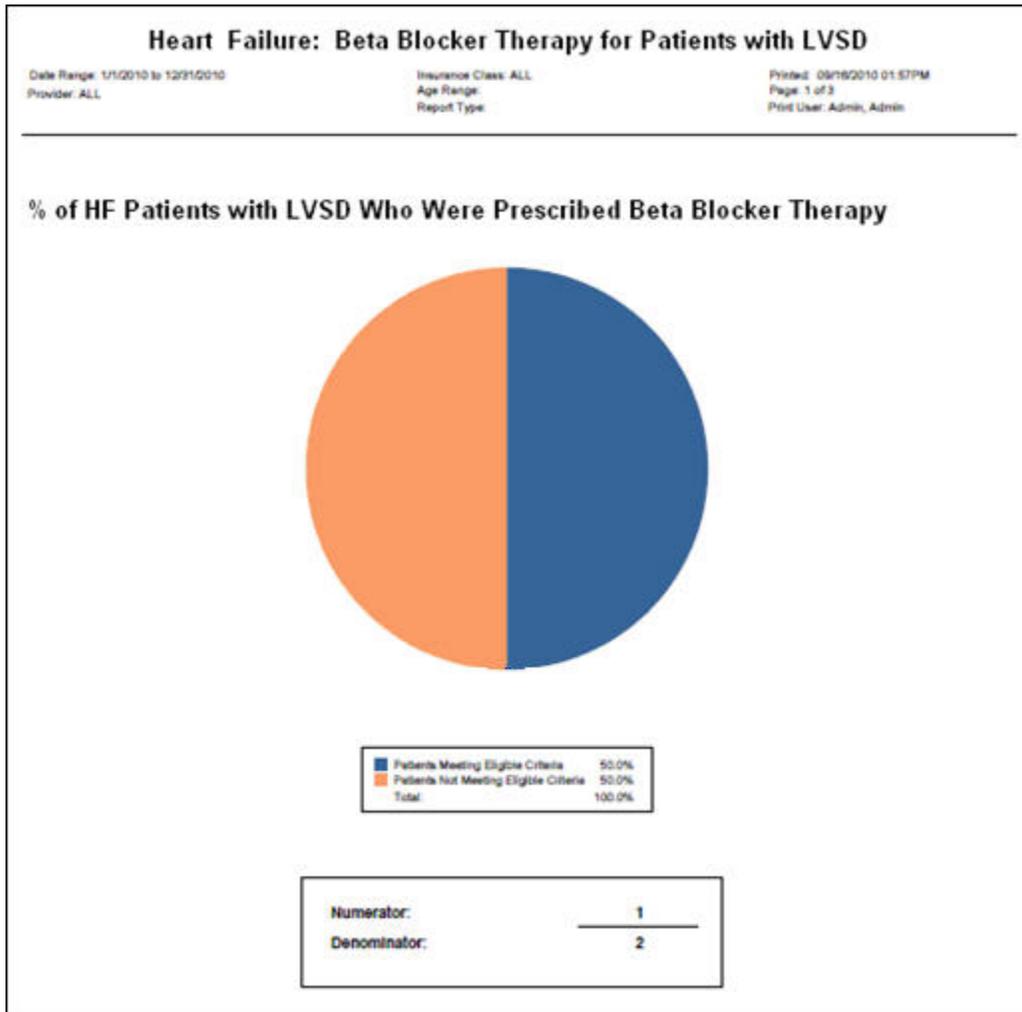
Purpose: Provide a report to determine the percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta-blocker therapy.

This report can be used to meet the requirements for Meaningful Use and is also an approved report for PQRI reporting.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > HF - Beta Blocker for LVSD

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later



High Blood Pressure Control in Diabetes Mellitus

Purpose: To calculate the percentage of patients aged 18 through 75 with diabetes who had the most recent blood pressure in control (less than 140/90 mmHg).

All patients greater than or equal to 18 years of age at the beginning of the measurement period are included on this report. To be eligible for performance calculations, patients must have at least two face-to-face office visits with the physician, physician assistant, or nurse practitioner during the measurement period.

Description: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had BP <140/90 mmHg.

Crystal Report Title: High Blood Pressure Control in Diabetes Mellitus

Clinical Quality Measure Title: Diabetes: Blood Pressure Management

Numerator: Patients whose most recent blood pressure <140/90 mmHg. Blood pressure values can be found in the Vitals Module or the FlowSheets. The user may also manually add the values into the FlowSheet without having to enter the BP in the Vitals Module.

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 2 encounters using one of the following encounter codes: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

OR

G0270, G0271.

NQF/PQRI Number: NQF 0061/PQRI 3

Exclusions: Patients whom should be excluded from the denominator of this report are those patients who are: Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes: 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81, 648.82, 648.83, 648.84, 962.0

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > High Blood Pressure Control in Diabetes Mellitus

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Hormonal Therapy for Stage IC-IIIC Breast Cancer

Purpose: To calculate the percentage of female patients aged 18 years and older (default to 18, user can change) with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the reporting period.

Description: Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12 - month reporting period.

Crystal Report Title: Hormonal Therapy for Stage IC-IIIC Breast Cancer

Clinical Quality Measure Title: Oncology Breast Cancer: Hormonal Therapy for Stage IC - IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer

Numerator: The patient will appear on the numerator of the report if they have an ACTIVE medication or were PRESCRIBED Tamoxifen or Aromatase inhibitor (AI) Medications during the selected date range. The medications include: Nolvadex, Soltamox, Tamoxifen Citrate Arimidex, Anastrozole, exemestane, Aromasin, letrozole, Femara.

Eligible Patient Criteria (Denominator): The eligible patient will have an active or inactive diagnosis of breast cancer history: 174.0, 174.1, 174.2, 174.3, 174.4, 174.5, 174.6, 174.8, 174.9, V10.3

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215

AND

The patient must have a procedure result for Breast Cancer Stage IC-IIIC, documented by one of the following CPT codes: 3372F, 3374F, 3376F, 3378F

AND

The patient must have a procedure result for Breast Cancer ER or PR Positive, documented by the following CPT code: 3315F

NQF/PQRI Number: NQF 0387/PQRI 71

Exclusions: The patient will be excluded from this report if they have any of the following:

1. A medication allergy to one of the following medications: Nolvadex, Soltamox, Tamoxifen Citrate Arimidex, Anastrozole, exemestane, Aromasin, letrozole, Femara.
2. An Active Medication: Gonadotrophin releasing hormone analogue before or during the encounter. These medications include: goserelin acetate, Zoladex, leuprolide acetate, Eligard, Lupron, Lupro Depot, Lupron Depot-3 Month, Lupron-Depot-4 Month, Lupron Depot-Ped, Viadur, Leuprolide Acetate, nafarelin, Synarel histrelin acetate, Supprelin LA, Vantas triptorelin pamoate, Trelstar, Trelstar
3. A procedure performed any time before the end of the reporting period for bilateral oophorectomy, radiation therapy, or chemotherapy, documented by one of the following CPT codes: 58720, 58940, 58943, 58950, 58951, 58952, 58953, 58954, 58956, 77427, 77435, 77470, 96401, 96402, 96405, 96406, 96409, 96411, 96413, 96415, 96416, 96417, 96420, 96422, 96423, 96425, 96440, 96445, 96450, 96521, 96522, 96523, 96542, 96549
4. An active Diagnosis of Metastatic Sites common to breast cancer, documented by one of the following ICD-9 codes: 197.0, 197.7, 198.3, 198.5
5. The patient is excluded if the medication for hormone therapy (tamoxifen) was not done for either due to patient reason, medical reason, or system reason, documented by one of the following CPT/HCPCS codes: TAMOX1P, TAMOX2P, TAMOX3P

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Hormonal Therapy for Stage IC-IIIC Breast Cancer

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Hypertension: Blood Pressure Measurement

Purpose: To calculate the percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension and have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Description: Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.

Crystal Report Title: Hypertension - Blood Pressure Measurement

Clinical Quality Measure Title: Hypertension: Blood Pressure Measurement

Numerator: The patient qualifies for the numerator if the Systolic & Diastolic BP Values are recorded during the encounter

Eligible Patient Criteria (Denominator): The eligible patient will have an active Hypertension Diagnosis: 401.0, 401.1, 401.9, 402.00, 402.01, 402.10, 402.11, 402.90, 402.91, 403.00, 403.01, 403.10, 403.11, 403.90, 403.91, 404.00, 404.01, 404.02, 404.03, 404.10, 404.11, 404.12, 404.13, 404.90, 404.91, 404.92, 404.93

AND

Have a minimum of 2 encounters using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99304, 99305, 99306, 99307, 99308, 99309, 99310

NQF/PQRI Number: NQF 0013

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Hypertension Blood Pressure Measurement

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Hypertension: Controlling High Blood Pressure

Purpose: Measure the percentage of patients of a specified age range who had a diagnosis of hypertension and whose blood pressure was adequately controlled during the measurement year.

Description: The percentage of patients 18-85 years of age who had a diagnosis of hypertension and who's BP was adequately controlled during the measurement year.

Crystal Report Title: Hypertension - Controlling High Blood Pressure

Clinical Quality Measure Title: Controlling High Blood Pressure

Numerator: The numerator for this report will include any qualifying patient with hypertension who has controlled blood pressure. This means that the patient will be in the numerator if the blood pressure that was taken in the visit that qualified them is within range for both the diastolic and systolic blood pressure values.

- The diastolic blood pressure must be < 90 mmHg
- The systolic blood pressure must be < 140 mmHg
- Blood pressure values can be entered in the vitals module OR in the FlowSheet. If the FlowSheet values are used, the date of the value must equal the date of service.

Eligible Patient Criteria (Denominator): The eligible patient will have an active Hypertension
Diagnosis: 401, 401.0, 401.1, 401.9

AND

Have at least one encounter using one of the following codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456

NQF/PQRI Number: NQF 0018

Exclusions: Patients whom should be excluded from the denominator of this report are those patients with either:

- A procedure performed that is indicative of ESRD
- An active diagnosis of ESRD
- An active pregnancy diagnosis

*Note that these diagnosis/procedures must be during the reporting period.

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Hypertension Controlling High Blood Pressure

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Immunization Certificate

Purpose: Generate an immunization certificate that can be used for reporting to schools, camps, day care, etc. Prints patient demographics, dates administered for DTP, Polio, MMR, Hib, Hep B, Varicella, and also other immunizations.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Immunization Certificate

Typical Frequency: As Needed

Immunization Certificate						
(Required of each child enrolled in a public or private school, preschool program, day care center, certified family child care home or other licensed facility which cares for children.)						
Name of Child: <u>Mercier</u>		<u>Leah</u>		<u>M</u>		Birthdate: <u>05/23/1995</u>
Last		First		Middle		
Name of Parent or Guardian: <u>TesterBWAGNER107, AI</u>						
Home Address: <u>9264 Bagdad</u>			<u>Austin, TX 78726-1122</u>			
Street			City	State	Zip Code	
DATES ADMINISTERED (month/day/year)						

Diphtheria, Tetanus, Pertussis*	#1	#2	#3	#4	#5	
Polio Vaccines	#1 04/14/2007	#2 04/14/2008	#3	#4		
MMR (Measles, Mumps, Rubella)**	#1 01/14/2008	#2 04/28/2008				
Hib***	#1 09/24/2007	#2	#3	#4		
Hepatitis B****	#1 09/24/2007	#2	#3	or #1	#2	(adult dose)
Varicella*****	#1	#2				
Other: Influenza Virus Vaccine - 03/10/2007 Pneumococcal, 23-valent (adult dose) - 12/20/2007 Pneumococcal conjugate, polyvalent (children < 5) - 04/10/2008						
<p>*DTaP, DTP, DT, Td. **MMR for one dose, measles containing for second. ***Hib not required at age 5 years or more. ****Alternative two dose series of approved adult hepatitis B vaccine for children 11-15 years of age. *****Varicella required for children 19 months to 7 years unless a parent, guardian or physician states that the child has had chicken pox disease.</p> <p>This child is current for immunizations until _____, (two weeks after the next shot is due), after which the certificate is no longer valid and a new certificate must be obtained.</p> <p>I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.</p> <p>Signature of physician or Health Dept. or their designee _____ Date _____</p> <p>This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.</p> <p style="text-align: right; font-size: x-small;">Referring to EPID-230</p>						

Immunization Detail Report

Purpose: Generate a single patient report showing immunizations. Patients are selected using Account Number. The report includes immunization date, time, dose, location, administered by, manufacturer, lot #, expire date, VIS revision date, VIS given. Reaction information is also printed in the header. The main difference between this report and immunization log contained in the Chart module is display of time immunization administered and the facility is the patient's default facility, not the user's default facility.

Note: If a Kentucky user, please contact e-MDs and request the specific report for your state. This is also available at e-MDs Support Center.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Immunization Detail Report

Typical Frequency: As Needed

Parameters Used for Sample Report: Account Number (COUCAL0001), Date of Birth (Blank), Patient Name (Blank)

Immunization Detail Report									
Account Number: ALL Date of Birth: ALL Patient Name: ALL					Printed: 5/6/2010 3:06:02 PM Page: 16 of 54 Print User: Adams, Garth				
Account Number: COUCAL0001 Patient Name: Coughlin, Carrie Home Phone: (512)378-3778 Home Address: 34 Sunflower Street Date of Birth: 04/24/1943 Reaction Information:									
Date	Time	Dose	Location	Administered By	Manufacturer	Lot. No.	Exp Date	VIS Rev. Date	VIS Given
Diphtheria toxoid									
2/28/2010	16:04	1		Dew Allthework, P.A.	Unknown		0/0/0	5/17/2007 (English)	2/26/2010
Hepatitis B (adult dose)									
6/30/2008	16:06	1		Nanette Brainiac, MD	GlaxoSmithKline		0/0/0	7/18/2007 (English)	2/26/2010
MMRV (Measles-Mumps-Rubella-Varicella), live									
12/20/2009	16:05	1		Nanette Brainiac, MD	Merck and Co., Inc		0/0/0		

20100505

Immunization Log

Purpose: Print the patient's name, date of birth, any adverse reaction information, the immunization type and the date administered. This report can be printed in three different ways, as described below. Regardless of where the Immunization Log is printed from, it will be routed to the printer set up to print All Notes in Chart Print Options (see the "Set Up Print and Fax Options" section of *e-MDs Solution Series Chart User Guide* for details). To print the report:

- Click the **Immunizations** button (with the green syringe icon) on the Chart toolbar to open the Immunizations window. Click the **Print** button on the Immunizations window toolbar, and choose **Immunization Log** from the menu.
- Click the **Print Patient Reports** button (with the printer and paper icon) on the chart toolbar, and choose **Immunization Log** from the menu.
- Print the report at the end of Chart Visit and Order Notes. Click the **Conclude Visit Note** button (with the clipboard and green checkmark icon) on the chart toolbar. When the Note Conclusion window opens, click the check box next to **Immunization Log**.

Report Location: Chart > *Open Patient Chart* > Immunizations > Print > Immunization Log

Typical Frequency: As Needed

Heal with Steel Health Center 8789 Apple Blossom, Cedar Park, TX 78613-1234 (512)135-7901	
Immunization Record	
Patient Name: Allgood, Ivan	Account Number: ALLIVA0001
Home Address: 11 Carolina Jessamine Court Wimberley TX 78676	
Home Phone: (878)908-0990	
Date Of Birth: 09/09/195	
Immunization Type	Date Administered
DTP (Diphtheria-Tetanus-whole cell Pertussis)	10/6/2010

Immunization Lot Number Report

Purpose: Provide information about immunizations. The report includes the Vaccine name, Lot Number, Expiration Date, Date Given, Patient Name, Patient Age, Patient DOB, Patient Home Address and Patient Phone Number. The report was initially intended to allow users to look for patient's that were given a vaccination from a specific lot number however with the additional filters this can be a much more flexible report.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Immunization Lot Number Report

Filters: Vaccine Name, Lot Number, Expiration Date, a date range for Date Given and Patient Name.

Note: Unless looking for records within a certain date range or for a particular expiration date, always check the **Set to NULL value** checkbox for the **Start Range for Date Given, End Range for Date Given** and **Expiration Date** parameters respectively. Setting these date fields to NULL will return records for ALL DATES. The other parameter fields will return ALL records for that filter if the parameter field is left blank. For example if the **Lot Number** field is left blank, all records will display no matter what Lot Number is queried. If looking for a specific Lot Number, set the date parameters to NULL and leave all other parameter fields blank EXCEPT the **Lot Number** field.

Typical Frequency: As Needed

Vaccine	Lot #	Expire Date	Date Given	Patient	Age	DOB	Address	City/State/Zip	Home Phone
Adacel			06/24/2008	Abv, Aob A	37	02/02/1971	123 abv way	Austin, TX 78746	(512)342-5555
Adenovirus, type 7, live			02/26/2008	Bailey, Brianna C	36	07/17/1971	98419 W Always Avenue	Round Rock, TX 78664	(045)755-4053
Adenovirus, type 7, live	4464	07/01/2009	05/07/2008	Doe, John	55	05/27/1953	[N/A]	[N/A], [N [N/A]	[N/A]
Anthrax	3	01/05/2010	05/05/2008	Achy, Betty	33	01/01/1975	234 Test	Bastrop, TX 78002	(512)222-2222
Anthrax	3	01/05/2010	05/07/2008	Doe, John	55	05/27/1953	[N/A]	[N/A], [N [N/A]	[N/A]
Diphtheria toxoid	Tech4143	10/01/2009	05/07/2008	Doe, John	55	05/27/1953	[N/A]	[N/A], [N [N/A]	[N/A]
DTaP	20	12/31/2010	01/21/2008	Miller, Felicia123456789	5	05/09/2003	303 Benningtonwood Parkwz	Austin, TX 78728	(512)300-0000
DTaP-Hib	109	12/31/2008	01/15/2008	Miller, Felicia123456789	5	05/09/2003	303 Benningtonwood Parkwz	Austin, TX 78728	(512)300-0000
DTaP-Hib	109	12/31/2008	01/15/2008	Plummer, Baby Kitten	2	11/07/2005	111 baby kitten lane	Canyon Lake, TX 78133	(512)234-5345
Hepatitis A, (pedi/adol 2 dose)	0397 GL	06/25/2009	03/19/2008	Three, Steven	3	03/17/2005	1306 Volente Parkway	Cedar Park, TX 78613	(512)652-1856
IPO L	6214365	05/31/2009	05/07/2008	Doe, John	55	05/27/1953	[N/A]	[N/A], [N [N/A]	[N/A]
PNEUMOVAX 23	MSD2345	10/01/2008	03/13/2008	LaFont, Anna	55	01/06/1953	85903 Brookhollow	Cedar Park, TX 78613	(266)386-5083
Td (Tetanus-Diphtheria toxoids)	10	12/31/2008	05/07/2008	Doe, John	55	05/27/1953	[N/A]	[N/A], [N [N/A]	[N/A]
Tdap (Tetanus toxoid, reduced DTaP :		12/31/2008	01/25/2008	Miller, BillFin1 Lee	49	01/11/1959	202 Ridgeway Ave	Austin, TX 78728	(512)300-9000
Tetanus toxoid adsorbed	MTH8232355	12/01/2009	05/07/2008	Doe, Jane	23	05/27/1985	123 Tester Lane	Austin, TX 78705	[N/A]
Tetanus toxoid adsorbed			05/07/2008	Doe, John	55	05/27/1953	[N/A]	[N/A], [N [N/A]	[N/A]
Tubersol			04/14/2008	.	(1)	[N/A]	[N/A]	[N/A], [N [N/A]	(230)555-2729

Lot Number: All Lot Numbers
 Vaccine: All Vaccines
 Expiration Date: On or After 6/26/2008
 Range for Date Given: 1/1/2008 to 6/26/2008
 Patient: All Patients

Print Date: 6/26/2008, 5:17:46 PM
 Page: 1 of 1
 Number of Records: 17

Immunization Lot Number Report

Influenza Immunization

Purpose: Determine the percentage of patients of a specified minimum age who received an influenza immunization during the flu season. Enter a minimum age and a maximum age when running the report. The patient must reach the minimum age as of the qualifying visit date.

This report has a "Report Type" parameter for PQRI reporting and Meaningful use reporting. When the report is used for PQRI report, there are certain CPT codes that are not in the Physician Fee Schedule, therefore are not allowed to be counted in the denominator. When PQRI is selected as a report type, select the Insurance Class of MDC or MCC. When the report is used for Meaningful Use reporting, Report Type "All" is selected and the CPT codes that are not covered in the Physician Fee Schedule will be included in the denominator of the report. When the Report Type "All" is selected, then select "All" for Insurance class.

Description: Percentage of patients aged 50 years and older who received an influenza immunization

Crystal Report Title: Influenza Immunization

Clinical Quality Measure Title: Preventive Care and Screening: Influenza Immunization for Patients > 50 Years Old

Numerator: The patient will be counted in the numerator of the report if they have evidence of receiving the influenza immunization during the reporting period. This is documented by the evidence of a CPT or ICD in Chart Visit and Order Notes or invoices. The patient may also be in the numerator if there is evidence of the influenza immunization in the immunization module.

The ICD-9 codes indicative of the influenza immunization are: V04.81, V06.6

The CPT/HCPCS codes indicative of the influenza immunization are: 90655, 90656, 90657, 90658, 90659, 90660, 90661, 90662, 90663, 90664, 90666, 90668, 90648, G8108, G0008, G8483, 4037F, G8482, 1030F, G8639, G8640, Q2035, Q2036, Q2037, Q2038, Q2039

Any immunization recorded the immunizations module which has a description starting with "Influenza."

Eligible Patient Criteria (Denominator): The eligible patient will be ages 50 years or older who have had at least one encounter using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99386, 99387, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429.

NQF/PQRI Number: NQF 0041/PQRI 110

Exclusions: The patient must be excluded from the denominator of the report if he/she has ever been diagnosed with an allergic reaction to the influenza immunization. This can be documented by an ICD in the problems list, a CPT/HCPCS in the qualifying visit documenting the CPT/HCPCS code for not administering the immunization, or the presence of a drug allergy to the influenza immunization.

The ICD-9 codes indicative of this allergy include: 995.68, 995.29, 995.0, 999.5, or V15.03

The CPT/HCPCS codes indicative of this allergy include:

4037F1P, 4037F2P, 4037F3P, G8109, G8110, DQ460P, DQ470P, G8484, G8638, G8640

The presence of an allergy with one of the following descriptions: Fluzone, Fluvirin, Agriflu, Afluria, Fluarix, FluLaval, FluMist, Influenza.

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99386

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Influenza Immunization

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later.

IVD – Blood Pressure Management Control

Purpose: To calculate the percentage of patients of a specified age range with Ischemic Vascular Disease (IVD) who had most recent blood pressure in control (less than 140/90 mmHg).

Description: The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose most recent blood pressure is in control (<140/90 mmHg).

Crystal Report Title: IVD - Blood Pressure Management Control

Clinical Quality Measure Title: Ischemic Vascular Disease (IVD): Blood Pressure Management

Numerator: Physical exam finding: diastolic blood pressure MINIMUM value < 90 mmHg during MOST RECENT encounter (acute inpt and outpt) documented in vitals module and FlowSheet

AND

Physical exam finding: systolic blood pressure MINIMUM value < 140 mmHg during MOST RECENT encounter (acute inpt and outpt) documented in vitals module and FlowSheet

Eligible Patient Criteria (Denominator): Age Range: All patients who will reach the age of 18 during the reporting period

Procedure performed: PTCA (Percutaneous Transluminal Cardiac Angioplasty 33140, 92980, 92982, 92995) 14 to 24 months before the reporting period end date

OR

Encounter (acute inpt 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291): 14 to 24 months before the reporting period end date for acute myocardial infarction (410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)

OR

Encounter (acute inpt): 14 to 24 months before the reporting period end date (99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Procedure performed: CABG (Coronary Artery Bypass Graft) 14 to 24 months before the reporting period end date (33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536)

OR

Encounter (acute inpt and outpt) <=2 years before reporting period end date (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Diagnosis: ischemic vascular disease (434.00, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.8, 414.9, 429.2, 433.0, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.01, 434.10, 434.11, 434.90, 434.91, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.4, 444.0, 444.1, 444.21, 444.22, 444.81, 444.89, 444.9, 445.01, 445.02, 445.8, 445.81) during acute inpt and outpt encounter.

NQF/PQRI Number: NQF 0073/PQRI 201

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > IVD - Blood Pressure Management Control

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

IVD – Complete Lipid Panel and LDL Control

Purpose: To calculate percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1 – November 1 of the year prior to the measurement year.

Description: The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1– November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C was <100 mg/dL.

Crystal Report Title: IVD-Complete Lipid Panel and LDL Control

Clinical Quality Measure Title: Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control

Numerator:

Numerator #1: Laboratory test performed: LDL test (80061, 83700, 83701, 83704, 83721)

OR

Laboratory test performed: High Density Lipoprotein (HDL 83701) AND Laboratory test performed: total cholesterol (82465) AND: Laboratory test performed: triglycerides (84478)

Numerator #2: Laboratory test performed: LDL test value < 100 mg/dL (80061, 83700, 83701, 83704, 83721)

OR

Laboratory test performed: triglycerides value < 400 mg/dL AND (Laboratory test performed: total Cholesterol value – High Density Lipoprotein (HDL) value – triglycerides value/5) < 100 mg/dL

Eligible Patient Criteria (Denominator):

Age Range: All patients who will reach the age of 18 during the reporting period.

Procedure performed: PTCA (Percutaneous Transluminal Cardiac Angioplasty 33140, 92980, 92982, 92995) 14 to 24 months before the reporting period end date

OR

Encounter (acute inpt 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291): 14 to 24 months before the reporting period end date for acute myocardial infarction (410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)

OR

Encounter (acute inpt): 14 to 24 months before the reporting period end date (99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Procedure performed: CABG (Coronary Artery Bypass Graft) 14 to 24 months before the reporting period end date (33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536)

OR

Encounter (acute inpt and outpt) <=2 years before reporting period end date (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394,

99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Diagnosis: ischemic vascular disease (434.00, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.8, 414.9, 429.2, 433.0, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.01, 434.10, 434.11, 434.90, 434.91, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.4, 444.0, 444.1, 444.21, 444.22, 444.81, 444.89, 444.9, 445.01, 445.02, 445.8, 445.81) during acute inpt and outpt encounter

NQF/PQRI Number: NQF 0075

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > IVD – Complete Lipid Panel and LDL Control

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

IVD – Use of Aspirin or another Antithrombotic

Purpose: To calculate the percentage of patients of a specified age range with Ischemic Vascular Disease (IVD) who have documentation of use of aspirin or another antithrombotic during the reporting period.

Description: The percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.

Crystal Report Title: IVD – Use of Aspirin or another Antithrombotic

Clinical Quality Measure Title: Ischemic Vascular Disease (IVD): Use of Aspirin or another Antithrombotic

Numerator: The numerator will be the patients who were prescribed an oral anti-platelet therapy during the reporting period. These medications include: Aspirin(ASA), Bayer, Bayer Children’s Aspirin, Ecotrin, Ecotrin Low Strength Adult, Ecotrin Maximum Strength, Halfprin, Maximum Bayer Aspirin, St. Joseph Adult Chewable, ZORprin, Warfarin Sodium, Coumadin, Jantoven, Clopidogrel, Plavix, Dipyridamole, Persantine, Prasugrel, Effient Ticlopidine HCl, Ticlid, Dipyridamole/Aspirin, Aggrenox

Eligible Patient Criteria (Denominator):

Age Range: all patients who will reach the age of 18 during the reporting period

Procedure performed: PTCA (Percutaneous Transluminal Cardiac Angioplasty 33140, 92980, 92982, 92995) 14 to 24 months before the reporting period end date

OR

Encounter (acute inpt 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291): 14 to 24 months before the reporting period end date for acute myocardial infarction (410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91)

OR

Encounter (acute inpt): 14 to 24 months before the reporting period end date (99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Procedure performed: CABG (Coronary Artery Bypass Graft) 14 to 24 months before the reporting period end date (33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33533, 33534, 33535, 33536)

OR

Encounter (acute inpt and outpt) <=2 years before reporting period end date (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Diagnosis: ischemic vascular disease (434.00, 411.0, 411.1, 411.81, 411.89, 413.0, 413.1, 413.9, 414.00, 414.01, 414.02, 414.03, 414.04, 414.05, 414.06, 414.07, 414.2, 414.8, 414.9, 429.2, 433.0, 433.01, 433.10, 433.11, 433.20, 433.21, 433.30, 433.31, 433.80, 433.81, 433.90, 433.91, 434.01, 434.10, 434.11, 434.90, 434.91, 440.1, 440.20, 440.21, 440.22, 440.23, 440.24, 440.29, 440.4, 444.0, 444.1, 444.21, 444.22, 444.81, 444.89, 444.9, 445.01, 445.02, 445.8, 445.81) during acute inpt and outpt encounter

(99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291).

NQF/PQRI Number: NQF 0068/PQRI 204

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > IVD – Use of Aspirin or another Antithrombotic

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Lab Reports

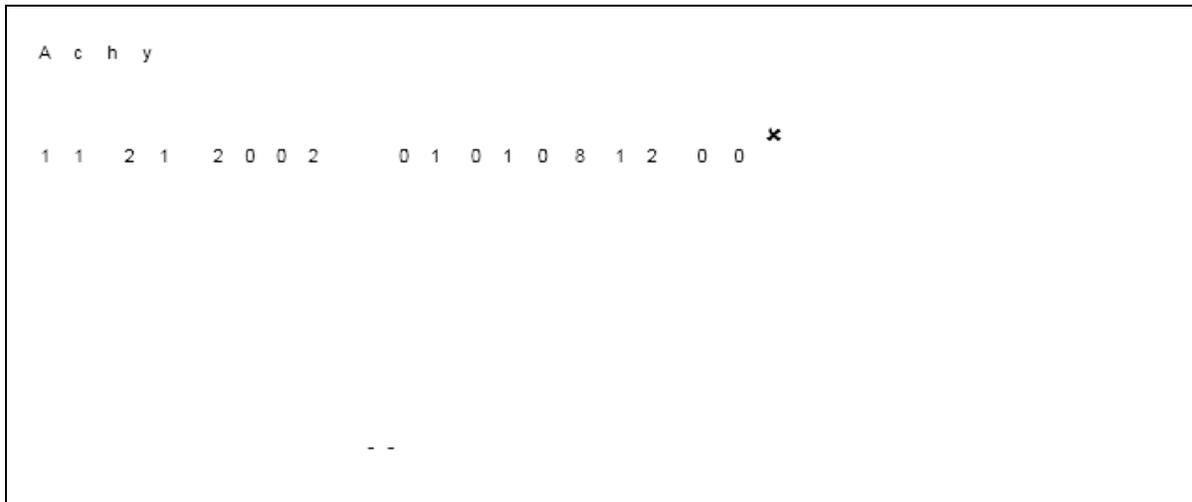
Purpose: Provide the ability to print information on laboratory order forms. This is a great timesaving feature of e-MDs Bill.

These are lab requisition forms for Clinical Pathology Laboratories, a regional company serving many Texas clinics.

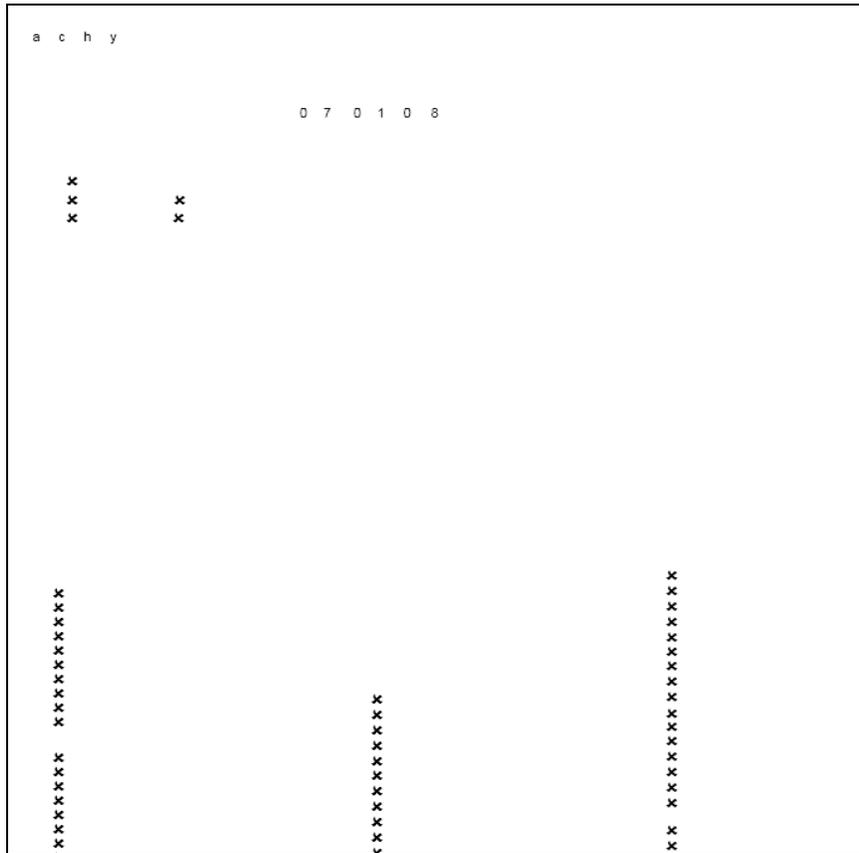
Report Location: Bill > Reports > Lab Reports > CPL (R3); CPL (R4); CPL (R5); CPL (R11)

Typical Frequency: As Needed

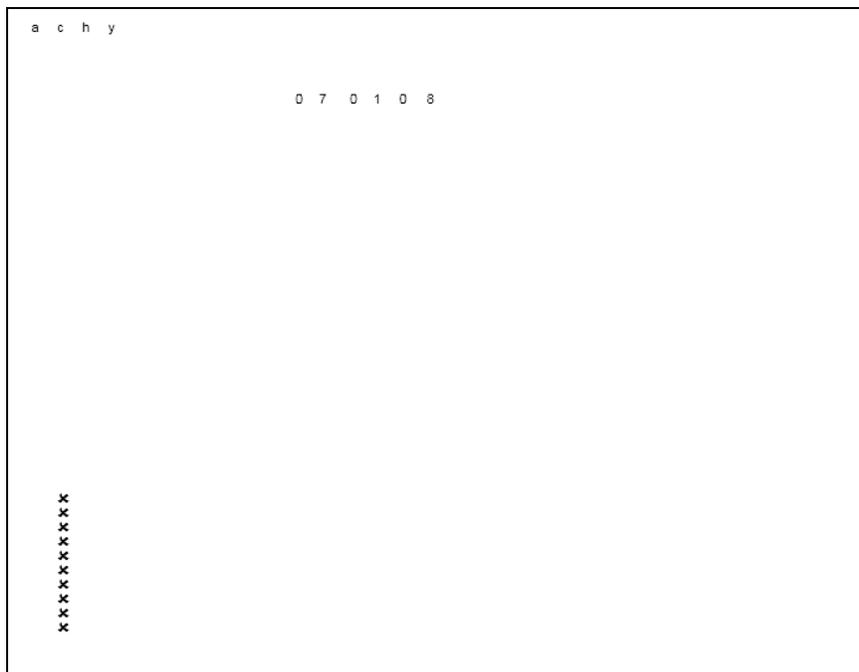
CPL(R3)



CPL(R5)



CPL(R11)



Lab Requisition

Purpose: Generate lab requisition form for PAML labs. This prints patient demographics, Insurance information, guarantor info, and provider demographics to the PAML preprinted tractor feed requisition form.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Lab Requisition

Typical Frequency: As Needed

Parameters Used for Sample Report: Start Date (01/01/2009), End Date (12/31/2009), Patient (All Patients), Ordering Provider (All Providers)

Smith, Emily,	
X	06 16 76 3 8 3 7 3 8 8 9 2
S M I E M I O O O 1	
Smith, Danielle	
2 1 4 B a n a n a B l v d .	5 1 2 9 3 8 7 3 7 8
S a n M a r c o s T X	' 8 6 6 6
Amit	Amerihealth
01334120	42938403298
PO Box 200579	PO Box 41574
Austin, TX 78720-0579	Philadelphia, PA 19101-1574
	X
Killdear, Kelsey,	
8789 Apple Blossom	
Cedar Park, TX 78613-1234	
5121357901 x.123	

Lab Results in EHR as Structured Data

Provider Goal for Stage 1: **>40%**

Meaningful Use Requirement for Stage 1: *More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.*

Description: Reports on the number of labs ordered within the system that have positive/negative or numerical results and are received either from a Lab Interface with structured data (HL7) or entered manually in FlowSheets.

Denominator:

Labs must meet the following criteria to be considered for the denominator section of this measure.

All lab tests ordered during the EHR reporting period by the EP with CPT codes that are in the CPT range from 80000 – 88741. CPT codes that do not return results as positive, negative or numeric are excluded.

The CPT codes excluded are: 80500-80502, 86850-86999, 88000-88399

The report also excludes any CPT that is not due during the reporting period, and does not have a result documented as structured data. (If the lab is not due but does have a result and structured data it will place it in the denominator and numerator.)

Numerator:

Labs must meet the following criteria to be considered for the Numerator section of this measure.

If the Lab comes back through a Lab Interface:

Labs from the denominator qualify for the numerator of this report if the lab results come back from the lab and are attached to the original lab order and signed off.

If the Lab results come back through a Manual Process (fax, scan, etc.):

Labs from the denominator qualify for the numerator of this report if the lab results (scanned in image) are attached to the original order and a FlowSheet is created from the image of the lab results. These labs will only appear in the numerator if the lab order is linked to the lab result image and if the lab result image is linked to the FlowSheet.

If a result is manually entered into a FlowSheet but not linked to an image: (This can happen within 14 days of the original Visit of the patient. You can still get credit after 14 days if you use one of the 2 other processes which include linking the result to the original order.)

The FlowSheet data element must be linked to a Master Lab Code.

The Master Lab Code (MLC) must be linked to a CPT.

The lab order must exist in the visit note and be represented by a CPT code.

The report will query for the existence of a result in a FlowSheet that is linked to a CPT (via the MLC) in the patient's chart.

If a result exists whose data element is linked to a CPT code AND the result was entered within 14 days (excluding weekends and holidays) of the order, the patient will be included in the numerator of this report even if not linked to an image.

Note: Due to the nature of this query, this report could take longer to run.

Lab Tracking

Purpose: Track all labs ordered for patients by date range, provider, insurance class, lab test code or description, and lab status.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Lab Tracking

Typical Frequency: As Needed

Parameters Used for Sample Report: Date Range (01/01/2009 to 12/31/2009), Patient (All), Provider (All), InsClass (All), Test (All), Test Status (All), CPT/HCPCS Range From (00000), CPT/HCPCS Range To (ZZZZZ)

Provider	Code	Test	Patient	Ordered	Due	Status	Ins Class
<p>Date Range: 01/01/2009 to 12/31/2009 Provider: ALL Patient: ALL Insurance Class: ALL Test: ALL Overdue/Pending: ALL CPT/HCPCS Range: 00000 to ZZZZZ</p> <p style="text-align: right;">Printed: 02/26/2010 04:39PM Page: 3 of 5</p> <p style="text-align: center;">Lab Tracking Report</p>							
Killdear, Kelsey							
Heal with Steel Health Center							
In House							
			Smith, Abbie	04/07/09	04/21/09	Overdue	UTD
			Smith, Bryan H	04/10/09	04/24/09	Overdue	COM
			White, Eva	04/07/09	04/21/09	Overdue	BCS
85651		Sedimentation rate, non-automated	Head, Heather	07/01/09	07/15/09	Overdue	BCS
87070		GC, culture	Head, Heather	07/01/09	07/15/09	Overdue	BCS
87086		Urine Culture	Head, Heather	04/09/09	04/23/09	Overdue	BCS
Send Out							
43235		Upper gastrointestinal endoscopy, diagnostic	Smith, Bryan H	04/08/09	06/03/09	Overdue	COM
71020		Radiologic examination, chest, two views, frontal and lateral	Jones, Brian	04/07/09	04/28/09	Overdue	UTD
72040		Radiologic examination, spine, cervical; two or three views	Jones, Brian	04/03/09	04/24/09	Overdue	UTD
72070		Radiologic examination, spine; thoracic, two views	Smith, Abbie	04/02/09	04/23/09	Overdue	UTD
72156		Magnetic resonance imaging, spinal canal and contents, with and without contrast, cervical	Jones, Brian	04/03/09	04/24/09	Overdue	UTD

Lab Tracking Analysis

Purpose: Track all labs ordered for patients by date range, provider, insurance class, lab test code or description, and lab status. Shows routing facility as well as crosstab by routing facility for In-House, Send Out, and Send Out – Billable.

Typical Frequency: As Needed

Provider Code	Test	Patient	Ordered	Due	Status	Received	Ins Class	Routing Facility
<p>Date Range: 06/01/2008 to 07/02/2008 Printed: 07/02/2008 10:07AM Provider: ALL Page: 2 of 6 Patient: ALL Insurance Class: ALL Test: ALL Lab Status (Pending/Overdue/Received): ALL Lab Type (In House/Send Out/Send Out - Billable): ALL Routing Facility: ALL</p> <p style="text-align: center;">Lab Tracking Analysis Report</p>								
Burns, Christine								
Eskimo Test Clinic								
In House								
80061	Lipid panel (total cholesterol, HDL, triglycerides)	Achy, Betty	07/01/08	07/15/08	Pending			SAB
Total In House: 1								
Send Out								
80048	BMP panel C a 82310, C O2 82374, C I 82435, C r 82565, G I 82947, K 84132, N a 84295, BUN 84520)	Achy, Betty	07/01/08	07/15/08	Pending			
82043	Urine microalbumin, quantitative	Achy, Betty	07/01/08	07/15/08	Pending			
82044	Microalbumin, semiquantitative	Achy, Betty	07/01/08	07/15/08	Pending			
Total Send Out: 1								
Total for Eskimo Test Clinic: 4								
Northwest Diagnostic Clinic @e-MDs								
In House								
78000	Thyroid uptake; single determination	Fegan, Albert C	06/03/08	06/24/08	Overdue			
Total In House: 1								
Total for Northwest Diagnostic Clinic @e-MDs: 1								
Total for Burns, Christine : 5								

LDL Control in Diabetes Mellitus

Purpose: Calculate percentage of patients aged 18 through 75 years with diabetes mellitus who had most recent LDL-C level in control (less than 100 mg/dL).

Please note the report has a “Report Type” parameter that addresses the fact that these reports can be used for PQRI reporting as well as Meaningful use reporting. When the report is used for PQRI report, there are certain CPT codes that are not in the Physician Fee Schedule, therefore are not allowed to be counted in the denominator. When PQRI is selected as a report type, select the Insurance Class of MDC or MCC. When the report is used for Meaningful Use reporting, then the “Report Type” is selected as ALL and the CPT codes that are not covered in the Physician Fee Schedule are included in the denominator of the report. When the “Report Type” is selected as ALL, then the Insurance class selected is ALL.

Description: The percentage of patients 18–75 years of age with diabetes (type 1 or type 2) who had LDL-C <100mg/dL.

Crystal Report Title: LDL Control in Diabetes Mellitus

Clinical Quality Measure Title: Diabetes: LDL Management & Control

Numerator 1: The patient will appear in the numerator of this report if they have documentation of one of the following CPT codes: 80061, 83700, 83701, 83704, 83721 OR an LDL result of any value documented in FlowSheets.

Numerator 2: The patient will appear in the numerator of this report if they have documentation of one of the following CPT codes: 80061, 83700, 83701, 83704, 83721 WITH documentation of LDL < 100 mg/dl. This will be a result documented in a patient FlowSheet.

Eligible Patient Criteria (Denominator): The eligible Patient will have an active diagnosis of Diabetes Mellitus: 250.00, 250.01, 250.02, 250.03, 250.10, 250.11, 250.12, 250.13, 250.20, 250.21, 250.22, 250.23, 250.30, 250.31, 250.32, 250.33, 250.40, 250.41, 250.42, 250.43, 250.50, 250.51, 250.52, 250.53, 250.60, 250.61, 250.62, 250.63, 250.70, 250.71, 250.72, 250.73, 250.80, 250.81, 250.82, 250.83, 250.90, 250.91, 250.92, 250.93, 357.2, 362.01, 362.02, 362.03, 362.04, 362.05, 362.06, 362.07, 366.41, 648.00, 648.01, 648.02, 648.03, 648.04

AND

Have a minimum of 2 encounters using one of the following encounter codes: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

OR

G0270, G0271.

NQF/PQRI Number: NQF 0064/PQRI 2

Exclusions: Patients whom should be excluded from the denominator of this report are those patients who are: Diabetes patients with a diagnosis of polycystic ovaries, gestational diabetes, and/or steroid induced diabetes: 249.00, 249.01, 249.10, 249.11, 249.20, 249.21, 249.30, 249.31, 249.40, 249.41, 249.50, 249.51, 249.60, 249.61, 249.70, 249.71, 249.80, 249.81, 249.90, 249.91, 251.8, 256.4, 648.80, 648.81, 648.82, 648.83, 648.84, 962.0

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 92002, 92004, 92012, 92014, 97802, 97803, 97804, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99241, 99282, 99283, 99284, 99285, 99291, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > LDL Control in Diabetes Mellitus

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Low Back Pain – Use of Imaging Studies

Purpose: Measure the percentage of patients who have a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT Scan) within 28 days of diagnosis.

Description: The percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.

Crystal Report Title: Low Back Pain – Use of Imaging Studies

Clinical Quality Measure Title: Low Back Pain: Use of Imaging Studies

Numerator: Absence of diagnostic study performed: imaging study, spinal ≤ 28 days after first diagnosis of low back pain during the reporting period (72010, 72020, 72052, 72100, 72110, 72114, 72120, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72158, 72200, 72202, 72220)

Eligible Patient Criteria (Denominator): 98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942

Age Range: 18-49 years

Encounter: 99281, 99282, 99283, 99284, 99285, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456, 98925, 98926, 98927, 98928, 98929, 98940, 98941, 98942

Diagnosis: low back pain FIRST occurrence during reporting period (721.3, 722.10, 722.32, 722.52, 722.93, 724, 724.02, 724.2, 724.3, 724.5, 724.7, 738.5, 739.3, 739.4, 846.0, 846.1, 846.2, 846.3, 846.8, 846.9)

MOST RECENT diagnosis: low back pain ≤ 180 days before FIRST diagnosis of low back pain during reporting period

OR

Diagnosis: cancer ≤ 2 years before or simultaneously to reporting period end date

OR

Diagnosis: trauma ≤ 2 years before or simultaneously to reporting period end date

Diagnosis: IV drug user ≤ 2 years before or simultaneously to reporting period end date

Diagnosis: neurologic impairment ≤ 2 years before or simultaneously to reporting period end date (344.60, 729.2)

NQF/PQRI Number: NQF 0052

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Low Back Pain – Use of Imaging Studies

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Medicaid MU Incentive - RHC

Purpose: To provide data that can be used in determining eligibility for Medicaid MU incentive. Report is designed to count total number of patient encounters as well as number of face-to-face encounters with patients for whom Medicaid is identified as primary, secondary, or tertiary insurance. Counts are grouped by facility and provider. Report displays number of total encounters, number of Medicaid encounters, and percentage of Medicaid encounters.

Medicaid insurance(s) can be defined at run-time. If the word "Medicaid" is contained in the insurance name, that insurance is automatically included as an insurance parameter. Users can specify other keywords in insurance names to identify their other "Medicaid" insurances. More than one insurance can be specified; insurance names must be separated by a semi-colon.

This report pulls data from the CHART module, not the BILL module. This enables the report to capture visit counts rather than invoice counts. To see the detail for each provider, click the provider's name in the first column of the output.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Medicaid MU Incentive - RHC

Typical Frequency: Monthly or Quarterly

Parameters Used for Sample Report: Start Date (01/01/2010), End Date (12/31/2012), Insurance (Medicaid), Note Type (Blank), ViewerLoginID (Blank)

Medicaid MU Incentive - RHC			
Facility: ALL			Printed: 09/14/2012 10:26AM
Provider: ALL			Page: 1 of 1
Date Range: 1/1/2010 to 12/31/2012			Print User:
Medicaid Insurance(s): Medicaid			
Note Type(s): ALL			
Austin Regional Clinic ENT			
Bowling, Bernard	Medicaid Count: 0	Total Count: 1	Medicaid: 0%
Austin Regional Clinic ENT	Medicaid Count: 0	Total Count: 1	Medicaid: 0%
Bleeding Edge Trauma Center			
Allthework, Dew Middle	Medicaid Count: 4	Total Count: 30	Medicaid: 13%
Bowling, Bernard	Medicaid Count: 24	Total Count: 27	Medicaid: 89%
Cardio, Kevin	Medicaid Count: 69	Total Count: 208	Medicaid: 33%
Duitrite, Thomas D	Medicaid Count: 0	Total Count: 11	Medicaid: 0%
Helper, Heather	Medicaid Count: 1	Total Count: 13	Medicaid: 8%
Killdear, Kelsey	Medicaid Count: 0	Total Count: 3	Medicaid: 0%
Yee, Tom	Medicaid Count: 1	Total Count: 32	Medicaid: 3%
Bleeding Edge Trauma Center	Medicaid Count: 99	Total Count: 322	Medicaid: 31%
Heal with Steel Health Center			
Allthework, Dew Middle	Medicaid Count: 19	Total Count: 36	Medicaid: 53%
Bowling, Bernard	Medicaid Count: 10	Total Count: 39	Medicaid: 26%
Brainiac, Nanette	Medicaid Count: 17	Total Count: 56	Medicaid: 30%
Cardio, Kevin	Medicaid Count: 84	Total Count: 347	Medicaid: 24%
Duitrite, Thomas D	Medicaid Count: 3	Total Count: 15	Medicaid: 20%
Endocrin, Edward	Medicaid Count: 1	Total Count: 9	Medicaid: 11%
Killdear, Kelsey	Medicaid Count: 5	Total Count: 5	Medicaid: 100%
Yee, Tom	Medicaid Count: 1	Total Count: 5	Medicaid: 20%
Heal with Steel Health Center	Medicaid Count: 140	Total Count: 512	Medicaid: 27%
Tom Clinic 1 Clinic 1 Clinic 103912			
Yee, Tom	Medicaid Count: 0	Total Count: 20	Medicaid: 0%
Tom Clinic 1 Clinic 1 Clinic 103912	Medicaid Count: 0	Total Count: 20	Medicaid: 0%

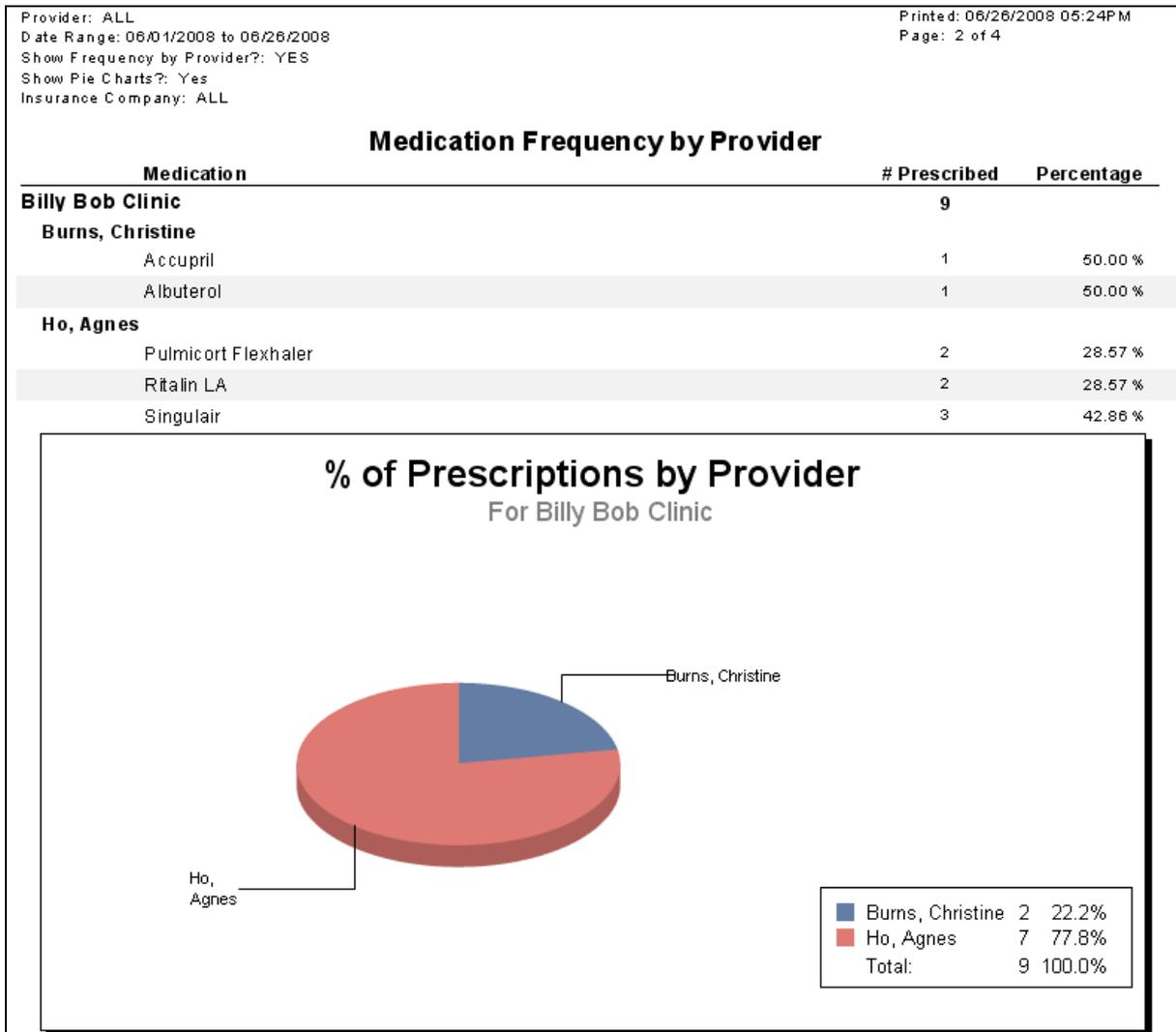
Medication Frequency by Provider

Purpose: List medications prescribed, broken down by facility and optionally by provider, and the frequency for which that medication is prescribed. An optional pie chart shows the total percentage of all prescriptions by provider. There is a total count of prescriptions written for each medication and facility as well as the percentage it represents by provider. Double-clicking on a medication will give details of which patients were prescribed the medication.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Medication Frequency by Provider 6.2

Filters: Prescribed date range, provider and patient insurance.

Typical Frequency: As Needed



Medication List Maintenance

Provider Goal for Stage 1: >80%

Meaningful Use Requirement for Stage 1: More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data.

Description: Reports on unique patients that have at least one medication entry, or the documentation of No Known Medications recorded as structured data.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

The Patient will appear in the numerator of this report if they have at least one medication in their medication list in the Visit/HS section of the chart. If the patient does not have any medications, the box for No Known Medications (NKM) may be checked and the patient will be included.

Medication Reconciliation Performed

Provider Goal for Stage 1: **>50%**

Meaningful Use Requirement for Stage 1: *The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).*

Description: Reports on the performance of medication reconciliation when patients are transitioned into the care of the EP.

Denominator:

The patient must meet the following criteria to be considered for the denominator section of this measure.

- A new custom code (CPT-No Note TCARE) has been added to chief complaint templates to ease the documentation of these types of transitions. This code is under the item Transition of Care (a burnt orange star is directly in front of the item indicating Meaningful Use criterion). Once the code has been added to the patient's record the patient qualifies for the denominator. The text describing the transition will generate in the chief complaint portion of the visit note, but no CPT code will be visible or transferred to an invoice.

The transition of care CPT Codes are:

TCARE1 Transfer of Care from Emergency Department

TCARE2 Transfer of Care from Inpatient Hospital

TCARE3 Transfer of Care from Skilled Nursing Facility

TCARE4 Transfer of Care from Specialist

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

- New functionality has been added to the Health Summary under current medications. A new icon named labeled Med Rec allows the user to perform medication reconciliation. Once medication reconciliation has been performed, the patient qualifies for the numerator. The medication reconciliation can occur before or after the TCARE CPT-No Note has been added to the note through the CC. The report queries for the performance of a medication reconciliation when the TCARE code is used in the chief complaint. This action may be performed by any user.
- The Med Rec must be performed on the same day as the Transition of Care.

The report query reads the AUDIT trail to determine if a Med Rec was performed, so it is **imperative** that the chart Audit trails remain ON at all times during the reporting period.

MDD: Antidepressant Medication During Acute Phase

Purpose: To measure the percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

Description: The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression (Major Depressive Disorder “MDD”), treated with antidepressant medication, and who remained on an antidepressant medication treatment.

Crystal Report Title: MDD - Antidepressant Med During Acute Phase

Clinical Quality Measure Title: Anti-depressant medication management: (a) Effective Acute Phase Treatment, (b) Effective Continuation Phase Treatment

Numerator:

Numerator #1: MINIMUM, antidepressant medication dispensed \geq 84 days after the FIRST Diagnosis of major depression (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.1, 311)

Numerator #2: MINIMUM, antidepressant medication dispensed \geq 180 days after the FIRST Diagnosis of major depression (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.1, 311)

Eligible Patient Criteria (Denominator):

Age Range: All patients who will reach the age of 18 or greater as of April 30 of the reporting period

FIRST Diagnosis: major depression, priority = Principal, \leq 245 days before the reporting period and \geq 245 days before or simultaneously to the reporting period end date (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.1, 311)

Encounter: 1 outpatient (99281, 99282, 99283, 99284, 99285, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99510)

OR

FIRST Diagnosis: major depression, priority is not Principal, \leq 245 days before the reporting period and \geq 245 days before or simultaneously to the reporting period end date (296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.1, 311)

Encounter: 2 outpatient (90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 98960, 98961, 98962, 99078, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99510) or 1 acute/non acute inpatient (99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291)

AND

Medication: antidepressant medication prescribed before FIRST Diagnosis major depression \leq 30 days

AND

After FIRST Diagnosis major depression \leq 14 days - WITHOUT- Diagnosis: major depression before or simultaneously to FIRST Diagnosis major depression \leq 120 days (Major depression diagnoses

296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, 298.0, 300.4, 309.1, 311)

OR

Diagnosis: depression before or simultaneously to FIRST Diagnosis major depression <=120 days (Depression diagnoses 296.26, 296.36, 296.4, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.5, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.6, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.8, 296.80, 296.81, 296.82, 296.89, 296.9, 296.90, 296.99, 309.0, 309.28)

NQF/PQRI Number: NQF 0105/PQRI 9

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > MDD: Antidepressant Medication During Acute Phase

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

OB – Financial Analysis Report

Purpose: Group data by facility, insurance class and the user's choice via the **Grouping** parameter (patient or provider). A count of deliveries per facility will be listed at the end of each section. This will also apply to providers if the user chose provider for the **Grouping** parameter. Total dollar amounts are listed for each insurance class, facility and either the patient or provider, depending on the user's choice for the **Grouping** parameter.

Typical Frequency: As Needed

OB-Financial Analysis Report												
Date Range: 7/2/2007 to 7/2/2008											Page: 1 of 2	
Charge Range: 00000 to ZZZZZ											Print Date: 7/2/2008, 10:53:54AM	
Patient: All												
Provider: All												
Facility: All												
Insurance Class: All												
Grouping: Provider												
Name	EDD	Delivery Date	Invoice No.	DOS	Charges	Billed	Allowed	Payment	Adjustment	Pmt./Adj. Date	I/P	Balance
Provider: Burns, Christine			Facility: Adult And Pediatric Urology						Insurance Class:			
Davis, Annie H (Patient)	6/16/08	N/A	81,652	10/04/07	99212	\$56.00	\$56.00	\$0.00	\$0.00			\$56.00
	6/16/08	N/A	81,654	10/04/07	99211	\$37.00	\$37.00	\$0.00	\$0.00			\$37.00
Totals for Provider: Burns, Christine					\$93.00	\$93.00	\$0.00	\$0.00				
Count of deliveries for Burns, Christine is 1 .												
Totals												
Insurance Class:						\$93.00	\$93.00	\$0.00	\$0.00			
Facility: Adult And Pediatric Urology						\$93.00	\$93.00	\$0.00	\$0.00			
Count of deliveries for Adult And Pediatric Urology is 1 .												

OB-Financial Analysis Report												
Date Range: 7/2/2007 to 7/2/2008											Page: 1 of 2	
Charge Range: 00000 to ZZZZZ											Print Date: 7/2/2008, 10:53:54AM	
Patient: All												
Provider: All												
Facility: All												
Insurance Class: All												
Grouping: Provider												
Name	EDD	Delivery Date	Invoice No.	DOS	Charges	Billed	Allowed	Payment	Adjustment	Pmt./Adj. Date	I/P	Balance
Provider: Burns, Christine			Facility: Adult And Pediatric Urology						Insurance Class:			
Davis, Annie H (Patient)	6/16/08	N/A	81,652	10/04/07	99212	\$56.00	\$56.00	\$0.00	\$0.00			\$56.00
	6/16/08	N/A	81,654	10/04/07	99211	\$37.00	\$37.00	\$0.00	\$0.00			\$37.00
Totals for Provider: Burns, Christine					\$93.00	\$93.00	\$0.00	\$0.00				
Count of deliveries for Burns, Christine is 1 .												
Totals												
Insurance Class:						\$93.00	\$93.00	\$0.00	\$0.00			
Facility: Adult And Pediatric Urology						\$93.00	\$93.00	\$0.00	\$0.00			
Count of deliveries for Adult And Pediatric Urology is 1 .												

OB – Monthly EDD Report

Purpose: List pregnant patients by EDD (due date) within a given date range.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > OB-Monthly EDD Report

Data: EDD and patient data including name, age, GP, delivery facility, problems, risks, delivery month, provider, facility, and insurance.

Grouped by: EDD, provider and internal medical facility, totals for each section to show estimated deliveries for the month.

Filters: Date range, provider, facility, patient primary insurance company or class.

Note: There is an option to show patient insurance information. Patients are marked as pregnant in the OB-GYN tab of vitals in Chart.

Typical Frequency: As Needed

OB-Monthly EDD Report						
Estimated deliveries from 1/1/2008 to 6/25/2008						
Provider: All Internal Medical Facility: All Insurance Class: All Insurance Company: All				Page: 1 of 3 Print Date: 6/25/2008, 4:10:04PM		
EDD	Patient	Age	GP	Delivery Facility	Problems	Risks
Delivery Month: <i>February 2008</i>				Provider: <i>Abbott, Abby</i>		Internal Facility: <i>{Unknown}</i>
Insurance Class and Company		Prudential				
02/02/08	Edwards, Anna D	53	G0P0000	OAKDALE COMMUNITY HOSPITAL	Pregnancy, routine visit	
				Provider: <i>Burns, Christine</i>		Internal Facility: <i>Northwest Diagnostic Clinic @e-MDs</i>
Insurance Class and Company		BCS Tricare Prime Remote				
02/05/08	Miller, OBGYN9	28	G1P0101	OAKDALE COMMUNITY HOSPITAL		
				Provider: <i>Burns, Christine</i>		Internal Facility: <i>Adult And Pediatric Urology</i>
Delivery Month: <i>March 2008</i>				Provider: <i>Burns, Christine</i>		Internal Facility: <i>Adult And Pediatric Urology</i>
03/21/08	Miller, OBGYN1	27	G3P1202			
				Provider: <i>Franken, Stein J</i>		Internal Facility: <i>Austin Diagnostic Med Cntr</i>
Insurance Class and Company		N/A [Unknown]				
03/09/08	Howser, Doogie Chas	47	G0P0000			
				Provider: <i>Miller, Bryce</i>		Internal Facility: <i>Northwest Diagnostic Clinic @e-MDs</i>
Insurance Class and Company		Nylcare PPO San Antonio				
03/11/08	Hagood, Cynthia A	28	G0P0000			
				Provider: <i>Miller, Bryce</i>		Internal Facility: <i>Northwest Diagnostic Clinic @e-MDs</i>
						February 2008 Total Estimated Deliveries = 2
						March 2008 Total Estimated Deliveries = 3

Ohio Check Date

Purpose: Use this report in conjunction with the Ohio Prescription Log report and provide information about the last time the Log report was run.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Ohio Check Date

Typical Frequency: As Needed

Ohio Prescription Log Last Date Run

Your Ohio Prescription Log Report was last run on **11/21/2007 10:36:00AM**

At that time the date range of the report was **9/19/2007 3:20:00PM** to **11/15/2007 2:40:00PM**

Ohio Prescription Log

Purpose: Provide an audit trail of prescriptions based on a date range. The report has a signature line at the bottom for user review and verification signoff, and is intended to be used to satisfy legal requirements for faxed prescriptions in the state of Ohio.

Note: This report satisfies the certification requirement of the Ohio State Board of Pharmacy as an approved electronic transmission system.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Ohio Prescription Log

Typical Frequency: As Needed

Parameters Used for Sample Report: Start Date (04/27/2010), End Date (04/27/2010), Schedule (All Drugs), Prescriber (Blank), Agent (Blank), Patient (Blank)

Ohio Prescription Log												
Date Range: 04/27/2010 to 04/27/2010			Report last run on 04/26/2010 9:31:00AM for date range 04/26/2010 9:10:00AM to 04/26/2010 9:30:00AM						Print Date: 04/27/2010 10:19:46A			
Schedule: All Drugs									Page 1 of 1			
Prescriber: ALL									Print User: .			
Agent: ALL												
Patient: ALL												
Type	Date	Time	Patient/Account	Prescription	Qty.	Rf.	Sch.	Prescriber	Agent	Method	Pharmacy	
New Med.	04/27/2010	10:14:10	BACH, HIRAM A BACHIR0001	Vicodin (Hydrocodone/Acetaminophen) 5mg/500mg Tablet Take 1 to 2 tablet(s) by mouth q 4 to 6 hr prn #20 (Twenty) tablet(s)	20	0	3	Doctor, Devi	administrator	PRINT		
Send	04/27/2010	10:14:14	BACH, HIRAM A BACHIR0001	Vicodin (Hydrocodone/Acetaminophen) 5mg/500mg Tablet Take 1 to 2 tablet(s) by mouth q 4 to 6 hr prn #20 (Twenty) tablet(s)	20	0	3	Doctor, Devi	administrator	PRINT		
New Med.	04/27/2010	10:17:02	Sri2, Katta2 SRIKAT0001	Abatacept 250mg Powder for Injection this is for testing #10 (Ten) ml	10	1	0	Doctor, Devi	administrator	PHONE	Walgreen Drug Store - Oxford	
Refill Med.	04/27/2010	10:17:02	Sri2, Katta2 SRIKAT0001	Abatacept 250mg Powder for Injection this is for testing #10 (Ten) ml	10	1	0	Doctor, Devi	administrator	PHONE	Walgreen Drug Store - Oxford	
Send	04/27/2010	10:17:02	Sri2, Katta2 SRIKAT0001	Abatacept 250mg Powder for Injection this is for testing #10 (Ten) ml	10	1	0	Doctor, Devi	administrator	PHONE	Walgreen Drug Store - Oxford	
Stop Med.	04/27/2010	10:17:02	Sri2, Katta2 SRIKAT0001	Abatacept 250mg Powder for Injection this is for testing QS for 4 day(s)	0	0	0	Miller, George	administrator	PHONE	Walgreen Drug Store - Oxford	
Stop Med.	04/27/2010	10:14:53	Sri2, Katta2 SRIKAT0001	Darvocet-N 100 (Propoxyphene Napsylate/Acetaminophen) Tablet Take 1 tablet(s) by mouth q 4 to 6 hr prn #30 (Thirty) tablet(s)	30	2	4	Miller, George	administrator	PRINT		

I have reviewed and verified the above prescription information and found it to be accurate.

Signature _____ Date _____

Overdue Rules Report

Purpose: Serve as an enhanced Overdue Rules report. This report gives a list of patients that are overdue for the specified rule. Information provided with this report includes Patient Name, Gender, Age, DOB, Last test date, Home Address and Home Phone. Using the Crystal viewer, users can export the report to a file (such as an Excel spreadsheet) to be used for a mail merge letter.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Overdue Rules Report

Filters: New filters have been added to filter out patients with rules that have been waived, deferred or refused. In addition to the functionality stated below, this report also allows the user to filter the report to only show results for active patients. An active patient is defined as one that has been seen in the last x months. To filter for active patients, use the Time Interval parameter. This allows you to specify that the patient has had a visit (based on the presence of a Chart Visit and Ordered Note) within the last x months. For example, if **24** is indicated (this is the default value), the report will only show results for patients that have been seen in the last 24 months.

Typical Frequency: As Needed

Overdue Rule Report							
Number of Patients Overdue for Rule: 3708				Print Date: 6/26/2008, 5:47:30 PM			
Overdue Rule: All Rules				Page 1 of 156			
Patients with visits within the last 12 months							
Provider: All Providers							
No Provider Name Available							
CHLAMYDIA SCREEN at annual well woman exams							
Full Name	Sex	Age	DOB	Last Test Date	Address	e-mail	Home Phone
Jolie, Angelina	F	39	12/30/1968	Unknown	123 Test Drive Austin Texas, 78729	Unknown	(512)123-4567
COLONOSCOPY every 5-10 years for patients age 50 and older							
Full Name	Sex	Age	DOB	Last Test Date	Address	e-mail	Home Phone
TesterB WAGNER285, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212
TesterB WAGNER296, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212
TesterB WAGNER297, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212
TesterB WAGNER300, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212
TesterB WAGNER307, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212
TesterB WAGNER308, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212
TesterB WAGNER309, Al	M	57	01/01/1951	Unknown	1567 Main St Apt 555 Austin Texas, 78717	Unknown	(512)555-1212

Parkinson's Patient Falls from Current Problems

Purpose: List diagnosed Parkinson patients who have fallen in a set period of time.

Criteria:

- Any patient who does not have **Exempt from Report?** checked in the **Misc** tab of Patient Maintenance screen.
- Patient has current diagnosis of 332.0 listed under Current Problems, or entered into a chart note.
- Patient has current diagnosis of V15.83 listed under Current Problems, or entered into a chart note. (User will select how many times the patient has fallen in past 6 months).

When running this report, you are not prompted to enter any values. All of the requirements have been hard-coded for the purpose of this report.

Data: Patient name, Gender, Age, Date of Birth, Date the patient was diagnosed with Parkinson's, Description of number of falls, and Date the fall was documented in Past Medical History. A count of patients with Parkinson's that have fallen in the past 6 months is displayed at the top of the report.

Eligible Members Sub-report output will include: A list of patients with a current diagnosis of Parkinson's (ICD 332.0) including Patient name, Gender, Age, Date of Birth and a count of eligible members will display.

Typical Frequency: As Needed

Printed: 7/2/2008 5:58:08PM Page 1 of 1				
Parkinson's Patient Falls from Current Problems				
# Patients w/ Parkinson's fallen in past 6 months: 3				
Patient (Gender Age)	DOB	Date Diagnosed	Date fall documented	Description
Jackson, Jill F (F 70)	10/30/1938	04/03/2008	04/07/2008	3 falls in the last 6 months
LaFont, Angela U (F 46)	06/30/1962	03/28/2008	04/07/2008	4 falls in the last 6 months
Mercier, Leah M (F 53)	05/23/1955	03/28/2008	04/07/2008	2 falls in the last 6 months
Shaffer, Albert C (M 36)	06/04/1972	03/28/2008	04/07/2008	0 falls in the last 6 months
Eligible Members with Parkinson's Disease (332.0)				
Patient	DOB			
Acuna, Aaron A (M 5)	03/03/2003			
Jackson, Jill F (F 70)	10/30/1938			
LaFont, Angela U (F 46)	06/30/1962			
Mercier, Leah M (F 53)	05/23/1955			
Pannone, Aaron D (M 24)	12/28/1984			
Shaffer, Albert C (M 36)	06/04/1972			
Spain, Jane M (F 71)	12/28/1937			
Tam, River (F 28)	07/28/1980			
Waker, Anthony P (M 41)	08/25/1967			
Yanko, Aileen H (F 51)	07/28/1957			
# Eligible Members: 10				

Parkinson's Patients Fallen from PMH

Purpose: List diagnosed Parkinson patients who have fallen from PMH.

Criteria:

- Any patient who does not have **Exempt from Report?** checked in the **Misc** tab of Patient Maintenance screen.
- Patient has current diagnosis of **332.0** listed under Current Problems, or entered into a chart note.
- Patient has ICD code **V15.83** entered into Past Medical History section of Chart, under **Visit/HS** tab. (User will select how many times the patient has fallen in past 6 months.)

When running this report, the user is not prompted to enter any values. All of the requirements have been hard-coded for the purpose of this report.

Data: Patient name, Gender, Age, Date of Birth, Date the patient was diagnosed with Parkinson's, Description of number of falls, and Date the fall was documented in Past Medical History. A count of patients with Parkinson's that have fallen in the past 6 months is displayed at the top of the report.

Eligible Members Sub-report output will include: All list of patients with a current diagnosis of Parkinson's (ICD 332.0) including Patient name, Gender, Age, Date of Birth and a count of eligible patients will display.

Typical Frequency: As Needed

Printed: 7/2/2008 5:58:06PM Page 1 of 1				
Parkinson's Patient Falls from Past Medical History				
				# Patients w/ Parkinson's fallen in past 6 months: 2
Patient (Gender Age)	DOB	Date Diagnosed	Description	Date Documented
Jackson, Jill F (F70)	10/30/1938	04/03/2008	1 fall in the last 6 months	04/07/2008
Mercier, Leah M (F53)	05/23/1955	03/28/2008	3 falls in the last 6 months	04/07/2008
Shaffer, Albert C (M36)	06/04/1972	03/28/2008	0 falls in the last 6 months	04/07/2008
Eligible Members with Parkinson's Disease (332.0)				
Patient	DOB			
Acuna, Aaron A (M 5)	03/03/2003			
Jackson, Jill F (F 70)	10/30/1938			
LaFont, Angela U (F 46)	06/30/1962			
Mercier, Leah M (F 53)	05/23/1955			
Pannone, Aaron D (M 24)	12/28/1984			
Shaffer, Albert C (M 36)	06/04/1972			
Spain, Jane M (F 71)	12/28/1937			
Tam, River (F 28)	07/28/1980			
Walker, Anthony P (M 41)	08/25/1967			
Yanko, Aileen H (F 51)	07/28/1957			
# Eligible Members: 10				

Parkinson's Patients Prescribed Ropinirole

Purpose: List diagnosed Parkinson patients who have fallen while Ropinirole was prescribed.

Criteria:

- Any patient who does not have **Exempt from Report?** checked in the **Misc** tab of the Patient Maintenance screen.
- Patient has current diagnosis of **332.0** listed under Current Problems, or entered into a chart note.
- Patient has medication (Ropinirole) listed under Current Medications, or entered into a chart note.
**There is no date criterion for this report.

When running this report, you are not prompted to enter any values. All of the requirements have been hard-coded for the purpose of this report.

Data: Patient name, Gender, Age, Date of Birth, Provider that prescribed medication, Diagnosis code, and the date the medication was prescribed. A count of patients with Parkinson's who are currently using Ropinirole will display under the list of patients.

Typical Frequency: As Needed

Printed: 7/2/2008 6:00:50PM Page 1 of 1				
Parkinson's patients currently prescribed Ropinirole				
Patient (Gender Age)	DOB	Prescribing Provider	Dx	Date Medication Started
Acuna, Aaron A (M5)	03/03/2003	Ho, Agnes	332.0	04/04/2008
Jackson, Jill F (F70)	10/30/1938	Adams, Robert C	332.0	04/03/2008
Mercier, Leah M (F53)	05/23/1955	Ho, Agnes	332.0	03/28/2008
Pannone, Aaron D (M24)	12/28/1984	Ho, Agnes	332.0	03/28/2008
Shaffer, Albert C (M36)	06/04/1972	Ho, Agnes	332.0	03/28/2008
Walker, Anthony P (M41)	08/25/1967	Franken, Stein J	332.0	03/28/2008
Yanko, Aileen H (F51)	07/28/1957	Plummer, Physician J	332.0	03/28/2008
Count of patients: 7				

Patient BMI Percentile

Purpose: List patients, ages 2 to 20 years, who have had a BMI measurement entered into the patients growth chart, based on the patient height and weight. This allows display of height, weight, BMI value, BMI percentile and patient demographics for each patient.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient BMI Percentile

Filter: BMI percentile level which will display patients with this BMI percentile and greater.

Typical Frequency: As Needed

Patient: ALL		Printed: 6/17/2008 3:54:41PM				
BMI % >= 75%		Page: 1 of 44				
Show Height?: Yes						
Show Weight?: Yes						
Show BMI & Percentile?: Yes						
Exclude Patient Demographics?: No						
Patient BMI Percentile Report						
Body Mass Index: 2 - 20 years						
Patient	Date	Home Address Age(yrs)	Weight	Height	Home Phone BMI	BMI %
Acuna, Aaron A		420 Dogwood Drive Leander, TX 78641			(320)399-0179	
	01/01/2008	4.83	32	36	17.36	91.24 %
	01/07/2008	4.84	60	36	32.55	100.00 %
Acuna, Ford K		9965 Edwards Avenue Leander, TX 78641-7727			(557)730-1703	
	08/19/2002	13.27	153	66	25.07	94.51 %

Patient BP Results

Purpose: Track the most recent BP results for patients.

Filters: Date range, Patient, Age, Systolic, and Diastolic values

Typical Frequency: As Needed

Date Range: 01/01/2008 to 06/19/2008		Printed: 06/19/2008 02:01 PM		
Patient: ALL		Page 1 of 10		
Systolic BP range: 0 - 300				
Diastolic BP range: 0 - 200				
Age range: 0 to 100				
Patient BP Results				
Patient Name	Panel Type	Result Item	Value	Date
Acuna, Albert E (52M)				
	VitalSign	Blood Pressure	120/80	01/16/2008
		Blood Pressure	120/80	01/16/2008
Acuna, Alice (27F)				
	VitalSign	Blood Pressure	119/79	03/10/2008
		Blood Pressure	119/79	03/10/2008
		Blood Pressure	140/120	01/09/2008
Acuna, Anna V (3F)				
	VitalSign	Blood Pressure	140/90	04/17/2008
		Blood Pressure	140/90	04/17/2008
		Blood Pressure	140/90	01/17/2008
Acuna, Anne (18F)				
	VitalSign	Blood Pressure	89/59	01/18/2008
		Blood Pressure	89/59	01/18/2008
Acuna, Anthony P (38M)				
	VitalSign	Blood Pressure	135/83	05/21/2008
		Blood Pressure	135/83	05/21/2008
Campbell, Amy A (47F)				
	VitalSign	Blood Pressure	120/80	01/10/2008
		Blood Pressure	120/80	01/10/2008
Chapman, Amanda I (40F)				
	VitalSign	Blood Pressure	120/80	01/21/2008
		Blood Pressure	120/80	01/21/2008
		Blood Pressure	90/60	01/17/2008
		Blood Pressure	120/80	01/15/2008

Patient Chart Notes

Purpose: Print out sets of Chart Visit and Order Notes.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Chart Notes

Filters: Date range, provider and diagnosis

Options: Omit confidential information.

Typical Frequency: As Needed

Date Range: 1/1/2008 to 6/27/2008
Provider: Testing-Two, SureScripts
Patient: Patient-Four, Test
Facility: *Fox Test Clinic

Printed: 06/27/2008 11:13AM
Page: 208 of 496

Visit Notes

Patient-Four, Test 01/01/1940

Office/Outpatient Visit

Visit Date: Fri, May 2, 2008 12:33 pm

Provider: SureScripts Testing-Two, (Supervisor: SureScripts Testing-Two,)

Location: *Fox Test Clinic

Electronically signed by SureScripts Testing-Two, on 05/02/2008 12:35:07 PM

ASSESSMENT:

692.72 Summer acne

ORDERS:

Meds Prescribed:

Aspirin (ASA) 325mg Caplet 1 tab(s) po daily #24 (Twenty Four) tablet(s) Refills: 0

PLAN:

Summer acne

Prescriptions:

Aspirin (ASA) 325mg Caplet 1 tab(s) po daily #24 (Twenty Four) tablet(s) Refills: 0

CHARGE CAPTURE:

Primary Diagnosis:

692.72 Summer acne

Orders:

99211 Office/outpatient visit; established patient, level 1

Patient Diagnosis & Procedure by Referring MD

Purpose: List patients with a specific diagnosis and CPT range, charges, payments and adjustments.

Filters: Date range filter

Typical Frequency: As Needed

Patient	Invoice #	DOS	Provider	Primary Insurance	Primary DX	CPT	Charges	Payments	Adjs
Report Type: Detail Report Date Range: 01/01/2008 to 06/27/2008 Medical Facility: ALL Referring Provider: ALL Provider: ALL CPT Range: 00000 to ZZZZZ ICD Code: ALL									
Printed: 06/27/2008 11:34AM Page: 1 of 4									
Patient Diagnosis & Procedure by Referring MD									
Billy Bob Clinic									
No Referring Provider									
Miller, BillFin1 Lee	81884	01/07/08	Abbott, Abby	Medicare - Part B	401.0	33130	\$2,643.75	\$0.00	\$0.00
Miller, BillFin1 Lee	81884	01/07/08	Abbott, Abby	Medicare - Part B	401.0	71010	\$84.00	\$45.00	\$2.00
Miller, BillFin1 Lee	81884	01/07/08	Abbott, Abby	Medicare - Part B	401.0	76506	\$0.00	\$0.00	\$0.00
Miller, BillFin1 Lee	81884	01/07/08	Abbott, Abby	Medicare - Part B	401.0	90476	\$0.00	\$0.00	\$0.00
Alvarez, Heather M	81892	01/07/08	Trauterman, Timmy	Medicare - Part B	786.52	80048	\$46.00	\$0.00	\$0.00
Alvarez, Heather M	81892	01/07/08	Trauterman, Timmy	Medicare - Part B	786.52	93000*P	\$0.00	\$0.00	\$0.00
Alvarez, Heather M	81892	01/07/08	Trauterman, Timmy	Medicare - Part B	786.52	99215	\$170.00	\$0.00	\$215.28
Plummer, Artemuse J	81926	01/15/08	Adams, Robert C	AAPG Insurance Program	402.10	99211	\$37.00	\$30.00	\$0.00
Miller, BillFin1 Lee	81883	04/30/08	Abbott, Abby	Medicare - Part B	244.9	76516	\$95.25	\$150.00	\$0.00
Totals for No Referring Provider: Invoices: 4 Procedures: 9 Distinct Procedures: 9 \$3,076.00 \$225.00 \$217.28									
Burns, Christine									
Mercier, Leah M	81921	01/14/08	Burns, Christine	Aetna	250	45378	\$173.25	\$0.00	\$0.00
Mercier, Leah M	81921	01/14/08	Burns, Christine	Aetna	250	83036	\$47.00	\$0.00	\$0.00
Mercier, Leah M	81921	01/14/08	Burns, Christine	Aetna	250	99201	\$70.00	\$0.00	\$0.00
Mercier, Leah M	81921	01/14/08	Burns, Christine	Aetna	250	99241	\$111.00	\$0.00	\$0.00
Mercier, Leah M	81933	01/16/08	Burns, Christine	Aetna	250.00	99201	\$100.00	\$120.00	\$0.00
Totals for Burns, Christine: Invoices: 2 Procedures: 5 Distinct Procedures: 4 \$501.25 \$120.00 \$0.00									
Totals for BBB: Invoices: 6 Procedures: 14 Distinct Procedures: 13 \$3,577.25 \$345.00 \$217.28									

Patient Diagnosis by Referring MD

Purpose: List patients by referring physician, along with their primary diagnoses, to assist in determining the reason for referrals.

Report Location: Chart > Reports > Crystal Reports > ALL - All Reports > Patient Diagnosis

Data: Patient name, invoice number, visit date, primary insurance and the primary ICD-9 and description.

Grouped by: Internal medical facility, then providers.

Totals: Referring provider, facility and for all records in the report.

Filters: Invoice date range, medical facility and referring provider.

Typical Frequency: As Needed

Patient	Invoice #	Visit Date	Primary Insurance	Primary DX	DX Description
Date Range: 01/01/2008 to 06/27/2008					
Medical Facility: ALL					
Referring Provider: ALL					
Printed: 06/27/2008 11:41AM					
Page: 6 of 7					
Patient Diagnosis by Referring MD					
Northwest Diagnostic Clinic @e-MDs					
No Referring Provider					
Acuna, Anne	82088	05/02/08	Medicare - Part B	462	Acute pharyngitis
Miller, Sinbad Y	81999	05/03/08	TriCare Prime Remote	401	Essential hypertension
Acuna, Anne	82091	05/03/08	Medicare - Part B	463	Acute tonsillitis
Acuna, Anne	82085	05/07/08	Medicare - Part B	462	Acute pharyngitis
Acuna, Alexander T	82094	05/12/08	Cigna	462	Acute pharyngitis
Acuna, Anna V	82098	05/15/08	Medicare - Part B	462	Acute pharyngitis
Acuna, Anne	82099	05/19/08	Medicare - Part B	463	Acute tonsillitis
Sanchez, Cathy A	82102	05/22/08	Medicare - Part B	780.1	Hallucinations
Sanchez, Cathy A	82103	05/22/08	Medicare - Part B	711.01	Pyogenic arthritis, shoulder region
Miller, Sinbad Y	82000	06/02/08	TriCare Prime Remote	401	Essential hypertension
Acuna, Anne	82111	06/25/08	Medicare - Part B	463	Acute tonsillitis
Total Referrals for No Referring Provider:				134	
Abbott, Abby					
Fegan, Albert C	82107	06/03/08	BCBS of TX	390	Rheumatic fever without heart involvement
Total Referrals for Abbott, Abby:				1	
Adams, Casey J					
Acuna, Benjamin L	82095	05/11/08	Testing default units and NDC	462	Acute pharyngitis
Acuna, Benjamin L	82092	05/13/08	Testing default units and NDC	462	Acute pharyngitis
Acuna, Benjamin L	82093	05/13/08	Testing default units and NDC	462	Acute pharyngitis
Acuna, Benjamin L	82097	05/15/08	Testing default units and NDC	462	Acute pharyngitis
Total Referrals for Adams, Casey J:				4	
Adams, Robert C					
Garcia, Ronni A	82052	03/18/08	Medicare - Part B	311	Depressive disorder not elsewhere classified
Total Referrals for Adams, Robert C:				1	

Patient List by CPT & ICD by Provider

Purpose: Use Chart data to mimic the invoice information by facility and provider.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient List by CPT & ICD by Provider

Filters: Date range, internal facility, provider, CPT range, ICD-9 code

Typical Frequency: As Needed

Patient	DOS	DOB	CPT Code	CPT Desc	ICD	ICD Desc
Date Range: 03/01/2008 to 06/27/2008 Medical Facility: ALL Provider: ALL CPT Range: 00000 to ZZZZZ ICD Code: ALL						
Printed: 6/27/2008 11:52:57AM Page: 5 of 12						
Patient List by CPT & ICD by Provider - CHART						
Billy Bob Clinic						
Adams, Robert C						
Bailey, Albert Alphonse	03/04/2008	09/09/1960	90715	Tdap vaccine, when administered to individuals 7 years or older, for intramuscular use	V70.0	Health checkup
Bailey, Albert Alphonse	03/04/2008	09/09/1960	99396	Preventive medicine, established patient, age 40-64 years	V70.0	Health checkup
Bailey, Albert Alphonse	03/04/2008	09/09/1960	DEPSCRN	Depression screening		
Campbell, Albert G	03/04/2008	10/11/1964	99211	Office/outpatient visit; established patient, level 1	592.0	Kidney stone
D'ancanto, Anna Marie	03/04/2008	05/27/1977	99211	Office/outpatient visit; established patient, level 1	401.1	Hypertension
D'ancanto, Anna Marie	03/06/2008	05/27/1977	99211	Office/outpatient visit; established patient, level 1	780.99	chronic pain
Distinct Count of Patients for Provider: 3						
Burns, Christine						
Bennett, Cal K	05/12/2008	06/26/1943	99211	Office/outpatient visit; established patient, level 1	402.01	Hypertensive heart disease, malignant, with heart failure
Bennett, Cal K	05/12/2008	06/26/1943	98027	Heart Failure patient with LVSD on ACE-I or ARB therapy		
Distinct Count of Patients for Provider: 1						
Green, Casey Main						
Achy, Betty	04/07/2008	01/01/1975	20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, su	715.16	Osteoarthritis of knee
Distinct Count of Patients for Provider: 1						
Plummer, Physician J						
Acuna, Aaron A	04/04/2008	03/03/2003	99393	Preventive medicine, established patient, age 5-11 years	V20.2	Well child exam
Acuna, Aaron A	04/04/2008	03/03/2003	FALL6MO	Patient has had a fall within the past 6 months		
Frederick, Russell O	03/27/2008	01/01/1997	ASTHM	Asthma Action Plan: Discuss/Verify Patient Understanding	786.07	Wheezing
Tennell, Jose	03/10/2008	01/01/1999	94010	Spirometry, including graphic record	493.81	Exercise induced bronchospasm
Tennell, Jose	03/10/2008	01/01/1999	ASTHM	Asthma Action Plan: Discuss/Verify Patient Understanding	493.81	Exercise induced bronchospasm
Tennell, Jose	03/10/2008	01/01/1999	DQ514P	Queried Patient for Tobacco Use	493.81	Exercise induced bronchospasm
Tennell, Jose	03/10/2008	01/01/1999	PKFLD	Peak Flow Meter: Discuss/Demonstrate	493.81	Exercise induced bronchospasm
Three, Steven	03/19/2008	03/17/2005	36415	Collection of venous blood by venipuncture	V20.2	Well child exam
Three, Steven	03/19/2008	03/17/2005	83655	lead level	V20.2	Well child exam
Three, Steven	03/19/2008	03/17/2005	90465	Immunization administration under 8 years of age, single	V05.3	Vaccination against hepatitis A
Three, Steven	03/19/2008	03/17/2005	90633	Hepatitis A vaccine, pedi 2 dose, IM	V05.3	Vaccination against hepatitis A
Three, Steven	03/19/2008	03/17/2005	99382	Preventive medicine, new patient, age 1-4 years	V20.2	Well child exam
Distinct Count of Patients for Provider: 4						
Distinct Count of Patients for Facility: 9						

Patient List by Diagnosis

Purpose: Combine the Patient List by Diagnosis Code and Patient List by Diagnosis Description reports. It generates a list of patients based on diagnosis and prints the name, gender, age, DOB, address, telephone number, and account number. There is also a count of records.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient List by Diagnosis

Filters: Date (based on visits within the last X months) and diagnosis code or description. The parent code can be entered enabling capture of child codes (for example entering 250 will return all patients with diagnosis codes beginning with 250, i.e. 250.1, 250.2).

Typical Frequency: As Needed

Patient List by Diagnosis									
Filters:								Date of Report: 6/27/2008	
Diagnosis occurred within the last 3 months								Page: 1 of 1	
Current Problem (ICD Code Starts with): 250									
Patient	Gender	Age	DOB	Address	City/State/Zip	Hm. Phone	Provider	Account #	
Patient-Four, Test	Female	68	01/01/1940	[N/A]	[N/A], [N [N/A]	[N/A]	.		
Alexander, Oscar L	Male	63	03/22/1945	24 23rd Street	Lago Vista, TX 78645-	(914)697-7260	Edwards, Carter M	SURWIL0001	
Davis, Cheryl M	Female	14	03/01/1994	98 51st Street	Cedar Park, TX 78613	(822)086-0330	Hudson, Benjamin L	LACIVE0001	
Kallmer, Bonnie L	Female	49	12/29/1958	325 A Brighton Bend Ln	Austin, TX 78734	(950)429-2503	Hudson, Benjamin L	CLAMA020	
Pop, Keith	Male	39	11/04/1968	888 Northland Drive	Leander, TX 78641-	(298)216-4474	Miller, Bryce	CASMAT0001	
Acuna, Alexander T	Male	13	05/23/1995	148 Valley Boulevard	Cedar Park, TX 78613	(834)272-5969	Trauteman, Tim my B	AYLZAC0001	
Alexander, Holly	Female	62	05/02/1946	292 D Sharon Place	Leander, TX 78641-	(826)116-9816	Trauteman, Tim my B	GARAN T0001	
Besett, Jean L	Female	57	10/31/1950	1990 Alfred Street	Leander, TX 78641-	(235)025-9287	Trauteman, Tim my B	MAYDAI0001	
Crosby, Lowell R	Male	81	09/27/1926	3822 32nd Street	Lago Vista, TX 78645	(785)827-3168	Trauteman, Tim my B	SNEVA000	
Mitchell, Robert L	Male	42	10/22/1965	32 Rocky Mound Ln	Cedar Park, TX 78613-	(908)539-3097	Trauteman, Tim my B	HARRIC0001	
Morris, Albert R	Male	61	09/28/1946	107 Alexander Dr	Cedar Park, TX 78613	(903)875-5539	Trauteman, Tim my B	LEW D 000	
Parker, Judith M	Female	56	12/07/1951	742 Bello Dr	Round Rock, TX 78681	(744)125-0540	Trauteman, Tim my B	JENDI000	
Ponder, Daw V	Female	50	07/04/1957	153 Fawnfield Dr	Leander, TX 78641-	(822)846-9943	Trauteman, Tim my B	SAARAM0001	
Bailey, Phillip	Male	49	04/06/1959	9372 Alguno Rd	Leander, TX 78641	(498)624-0772	Wright, Levi A	MARRIC0002	
									Count: 14

Patient List by Flow Sheet Value

Purpose: List patients with a specified FlowSheet value including lab results, vitals values, and exam findings.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient List by FlowSheet Value

Typical Frequency: As Needed

Flow Sheet Item: ALL Flow Sheet Value: ALL Patient: achy		Printed: 06/27/2008 12:34PM Page: 1 of 1	
Patient List by Flow Sheet Value			
Patient Name	Flow Sheet Item	Flow Sheet Date	Flow Sheet Value
Achy, Betty	Ancillary	3/1/2008	Yes
	Clinic Physician-Brown	3/31/2008	Yes
	Dilated Eye Exam (Date)	9/30/2007	05/27/2008
	Foot Exam (Annual)	10/2/2007	05/27/2008
	Foot Exam (Each Visit)	9/26/2007	Yes
	Heart Rate	12/5/2007 3:08:56 PM	100 bpm
	Heart Rate	9/27/2007 3:41:35 PM	0 bpm
	Microalbuminuria	10/2/2007	50
	Non Clinic Physician	3/31/2008	Yes
	P Axis	12/5/2007 3:08:56 PM	73 degrees
	P Wave	12/5/2007 3:08:56 PM	92 ms
	PR Interval	12/5/2007 3:08:56 PM	147 ms
	Q Axis	12/5/2007 3:08:56 PM	67 degrees
	QRS Complex	12/5/2007 3:08:56 PM	90 ms
	QT Interval	12/5/2007 3:08:56 PM	395 ms
	QTc Interval	12/5/2007 3:08:56 PM	465 ms
	T Axis	12/5/2007 3:08:56 PM	-20 degrees
Total Number of Distinct Patients: 1			

Patient List by Medication and Diagnosis Code

Purpose: List patients grouped by drug brand name with a count of patients prescribed for each brand as well as a grand total.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient List by Medication and Diagnosis Code 6.2

Data: Patient name, gender, age, DOB, address, and home phone

Filters: Medication/drug brand and current problem/diagnosis

Typical Frequency: As Needed

Patient List by Medication and Diagnosis Code						
Filters:						Date of Report: 6/17/2008
Current Medication: Aspirin (ASA)						Page: 1 of 1
Current Problem (ICD Code Starts With): ALL						
Patient	Gender	Age	DOB	Address	City/State/Zip	Hm Phone
Aspirin (ASA)						
Bell, Lynn	Female	64	06/02/1944	145 Arcola Road	Georgetown, Texas 78628-	(789)953-2901
Copeland, Kerin J	Female	58	09/06/1949	9372 6th Street	Cedar Park, Texas 78613	(746)114-5412
Ekstrum, Ford L	Male	61	11/10/1946	9370 Connecticut Avenue	Leander, Texas 78641-	(064)722-2012
Gleinser, Cheryl R	Female	78	01/15/1930	9360 Woodland Dr	Cedar Park, Texas 78613	(004)208-8778
Mercier, Leah M	Female	13	05/23/1995	9264 Bagdad	Austin, Texas 78726-1122	(512)879-7545
Perry, Annie J	Female	56	09/26/1951	624 Shannon Oak Trl	Leander, Texas 78641-	(979)124-1900
Simmons, Stephen	Male	73	06/14/1935	2452 Brooks Road	Liberty Hill, Texas 78642	(318)411-9671
Thor, Joseph D	Male	62	02/26/1946	5676 Steck Ave	Cedar Park, Texas 78613-	(087)476-5320
Wood, Tammy L	Female	49	11/02/1958	87907 County Road 178	Leander, Texas 78646	(397)285-2026
Count of patients on Aspirin (ASA): 9						
Total Patient Count: 9						

Patient List by Medication and Diagnosis Description

Purpose: List all patients currently on a specific medication with a specific diagnosis (by description).

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient List by Medication and Diagnosis Desc 6.2

Typical Frequency: As Needed

Patient List by Medication and Diagnosis Description						
Filters:						Print Date: 6/27/2008
Current Medication: Aspirin (ASA)						Page 1 of 1
Current Problem Description: Diabetes						
<u>Patient</u>	<u>Gender</u>	<u>Age</u>	<u>DOB</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Hm Phone</u>
Copeland, Kerin J	Female	58	09/06/1949	9372 6th Street	Cedar Park, Texas 78613	(746)114-5412
Mercier, Leah M	Female	53	05/23/1955	9264 Bagdad	Austin, Texas 78726-1122	(512)879-7546
Wood, Tammy L	Female	49	11/02/1958	87907 County Road 178	Leander, Texas 78646	(397)285-2026
Count: 3						

Patient List by Multiple Diagnoses

Purpose: List patients with a specific range of diagnoses. The report allows for up to three ranges of diagnosis codes.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient List by Multiple Diagnoses

Functions: Double-clicking on a line will give you details of which diagnoses apply to that patient as well as the date diagnosed and the severity.

Typical Frequency: As Needed

Parameters Used for Sample Report: Date Range (01/01/2008 to 06/27/2008), Diagnosis 1 (250.00), Diagnosis 2 (414), Diagnosis 3 (291), Show Record Detail (Yes)

Diagnosis occurred between 01/01/2008 and 06/27/2008									
Current Problem 1 (ICD Code Starts With): 250.00									
Current Problem 2 (ICD Code Starts With): 414									
Current Problem 3 (ICD Code Starts With): 291									
Printed: 6/27/2008 12:40:02 PM									
Page: 1 of 1									
Patient List by Multiple Diagnosis Codes									
Patient	Gender	Age	DOB	Address	City/State/Zip	Hm Phone	Provider	Account #	
Abv, Aob A	Male	37	02/02/1971	123 abv way	Austin, TX 78746	(512)342-5555	Franken, Stein J	ABVACB0001	
Achy, Betty	Female	33	01/01/1975	234 Test	Bastrop, TX 78602	(512)222-2222	Burns, Christine	ACHBET0001	
Acuna, Alice	Female	27	05/16/1981	432 Arcola Road	Round Rock, TX 78664	(034)884-6773	Miller, Bryoe	HAMAM000	
Alexander, Gilberto A	Male	61	08/01/1946	66789 Rupp Drive	Leander, TX 78641	(046)166-2410	W right, Levi A	DUFWIL0001	
Alexander, Oscar L	Male	63	03/22/1945	24 23rd Street	Lago Vista, TX 78645-	(914)697-7260	Edwards, Carter M	SURWIL0001	
Amaro, Gabriela J	Female	49	09/17/1958	584 Leander Dr	Cedar Park, TX 78630	(714)767-2623	Trauterman, Timmy B	G1EAL000	
Antle, Traeie B	Female	37	04/28/1971	33 Rucker Road	Cedar Park, TX 78630-	(411)003-3908	Trauterman, Timmy B	SMIGIN0001	
Barnes, Dennis R	Male	60	12/14/1947	8493 Veronica Ave	Bertram, TX 78605	(116)789-1700	Miller, Bryoe	YBAGE00001	
Bennett, Cal K	Male	65	06/26/1943	24889 30th Street	Cedar Park, TX 78613	(212)761-7865	Hudson, Benjamin L	MERWIL0002	
Bennett, Louis L	Male	43	03/18/1965	740 North Lockhart	Leander, TX 78641-	(516)132-9676	W right, Levi A	ESCJOS0002	
Bennett, Traeie A	Female	63	08/27/1944	143 Page Mill Road	Leander, TX 78641-	(136)942-6706	W right, Levi A	WRISAL0002	
Brooks, Jerem W	Male	79	07/30/1928	9969 West 109th Street	Manor, TX 78653	(149)632-8729	Trauterman, Timmy B	KOSCH000	
Coker, Heather L	Female	70	03/11/1938	8498 W Whitestone Blvd	Cedar Park, TX 78613	(125)893-9106	Trauterman, Timmy B	GREBAR0001	
Cox, Harry D	Male	47	08/04/1960	9380 D Plains Dr	Leander, TX 78641-	(822)943-3648	Trauterman, Timmy B	RAMROB0001	
Douglas, Harry	Male	54	04/29/1954	9376 Reynaldo St	Leander, TX 78686	(256)323-9401	Hudson, Benjamin L	10089	
Foster, Roy R	Male	58	05/01/1950	153 Orchard Street	Lago Vista, TX 78645	(482)285-6737	Trauterman, Timmy B	FOXBD000	
Hagood, Jimm H	Male	61	09/04/1946	97397 Wheaton Trl	Lago Vista, TX 78645-	(714)989-2733	Trauterman, Timmy B	9921	
Jones, Rebecca	Female	55	05/27/1953	[N/A]	[N/A], NA [N/A]	[N/A]	.		
Mercer, Anthony M	Male	55	05/27/1953	12 Summer Street	Austin, TX 78729	(512)222-2222	Abbott, Abby		
Mercier, Leah M	Female	53	05/23/1955	9264 Bagdad	Austin, TX 78726-1122	(512)879-7546	Franken, Stein J	1236547	
Miller, Adult	Male	62	01/01/1946	2001 Ridgetree Lane	Austin, TX 78728	(512)300-9507	Burns, Christine	MILFDR0001	
Miller, Eleven	Male	5	01/01/2003	11 Milky Way Ave	Austin, TX 78728	(512)300-9500	Trauterman, Timmy B	MILFOU0001	
Miller, OB6YN1	Female	27	10/10/1980	200 Westwood Ave	Austin, TX 78728	(512)222-2222	Burns, Christine	MILOB60002	
Miller, OB6YN3	Female	21	02/09/1987	[N/A]	[N/A], NA [N/A]	[N/A]	Chapman, William K	MILOB60004	
Miller, Sinbad Y	Male	28	01/01/1980	300 Boardwalk Blvd	Austin, TX 78728	(512)300-9000	Franken, Stein J	MILSIN0001	
Patient-Four, Test	Female	68	01/01/1940	[N/A]	[N/A], NA [N/A]	[N/A]	.		
Randall, Kevin	Male	23	05/27/1985	16 Holloway Drive	Austin, TX 78729	(512)222-2222	Trauterman, Timmy B	45678	
Young, Georgina L	Female	38	09/29/1969	416 Papermoon Dr	Lago Vista, TX 78645	(290)141-8693	Hudson, Benjamin L	HAGREM0001	
Count: 28									

Patient Medications

Purpose: Search for and display a list of patients by medication, gender and age range with patient demographics.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Medications

Typical Frequency: As Needed

Patient Medications				
Gender: Female		Hide Address: No		Printed: 03/01/2010 11:35 AM
Age Range: 0 to 100		Hide City/State/Zip: No		Page: 1 of 2
Medication: All		Hide Phone #: No		Excluding Exempt Patients: Yes
				Excluding Expired Patients: Yes
Patient	Account #	Address	City, State Zip	Home Phone
Wesley, Agnes (F46)	ADAAGN0001	113 Anemone Avenue	Leander, TX 78646	(512)373-8939
		<i>Azathioprine</i>		
		<i>Methotrexate Sodium</i>		
Wesley, Helen (F46)	ASTHAL0001	100 Melon Meander	Sandy Fork, TX 78632	(512)345-9087
		<i>Albuterol</i>		
		<i>Azm acort</i>		
		<i>Intal</i>		
		<i>Theophylline/Guaifenesin</i>		
Wesley, Melissa (F46)	BREMAS0001	34 Hydrangea Hollow	Lockhart, TX 78644	(512)360-8097
		<i>Demulen 1/35 28</i>		
Wesley, Nancy (F46)	CAMBET0001	21 California Poppy Place	San Marcos, TX 78666	(512)378-2887
		<i>Coumadin</i>		
		<i>Digoxin</i>		
		<i>Norvasc</i>		
Wesley, Martha (F46)	CHIMAR0001	4523 Deer creek Lane	Cedar Park, TX 78613	(555)263-5555
		<i>Accupril</i>		
		<i>Aspirin (ASA)</i>		
		<i>Atenolol</i>		
		<i>Hydrochlorothiazide (HCTZ)</i>		
		<i>Lipitor</i>		
		<i>Metformin HCl</i>		
Wesley, Rosemary (F46)	CONCND0001	32 Columbine Corner	San Marcos, TX 78666	(512)280-9320
		<i>Levsinex Tim caps</i>		
Wesley, Tami (F46)	COUCAL0001	34 Sunflower Street	Cypress Mill, TX 78654	(512)378-3778
		<i>Robitussin A-C</i>		
Wesley, Susan (F46)	DEPDUP0001	16 Hardwood Hwy	Cedar Creek, TX 78612	(512)987-2636
		<i>Celebrex</i>		
		<i>Nexium</i>		
		<i>Wellbutrin</i>		

Patient Medications by Provider

Purpose: List patient medications broken down bi-annually with multiple trend charts.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Medications by Provider

Filters: Date range and provider

Typical Frequency: As Needed

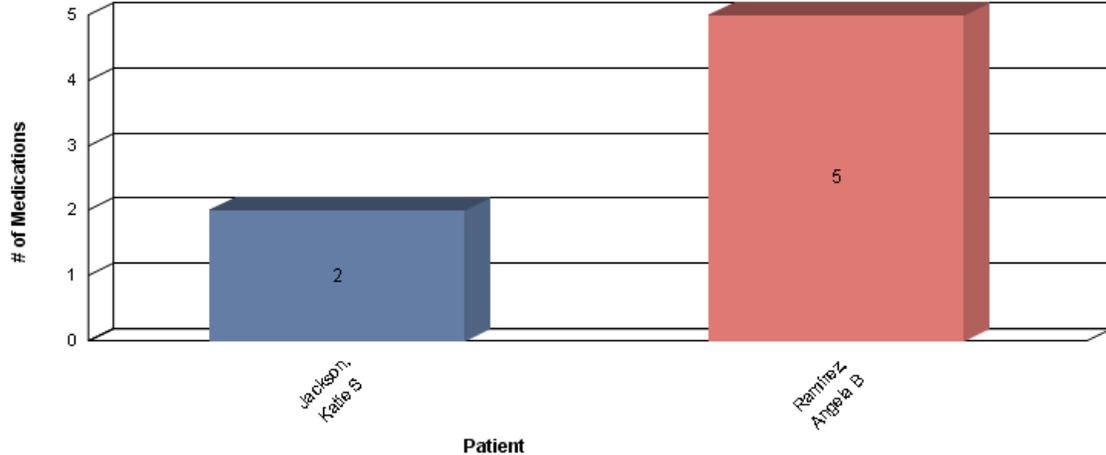
Provider: Enders, Jackie **Printed:** 06/17/2008 05:06PM
Date Range: 01/01/2008 to 06/17/2008 **Page** 15 of 34

Patient Medications by Provider

Provider	Patient	Medication	Age	DateStart	DateEnd	EndReason
Enders, Jackie			# of Patients: 2			
139	Jackson, Katie S		32			
		Ferrous Sulfate		05/14/2008	12/30/1899	
		PreCare Conceive		05/14/2008	12/30/1899	
140	Ramirez, Angela B		52			
		Effexor		02/13/2008	02/13/2008	Changed Sig
		Effexor XR		02/13/2008	12/30/1899	
		Lo Ovral 28		02/13/2008	12/30/1899	
		Prozac		02/13/2008	12/30/1899	
		Wellbutrin XL		02/13/2008		

Number of Medications by Patient

For Enders, Jackie



Patient Notes Report

Purpose: List patient visits with provider, facility, account number and demographic information.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Notes Report

Functions: Link to the actual Chart by clicking on the date. Click Provider name to filter listings for a designated provider.

Typical Frequency: As Needed

Patient Name: Achy, Betty Home Phone: (512)222-2222 Home Address: 234 Test Bastrop, TX 78602 DOB: 01/01/1975 Date Range: 01/01/2008 to 06/27/2008 Provider: ALL Account #: ALL Facility: ALL				Printed: 06/27/2008 01:08PM Page: 3 of 110	
Visit Notes					
Date	Signed	Provider	Location	ICD's	
5/15/2008	No	Burns, Christine	Eskimo Test Clinic		
4/29/2008	No	Burns, Christine	Northwest Diagnostic Clinic @e-MDs		
4/3/2008	No	Adams, Robert C	Northwest Diagnostic Clinic @e-MDs		
2/12/2008	No	Ho, Agnes	Eskimo Test Clinic		
2/12/2008	No	Abbott, Abby	Adult And Pediatric Urology		

Achy, Betty 01/01/1975
 Office/Outpatient Visit
Visit Date: Thu, Apr 3, 2008 04:55 pm
Provider: Robert Adams (Assistant: Christie Desjardins, MLT)
Location: Northwest Diagnostic Clinic @e-MDs

ORDERS:

Other Orders:
 Patient has had a fall within the past 6 months

PLAN:

Other Orders:
 Patient has had a fall within the past 6 months

Patient Past Health Summary

Purpose: List patients based on positive or negative health summary items for one or more patients. These data points enable the user to build a register. The list shows patient name and account # and optionally elements of the address and phone. There is a count of patients in the list.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Past Health Summary

Filters: Age range, gender and positive or negative elements in the Family Medical History, Past Medical History, and Surgical History

Options: Include exempt patients and/or deceased patients based on account status or the exempt field under the miscellaneous tab in demographics.

Typical Frequency: As Needed

Gender: Both	(+) Surgical History: ALL	(-) Surgical History: none	Printed: 06/27/2008 01:16PM
Age Range: 0 to 100	(+) Family History: v16	(-) Family History: none	Page: 1 of 1
Exempt patients: Included	(+) Past Medical History: ALL	(-) Past Medical History: none	
Expired patients: Included			
Hide address: No			
Hide city/state/zip: No			
Hide phone #: No			

Patient Past Health Summary

Patient	Account #	Address	City, State Zip	Hm Phone
Acuna, Anna V (F3)	GEACAT0001	7214 Iris Ln	Cedar Park, TX 78613	(263)001-9595
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
PMH	11/19/07	451.1	(+) Deep venous thrombosis	
Bradley, Alexandra (F33)	BRAALE0001	999 Test Point Drive	Austin, TX 78725	(512)111-5544
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
FMH	10/04/07	V16	(+) Family history of cancer	
FMH	10/04/07	V16	(+) Family history of cancer	
FMH	10/04/07	V16	(+) Family history of cancer	
SMH	10/04/07	42821	(+) Tonsil/adenoidectomy	
SMH	10/04/07	44950	(+) Appendectomy	
SMH	10/04/07	59514	(+) Cesarean delivery	
Hagood, Benedetta L (F38)	BELMAR0001	1656 Rabro Drive East	Austin, TX 78731-	(445)145-9763
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
SMH	09/27/07	44950	(+) Appendectomy	
SMH	09/27/07	47600	(+) Cholecystectomy	
Jackson, Jill F (F69)	SCHLE0001	146 Goodspeed Pkwy	Cedar Park, TX 78613	(567)598-2573
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
PMH	04/07/08	V15.83	(+) 1 fall in the last 6 months	
Mercier, Leah M (F53)	LeahMRN	9264 Bagdad	Austin, TX 78726-1122	(512)879-7545
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
PMH	04/07/08	V15.83	(+) 3 falls in the last 6 months	
Shaffer, Albert C (M36)	WALWIL0003	9358 South Mt Rushmore	Leander, TX 78641-	(613)404-3606
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
PMH	04/07/08	V15.83	(+) 0 falls in the last 6 months	
Tennell, Jose (M9)	FLA00001	715 Gabriel Meadows Dr	Cedar Park, TX 78613-	(107)436-0191
<u>Type</u>	<u>Date</u>	<u>Code</u>	<u>+ or - History of</u>	
SMH	03/10/08	54160	(+) Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or	
SMH	03/10/08	69420	(+) Pressure equalization tubes	

Number of Patients: 7

Patient BMI Percentile Report

Purpose: List patients' height, weight, and BMI percentiles with ability to filter by value.

Typical Frequency: As Needed

Parameters Used for Sample Report: Patient Name (Blank), BMI Percentile (0.0 – Any BMI%), Show BMI & Percentile (Yes), Show Height (Yes), Show Weight (Yes), Exclude Patient Demographics (No)

Patient BMI Percentile Report						
Body Mass Index: 2 - 20 years						
Patient	Date	Home Address Age(yrs)	Weight	Height	Home Phone BMI	BMI %
Ingram, Patricia		1811 Louisiana Iris Road Burnet, TX 78611			(512)462-0898	
	12/17/2003	16.93	120	66	19.37	29.26%
Medrano, Oliver		900 Rosewood Road Cedar Park, TX 78613			(116)511-6135	
	11/01/2003	5.73	46	45	15.97	67.12%
Welton, Vinny		20 Wild Prairie Rose Way Sandy Fork, TX 78632			(489)456-4561	
	01/20/2004	3.05	30	35	17.22	83.20%
	01/15/2005	4.04	35	40	15.38	40.97%
	10/05/2005	4.76	40	42	15.94	65.40%
White, Eva		16 Blackberry Blvd. Burnet, TX 78611			(116)511-6135	
	01/14/2009	6.94	18	24	21.97	98.24%
Wilder, Kenneth		111 Calla Lilly Close Round Rock, TX 78664			(512)870-8098	
	11/05/2003	10.76	88	52	22.88	94.94%
	06/27/2008	15.40	145	45	50.34	99.87%
Total # of Patients >= 0%: 5						

Patient Results ALL

Purpose: List test results in the system by patient.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Results ALL

Data: Patient name, panel type, result item description, value and date of result

Filters: Date range, results panel (such as flow sheet value, lab results or vital signs), result item and patient

Typical Frequency: As Needed

Date Range: 01/01/2008 to 06/17/2008		Printed: 06/17/2008 03:57 PM		
Panel Type: ALL		Page 1 of 1		
Result Item: ALL				
Patient: Mercier				
Patient Results ALL				
Patient Name	Panel Type	Result Item	Value	Date
Mercier, Leah M (13)				
	FlowValue			
		BP Position	Sitting	03/26/2008
		Diastolic Blood Pressure	60	03/26/2008
		Dilated Eye Exam (Date)	04/26/2008	03/26/2008
		Dilated Eye Exam (Yes/No)	T	03/26/2008
		Foot Exam (Annual)	05/22/2008	03/26/2008
		Foot Exam (Each Visit)	T	01/09/2008
		Height(standard)	47	05/14/2008
		Microalbuminuria	3	05/14/2008
		Systolic Blood Pressure	125	03/26/2008
		Vanderbilt Score	12	03/27/2008
	LabResult			
		Hemoglobin (Hgb) A1c	8.3	03/26/2008
		Low-Density Lipoprotein Cholesterol (calculated)	120	05/14/2008
	VitalSign			
		Blood Pressure	122/88	05/14/2008
		Height	45	03/26/2008
		Weight	101.6	03/26/2008

Patient-Specific Education Resources Provided

Provider Goal for Stage 1: >10%

Meaningful Use Requirement for Stage 1: *More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient specific education resources.*

Description: Reports on unique patients seen by the EP that were provided patient-specific education resources.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating a chart visit note using specific E&M codes as a qualifying visit, listed below. The patient must have at least one "qualifying visit" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99281, 99282, 99283, 99284, 99285, 99288, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99339, 99340, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99394, 99395, 99396, 99397, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

The patient must have been provided with patient-specific education resources. The education provided may be Patient Education or Krames Education documents. The Patient Education must be printed at note-conclusion while the Krames Education must be printed from within the launched Krames window.

The report will query the audit report for the insertion and print action of Patient Education and Krames Education, so it is imperative that the chart audit is on at all times during the reporting period.

Patient Visit List

Purpose: Same as Patient Notes report without sub-report linking patient chart note.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patient Visit List

Typical Frequency: As Needed

Parameters Used for Sample Report: Start Date (01/01/2009), End Date (12/31/2009), Patient (*Patient Name*), Account # (Blank), Physician (Blank), Facility (Blank), Diagnosis (Blank)

Patient Name: Blumen, Kelly				Printed: 03/01/2010 12:47PM
Home Phone: (714) 326-1100				Page: 1 of 1
Home Address: 10700 Steelwood Blvd, Cedar Park, TX 78613				
DOB: 09/08/1978				
Date Range: 01/01/2009 to 12/31/2009				
Provider: ALL				
Account #: ALL				
Facility: ALL				
Visit Notes				
Date	Signed	Provider	Location	ICD's
4/10/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Low back pain
4/1/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Precordial chest pain
3/31/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Annual exam
3/30/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Annual exam
3/30/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Foot pain
				Leg swelling
3/26/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Atypical mole
				Unspecified skin lesion
3/26/2009	No	Killdear, Kelsey	Heal with Steel Health Center	Annual exam
3/25/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Annual exam
3/24/2009	Yes	Killdear, Kelsey	Heal with Steel Health Center	Neck pain

Patients with Allergies

Purpose: Show the number of specific allergy causes with description and effect for patients.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Patients with Allergies

Filters: Patient name

Shared by: Volunteers in Medicine

Typical Frequency: As Needed

Patient: ALL Allergy: ALL		PATIENTS WITH ALLERGIES			Printed: 6/27/2008 01:17PM Page: 1 of 139
Person Name	Account #	DOB	Allergy Cause	Allergy Effect	
AAP, Female	AAPFEM0001	02/02/1992	2 Almond Macrolides		
Achy, Betty	ACHBET0001	01/01/1975	4 12 Hour Cold A & D Animal dander Penicillins	dizziness, itching, nasal congestion, oily stool blood dyscrasias, chest pain, depression	
Acuna, Aaron A	BUTW E000	03/03/2003	4 Macrolides Penicillins Penicillins Salicylates		
Acuna, Albert E	RAIRAN0001	06/15/1956	2 Penicillins Salicylates	anaphylaxis anaphylaxis	

PM – Breast Cancer Screening

Purpose: List all female patients aged 52 – 69 who had a mammogram within the previous 2 years.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PM – Breast Cancer Screening

Typical Frequency: As Needed

Breast Cancer Screening						
<i>All Female Members Ages 52 - 69 with mammogram screening done in the last 2 years</i>						
PayorID: ALL						
Insurance Class: - <none>						
					# Patients w/ Breast Cancer Screening:	1
					Total Females 52 - 69yrs:	1,194
Member Name	Exam Description \ Code	Date	Age			
Acuna, Anne	Patient received mammogram	06/27/2008	66			
Patients Deferring/Waiving/Refusing Exam					# Patients Declined: 1	
Address	City, ST	Zip	Phone	Phone Type		
Achy, Betty	MAMMOGRAM yearly for all female patients 50 and older		Deferred	06/27/2008	56	
234 Test,	Bastrop, TX	78602	(512)222-2222	Exam Due: 09/27/2008	Home	

PM – Colorectal Cancer Screening

Purpose: List the percentage of adults 52 – 80 years as of 12/31 who had appropriate screening for colorectal cancer.

Appropriate screenings are defined by any one or more of the four criteria:

- FOBT during the measurement period
- Flexible sigmoidoscopy during measurement period or the four years prior to the measurement period
- DCBE during measurement period or four years prior to measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PM – Colorectal Cancer Screening

Typical Frequency: As Needed

Colorectal Cancer Screening						
<i>All Members Ages 52 - 80 who had appropriate screening for Colorectal Cancer</i>						
PayorID: ALL						
Insurance Class: - <none>						
				# Patients with Colorectal Cancer Screening: 12		
				Total # Eligible Members: 2,886		
Member Name	Exam Description	Date	Age			
Allen, Donnie T	Spirometry results documented and reviewed (COPD)1	01/08/2001	57			
Batte, Darla B	Colonoscopy, diagnostic	04/10/2003	65			
Beamer, Maxwell L	Colonoscopy, diagnostic	02/24/2003	60			
Comparan, Wanda M	Colonoscopy, diagnostic	06/17/2003	53			
Douglas, Elizabeth G	Colonoscopy, diagnostic	06/11/2003	64			
Goodfellow, Sofia M	Colonoscopy, diagnostic	06/17/2003	57			
Kulley, Elena F	Colonoscopy, diagnostic	05/05/2003	57			
Pannone, Dorothy D	Colonoscopy, diagnostic	05/06/2003	63			
Robinson, Natalie K	Colonoscopy, diagnostic	06/16/2003	54			
Tennell, Jacqueline J	Colonoscopy, diagnostic	03/26/2003	54			
Thor, Sandra G	Colonoscopy, diagnostic	01/06/2003	55			
Walker, Megan S	Colonoscopy, diagnostic	04/09/2003	64			
Patients Deferring/Waiving/Refusing Exam				# Patients Declined: 0		
Address	City, ST	Zip	Phone	Phone Type		

PM – Depression Screening

Purpose: Document depression screening utilizing a formal depression screening tool.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PM – Depression Screening

Typical Frequency: As Needed

Depression Screening			
<i>All eligible members with Documentation of Depression Screening utilizing a formal depression screening tool</i>			
PayorID: ALL			
Insurance Class: - <none>			
		# Patients with Depression Screening:	2
		Total # Eligible Members:	15,576
Patient		Date	Age
Bailey, Albert Alphonse	Depression screening	03/04/08 10:14AM	45
Mercier, Leah M	Depression screening	11/09/07 12:57PM	51
Patients Deferring/Waiving/Refusing Exam		# Patients Declined: 2	
Address	City, ST	Zip	Phone
Acuna, Anne	DEPRESSION SCREEN annually		Refused 06/26/2008 Exam Due: 09/26/2008
9367 6th Street,	Leander, TX	78641	(971)293-0307 Home
Mercier, Leah M	DEPRESSION SCREEN annually		Refused 11/19/2007 Exam Due: 02/19/2008
9264 Bagdad,	Austin, TX	78726-1	(512)879-7545 Home

PM – Influenza Vaccine

Purpose: List all eligible members 65+ years who received an influenza vaccine between 10/1-3/31.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PM – Influenza Vaccine

Typical Frequency: As Needed

Influenza Vaccine					
<i>All Members receiving Influenza Vaccine from 10/01/2007 - 03/31/2008</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients received Influenza Vaccine :					3
Total # Eligible Members 65+ yrs:					576
Patient Name	Exam Description / Code	Date	Age		
Chapman, Amanda I	Patient chooses to not have an influenza vaccination	10/29/2007	37		
Mercier, Leah M	Influenza virus vaccine, live, for intranasal use	12/20/2007	51		
Miller, Adult	Influenza Virus Vaccine	10/18/2007	60		
Patients Deferring/Waiving/Refusing Exam				# Patients Declined: 0	
Address	City, ST	Zip	Phone	Phone Type	

PM – Pneumococcal Vaccine

Purpose: List members who receive a pneumococcal vaccine once after age 65 or, if received prior to age 65 and it has been more than 5 years receives a second vaccine.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PM – Pneumococcal Vaccine

Typical Frequency: As Needed

Pneumococcal Vaccine			
<i>All Members receiving Pneumococcal Vaccine after age 65 or > 5yrs ago</i>			
PayorID: ALL			
Insurance Class: - <none>			
# Patients w/ Pneumococcal Vaccine:			166
Total # Eligible Members 65+ yrs:			576
Patient Name	Exam Description	Date	Age
Adams, Marta C	90732	09/20/2000	51
Almond, Jimmy W	Pneumococcal, 23-valent (adult dose)	11/06/2002	59
Ancira, Teresa F	Pneumococcal, 23-valent (adult dose)	11/23/2001	55
Andrews, Alan S	Pneumococcal conjugate, polyvalent (children < 5)	08/27/2002	7
Andrews, Howard M	Pneumococcal, 23-valent (adult dose)	10/18/2001	52
Askew, Thomas W	90732	12/05/2001	48
Assistant, Alberto A	Pneumococcal conjugate, polyvalent (children < 5)	04/22/2003	4
Assistant, Victor C	Pneumococcal polysaccharide vaccine, 23-valent, adult dose or immunosuppressed pt, for SQ or IM use	02/06/2002	47
Batte, Kevin C	Pneumococcal conjugate, polyvalent (children < 5)	05/29/2003	3
Batte, Rick C	Pneumococcal, 23-valent (adult dose)	11/20/2002	63
Beamer, Gary F	Pneumococcal conjugate, polyvalent (children < 5)	09/05/2002	5
Beamer, Harry D	Pneumococcal, 23-valent (adult dose)	11/26/2002	70
Bennett, Daw F	90732	05/28/2002	71
Besett, James A	Pneumococcal polysaccharide vaccine, 23-valent, adult dose or immunosuppressed pt, for SQ or IM use	11/12/2001	48
Besett, Nicholas E	Pneumococcal, 23-valent (adult dose)	02/26/2003	35

PM – Prostate Screening Antigen

Purpose: List all males members aged 50 and 79 who had a screening within the previous 12 months. (+/- 30 days).

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PM – Prostate Screening Antigen

Typical Frequency: As Needed

Prostate Screening Antigen					
<i>All Male Members Ages 50 - 80 with screening done in the last 12 months (+/-30 days)</i>					
PayorID: ALL					
Insurance Class: - <none>					
# Patients with Prostate Screening Antigen:					1
Total # Male Members 50-80 yrs:					1,867
Member Name	Exam Description	Result	Lab Date	Sex	Age
Acuna, Benjamin L		12	06/27/2008	M	52
Patients Deferring/Waiving/Refusing Exam					# Patients Declined: 1
Acuna, Benjamin L	PSA yearly for all male patients age 50 and older	Waived	06/27/2008		52
		Exam Due:	12/27/2008		



Pneumococcal Vaccine

Purpose: Determine the percentage of patients that are at or older than a specified age who received a pneumococcal vaccine.

Description: The percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.

Crystal Report Title: Pneumococcal Vaccine

Clinical Quality Measure Title: Pneumonia Vaccination Status for Older Adults

Numerator: Medication administered: pneumococcal vaccination before or simultaneous to end date of reporting period: V03.82, V06.6, 90669, 90670, 90732, G0009, 4040F, G8115, 90732, G8116, G8117, DQ480P, DQ490P, 4040F8P OR immunization documented in immunization module before or simultaneous to end date of report that has a description containing "pneumoc" or "pneumovax."

Eligible Patient Criteria (Denominator):

- **Age Range:** 65+
- **Qualifying Visit within Reporting Period:** 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456 OR V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

NQF/PQRI Number: NQF 0043/PQRI 111

Exclusions: Documented Allergy to vaccine: 995.0, 995.1, 995.29, E948.8 or 4040F1P

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99356, 99357, 99455, 99456

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Pneumococcal Vaccine

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

POAG – Optic Nerve Head Evaluation

Purpose: To determine the percentage of patients with a diagnosis of POAG and an optic nerve head evaluation during one or more office visits within the reporting period.

Description: Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least 2 office visits, who have an optic nerve head evaluation during one or more office visits within 12 months.

Crystal Report Title: POAG - Optic Nerve Head Evaluation

Clinical Quality Measure Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

Numerator: Procedure performed: ≥1 optic nerve head evaluation (2027F)

Eligible Patient Criteria (Denominator):

- **Age Range:** 18+
- **Diagnosis:** Primary Open Angle Glaucoma (365.10, 365.11, 365.12, 365.15)
- **Encounter:** ≥2 including domiciliary, nursing facility, office & outpatient consult and ophthalmological services encounters (99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 92002, 92004, 92012, 92014)

NQF/PQRI Number: NQF 0084/PQRI 200

Exclusions: Procedure not done: medical reason (2027F1P)

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > POAG – Optic Nerve Head Evaluation

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

PQRI Community Acquired Bacterial Pneumonia Report

Purpose: Show PQRI measures 56 to 59 eligible and compliant patients.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > PQRI Community Acquired Bacterial Pneumonia Report

Typical Frequency: As Needed

Printed: 6/27/2008 1:45:36 PM Page 1 of 1			
Vital Signs for Community-Acquired Bacterial Pneumonia			
# Patients with Vital Signs documented and reviewed: 1			
Patient (Gender Age)	DOB	Diagnosis	Date Diagnosed
Mercier, Leah M (F 53)	05/23/1955	Bacterial Pneumonia, due to Staphylococcus, Unspecific	05/29/2008
	Description	Date of Service	Provider
	Vital signs (temperature, pulse, respiratory rate, blood pressure) documented/reviewed (CAP)1(EM)5	03/26/2008	Plummer, Physician J
Eligible Members with Community-Acquired Bacterial Pneumonia			
Patient	DOB		
Asher, Sara T (F 46)	12/08/1955		
Coker, Juan M (M 29)	03/09/1973		
Delbar, Ethan D (M 36)	12/31/1965		
Hill, Conrad D (M 59)	12/25/1943		
Hohle, Violeta B (F 38)	06/09/1964		
Jackson, Darla H (F 39)	11/07/1963		
Jewell, Doctor C (M 30)	10/19/1971		
Mercier, Leah M (F 53)	05/23/1955		
Penrod, Lu A (M 47)	11/22/1954		
Ponder, Charlie J (M 48)	01/03/1954		
Pop, Jimmy L (M 37)	12/15/1963		
Powell, Jimm D (M 38)	05/01/1963		
Wilson, Theresa P (F 26)	11/21/1975		
# Eligible Members: 13			

Prenatal Care Anti–D Immune Globulin

Purpose: Measure the percentage of D (Rh) negative, “unsensitized” patients, regardless of age, who gave birth during a 12 month period and who received Anti–D immune globulin at 26 - 30 weeks gestation.

Description: Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.

Crystal Report Title: Prenatal Care Anti-D Immune Globulin

Clinical Quality Measure Title: Prenatal Care: Anti-D Immune Globulin

Numerator: EDC: before or simultaneous to delivery of live birth <= 10 months

Medication administered: anti-D immune globulin given at >= 26 weeks and <= 30 weeks (CPT 90384, 90385, 90386 or Cat II code 4178F)

Eligible Patient Criteria (Denominator): Age Range: N/A

Diagnosis active: delivery live births (ICD-9)

AND

Procedure performed: delivery live births (CPT)

Encounter: prenatal visit (V22.0, V22.1, V22.2)

Diagnosis: D(Rh) negative (656.10, 656.11) with unsensitized status

OR

Diagnosis: primigravida AND Lab test result: Rh status mother “negative” documented in FlowSheet

OR

Diagnosis: multigravida AND: Lab test result: Rh status mother “negative” AND: Lab test result Rh status baby “negative” both documented in FlowSheet

NQF/PQRI Number: NQF 0014

Exclusions: Medication not done: patient reason (2P modifier)

OR

Medication not done: medical reason (1P modifier)

OR

Medication not done: system reason (3P modifier)

OR

Patient EDC: <= 10 months before live birth

OR

Medication not done: anti-D immune globulin declined (documented in Rule Manager) (8P modifier)

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Prenatal Care Anti–D Immune Globulin

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Prenatal Care Screening for HIV

Purpose: Percentage of patients, regardless of ages, who gave birth during a 12-month period and who were screened for HIV infection simultaneous to or within 30 days of the first or second prenatal visit.

Description: Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal visit.

Clinical Quality Measure Title: Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)

Numerator:

EDC: before or simultaneous to delivery of live birth <= 10 months

AND

Laboratory test performed: HIV screen in after or simultaneously FIRST prenatal visit <= 30 days

OR

After or simultaneously to SECOND prenatal visit <= 30 days (87390, 87391, 87534, 87535, 87536, 87537, 87538, 87539)

Eligible Patient Criteria (Denominator):

Age Range: N/A

Diagnosis active: delivery live births (ICD-9)

AND

Procedure performed: delivery live births (CPT)

Encounter: prenatal visit (V22.0, V22.1, V22.2)

NQF/PQRI Number: (NQF 0014)

Exclusions:

- **Diagnosis:** HIV (active or inactive) 042, V08
- **Laboratory test not done:** medical reason 3292F1P
- **Laboratory test not done:** patient reason 3292F8P

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Prenatal Care Screening for HIV

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Prenatal Record

Purpose: Generate a prenatal record any time during the pregnancy, with the record modeled on the standardized forms commonly used by obstetricians. When the record is generated, the system automatically saves a copy to the patient's chart in DocMan and displays the copy in Chart View and Documents. The prenatal record can also be faxed from DocMan.

Report Location: Chart > *Open Patient Chart* > Visit/HS > Pregnancy Summary > Open OB Module > Generate Prenatal Record

Typical Frequency: As Needed

DATE		7/1/2008							
NAME		Achy		Betty					
		LAST		FIRST		MIDDLE			
ID#	ACHBET0001						HOSPITAL OF DELIVERY		
NEWBORN'S PHYSICIAN				REFERRED BY					
FINAL EDD			PRIMARY PROVIDER /GROUP						
10/21/2008			Burns, Christine						
ADDRESS							123 Anywhere Street, Austin TX, 78729		
BIRTH DATE	AGE	RACE	MARITAL STATUS		ADDRESS				
1/1/1950	58	Caucasian	Married		234 Test Bastrop, TX				
OCCUPATION		EDUCATION <none>		ZIP 78602 PHONE (H) 512/222-2222 (O)					
LANGUAGE <none>		ETHNICITY <none>		INSURANCE CARRIER AARP					
HUSBAND/DOMESTIC PARTNER			PHONE		MEDICAID/POLICY # adsf3				
FATHER OF BABY			PHONE		EMERGENCY CONTACT PHONE				
TOTAL PREG	FULL TERM	PREMATURE	AB. INDUCED	AB. SPONTANEOUS	ECTOPICS	MULTIPLE BIRTHS	LIVING		
8	3	3	1	0	0	1	8		
MENSTRUAL HISTORY									
LMP <input checked="" type="checkbox"/> DEFINITE <input type="checkbox"/> APPROXIMATE (MONTH KNOWN) MENSES MONTHLY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO FREQUENCY: Q Q DAYS MENARCHE: 0 (AGE ONSET)									
<input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NORMAL AMOUNT/DURATION PRIOR MENSES DATE ON BCP AT CONCEPT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO hCG + N/A									
<input checked="" type="checkbox"/> FINAL 1/15/2008									
PAST PREGNANCIES (LAST SIX)									
DATE MONTH/ YEAR	GA WEEKS	LENGTH OF LABOR	BIRTH WEIGHT	SEX MF	TYPE DELIVERY	ANES.	PLACE OF DELIVERY	PRETERM LABOR YES/NO	COMMENTS/ COMPLICATIONS
12/2007	38	6 hrs.	2410	MALE	VBAC	Yes	JAKDALE COMMUNITY HOS	No	
12/2007	1	5 hrs.	2410	FEMALE	VBAC	No	JAKDALE COMMUNITY HOS	No	
12/2005	34	5 hrs.	2410	MALE	VBAC	No		No	
12/2004	38	5 hrs.	2410	MALE	VBAC	No		No	
12/2004	38	5 hrs.	1928	MALE	VBAC	No		No	
12/2004	38	5 hrs.	2410	MALE	VBAC	No		No	
MEDICAL HISTORY									
		0 Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT				0 Neg. + Pos.	DETAIL POSITIVE REMARKS INCLUDE DATE & TREATMENT	
1. DIABETES			17. D (Rh) SENSITIZED						

Prescription Activity

Purpose: List prescription activity broken down by provider and insurance company/group.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Prescription Activity

Typical Frequency: As Needed

Prescription Activity												
Show Detail: Yes Date Range: 01/01/2007 to 06/27/2008 Method: All Methods Prescriber: All Providers Financial Group: All Financial Groups Medical Facility: All Facilities Schedule: All Drugs Patient: All Patients Ins Class: All Insurance Classes										Print Date: 06/27/2008 1:51:26 PM		
Page 2 of 2												
Type	Date	Time	Patient	Fin Grp	Drug	Qty	Rf	Sch	Method	Prescriber	Ins Class	Pharmacy
			Heal with Steel Health Center									
			Total:		7							
			PRINT		7							
New Med	01/23/2007	16:36:47	Beeman, Emily		Prenate Ultra	90	4	0	PRINT	Killdear, Kelsey	BCS	
New Med	01/23/2007	17:15:07	Childes, Marilyn		Accupril	30	5	0	PRINT	Killdear, Kelsey	BCS	
New Med	01/23/2007		Childes, Marilyn		Aspirin (ASA)	100	0	0	PRINT	Killdear, Kelsey	BCS	
New Med	01/23/2007	17:15:08	Childes, Marilyn		Atenolol	30	5	0	PRINT	Killdear, Kelsey	BCS	
New Med	01/23/2007	17:15:07	Childes, Marilyn		Hydrochlorothiazide (HCTZ)	30	2	0	PRINT	Killdear, Kelsey	BCS	
New Med	01/23/2007	17:15:08	Childes, Marilyn		Lipitor	30	5	0	PRINT	Killdear, Kelsey	BCS	
New Med	01/23/2007	17:15:06	Childes, Marilyn		Metformin HCl	60	0	0	PRINT	Killdear, Kelsey	BCS	
			Total Heal with Steel Health Center Prescriptions:		7							

Prescription Activity by Financial Group

Purpose: List prescription activity broken down by provider and insurance company/group and financial group in cross-tab format. User has the option to view details of all prescriptions.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Prescription Activity by Financial Group

Typical Frequency: As Needed

Date Range: 01/01/2007 to 06/27/2008												
Prescriber: All Providers												
Financial Group: All Financial Groups												
Method: All Methods												
Medical Facility: All Facilities												
Schedule: All Drugs												
Ins Class: All Insurance Classes												
Show Patient Detail: Yes												
Print Date: 06/27/2008 1:55:11PM												
Page: 2 of 4												
Prescription Activity by Financial Group												
Type	Date	Time	Patient	Fin Grp	Drug	Qty	Rf	Sch	Method	Prescriber	Ins Class	Pharmacy
Bleeding Edge Trauma Center												
Brainiac, Nanette												
				Financial Group	Total	FAX	PRINT					
				Blue Cross/Blue Shield	3	2	1					
				Medicare	1	0	1					
				Preferred Provider Organization	4	1	3					
				Total	8	3	5					
New Med	01/09/2007	08:46:19	Abdominal, Payne	PPD	Lotronex	60	1	0	PRINT	Brainiac, Nanette	COM	
New Med	01/09/2007	08:46:45	Abdominal, Payne	PPD	Lotronex	60	1	0	PRINT	Brainiac, Nanette	COM	
New Med	08/20/2007	13:48:17	Abdominal, Payne	PPD	Polocaine	1	0	0	FAX	Brainiac, Nanette	COM	e-MDs, Inc.
New Med	08/20/2007	13:39:33	Abdominal, Payne	PPD	Zyban	60	0	0	PRINT	Brainiac, Nanette	COM	
New Med	08/24/2007	09:36:09	Thompson, Jennifer A	MDC	Dexedrine	30	0	2	PRINT	Brainiac, Nanette	MDC	
New Med	08/20/2007	14:31:01	Tired, Ima	BCS	Buphenyl	20	0	0	FAX	Brainiac, Nanette	COM	e-MDs, Inc.
New Med	08/20/2007	14:35:41	Tired, Ima	BCS	Vagifem	14	0	0	FAX	Brainiac, Nanette	COM	e-MDs, Inc.
New Med	08/30/2007	13:44:44	Tired, Ima	BCS	Synacort	1	0	0	PRINT	Brainiac, Nanette	COM	

Prescription Audit

Purpose: Provide an audit report of prescriptions based on a date range, the schedule of the drug, the provider whose name is on the prescription, the person that actually created the prescription (the Agent) and the patient.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Prescription Audit

Typical Frequency: As Needed

Prescription Audit												
Date Range: 01/01/2008 to 06/27/2008										Print Date: 06/27/2008 2:08:41 PM		Page: 77 of 78
Schedule: All Drugs												
Prescriber: All Prescribers												
Agent: All Agents												
Patient: All Patients												
Type	Date	Time	Patient	Drug	Qty	Rf	Sox	Prescriber	Agent	Method	Pharmacy	
Resend Med	05/20/2008	15:20:19	Ramirez, Alexis J	Simulect	2	0	0	Ho, Agnes	agnesho	PRINT		
New Med	05/20/2008	15:20:47	Young, Barbara	Simulect	0	0	0	.	agnesho			
New Med	05/20/2008	15:21:19	Tanner, Al E	Simulect	2	0	0	Ho, Agnes	agnesho			
New Med	05/20/2008	15:47:38	Fegan, Barbara S	Simulect	0	0	0	.	agnesho			
	05/20/2008	15:53:25	Fegan, Barbara S	Simulect	0	0	0	.	agnesho			
	05/20/2008	15:53:59	Tanner, Al E	Simulect	2	0	0	Ho, Agnes	agnesho			
New Med	05/21/2008	16:46:46	Ramirez, Alexis J	Guaifenesin	40	1	0	Ho, Agnes	lnurse	PRINT		
New Med	06/03/2008	09:56:00	Fegan, Albert C	Augmentin XR	20	0	0	Burns, Christine	cburns	PHONE	Brookshire Test Store	
	06/03/2008	09:56:01	Fegan, Albert C	Augmentin XR	20	0	0	Ho, Agnes	cburns	PRINT		
Refill Med	06/03/2008	09:56:01	Fegan, Albert C	Augmentin XR	20	0	0	Burns, Christine	cburns	PHONE	Brookshire Test Store	
	06/05/2008	09:37:05	Patient-Four, Test	Motrin	30	2	0	Testing-Two, Sure Script:	agnesho	ELECT	*Fox Test Pharmacy	
New Med	06/05/2008	09:37:05	Patient-Four, Test	Motrin	30	2	0	Ho, Agnes	agnesho	ELECT	*Fox Test Pharmacy	
Refill Med	06/05/2008	09:37:05	Patient-Four, Test	Motrin	30	2	0	Ho, Agnes	agnesho	ELECT	*Fox Test Pharmacy	
New Med	06/05/2008	15:56:12	Patient-Six, Test	Albuterol	25	0	0	Burns, Christine	administrator	PRINT		
Resend Med	06/05/2008	15:56:14	Patient-Six, Test	Albuterol	25	0	0	Burns, Christine	administrator	PRINT		
New Med	06/05/2008	16:40:34	Abv, Acb A	Accupril	60	5	0	Burns, Christine	administrator	PRINT		
Resend Med	06/05/2008	16:40:48	Abv, Acb A	Accupril	60	5	0	Burns, Christine	administrator	PRINT		
New Med	06/11/2008	15:35:48	Mercier, Leah M	Singulair	30	2	0	Ho, Agnes	administrator	PRINT		
Resend Med	06/11/2008	15:35:50	Mercier, Leah M	Singulair	30	2	0	Ho, Agnes	administrator	PRINT		
New Med	06/16/2008	10:04:34	Acuna, Anna V	Ritalin LA	30	1	2	Ho, Agnes	administrator	PRINT		
Resend Med	06/16/2008	10:04:36	Acuna, Anna V	Ritalin LA	30	1	2	Ho, Agnes	administrator	PRINT		
	06/16/2008	10:29:03	Acuna, Anna V	Singulair	30	2	0	Ho, Agnes	administrator	ELECT	4 Rx Pharmacy	
New Med	06/16/2008	10:29:03	Acuna, Anna V	Singulair	30	2	0	Ho, Agnes	administrator	PRINT		
Refill Med	06/16/2008	10:29:03	Acuna, Anna V	Singulair	30	2	0	Ho, Agnes	administrator	PRINT		
Resend Med	06/16/2008	10:29:04	Acuna, Anna V	Singulair	30	2	0	Ho, Agnes	administrator	PRINT		
	06/16/2008	10:30:43	Acuna, Anna V	Singulair	30	2	0	Ho, Agnes	administrator	PRINT		
New Med	06/16/2008	10:31:14	Acuna, Anna V	Pulmicort Flexhaler	1	0	0	Ho, Agnes	administrator	PRINT		
Resend Med	06/16/2008	10:31:15	Acuna, Anna V	Pulmicort Flexhaler	1	0	0	Ho, Agnes	administrator	PRINT		
	06/17/2008	16:52:50	Achy, Betty	<none>	0	0	0	.	administrator			
	06/17/2008	16:52:56	Achy, Betty	<none>	0	0	0	.	administrator			
New Med	06/19/2008	11:52:40	Tanner, Aaron	<none>	1	0	0	Ho, Agnes	agnesho	PRINT		
Resend Med	06/19/2008	11:52:46	Tanner, Aaron	<none>	1	0	0	Ho, Agnes	agnesho	PRINT		
New Med	06/20/2008	10:30:26	Tanner, Aaron	<none>	10	0	0	Ho, Agnes	agnesho	PRINT		
Resend Med	06/20/2008	10:30:31	Tanner, Aaron	<none>	10	0	0	Ho, Agnes	agnesho	PRINT		

Prescription Log

Purpose: Provide an audit trail of prescriptions based on a date range. The report has a signature line at the bottom and is intended to be used to satisfy legal requirements for faxed prescriptions in the state of Ohio.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Ohio Prescription Log

Typical Frequency: As Needed

Ohio Prescription Log											
Date Range: 6/1/2008 to 6/26/2008			Report last run on 11/21/07 10:36AM						Print Date: 06/26/2008 5:45:36PM		
Schedule: All Drugs			for date range 09/19/07 03:20PM to 11/15/07 02:40PM						Page 2 of 3		
Prescriber: All Providers											
Agent: All Agents											
Patient: All Patients											
Type	Date	Time	Patient/Account	Prescription	Qty	Rf	Sch	Prescriber	Agent	Method	Pharmacy
Resend Med	06/11/2008	15:35:50	Mercier, Leah M 1236547	Singulair 10mg Tablet Take 1 tablet(s) by mouth each evening	30	2	0	Ho, Agnes	administrator	PRINT	
Refill Med	06/05/2008	09:37:05	Patient-Four, Test	#30 (Thirty) tablet(s) Motrin 600mg Tablet Take 1 tablet(s) by mouth q 4 to 6 hr prn	30	2	0	Ho, Agnes	agneshe	ELECT	*Fox Test Pharmacy
Refill Med	06/24/2008	11:38:53	Patient-One, Test	#30 (Thirty) tablet(s) Advil 200 mg Tablet Take 1 tablet(s) by mouth q 4 to 6 hr prn	20	1	0	Assistant-One, Physic	assistant1	ELECT	*Fox Test Pharmacy
New Med	06/05/2008	15:56:12	Patient-Six, Test PATTES0001	#20 (Twenty) tablet(s) Albuterol 0.083% Nebulizer Solution 1 vial(s) by nebulizer qid as directed	25	0	0	Burns, Christine	administrator	PRINT	
Resend Med	06/05/2008	15:56:14	Patient-Six, Test PATTES0001	#25 (Twenty Five) 3 ml vial Albuterol 0.083% Nebulizer Solution 1 vial(s) by nebulizer qid as directed	25	0	0	Burns, Christine	administrator	PRINT	
New Med	06/19/2008	11:52:40	Tanner, Aaron RDDAL000	#25 (Twenty Five) 3 ml vial Flonase 50mcg/Actuation Spray, Suspension inhale 1 spray in each nostril by intranasal route 2 times per day	1	0	0	Ho, Agnes	agneshe	PRINT	

Problem List Maintenance

Provider Goal for Stage 1: >80%

Meaningful Use Requirement for Stage 1: *More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data.*

Description: Reports on unique patients seen by the EP that have at least one entry of a problem in the problem list or an indication that no problems are known for the patient recorded as structured data.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

The Patient will appear in the numerator of this report if they have at least one problem in their problem list in the Visit/HS section of the chart. If the patient does not have any problems, the box for No Current Problems (NCP) may be checked and the patient will be included.

Prostate Cancer – Avoidance of Bone Scan Overuse

Purpose: Calculate the percentage of patients regardless of age with a diagnosis of Prostate Cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate OR radical prostatectomy, OR Cryotherapy who did not have a bone scan performed at any time since the diagnosis of prostate cancer.

Description: Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.

Crystal Report Title: Prostate Cancer–Avoidance of Bone Scan Overuse

Clinical Quality Measure Title: Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients

Numerator: The patient will qualify for the numerator of this report when there is NOT evidence of a Bone Scan after or during the active diagnosis of Prostate Cancer. This is documented by the LACK of one of the following CPT codes with the reporting period: 78300, 78305, 78306, 78315, 78320, 78350, 78351.

Eligible Patient Criteria (Denominator): The eligible patient will have an active diagnosis of prostate cancer: 185 and a procedure performed for prostate cancer treatment, documented by one of the following CPT codes: 55810, 55812, 55815, 55840, 55842, 55845, 55866, 55873, 77427, 77776, 77777, 77778, 77787

AND

A documented procedure result for the AJCC cancer stage low risk recurrence prostate cancer documented by the CPT code: 3271F (documented in a visit note *before* the procedure performed for prostate cancer treatment)

AND

A laboratory test result on or before the procedure date for PSA less than or equal to 10mg/dL documented in the patient FlowSheet.

AND

A FlowSheet test result on or before the procedure date for "Gleason Score" that is less than or equal to 6

NQF/PQRI Number: NQF 0389/PQRI 102

Exclusions: The patient will be excluded from this report if they have any of the following:

- An active diagnosis of Pain related to Prostate Cancer, documented by one of the following ICD-9 codes: 338.3, 724.1, 724.5, 724.6, 724.79, 733.90, 786.50, 786.59, 789.00, V76.44, V84.03
- A procedure performed of "Salvage Therapy," documented by one of the following CPT codes: 55860, 55862, 55865, 55875, 55876

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Prostate Cancer – Avoidance of Bone Scan Overuse

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Quest Diagnostic Report

Purpose: Show patient lab orders and demographic information to be used with lab dictionary.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Quest Diagnostic Report

Typical Frequency: As Needed

Quest Diagnostics Incorporated Facility Name: Quest Diagnostics			
Provider Name: Robert C. Adams	Clinic Name: Eskimo Test Clinic	Account#:	Ph#: 1- 512-123-4567
Patient Name: Achy, Betty	SEX: F	DOB: 01/01/1950	SSN: MR#: ACHBET0001
Address: 234 Test Bastrop TX, 78602		Phone: 512-222-2222	
Insurance 1: AARP 9371 Brook Meadow Lakewood, TX 90712 ()			
Group #: test		Policy #: ads f3	
Guarantor: Betty Achy, 234 Test Bastrop TX, 78602 (512-222-2222)			
Order #:	Order Date: 03/07/2008	Priority: Routine	
Scheduled Date: -- --	Due Date: 03/21/2008		
Svc#/Test: 375 Creatinine, serum	ICD 9: 250.00 (Type II diabetes)		
Comments:			
Order #:	Order Date: 03/07/2008	Priority: Routine	
Scheduled Date: -- --	Due Date: 03/21/2008		
Svc#/Test: 496 Hemoglobin (Hgb) A1c	ICD 9: 250.00 (Type II diabetes)		
Comments:			

Recent BP by Diagnosis

Purpose: List patients and most recent blood pressure, filtered by patient diagnosis with highs highlighted in red.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Recent BP by Diagnosis

Typical Frequency: As Needed

Patients with diagnosis code starting with: 250 Print Date: 6/27/2008, 2:26:44PM
Page 7 of 7

List of Patients with Most Recent Blood Pressure

<u>Patient</u>	<u>Blood Pressure</u>	<u>Date Taken</u>	<u>Provider</u>
Washington, Ellen W	144 /76	02/27/2003	Wright, Levi A
Watson, Benedetta R	130 /62	06/04/2003	Wright, Levi A
Watson, Edward D	160 /90	04/03/2003	Hudson, Benjamin L
White, Brian G	136 /90	04/30/2003	Trauterman, Tim my B
White, Mark H	154 / 102	06/12/2003	Trauterman, Tim my B
Wick, Terry K	110 /80	10/08/2001	Wright, Levi A
Williams, Benjamin E	128 /80	04/21/2003	Trauterman, Tim my B
Williams, Brett A	100 /70	05/12/2003	Wright, Levi A
Williams, Raibon J	130 /80	11/15/2002	Wright, Levi A
Wilson, Alice K	130 /58	05/16/2003	Trauterman, Tim my B
Wilson, Andrew R	160 /90	12/11/2002	Trauterman, Tim my B
Wilson, Carlos L	100 /64	03/28/2003	Trauterman, Tim my B
Wilson, Joshua	166 /88	08/29/2002	Trauterman, Tim my B
Wilson, Samuel G	140 /92	05/23/2003	Trauterman, Tim my B
Wilson, Vema K	120 /80	09/04/2001	Hudson, Benjamin L
Winn, Gle F	122 /80	02/25/2002	Trauterman, Tim my B
Witt, Clayton	118 /82	12/09/2002	Trauterman, Tim my B
Witt, Jack R	118 /78	03/12/2003	Trauterman, Tim my B
Witt, Tracy M	120 /80	05/22/2003	Wright, Levi A
Wood, Tammy L	130 /80	04/23/2003	Trauterman, Tim my B
Woods, Daniel A	124 /78	04/24/2003	Trauterman, Tim my B
Woods, Walter W	114 /68	02/12/2003	Trauterman, Tim my B
Wyatt, Kathryn C	122 /78	03/25/2003	Enders, Jackie
Wyatt, Ty D	122 /78	01/03/2003	Trauterman, Tim my B
Yanko, Fred A	112 /62	05/12/2003	Trauterman, Tim my B
Yanko, Philip P	138 /88	05/06/2003	Trauterman, Tim my B
Yanko, Tiffany C	142 /92	04/22/2003	Trauterman, Tim my B
Young, Willie S	120 /84	12/31/2002	Wright, Levi A

Required Demographics Recorded

Provider Goal for Stage 1: >50%

Meaningful Use Requirement for Stage 1: *More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data.*

Description: Reports on unique patients seen by the EP that have the all of the required demographics recorded as structured data.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

The patient must have an entry for each of the following items recorded in his/her demographics:

- Preferred language
- Gender
- Race
- Ethnicity
- Date of Birth

If a patient declines to provide information or if documentation of this information is contrary to state laws, mark the selection "declined" from within the appropriate field to meet this measure.

Single Drug Current & Past Medication Search

Purpose: Generate a count and list of patients who have been prescribed a particular drug brand name at any time. The list includes patient name, gender, DOB, address and home phone. Among other things, this report can be used for research and drug recall purposes.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Single Drug Current & Past Med Search 6.2

Filters: Brand, and prescription status

Typical Frequency: As Needed

Single Drug Current & Past Medication Search								Print Date: 6/27/2008 2:36:31PM
Patients Currently On: Albuterol Sulfate								Page: 57 of 58
Distinct Number of Patients on Albuterol Sulfate: 1499								
Prescriber: ALL								
Patient	Gender	Age	DOB	Address	City/State/Zip	Home Phone	Provider	Med Text
Ventolin HFA								
Current Meds								
Creech, Kim M	Female	23	08/30/1984	400 Kristen Creek Ln	Cedar Park, TX 78613-	(351)225-3703	Edwards, Carter M	Ventolin HFA 90mcg/1actu
<u>Number of patients on Ventolin HFA: 1</u>								
Ventolin Nebules								
Current Meds								
Allen, Rya P	Male	19	03/17/1989	413 Big Meadow Dr	Austin, TX 78750	(297)484-2485	Byrd, Jill	Ventolin Nebules 0.083% Ne
<u>Number of patients on Ventolin Nebules: 1</u>								
Ventolin Rotacaps								
Current Meds								
Alvarez, Jare E	Male	54	08/01/1953	109 Duval Rd	Cedar Park, TX 78613-	(437)505-2171	Wright, Levi A	Ventolin Rotacaps 200mcg C
Past Meds								
Clark, Nichola B	Male	23	03/18/1985	9724 39th Street	Leander, TX 78641-	(018)810-8955	Parker, Andrea	Ventolin Rotacaps
Clark, Nichola B	Male	23	03/18/1985	9724 39th Street	Leander, TX 78641-	(018)810-8955	Parker, Andrea	Ventolin Rotacaps 200mcg C
Desjardins, Bobby M	Male	59	04/04/1949	9969 E Rochelle Boulevard	Georgetown, TX 78628-	(036)185-7135	Woods, Vaughn W	Ventolin Rotacaps 200mcg C
<u>Number of patients on Ventolin Rotacaps: 3</u>								

Single Drug Current Medication Search

Purpose: Generate a count and list of patients who have been prescribed a particular drug brand name. The list includes patient name, gender, DOB, address and home phone. Among other things, this report can be used for research and drug recall purposes.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Single Drug Current Med Search 6.2

Filters: Brand

Typical Frequency: As Needed

Single Drug Current Medication Search								Print Date: 6/27/2008 2:38:24PM
Patients Currently On: Niacin								Page: 1 of 2
Distinct Number of Patients on Niacin: 32								
Prescriber: ALL								
Patient	Gender	Age	DOB	Address	City/State/Zip	Hm Phone	Provider	
Niacin (Nicotinic Acid)								
Robinson, Larry P	Male	42	07/19/1985	352 Honeyweed St	Cedar Park, TX 78613	(409)403-1104	.	
<u>Number of patients on Niacin (Nicotinic Acid): 1</u>								
Niaspan								
Almond, Gerald L	Male	54	12/09/1953	893 Fantail Loop	Cedar Park, TX 78613	(953)496-5632	Miller, Bryce	
Chapman, Harold A	Male	58	04/20/1950	141 Dijon Dr	Cedar Park, TX 78613-	(794)888-0082	Miller, Bryce	
Cook, Scott D	Male	48	01/04/1960	34 Quaker Road	Leander, TX 78641	(643)439-5060	Miller, Bryce	
Crosby, Lowell R	Male	81	09/27/1926	3822 32nd Street	Lago Vista, TX 78646	(785)827-3168	.	
De La Rosa, Casey H	Male	61	02/16/1947	145 Plains Dr	Leander, TX 78646	(270)290-4757	Kutalek, Stacy	
Diaz, Lowell W	Male	60	12/19/1947	35 North Lake Creek Drive	Austin, TX 78750-	(307)110-6048	.	
Dodd, Walter S	Male	42	07/21/1965	35 Copper Ln	Cedar Park, TX 78613-	(212)149-5108	.	
Ekstrum, Larry A	Male	50	07/28/1957	89 Morgan Lane	Cedar Park, TX 78613-	(493)725-2537	Miller, Bryce	
Foster, Todd R	Male	60	09/18/1947	2597 Briar Cv	Cedar Park, TX 78613	(247)301-0931	Kutalek, Stacy	
Gray, Zachar T	Male	60	05/14/1948	987 Dupont Drive	Cedar Park, TX 78613	(018)250-5725	Miller, Bryce	
Hill, Craig A	Male	46	08/17/1961	140 Orchard Ridge Drive	Leander, TX 78641-	(614)332-5385	Miller, Bryce	
Hoett, Billy E	Male	55	03/02/1953	353 High View Dr	Leander, TX 78641-	(559)099-2848	Miller, Bryce	
Hohle, Earl A	Male	54	11/15/1953	93 Eagles Way	Austin, TX 78717-	(065)997-4454	Miller, Bryce	
Jewell, Conrad H	Male	43	11/04/1964	65 Lime Creek Road	Cedar Park, TX 78613	(281)885-6687	Miller, Bryce	
Kolb, Richard R	Male	50	04/05/1958	5676 Coachlamp Dr	Jonestown, TX 78646	(247)811-3298	Miller, Bryce	
Leichman, Martin J	Male	36	12/23/1971	2975 48th Street	Burnet, TX 78611	(202)088-3489	.	
Lewis, Kelsey L	Female	49	04/11/1959	403 Loveton Circle	Cedar Park, TX 78613	(348)164-1716	.	
Longoia, Syed T	Male	47	03/25/1961	9834 Natural Spring Way	Cedar Park, TX 78613-	(016)437-4909	Miller, Bryce	
Manfredi, Robert W	Male	58	07/20/1949	80 A 10th Street	Pflugerville, TX 78660	(902)935-1113	Hudson, Benjamin L	
Martin, Samuel L	Male	52	04/26/1956	2352 A Farm Road 1819	Leander, TX 78641	(274)035-0710	.	
McDowell, Kenny A	Male	67	08/14/1940	671 22nd Street	Leander, TX 78641-0000	(878)941-4430	.	
Mitchell, Timothy	Male	55	02/01/1953	8024 Brooks Road	Cedar Park, TX 78613	(873)279-0645	Miller, Bryce	
Rocha, Jorge F	Male	58	10/04/1949	896 Ralph Avenue	Cedar Park, TX 78613	(890)749-9062	Miller, Bryce	
Thompson, Shawn	Male	69	10/14/1938	9376 Pines Boulevard	Cedar Park, TX 78613	(281)317-9681	Miller, Bryce	
Torrance, Lindsey V	Female	55	11/28/1952	365 Bluff Drive	Liberty Hill, TX 78642	(460)616-3631	.	
Washington, Donnie E	Male	55	10/23/1952	96 Gloucester Lane	Marble Falls, TX 78654	(850)041-1039	Miller, Bryce	
Washington, Jimmy L	Male	57	05/06/1951	275 A Shields Drive	Bertram, TX 78605-	(610)526-3106	Miller, Bryce	
Watson, Edward D	Male	59	04/19/1949	404 Horton Street	Leander, TX 78641-	(209)556-7664	.	
Wyatt, Yvonne D	Female	79	01/07/1929	97397 Biscoayne Boulevard	Lago Vista, TX 78646	(706)105-2794	.	
Young, James A	Male	49	05/09/1959	0694 Hunter Ace Way	Spicewood, TX 78669	(467)232-6922	Miller, Bryce	
<u>Number of patients on Niaspan: 30</u>								

Smoking and Tobacco User Cessation Medical Assistance

Purpose: To calculate the percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year

Description: The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

Crystal Report Title: Smoking and Tobacco Use Cessation, Medical assistance

Clinical Quality Measure Title: Smoking and Tobacco Use Cessation, Medical assistance

Numerator:

- **Part A:** Documented as a tobacco user <=1 year before or simultaneously to reporting period using any one of the following CPT/HCPCS codes: SMOK01, SMOK02, 1034F, 1035F, G8455 or G8456, G8686, G8688, G8690, G8692.
- **Part B:** 1. Status as tobacco user documented using any one of the following CPT/HCPCS codes: SMOK01, SMOK02, 1034F, 1035F, G8455 or G8456

AND

2. Tobacco use cessation counseling documented and performed <=1 year before or simultaneous to reporting period using tobacco use cessation counseling codes 99406 or 99407, G0436, G0437

OR

3. Discussion with patient regarding tobacco use cessation medications and/or tobacco use cessation strategies <=1 year before or simultaneously to reporting period end date using tobacco use cessation counseling codes 4000F, 4001F, G8402 or G8453, G0436, G0437.

Eligible Patient Criteria (Denominator): The percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.

NQF/PQRI Number: NQF 0027

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Smoking and Tobacco Use Cessation Medical Assistance

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Smoking Status Documented

Provider Goal for Stage 1: >50%

Meaningful Use Requirement for Stage 1: More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking a status recorded as structured data.

Description: Reports on unique patients 13 years old or older seen by the EP with smoking status recorded as structured data.

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

Date smoking status is documented must on or before the report end date.

Smoking Status of the patient must be documented in the medical record as structured data using the custom codes indicated below.

A specific set of custom codes has been created for the Smoking Status Documented criteria. These custom smoking status codes are as follows:

1. SMOK01 Current every day smoker
2. SMOK02 Current some day smoker
3. SMOK03 Former smoker (defined by having smoked 100 or less cigarettes during lifetime)
4. SMOK04 Never smoker
5. SMOK05 Smoker, current smoking status unknown
6. SMOK09 Unknown if patient has ever smoked

These custom codes are located in the Tobacco/Alcohol/Supplements History template and are designated by the new MU extended attribute (a burnt orange star is directly in front of the item). For convenience, a "Jump to Tobacco/Alcohol/Supplements" has been placed in all plan templates contained in master content; however, the codes may be added to any template to document smoking status.

Denominator:

The denominator of this report will query patients aged 13 to 110 years old by default. However, the user may select a different age range to utilize this report for purposes besides Meaningful Use.

The denominator for this objective is the number of unique patients aged 13 to 110 years old that were seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Summary of Care Provided

Provider Goal for Stage 1: >50%

Meaningful Use Requirement for Stage 1: *The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals.*

Description: Reports on patients transitioned or referred to another setting of care or provider of care by the EP for whom a summary of care document was provided to the receiving facility or provider.

Denominator:

The patient shall qualify for the denominator of this report when a transition of care is indicated within a patient chart, using one of the ADMIT or REFER codes below. In order to allow the provider sufficient time to provide the summary of care document (CCD) to the provider that they are transferring the patient, we have allowed a 30 day time frame before the patient appears on the report. If a CCD document is generated for the patient before 30 days the patient will automatically appear in the denominator as well as the numerator of this report. If 30 days have expired, the patient may still qualify for the numerator when the CCD is generated. This was written in this way so that the provider is not penalized for recent transfers of care which haven't been handled yet.

A set of new custom CPT codes have been added to Plan templates to ease the documentation of these types of transitions. These codes are under the item "Admits" in the plan template (a burnt orange star is directly in front of the item indicating Meaningful Use criterion). Once one of the template items from the "Admits" code has been added to the patient's record the patient qualifies for the denominator. The ADMIT code may also be manually entered to the patient chart into Other Orders if desired. The codes used for ADMIT are:

1. ADMIT1 Transfer of Care to the Emergency Department
2. ADMIT2 Transfer of Care to Inpatient Hospital
3. ADMIT3 Transfer of Care to Skilled Nursing Facility
4. This report will also query for any CPT code beginning with ADMIT; regardless of what follows in the case that a clinic chooses to create additional ADMIT codes for tracking purposes.

REFER codes will also qualify the patient for the denominator of this report. The report will query for the following REFER codes documented in a visit note within the reporting period.

1. REFER Referral
2. RFALRG Allergist Referral
3. RFBONE Orthopedist Referral
4. RFCARD Cardiologist Referral
5. RFCHIR Chiropractor Referral
6. RFDERM Dermatologist Referral
7. RFENDO Endocrinologist Referral
8. RFENT ENT Referral
9. RFEYE Ophthalmologist Referral
10. RFGAS Gastroenterologist Referral
11. RFGERI Gerontologist Referral
12. RFHEME Hematologist Referral

13. RFHOME Home Health Referral
14. RFINT Internist Referral
15. RFNEPH Nephrologist Referral
16. RFNEUR Neurologist Referral
17. RFNSUR Neurosurgeon Referral
18. RFNUTR Nutritionist Referral
19. RFOB OB/GYN Referral
20. RFOCC Occupational Therapist Referral
21. RFONCO Oncologist Referral
22. RFPAIN Pain Specialist Referral
23. RFPEDI Pediatrician Referral
24. RFPOD Podiatrist Referral
25. RFPSY1 Psychiatrist Referral
26. RFPSYO Psychologist Referral
27. RFPT Physical Therapist Referral
28. RFPULM Pulmonologist Referral
29. RFRHEM Rheumatologist Referral
30. RFSPE Speech Therapist Referral
31. RFSURG General Surgeon Referral
32. RFURO Urologist Referral

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

- The Patient qualifies for the numerator section of this report if the patient's Chart Summary (CCD) has been exported from their chart within 30 days of an ADMITS or REFER documentation.
- When a provider transitions a patient to the care of another provider, an electronic copy of their records should be sent to the receiving facility or given to the patient to provide to the provider that they are transitioning to. The Chart Summary or CCD is an exportable copy of the patient's medical record that will provide the necessary information to properly continue the care of the patient, therefore should be provided in a timely fashion.

The report will query for the audit record description of CCD-Chart Summary. . The provision of one Summary of Care can satisfy multiple referrals as long as it is provided within 30 days of the transition of care order. It is imperative that the Chart Audit remain on at all times to ensure the capture of this information.

Timely Electronic Access to Health Information

Provider Goal for Stage 1: >10%

Meaningful Use Requirement for Stage 1: *More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information.*

Description: Reports on unique patients seen by the EP who are provided timely electronic access to their Problem List, Medication Allergies, Medication List, and Lab Results.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

A patient in the denominator automatically qualifies for the numerator of this report if they are a registered portal patient.

If the Provider orders no labs during the visit for a Portal Patient

If the patient during the reporting period had NO Labs during the Visit the patient is automatically placed in the numerator because the patient will have Timely Access through portal to the Medication List, Problem List, and Medication Allergy List.

If the Provider orders labs during the visit for a Portal Patient

If a provider orders labs for a patient during the visit the provider is responsible for providing some information regarding those labs to the patient. Patients with labs ordered the provider must at least send one Taskman message to the patient's portal account with the Portal Lab/Test Result box selected within 4 business days of the lab being signed off. (The CMS does not state that the provider has to send the results but some information must be given about the labs). Sending one Taskman message with Portal Lab/Test Result checked with or without the results attached within 4 business days of the labs will meet this criterion.

Tobacco Use Assessment and Intervention

Purpose: To calculate the percentage of patients aged 18 years and older who have been seen for at least 2 office visits, who were: a) Queried about tobacco use one or more times within 24 months, and b.) Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months and have been seen for at least 2 office visits, who received cessation intervention.

An exception to this rule is the presence of a counseling or therapy encounter code, allowing for only 1 count. Since it is safe to assume that as a provider conducting this type of encounter then there is already a sufficient relationship established between the patient and provider.

Description: Percentage of patients aged 18 years or older who have been seen for at least 2 office visits, who were queried about tobacco use one or more times within 24 months and who received cessation intervention.

Crystal Report Title: Tobacco Use Assessment and Intervention

Clinical Quality Measure Title: Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment b. Tobacco Cessation Intervention

Numerator:

- **Part A:** The patient is in the numerator if they have one or more of the following codes within the past 24 months: 1000F, 1034F, 1035F, 1036F, DQ514P, G8455, G8456, G8457, G8686, G8687, G8688, G8689, G8692, G8693, SMOK01, SMOK02, SMOK03, SMOK04, SMOK05, SMOK09, 4004F
- **Part B:** The patient is in the numerator if they have had Cessation counseling performed. This can be documented by one of the following CPT/HCPCS codes: 4000F, 4001F, TOBEDU, G8402, G8453, G0436, G0437, 4004F

OR

Have a tobacco cessation medications prescribed: Nicoderm CQ patch, Nicotine patch, Nicotrol NS nasal spray, Nicotrol Inhaler oral inhaler, Nicotine Polacrilex, Commit gum, Nicorette gum, Nicorette DS gum, Nicotine Polacrilex gum, Thrive gum, Bupropion HCL, Zyban sustained-release tablet, Varenicline Tartrate, Chantix tablet within the reporting period.

Eligible Patient Criteria (Denominator):

Part A: The eligible patient shall have a minimum of 2 encounters using one of the following codes: 90801, 90802, 90804, 90805, 90806, 90807, 90808, 90809, 90810, 90811, 90812, 90813, 90814, 90815, 90845, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 97003, 97004, 96150, 96152

OR

Have a minimum of 1 encounter using the following codes: 99411, 99412, 99420, 99429, 99385, 99386, 99387, 99395, 99396, 99397, 99401, 99402, 99403, 99404

Part B: The eligible patient shall meet Part A requirements as well as be identified as a smoker identified with one of the following CPT/HCPCS codes: 1034F, 1035F, G8455, G8456, SMOK01, SMOK02, SMOK05

NQF/PQRI Number: NQF 0028a/NQF 0028b

Exclusions: None

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Tobacco Use Assessment and Intervention

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Treatment of Alcoholic and Drug Dependence

Description: The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Purpose: Calculate percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.

Crystal Report Title: Treatment of Alcohol and Drug Dependence

Clinical Quality Measure: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement.

NQF/PQRI Number: NQF 0004

Numerator:

- **Numerator #1:**

FIRST, Encounter: acute inpt <= 1 year and >=45 days before or simultaneously to the reporting period end date = FIRST TREATMENT AND Procedure performed: alcohol, drug rehab and detox interventions.

OR

FIRST, Encounter: non-acute inpatient" <= 1 year and >=45 days before or simultaneously to the reporting period end date = FIRST TREATMENT AND Procedure performed: alcohol, drug rehab and detox interventions.

OR

Encounter: non-acute inpatient <=(14, "days") AFTER FIRST, Diagnosis active: alcohol or drug dependence = FIRST TREATMENT; AND Diagnosis active: alcohol or drug dependence.

OR

Encounter: acute inpatient <=(14, "days") AFTER FIRST, Diagnosis active: alcohol or drug dependence = FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence.

OR

Encounter: outpatient BH <=(14, "days") AFTER FIRST, Diagnosis active: alcohol or drug dependence = FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence.

OR

Encounter: outpatient BH req POS <=(14, "days") AFTER FIRST, Diagnosis active: alcohol or drug dependence = "FIRST TREATMENT AND Encounter: encounter point of service modifier AND Diagnosis active: alcohol or drug dependence.

- **Numerator #2:** COUNT ≥2 AND (One of the 4 options listed below)

- **Encounter:** non-acute inpatient <= (30, "days") AFTER FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence

- **Encounter:** acute inpatient <= (30, "days") AFTER FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence

- **Encounter:** outpatient BH<= (30, "days") AFTER FIRST TREATMENT

OR

- **Encounter:** outpatient BH req POS <= (30, "days") AFTER "FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence AND Encounter: encounter point of service modifier.
- **Numerator #2:** COUNT ≥2 AND (One of the 4 options listed below)
 - **Encounter:** non-acute inpatient <= (30, "days") AFTER FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence
 - **Encounter:** acute inpatient <= (30, "days") AFTER FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence
 - **Encounter:** outpatient BH<= (30, "days") AFTER FIRST TREATMENT

OR

Encounter: outpatient BH req POS <= (30, "days") AFTER "FIRST TREATMENT AND Diagnosis active: alcohol or drug dependence AND Encounter: encounter point of service modifier.

Eligible patient Criteria (Denominator):

- **Population #1:** all patients who will reach ages 13 through 17 years during the reporting period **AND** (choose one option from the list below).
 - **FIRST, Diagnosis:** alcohol or drug dependence <= 1 year and >=45 days before or simultaneously to the reporting period end date"; DURING either an inpatient or outpatient encounter.
 - **FIRST, "Encounter:** acute inpt<= 1 year and >=45 days before or simultaneously to the reporting period end date AND Procedure performed: alcohol, drug rehab and detox interventions.
 - **FIRST, "Encounter:** non-acute inpatient<= 1 year and >=45 days before or simultaneously to the reporting period end date AND Procedure performed: alcohol, drug rehab and detox interventions.
 - **FIRST, Procedure performed:** detoxification intervention<= 1 year and >=45 days before or simultaneously to the reporting period end date.
 - DENOMINATOR = All patients in Population #1 that did not have a diagnosis of alcohol or drug dependence ≤ 60 days before the FIRST active diagnosis of alcohol or drug dependence
 - **Population #2:** all patients who will reach age 18 or greater during the reporting period AND (choose one option from the list below)
 - **FIRST, Diagnosis:** alcohol or drug dependence <= 1 year and >=45 days before or simultaneously to the reporting period end date DURING an ED, non-acute, acute, outpatient BH or outpatient BH req POS and POS modifier, OR,
 - **FIRST, Encounter:** acute inpt <= 1 year and >=45 days before or simultaneously to the reporting period end date AND Procedure performed: alcohol, drug rehab and detox interventions;
- OR**
- Encounter:** non-acute inpatient <= 1 year and >=45 days before or simultaneously to the reporting period end date AND Procedure performed: alcohol, drug rehab and detox interventions;
- OR**
- **FIRST, Procedure performed:** detoxification intervention <= 1 year and >=45 days before or simultaneously to the reporting period end date

- **Denominator:** All patients in the initial patient population AND NOT Diagnosis active: alcohol or drug dependence
- **BEFORE FIRST, Diagnosis active:** alcohol or drug dependence <= 60 days.

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Treatment of Alcoholic and Drug Dependence

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Un-Signed Notes: Log/Phone

Purpose: Display only the unsigned Log Notes and Phone Notes created by the user logged into the application at the time this module is accessed.

Report Location: Chart > Reports > Un-signed Notes Reports > My Log/Phone/Rx Notes

Typical Frequency: As Needed

Un-signed Notes					1 of 1
					7/1/2008
Author	Patient	Account #	Date	Note Type	
Nurse, Ima	Achy, Betty	ACHBET0001	7/1/2008 3:28:46 PM	Permanent Prescription Note	
Nurse, Ima	Acuna, Brandon B	MITJ0000	7/1/2008 3:29:20 PM	Permanent Phone Note	
Nurse, Ima	Mercier, Leah M	1236547	7/1/2008 3:30:07 PM	Permanent Log Note	
Nurse, Ima	Mercier, Leah M	1236547	7/1/2008 3:30:12 PM	Permanent Phone Note	
Nurse, Ima	TesterBWAGNER111, AI	TESAL00006	7/1/2008 3:28:14 PM	Permanent Log Note	
Nurse, Ima	TesterBWAGNER111, AI	TESAL00006	7/1/2008 3:28:22 PM	Permanent Phone Note	

Un-Signed Notes: Visit/Order

Purpose: Display only the unsigned Visit or Order Notes created by the user logged into the application at the time this module is accessed.

Report Location: Chart > Reports > Un-signed Notes Reports > My Visit Notes

Typical Frequency: As Needed

Un-signed Notes					1 of 1
					7/1/2008
Author	Patient	Account #	Date	Note Type	
Nurse, Ima	TesterBWAGNER159, AI	TESAL00053	10/2/2007 10:05:16 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER160, AI	TESAL00054	10/2/2007 10:28:11 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER161, AI	TESAL00055	10/2/2007 10:31:38 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER162, AI	TESAL00056	10/2/2007 10:45:42 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER163, AI	TESAL00057	10/2/2007 1:20:30 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER164, AI	TESAL00058	10/2/2007 1:39:51 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER165, AI	TESAL00059	10/2/2007 2:22:48 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER166, AI	TESAL00060	10/2/2007 2:37:21 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER167, AI	TESAL00061	10/2/2007 2:54:40 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER168, AI	TESAL00062	10/2/2007 4:10:19 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER170, AI	TESAL00064	10/3/2007 9:23:44 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER171, AI	TESAL00065	10/3/2007 9:49:30 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER172, AI	TESAL00066	10/3/2007 10:47:25 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER173, AI	TESAL00067	10/3/2007 10:58:45 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER174, AI	TESAL00068	10/4/2007 10:46:18 AM	Doctor Note	
Nurse, Ima	TesterBWAGNER175, AI	TESAL00069	10/4/2007 1:25:07 PM	Doctor Note	
Nurse, Ima	TesterBWAGNER179, AI	TESAL00071	10/5/2007 6:28:32 AM	Doctor Note	

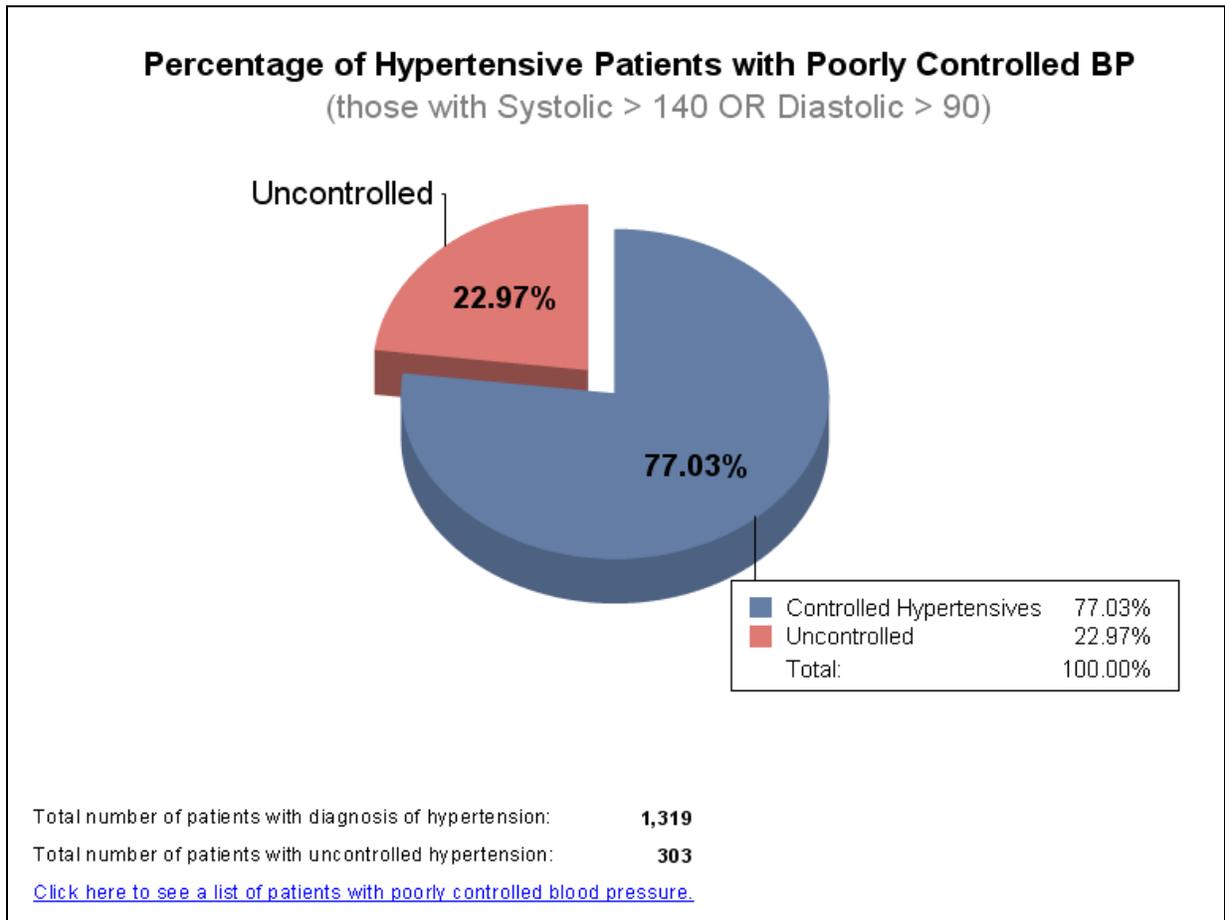
Uncontrolled BP

Purpose: Identify hypertensive patients with Systolic > 140 or Diastolic > 90. Pie chart shows percentage controlled vs. uncontrolled along with a count of each. A hyperlink in the report allows the user to drill down to show a list of patients with poorly controlled blood pressure showing patient name, BP and date taken.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Uncontrolled BP

Data: Based on patients with a Chart ICD-9 code starting with 401 and blood pressure readings entered in the vitals module.

Typical Frequency: As Needed



List of Patients with Systolic > 140 or Diastolic > 90

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<u>Patient Name</u>	<u>Blood Pressure</u>	<u>Date Taken</u>
Acuna, Benjamin L	170 / 60	09/27/2007
Alexander, Holly	145 / 81	03/31/2003
Alexander, Wayne D	124 / 92	12/20/2002
Allen, Andrew A	174 / 114	03/21/2003
Allen, Jeann H	124 / 98	10/21/2002
Almond, Damian N	132 / 110	11/13/2002
Almond, Rachel H	138 / 94	06/03/2003
Almond, Robert R	142 / 90	02/28/2003
Ancira, Delona M	174 / 80	06/03/2003
Ancira, Scott B	142 / 82	05/09/2003
Anderson, Gregg	186 / 92	08/27/2001
Anderson, Kelly N	138 / 98	06/11/2003
Anderson, Tammy W	160 / 100	03/12/2003
Antle, Vicki	150 / 100	05/29/2003
Askew, Jesse A	124 / 92	06/16/2003
Askew, Mc Kenzi A	141 / 85	04/26/2003
Assistant, Alan J	150 / 88	06/11/2003
Assistant, Jorge G	150 / 90	10/09/2001

Unsigned Notes: Crystal Reports Version

Purpose: Expand the function of the existing Unsigned Notes (available in the Chart module under the drop-down **Reports** menu). This Crystal Report provides the option to search the database by:

- Date of Service (start and end dates)
- Note Supervisor
- Note Provider
- Note Type
- Facility

It also extends the types of notes accessible to include:

- Doctor Notes
- Nurse Notes
- Phone Notes
- Log Notes
- Prescription Notes
- OB Notes

Users can also filter unsigned notes by facility for provider, nurse, pregnancy notes, and patient charts identified as “ready to bill.”

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Unsigned Notes

Valid for Solution Series: 6.3.0 and later

Typical Frequency: As Needed

Parameters Used for Sample Report: DOS Start (04/01/2009), DOS End (05/31/2009), Supervisor (Blank), Provider (Blank), Note Type (All), Facility (Blank)

Visit Date	Patient Name (DOB)	Note Type
Unsigned Notes Date Range: 4/1/2009 - 5/31/2009 Supervisor: All Provider: All Note Type: All Facility: All Printed: 03/10/2010 10:13AM Page: 1 of 1 Print User: Adams, Garth		
Facility: Heal with Steel Health Center Supervisor: Killdear, Kelsey Provider/Author: Allthework, Dew 04/07/2009 Deptford, Dupree (12/25/1978) Doctor Note		
Supervisor: none Provider/Author: Killdear, Kelsey 04/09/2009 Head, Heather (11/12/1981) OB Note 04/07/2009 Jones, Brian (09/12/1968) Doctor Note 04/07/2009 Jones, Brian (09/12/1968) Doctor Note 04/07/2009 White, Eva (02/04/2002) Doctor Note 04/06/2009 Head, Heather (11/12/1981) OB Note 04/06/2009 Head, Heather (11/12/1981) OB Note 04/03/2009 Jones, Brian (09/12/1968) Doctor Note 04/02/2009 Head, Heather (11/12/1981) Doctor Note 04/01/2009 Hyper, Horatio (08/27/1944) Doctor Note 04/01/2009 Hyper, Horatio (08/27/1944) Doctor Note		
		Total: 11

Use of Appropriate Medications for Asthma

Purpose: Calculate the percentage of patients of a specified age range with a diagnosis of persistent asthma who were appropriately prescribed medication during the measurement year (measurement year equals the date range entered when running the report).

Description: The percentage of patients 5-50 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).

Crystal Report Title: Use of Appropriate Medications for Asthma

Clinical Quality Measure Title: Use of Appropriate Medications for Asthma

Numerator: The patient qualifies for the numerator if they have an ACTIVE medication or were PRESCRIBED the asthma medication during the selected date range.

Medications: Xolair, QVAR, Pulmicort Flexhaler, Pulmicort Respules, Budesonide (inhalation suspension), Alvesco, AeroBid, AeroBid M, Flovent Diskus, Flovent HFA, Asmanex Twisthaler, Symbicort, Advair Diskus, Advair HFA 115/21, Advair HFA 230/21, Advair HFA 45/21, Dulera, Singulair, Accolate, Zyflo, Zyflo CR, Serevent Diskus, Brovana, Foradil Aerolizer, Cromolyn Sodium, Lufyllin, Lufyllin-400, Aminophylline, Elixophylline, Theo-24, Theochron, Theophylline, Theophylline ER, Theophylline SR, Uniphyl, Accuneb, albuterol, ProAir HFA, Proventil, Proventil HFA, Ventolin, Ventolin HFA, VoSpire ER, Combivent, DuoNeb, Ipratropium Bromide/albuterol, Xopenex, Xopenex HFA, Levalbuterol, Metaproterenol sulfate, Maxair Autohaler, Brethine, Terbutaline Sulfate

Eligible Patient Criteria (Denominator):

Age Range: 5-50 years

Denominator = Eligible patient Population + all patients who meet ***EITHER*** 1, 2, 3, 4, or 5 listed below.

1. The patient has to have an encounter from an Emergency Department (99281, 99282, 99283, 99284, 99285) in the past year up to the end date stated and have an active asthma diagnosis(493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92) in the same year.
2. The patient has to have an encounter for an acute inpatient visit (99221, 99222, 99223, 99231, 99232, 99233, 99238, 99239, 99251, 99252, 99253, 99254, 99255, 99291) in the past year up to the end date stated and have an active asthma diagnosis (see above) in the same year.
3. The patient has to have 4 or more counts of any encounter code that consists of emergency department (see list above), acute inpatient (see list above), or outpatient visits (99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347-99350, 99384, 99385, 99386, 99387, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456) in the past year up to the end date stated and have an active asthma diagnosis (see list above) in the same year, which also have two or more counts of any of the listed asthma medications (Xolair, QVAR, Pulmicort Flexhaler, Pulmicort Respules, Budesonide (inhalation suspension), Alvesco, AeroBid, AeroBid M, Flovent Diskus, Flovent HFA, Asmanex Twisthaler, Symbicort, Advair Diskus, Advair HFA 115/21, Advair HFA 230/21, Advair HFA 45/21, Dulera, Singulair, Accolate, Zyflo, Zyflo CR, Serevent Diskus, Brovana, Foradil Aerolizer, Cromolyn Sodium, Lufyllin, Lufyllin-400, Aminophylline, Elixophyllin, Theo-24, Theochron, Theophylline, Theophylline ER, Theophylline SR, Uniphyl, AccuNeb, albuterol, ProAir HFA, Proventil, Proventil HFA, Ventolin, Ventolin HFA, VoSpire ER, Combivent, DuoNeb, Ipratropium bromide/Albuterol, Xopenex, Xopenex HFA, Levalbuterol, Metaproterenol sulfate, Maxair Autohaler, Brethine, Terbutaline Sulfate)

4. Have 4 or more counts of Any Listed medication prescribed within a year of the end date of the reporting period. A refill of the medication will count as another count after the first prescription is given (see list above).
5. Have active diagnosis of one of the following within a year of the end date of the reporting period: 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92

AND

Have 4 or more counts of any medication listed below prescribed within a year of the end date of the reporting period. A refill of the medication will count as another count after the first prescription is given. Medications include: Singulair, Accolate, Zyflo, Zyflo CR

NQF/PQRI Number: NQF0036

Exclusions: Active diagnosis of COPD (491.2, 491.21, 491.22, 492.0, 493.2, 493.20, 493.21, 493.22, 496, 506.4), cystic fibrosis (277.0, 277.00, 277.01, 277.02, 277.03, 277.09), emphysema (492, 492.8, 518.1, 518.2) and/or acute respiratory failure (518.81)

PQRI Report Type: Report Location: N/A

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

Visit and Order Notes

Purpose: Show Patient Visit and Order Notes in printable format. Sections that are not addressed in the note do not appear as headings in the final note. Click the **Print Preview** button (at the top of Visit and Order Notes) to see an accurate representation of the final note.

Report Location: Chart > Chart View > *Click a Visit Note* > Print > *Click a Visit Note* > OK

Typical Frequency: As Needed

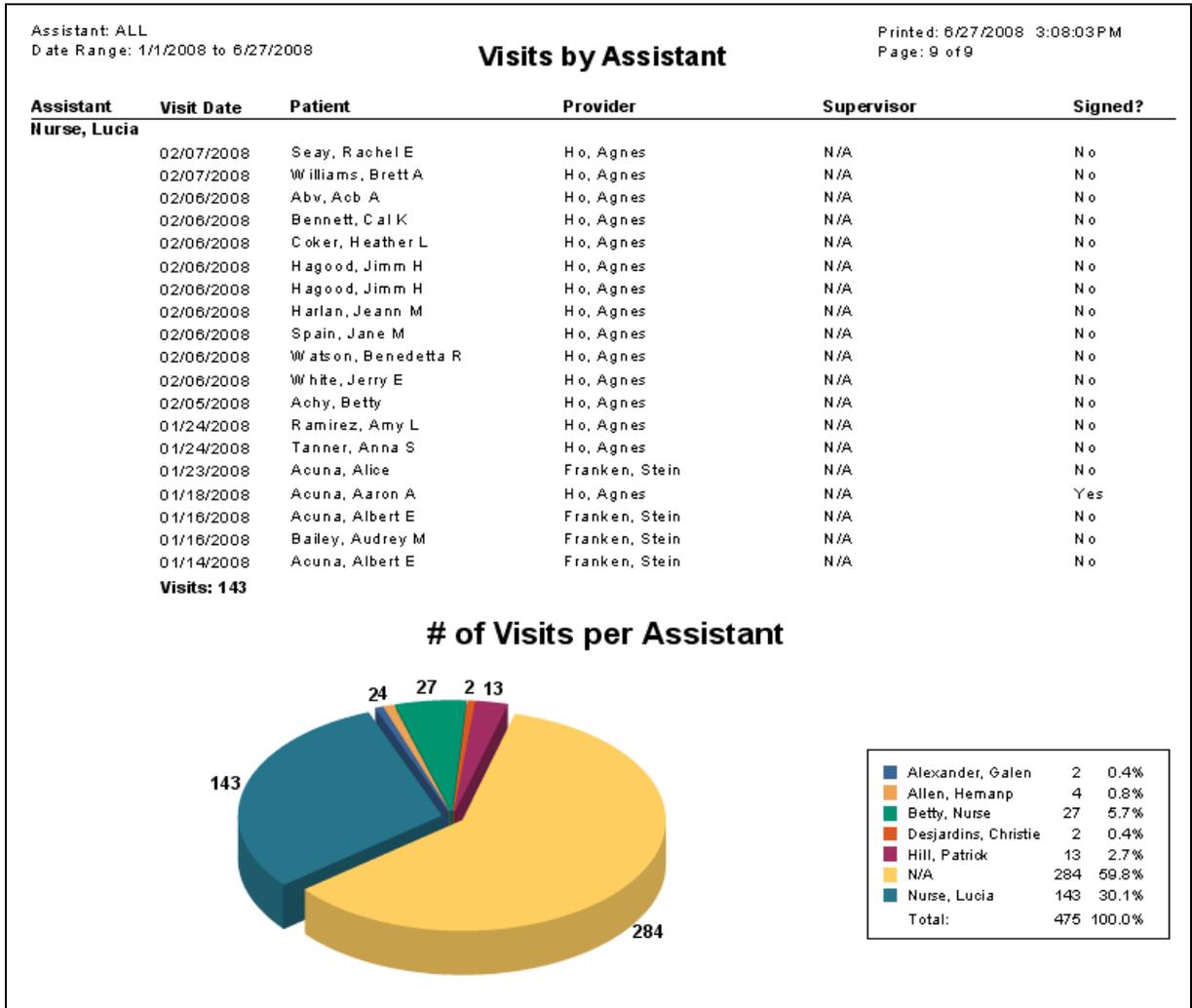
<p>Achy, Betty 01/01/1975 Office/Outpatient Visit Visit Date: Mon, Apr 7, 2008 10:31 am Provider: CaseyMain Green, MD (Supervisor: Christine Burns, MD; Assistant: Nurse Betty, MA) Location: Billy Bob Clinic</p> <p>SUBJECTIVE: <u>CC:</u> Ms. Achy is a 33-year-old Caucasian female. She is here for joint injection.</p> <p><u>Past Medical History / Family History / Social History:</u></p> <p><u>Past Medical History:</u> UNREMARKABLE Asthma: she has never had a peak flow meter; Fracture(s) Myocardial Infarction: complications included renal failure;</p> <p><u>Surgical History:</u> Biopsy of lymph node</p> <p><u>Family History:</u> Unremarkable</p> <p><u>Social History:</u> Hobbies and recreational interests include dancing, horseback riding, and sports (rollerblading).</p> <p><u>Tobacco/Alcohol/Supplements:</u> Caffeine: She admits to consuming caffeine via soda (2 servings per day).</p> <p><u>Substance Abuse History:</u> █</p> <p><u>Mental Health History:</u> ████████████████████ ████████████████████ ████████████████████</p> <p><u>Communicable Diseases (eg STDs):</u> Reportable health conditions; ████████████████████</p> <p><u>Current Problems:</u> Acquired hypothyroidism Generalized anxiety disorder Generalized osteoarthritis, site unspecified Hand pain Hyperthyroidism Hypothyroidism, iodine-induced</p>

Visits by Assistant

Purpose: Track patient Chart Visits by assistant including date, provider, supervisor and sign-off status.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Visits by Assistant

Typical Frequency: As Needed



Visit Summary Provided to the Patient

Provider Goal for Stage 1: **>50%**

Meaningful Use Requirement for Stage 1: *Clinical summaries provided to patients for more than 50% of all office visits within 3 business days.*

Description: Reports on percentage of clinical summaries provided to patients for more than 50 percent of all office visits within 3 business days. A clinical summary within Solution Series is called a *Visit Summary*. This report tracks the period of time between when an office visit with an EP occurred to the date a Visit Summary was printed or exported from Solution-Series.

Denominator:

The patient must meet the following criteria to be considered for the denominator section of this measure.

The denominator for this objective is the number of visits during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. Each visit including a qualifying E&M code shall be counted as a “visit” for the denominator of this measure.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

Patient qualifies for the numerator of this report if the patient was provided a Visit Summary within 3 days of the encounter. The Visit Summary can be provided by any of the following actions:

- Printing the Visit Summary at Note Conclusion
- Exporting the Visit Summary (CCD) at Note Conclusion
- Printing the Visit Summary from DocMan after the Visit Note has been signed off
- Exporting the Visit Summary to Patient Portal after Visit Note has been signed off

The report query reads the AUDIT trail to determine if the Visit Summary was printed/exported, so it is **imperative** that the chart Audit trails remain ON at all times during the reporting period.

Vital Signs Recorded

Provider Goal for Stage 1: >50%

Meaningful Use Requirement for Stage 1: More than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data.

Description: Reports on unique patients aged 2 and older seen by the EP that have height, weight, and blood pressure recorded as structured data.

Denominator:

The denominator for this objective is the number of unique patients seen by the EP during the EHR reporting period.

In order to establish that the patient was seen by an eligible professional, the report is calculating qualifying E&M codes from chart visit notes, listed below. The patient must have at least one "qualifying visit code(s)" within the reporting period in order to be counted in the denominator of this report.

Qualifying E&M Codes:

90801, 90805, 90862, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99354, 99355, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397, 99401, 99402, 99403, 99404, 99406, 99407, 99408, 99409, 99411, 99412, 99429, 99450, 99455, 99456, 99499

Numerator:

The patient must meet the following criteria to be considered for the Numerator section of this measure.

The Patient will appear in the numerator of this report if they have height, weight and blood pressure recorded in the vitals section of their chart. This does not require that these vitals are recorded in every visit. The height may be self-reported by the patient and entered in as structured data by the clinic staff.

Vitals Summary Report

Purpose: With no user preferences set, the Vital Signs window displays General Vitals, consisting of weight, height, body mass index, temperature, respiration, blood pressure, and pulse. The default data entry mode is for Standard (rather than Metric) units of measurement. Only one type of measurement can be defaulted and it defaults for all vitals.

Report Location: Chart > *Open Patient Chart* > Vitals > Print > *Check vital types to display on report* > Print

Typical Frequency: As Needed

Vitals Summary Report				
Patient Name: Achy, Betty				
Date Of Birth: 1/1/1950				
Gender: F				
Vital Type	Date and Time	Results	Attributes	Comments
Height	May 15 2008 12:55PM	150 inches		Default Height
Weight	Dec 10 2007 10:23AM	135 lbs		
Weight	Dec 10 2007 12:00AM	150 lbs		
Weight	Feb 12 2008 12:00AM	-1 lbs		
Weight	May 14 2008 12:23PM	50 kg		
Weight	Oct 2 2007 12:00AM	145 lbs		
Weight	Sep 30 2007 12:00AM	135 lbs		
Blood Pressure	Dec 10 2007 12:00AM	120/80 mm Hg		
Blood Pressure	Feb 12 2008 12:00AM	-1/-1 mm Hg		
Blood Pressure	Oct 2 2007 12:00AM	-1/-1 mm Hg		
Blood Pressure	Sep 26 2007 2:56PM	150/90 mm Hg		
Blood Pressure	Sep 26 2007 2:57PM	120/70 mm Hg		
Blood Pressure	Sep 30 2007 12:00AM	-1/-1 mm Hg		
Pulse	Dec 5 2007 3:08PM	100 bpm		
Pulse	Sep 27 2007 3:41PM			

Warfarin Therapy Patients with Atrial Fibrillation

Purpose: Calculate the percentage of all patients aged 18-110 with an active diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed Warfarin therapy.

Description:

Crystal Report Title: Warfarin Therapy for Patients with Atrial Fibrillation

Clinical Quality Measure Title: Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation

Numerator: The patient will appear in the numerator of the report if they are prescribed Warfarin Therapy documented by one of the following medications: Warfarin Sodium: Coumadin, Jantoven, Warfarin Sodium

Eligible Patient Criteria (Denominator): The eligible Patient is in the initial patient population and will have an active diagnosis of Atrial Fibrillation before or during the measurement period: 427.31

NQF/PQRI Number: NQF 0084/PQRI 200

Exclusions: The patient is excluded from the report if they have an active diagnosis of anemia's and bleeding disorders, esophageal and GI bleed, intracranial hemorrhage, leukemias/myeloproliferative disorders, hematuria, hemoptysis, hemorrhage, liver disorders.

The ICD-9 codes for the above diagnosis include: 530.7, 531.00, 531.01, 531.20, 531.21, 531.40, 531.41, 531.60, 531.61, 532.00, 532.01, 532.20, 532.21, 532.40, 532.41, 532.60, 532.61, 533.00, 533.01, 533.20, 533.21, 533.40, 533.41, 533.60, 533.61, 534.00, 534.01, 534.20, 534.21, 534.40, 534.41, 534.60, 534.61, 569.3, 578.0, 578.1, 578.9, 599.7, 786.3, 459.0, 430, 431, 432.0, 432.1, 432.9, 437.3, 203.00, 203.01, 203.10, 203.11, 203.80, 203.81, 204.00, 204.01, 204.10, 204.11, 204.20, 204.21, 204.80, 204.81, 204.90, 204.91, 205.00, 205.01, 205.10, 205.11, 205.20, 205.21, 205.30, 205.31, 205.80, 205.81, 205.90, 205.91, 206.00, 206.01, 206.10, 206.11, 206.20, 206.21, 206.80, 206.81, 206.90, 206.91, 207.00, 207.01, 207.10, 207.11, 207.20, 207.21, 207.80, 207.81, 208.00, 208.01, 208.10, 208.11, 208.20, 208.21, 208.80, 208.81, 208.90, 208.91, 570, 571.2, 571.5, 280.0, 280.9, 285.1, 286.0, 286.1, 286.2, 286.3, 286.4, 286.5, 286.6, 286.7, 286.9, 287.30, 287.31, 287.32, 287.33, 287.39, 287.4, 287.5, 287.41, 289.49, 786.30, 786.39

OR:

The patient may be excluded from this report if they have an allergy to **Coumadin, Jantoven, Warfarin Sodium**

OR:

The patient may be excluded from this report if they have documentation for not being prescribed Warfarin Therapy due to system reason, medical reason, or patient reason. This is documented by the addition of one of the following CPT II codes: 4012F1P, 4012F2P, 4012F3P found in the CHRT_VisitCPT table before the end of the reporting period.

PQRI Report Type: N/A

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Warfarin Therapy Patients with Atrial Fibrillation

Typical Frequency: As Needed.

Valid on Product Versions: Solution Series 7.0 and later

Washington Prescription Log

Purpose: Provide an audit trail of prescriptions based on a date range. The report has a signature line at the bottom for user review and verification signoff, and is intended to be used to satisfy legal requirements for faxed prescriptions in the state of Washington.

Note: This report satisfies the certification requirement of the Washington State Board of Pharmacy as an approved electronic transmission system.

Report Location: Chart > Reports > Crystal Reports > CHART – Charting/Clinical Reports > Washington Prescription Log

Typical Frequency: As Needed

Parameters Used for Sample Report: Start Date (07/01/2009), End Date (09/30/2009), Schedule (All Drugs), Prescriber (Blank), Agent (Blank), Patient (Blank)

Washington Prescription Log											
Date Range: 07/01/2009 to 09/30/2009		Report last run on 03/11/2010 10:46:00AM for date range 03/24/2009 3:25:00PM to 08/05/2009 4:25:00PM						Print Date: 03/11/2010 10:47:37 AM			
Schedule: All Drugs								Page 1 of 2			
Prescriber: ALL								Print User: Adams, Garth			
Agent: ALL											
Patient: ALL											
Type	Date	Time	Patient/Account	Prescription	Qty.	Rf.	Sch.	Prescriber	Agent	Method	Pharmacy
New Med	07/31/2009	09:52:36	Deptford, Dupree DEPDUP0001	Celebrex 200mg Capsules Take 1 capsule(s) by mouth bid #60 (Sixty) capsule(s)	60	2	0	Killdear, Kelsey	killdear	PRINT	
New Med	07/31/2009	09:55:54	Deptford, Dupree DEPDUP0001	Welbutrin 100mg Tablet Take 1 tablet(s) by mouth bid	60	0	0	.	killdear		
Denied Refill	07/31/2009	09:56:06	Deptford, Dupree DEPDUP0001	Welbutrin SR 200mg Tablets, Sustained Release Take 1 tablet(s) by mouth bid	0	0	0	Clinic, Unknown/Other	killdear		
Refill Med	08/05/2009	10:25:14	Head, Heather HEAHEA0001	Celebrex (Celecoxib) 100mg Capsules Take 1 capsule(s) by mouth bid #60 (Sixty) capsule(s)	60	0	0	Killdear, Kelsey	killdear	FAX	Phil's Fly-by-night
Saved Not Sent	08/05/2009	10:25:15	Head, Heather HEAHEA0001	Celebrex (Celecoxib) 100mg Capsules Take 1 capsule(s) by mouth bid #60 (Sixty) capsule(s)	60	0	0	Killdear, Kelsey	killdear	FAX	Phil's Fly-by-night
Refill Med	07/01/2009	13:03:25	Head, Heather HEAHEA0001	Celebrex 100mg Capsules Take 1 capsule(s) by mouth bid #60 (Sixty) capsule(s)	60	0	0	Killdear, Kelsey	killdear	FAX	Phil's Fly-by-night
Stop Med	07/01/2009	13:03:25	Head, Heather HEAHEA0001	Celebrex 100mg Capsules Take 1 capsule(s) by mouth bid #60 (Sixty) capsule(s)	60	0	0	Killdear, Kelsey	killdear		
Stop Med	08/05/2009	16:25:14	Head, Heather HEAHEA0001	Celebrex 100mg Capsules Take 1 capsule(s) by mouth bid #60 (Sixty) capsule(s)	60	0	0	Killdear, Kelsey	killdear		
Refill Med	07/01/2009	13:02:30	Head, Heather HEAHEA0001	Toprol XL 200mg Tablets, Extended Release Take 1 tablet(s) by mouth daily #30 (Thirty) tablet(s)	30	0	0	Killdear, Kelsey	killdear	PRINT	
Stop Med	07/01/2009	13:02:30	Head, Heather HEAHEA0001	Toprol XL 25mg Tablets, Extended Release Take 1 tablet(s) by mouth daily	30	0	0	.	killdear		

Weight Assessment and Counseling for Children and Adolescents

Purpose: To calculate the percentage of patients of a given age range who have had their BMI classified based on a BMI percentile for their age and gender during the measurement period OR counseled on nutrition or physical activity during the measure period.

Description: The percentage of patients 2-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical activity during the measurement year.

There are three intended patient populations for this report. The age parameters on the report will allow the user to report on all three patient populations without having to hard code the 3 populations in the report query.

Population #1: Patients age 2-17

Population #2: Patients age 2-10

Population #3: Patients age 11-17

Crystal Report Title: Weight Assessment and Counseling for Children and Adolescents

Clinical Quality Measure Title: Weight Assessment and Counseling for Children and Adolescents

Numerator:

1. The patient is in Numerator 1 if they have documentation of BMI percentile during the reporting period indicated by one of the following ICD-9 codes: V85.5, V85.51, V85.52, V85.53, V85.54

2. The patient is in Numerator 2 if they have received counseling for nutrition during the reporting period. This is indicated by one of the following CPT, HCPCS or ICD-9 codes:

- **Nutrition CPT/HCPCS Codes:** 97802, 97803, 97804, G0270, G0271, S9449, S9452, S9470
- **Nutrition ICD-9 Codes:** V65.3

* Note that the HCPCS codes that are created as custom CPT codes should also satisfy the numerator, as users may create one of the above codes as a custom CPT code.

3. The patient is in Numerator 3 if they have received counseling for physical activity during the reporting period. This is indicated by one of the following CPT, HCPCS or ICD-9 codes:

- **Physical Activity CPT/HCPCS Codes:** HCPCS: S9451
- **Physical Activity ICD-9 Codes:** V65.41

* Note that the HCPCS codes that are created as custom CPT codes should also satisfy the numerator, as users may create one of the above codes as a custom CPT code.

Eligible Patient Criteria (Denominator): The eligible patient shall have a minimum of 1 encounter using one of the following encounter codes: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99241, 99242, 99243, 99244, 99245, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99382, 99383, 99384, 99385, 99392, 99393, 99394, 99395, 99401, 99402, 99403, 99404, 99411, 99412, 99420, 99429, 99455, 99456 V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9

NQF/PQRI Number: NQF 0024

Exclusions: The patient is excluded from this report if the patient did not have a calculated BMI documented in the medical record OR was not counseled on nutrition or physical activity. This is documented by the CPT/HCPCS code: G8422.

The patient is also excluded from this report if they have an active pregnancy diagnosis during the reporting period using the standard pregnancy ICD-9 code list.

PQRI Report Type: When the report type PQRI is selected, the qualifying encounters should include: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99455, 99456

Report Location: Chart > Reports > Crystal Reports > Clinical Quality Reporting > Weight Assessment and Counseling for Children and Adolescents

Typical Frequency: As Needed

Valid on Product Versions: Solution Series 7.0 and later

5

Schedule Reports

The reports in this section are generally related to how appointments and office visits are managed. For example, these reports track how appointments are scheduled, confirmed, cancelled, and status checked. Other Schedule reports track the number of no-shows for appointments, who is currently waiting, reasons for office visits, and many other schedule-related activities.

Most of these reports are accessed through the Schedule main page and a few are accessed directly from a patient's chart. See the *e-MDs Schedule User Guide* for more information about the information contained in these reports.

Continued on the next page ...

Appointment Confirmation Report

Purpose: Show appointment confirmation status in preview or printed format. The on-screen display is interactive and can be used as a work list by users. For example, a user can filter by type of response to create prioritized lists based on contacting patients who were not reached before reviewing those who were. A printed version can also be generated. The results are sorted by type of confirmation including:

- Unconfirmed appointments.
- Manually confirmed appointments (if the appointment is confirmed manually, confirmed appointments are displayed with a yellow telephone handset icon).
- TeleVox Automatic Confirmation offers a telephony confirmation service. Daily appointment lists can be uploaded to TeleVox. Results obtained by TeleVox are downloaded which updates the confirmation status. There are a number of confirmation types based on patient interaction or system/network messages such as invalid numbers. TeleVox responses are displayed with green, red and blue handset icons.
- e-MDs Patient Portal Confirmations: Patients confirming through a Portal request are displayed with purple handset icons.
- No call made

Report Location: Schedule > Reports > Appointment Confirmation Report

Facility: Northwest Diagnostic Clinic @e-MDs		Page 1 of 1				
Date Range: 01/01/2000 to 07/01/2008		7/1/2008 5:28 pm				
Resource: All		Appointment Confirmations Results				
Patient: All						
Response	App Date	Resource	Patient	Telephone	Visit Reason	Call Date/Time
No call made	12/26/00 08:00 a	Drobnica, John P.A.	White, Marsha K	(455)670-4362	<none>	
No call made	01/02/01 08:00 a	Drobnica, John P.A.	Thomas, Jesse	(849)025-6601	<none>	
No call made	01/02/01 08:30 a	Drobnica, John P.A.	Miquel, Cvoher W	(392)279-2831	<none>	
No call made	01/02/01 08:30 a	Drobnica, John P.A.	Hill, Damon D	(515)096-0279	<none>	
No call made	01/02/01 08:45 a	Drobnica, John P.A.	Morgan, Amanda L	(925)203-1754	<none>	
No call made	01/02/01 09:00 a	Drobnica, John P.A.	Gleinser, Harold J	(109)882-1817	<none>	
No call made	01/02/01 09:45 a	Drobnica, John P.A.	Garza, Mary	(034)022-9524	<none>	
No call made	01/02/01 10:00 a	Drobnica, John P.A.	Witt, Peter R	(696)708-4910	<none>	
No call made	01/02/01 10:20 a	Drobnica, John P.A.	Maunder, Lenore J	(165)591-5932	<none>	
No call made	01/02/01 10:40 a	Drobnica, John P.A.	Witt, Am	(408)393-1082	<none>	
No call made	01/02/01 11:00 a	Drobnica, John P.A.	Kallmer, Vaughn E	(067)435-1374	<none>	
No call made	01/02/01 11:15 a	Drobnica, John P.A.	Bryant, Alexander S	(751)973-6984	<none>	
No call made	01/02/01 11:30 a	Drobnica, John P.A.	Clawson, Sara J	(780)740-8285	<none>	
No call made	01/02/01 11:30 a	Drobnica, John P.A.	Sanderlin, Miranda A	(375)030-6577	<none>	
No call made	01/02/01 11:45 a	Drobnica, John P.A.	Chapman, Harold A	(794)888-0082	<none>	
No call made	01/02/01 01:40 p	Drobnica, John P.A.	Bailey, Diane E	(545)182-9615	<none>	
No call made	01/02/01 02:00 p	Drobnica, John P.A.	Hernandez, Ismeta L	(634)668-8267	<none>	
No call made	01/02/01 02:20 p	Drobnica, John P.A.	Douglas, Am L	(624)510-9362	<none>	
No call made	01/02/01 02:40 p	Drobnica, John P.A.	Cambell, Wavne B	(529)733-8066	<none>	
No call made	01/02/01 03:00 p	Drobnica, John P.A.	Nelson, David W	(186)563-8121	<none>	
No call made	01/02/01 03:20 p	Drobnica, John P.A.	Fine, Gle L	(692)210-7118	<none>	
No call made	01/02/01 03:40 p	Drobnica, John P.A.	Garza, Clayton	(986)359-5621	<none>	
No call made	01/02/01 04:00 p	Drobnica, John P.A.	Sturdivant, Jeann M	(799)621-0190	<none>	
No call made	01/02/01 04:15 p	Drobnica, John P.A.	Peterson, Howard J	(410)764-6411	<none>	
No call made	01/02/01 04:30 p	Drobnica, John P.A.	Wvatt, Judy	(289)477-8782	<none>	
No call made	01/02/01 04:45 p	Drobnica, John P.A.	Buettel, Kelley S	(147)418-1086	<none>	
No call made	01/03/01 08:00 a	Drobnica, John P.A.	Gonzales, Willie K	(455)905-6837	<none>	
No call made	01/03/01 08:20 a	Drobnica, John P.A.	Torrance, Madelvn R	(523)051-2501	<none>	
No call made	01/03/01 08:40 a	Drobnica, John P.A.	Hoeft, Billv E	(559)099-2848	<none>	
No call made	01/03/01 09:00 a	Drobnica, John P.A.	Lee, Arthur M	(339)173-4612	<none>	
No call made	01/03/01 09:40 a	Drobnica, John P.A.	Wood, Kathleen L	(612)633-1318	<none>	
No call made	01/03/01 10:00 a	Drobnica, John P.A.	Molchanova, Helen E	(087)921-2749	<none>	
No call made	01/03/01 10:20 a	Drobnica, John P.A.	Engelke, Adam R	(909)652-8419	<none>	
No call made	01/03/01 10:40 a	Drobnica, John P.A.	Yount, Jackie R	(849)283-1181	<none>	
No call made	01/03/01 11:00 a	Drobnica, John P.A.	Ponder, Jessie M	(802)738-6608	<none>	
Manual confirm	01/04/01 08:00 a	Drobnica, John P.A.	Seay, Ruby M	(214)183-2325	<none>	
Manual confirm	01/04/01 08:15 a	Drobnica, John P.A.	Perez, Ann E	(461)555-8037	<none>	

Appointment History

Purpose: Give users the flexibility of looking up a history for a time range. It can also be used to generate results similar to the By-Patient Search, except this report can be printed. It includes patient and appointment information, the check-in time and the emergency level. The on-screen preview also shows the reason for cancelled appointments. This report is sorted in date/time order.

Report Location: Schedule > Reports > Appointment History

Facility: Northwest Diagnostic Clinic @e-MDs		Appointment History				Page 1 of 11	
Date Range: 01/01/2008 to 07/01/2008						7/1/2008 5:22 pm	
Resource: All							
Patient: All							
Patient	DOB	Date/Time	Resource	Level	Check In	Type/Reason (Detail)	Note
Pitmer, SK	02/27/60	01/02/08 10:00 A	Frankel, Stella J	Routine		PE Exam	
TesterBWAGNER443, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER444, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER445, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER446, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Routine	03:49 P	OV	
Smith, Anne A	06/27/66	01/03/08 08:00 A	Clapman, William K	Routine		OV OB 12-14 weeks	
Jones, Betty	08/29/64	01/03/08 08:20 A	Clapman, William K	Routine		OV OB 12-14 weeks	
TesterBWAGNER447, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER448, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER449, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER450, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER451, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER452, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	
TesterBWAGNER453, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Routine	04:00 P	OV	
Pitmer, Arlene J	02/27/60	01/04/08 08:00 A	Abbott, Abby	Routine		OV Abdominal cramps	
Pitmer, Boyo	02/27/60	01/04/08 08:20 A	Abbott, Abby	Routine		OV X-ray/followup	These are appointment notes
Pitmer, Greystone J	02/27/60	01/04/08 08:40 A	Abbott, Abby	Routine		OV X-ray/followup	
Mercer, Leah M	05/23/65	01/04/08 10:00 A	Abbott, Abby	Urgent		OV X-ray/followup (Visit Detail)	Appointment Notes
Pitmer, Boyo	02/27/60	01/04/08 11:00 A	Abbott, Abby	Routine		SDA X-ray/followup	Id to
Pitmer, Arlene J	02/27/60	01/04/08 11:30 A	Abbott, Abby	Routine		SDA X-ray/followup	
TesterBWAGNER454, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Routine	Cancelled	OV	

Appointment Schedule

Purpose: List appointments for a given date based on provider and facility. A total of appointments is included. This report is a simple, chronological list of appointments for a particular resource on a particular day. Open slots are not printed. If a slot is blocked, the word "BLOCKED" appears in the Patient column, with the block type and note specifics in the Visit Reason and Note columns. An asterisk precedes new patient names. Ages less than 2 years old are in months and less than 1 month in days. The patient's primary insurance is also shown. In the time column, all top-of-the-hour times are in bold.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > Appointment Schedule

Parameters Used for Sample Report: Appointment Date (11/04/2003), Facility (All), Provider (All), Show Patient Detail (No), Show Appointment Notes (No)

Appointment Schedule											
Date: 05/05/2010			Appointment Schedule						Printed: 05/05/2010 02:49 PM		
Facility: ALL			Wednesday, May 5, 2010						Page: 1 of 1		
Provider: ALL			Bowling, Bernard						Print User: Adams, Garth		
Show Patient Details: Yes											
Show Appointment Notes: No											
Time	Patient (Gender/Age)	Account #	Primary Insurance	Patient Type	(Visit Type)	Reason (Detail)	Copay	Gum Bal	Last Gum Pmt	Pat Bal	Last Pat Pmt Total Bal
Heal with Steel Health Center											
9:00AM	Alzhom, Andrew (M89)	ALZAND0001	Medicare Part B	EXT	(OV)		\$0.00	\$127.78	10/10/03	\$127.78	\$422.04
	Address: 1 Heavenly Bamboo Blvd., Hye, TX 78635 Pat Phone: (110)511-0135										
9:15AM	Beeman, Emily (F35)	BEEEM0001	Blue Cross and Blue Shield		(OV)		\$20.00	\$40.00		\$40.00	\$183.08
	Address: 500 West Dr., Cedar Park, TX 78613 Pat Phone: (555)265-3583										
9:45AM	Congreve, Harold (M79)	CONHAR0001	General American		(OV)		\$15.00	\$15.00	11/26/03	\$15.00	09/25/03 \$412.29
	Address: 21 Forget-Me-Not Street, Cedar Creek, TX 78612 Pat Phone: (512)338-2992										
Total Appointments for Resource: 3											

Appointment Schedule Next 2 Years

Purpose: Show future appointments scheduled.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > Appointment Schedule Next 2 Years

Facility: ALL Date: 05/01/2008 Provider: ALL Show Detail: Yes		Appointment Schedule Next 2 Years Friday, May 2, 2008 - Sunday, May 2, 2010 Abbott, Abby					Printed: 07/02/2008 09:22AM Page: 2 of 10	
Date and Time	Patient (Gender Age)	Phone	Primary Ins	Type	(Visit Type)	Reason (Detail)	Appointment Notes	
Northwest Diagnostic Clinic @e-MDs								
May 8, 2008 3:00PM	TesterB WAG NER842, Al (M 58)	(512)555-1212	Aetna	DEP	(OV)	(Office Visit)		
Address: 1567 Main St, Apt 555 Austin, TX 78717								
May 21, 2008 8:40AM	Davis, Brianna N (F 28)	(781)740-7002	United Health Ca		(OV)	Acne (Office Visit)		
Address: 275 A Amarillis, Cedar Park, TX 78613								
June 20, 2008 8:00AM	Davis, Brianna N (F 28)	(781)740-7002	United Health Ca		(OV)	Acne (Office Visit)		
Address: 275 A Amarillis, Cedar Park, TX 78613								
July 21, 2008 8:00AM	Davis, Christie M (F 33)		Humana		(OV)	Acne (Office Visit)		
Address: 43225 Pike Avenue, Austin, TX 78759								
July 21, 2008 8:20AM	Saathoff, Barry (M 41)		Cigna		(OV)	(Office Visit)		
Address: 987 Blue Oak Circle, Austin, TX 78717								
	Davis, Cheryl M (F 14)	(822)086-0330	United Health C:		(OV)	Abdominal pain (Office Visit)		
Address: 96 51st Street, Cedar Park, TX 78613								
July 21, 2008 8:40AM	Davis, Brianna N (F 28)	(781)740-7002	United Health Ca		(OV)	Acne (Office Visit)		
Address: 275 A Amarillis, Cedar Park, TX 78613								
July 22, 2008 8:40AM	Saathoff, Anne M (F 50)		Humana		(PE)	A O B, Ultrasound (Physical Exam)		
Address: . .								
	Saathoff, Anne M (F 50)		Humana		(OV)	O B 20-22 weeks (Office Visit)		
Address: . .								
Total Appointments for Resource: 9								

Appointment Status Summary

Purpose: List number of blocked, cancelled, no-show, new patient appointment and normal appointments by resource.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > Appointment Status Summary

Filters: Date Range, Resource and Facility

Parameters Used for Sample Report: Start Date (1/1/2009), End Date (12/31/2009), Facility (Blank), Provider (Blank), Include Inactive Appointment Resources? (Yes), Show Detail (Yes)

Start Time	Patient	Type, Reason, Detail, Notes	Facility
Filters:			
Show Detail: Yes		Appointment Status Summary & Detail	
Date Range: 1/1/2009 to 12/31/2009			
Provider: ALL			
Facility:			
Include Inactive Appointment Resources?: Yes			
<hr/>			
Killdear, Kelsey			
03/24/09 10:30 AM	Brown, Andy	OV Back pain, .	Heal with Steel Health Center
03/24/09 11:00 AM	Allgood, Ivan	OV Back pain, .	Heal with Steel Health Center
03/25/09 02:15 PM	Brown, Andy	OV Hearing loss, .	Heal with Steel Health Center
04/03/09 08:30 AM	Jones, Brian		Heal with Steel Health Center
04/08/09 02:15 PM	Wilder, Kenneth	OV Attention deficit disorder, .	Heal with Steel Health Center
04/10/09 08:00 AM	Brown, Andy	New Chest pain, .	Heal with Steel Health Center
04/10/09 02:00 PM	Brown, Andy	OV Ear infection, .	Heal with Steel Health Center
New Patient		5	
<hr/>			
03/26/09 08:30 AM	Coronado, Cal	OV Chest pain, .	Heal with Steel Health Center
03/30/09 11:45 AM	Smith, Bryan H	OV Weight loss counseling, .	Heal with Steel Health Center
04/06/09 02:00 PM	Fitch, Vera	OV Well woman exam, .	Heal with Steel Health Center
04/07/09 10:00 AM	Barnes, Chris	SD Physical Exam, .	Heal with Steel Health Center
04/07/09 11:45 AM	Phillips, Brian	OV Physical Exam, .	Heal with Steel Health Center
Normal		98	
<hr/>			
03/24/09 08:00 AM	Jones, Brian	New Back pain, example,	Heal with Steel Health Center
03/24/09 09:00 AM	Brown, Andy	OV Back pain, .	Heal with Steel Health Center
03/24/09 09:30 AM	Wellington, Gertrude	OV Neck pain, .	Heal with Steel Health Center
03/24/09 10:00 AM	Welton, Florencia	SD Follow-up exam, .	Heal with Steel Health Center
03/24/09 10:30 AM	Adams, Agnus	OV fracture follow-up, .	Heal with Steel Health Center

Appointment Survey Randomized Patient Labels

Purpose: Generate Avery 5160 sheet labels for patients who have historical appointments. The labels enable users to generate a list of all or portions of the scheduled population to participate in a randomized quality survey by mail.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > Appointment Survey Randomized Patient Labels

Filters: Appointment date and % of scheduled patients

Jones, Betsy 356 Brook Meadow, Austin, TX 78729- 5/22/2008 8:20:00AM	Ruckert, Ashley A 740 17th Street, Cedar Park, TX 78613 5/22/2008 8:40:00AM	Ruckert, Beatrice L 9971 Colver Ln, Lago Vista, TX 78645- 5/22/2008 10:00:00AM
Sanchez, Cathy A 365 Laurel Lane, Cedar Park, TX 78613 5/22/2008 10:20:00AM	Smith, Annie A 34334 Forest Trail, Cedar Park, TX 78613 5/22/2008 8:00:00AM	

Cancelled Appointments

Purpose: List all patients who have cancelled appointments in a particular time period. This report is particularly useful for tracking patients that cancel often. The on-screen preview includes the cancellation reason. The report also prints a summary of cancellations by how far in advance of the appointment they were cancelled.

Report Location: Schedule > Reports > Cancelled Appointments

Facility: Northwest Diagnostic Clinic @e-MDs		Cancelled Appointments				Page 1 of 5	
Date Range: 01/01/2008 to 07/01/2008						7/1/2008 5:24 pm	
Resource: All							
Patient: All							
Patient	DOB	Date/Time	Resource	Level	Home #	Type/Reason (Detail)	Cancellation Reason
Teste1BWAGNER 443, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 444, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 445, AI	01/01/51	01/02/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 447, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 448, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 449, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 450, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 451, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 452, AI	01/01/51	01/03/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 454, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 455, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 456, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 457, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 458, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment
Teste1BWAGNER 459, AI	01/01/51	01/04/08 03:00 P	Abbott, Abby	Rolltie	(512)555-1212	OV	Patient unable to make appointment

Chart Cover

Purpose: Generate a patient detail sheet that includes:

- Patient demographics including guarantor and employment information.
- Patient insurance information including scanned images of insurance cards.
- A section in which clinics can hand write any allergies, clinic alerts and drug reactions, and any notes. This option is useful for clinics that still have paper charts and want to clip this kind of report to the chart inside cover.
- Optional ability to print health summary data from e-MDs Chart. This follows the same format as the standard Health Summary report available in Chart.

Report Location: Schedule > Reports > Chart Cover

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Chart Cover		Print Date : 06/30/2008 Print Time : 10:00 am Print User :			
Achy, Betty 234 Test Bastrop, TX 78602	Account No	ACHBET0001	Date of Birth	01/01/1950			
	Home Phone	(512)222-2222	SSN	XXX-XX-			
	Cell Phone		Gender	F			
	Home Fax		DL #				
Provider Burns, Christine	Pager		Marital Status	M			
Referral N/A	Financial Group	ASO	First Visit Date	09/20/2007			
Employment Information							
	Patient Position		Office Phone				
	e-mail		Office Fax				
Guarantor Information							
Achy, Betty	Account No	ACHBET0001	Gender	F			
234 Test	Home Phone	(512)222-2222	Date of Birth	01/01/1950			
Bastrop, TX 78602	Home Fax		DL #				
	e-mail		SSN	XXX-XX-			
Insurance Information							
Insurance Company	Office Phone	Code	Policy Holder	Policy Number	Copayment	Deductible	% Ins
Address	City	State	Zip	Group Number			
AARP		MG	Achy, Betty	adsf3	\$0.00	\$0.00	100%
9371 Brook Meadow	Lakewood	TX	90712	test			
AAPG Insurance Program	(931)052-9439	IP	Achy, Betty	2342342324	\$20.00	\$2,000.00	100%
429 Rocky Mound Ln	Phoneix	AZ	85068-9060	aapg			

Daily Schedule Portrait

Purpose: Show appointments grouped by start time with name, DOB and visit information. There is no resource display. This report is useful for urgent care clinics and/or clinics that do not schedule appointments prior to arrival.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > Daily Schedule Portrait

Page 1 of 1
Printed on 6/27/2008

Daily Schedule for 1/4/2008

Appointment Time	Patient	Age	Visit Type Visit Notes	Appointment Notes	Rm	Provider
8:00AM	Plummer, Artemuse J	48	Abdominal cramps See ASAP if severe or vomiting or fever present			
8:20AM	Plummer, Boyo	48	X-ray followup	These are appointment notes		
8:40AM	Plummer, Greystoke J	48	X-ray followup			
10:00AM	Mercier, Leah M	53	X-ray followup	Appointment Notes		
11:00AM	Plummer, Boyo	48	X-ray followup	jojjuo		
11:30AM	Plummer, Artemuse J	48	X-ray followup			
3:00PM	TesterBWAGNER464, ,	57				

Deleted Appointments

Purpose: Show all appointments that have been deleted. In e-MDs Schedule, all deletes are “soft.” That is, they are not really deleted but simply hidden from view. This maintains better audit trails. This report can be very useful for resolving inadvertent deletions. It includes the user, date/time entered, action (delete), appointment date/time, resource, patient, and appointment information. The report is sorted in date/time order.

Report Location: Schedule > Reports > Deleted Appointments

Facility: Northwest Diagnostic Clinic @e-MDs		Deleted Appointments			Page 1 of 1		
Date Range: 01/01/2008 to 07/01/2008					7/1/2008 5:24 pm		
Resource: All							
Patient: All							
User	Date/Time	Action	Appt Date/Time	Resource	Patient	DOB	Type/Reason (Detail)
miller	01/23/08 04:41:43 P	Delete	01/30/08 05:00 P	Abbott, Abby	Miller, Aditt	01/01/45	PE Abdominal cramps
miller	01/24/08 10:06:24 A	Delete	01/24/08 04:30 P	Abbott, Abby	Miller, Eleve	01/01/03	PE Abdominal cramps
miller	01/24/08 10:09:15 A	Delete	01/24/08 06:00 P	Abbott, Abby	Miller, Shabad Y	01/01/80	PE Abdominal pain
miller	02/01/08 01:02:30 P	Delete	02/01/08 01:45 P	Franklin, Stella J	Miller, Aditt	01/01/45	PE Abdominal pain

No Shows

Purpose: Show a history of all patients marked as “no show.” It serves as a good work list to follow up on patients who need to be called to find out why they didn’t arrive for their appointment. This is a very important activity for practices, particularly as litigation becomes more prevalent in health care. It includes patient and appointment information, the resource, and a telephone number for follow up. The report is sorted in date/time order.

Report Location: Schedule > Reports > No Shows

Facility: Northwest Diagnostic Clinic @e-MDs		No Show Report			Page 1 of 1		
Date Range: 01/01/2008 to 07/01/2008					7/1/2008 5:25 pm		
Resource: All							
Patient: All							
Patient	DOB	Date/Time	Resource	Level	Home #	Type/Reason (Detail)	Note
Mercer, Leah M	05/23/65	03/07/08 08:00 A	Clapman, William K	Portals	(512)879-7545	OV	

Patient Recall Dates

Purpose: Lists patients based on recalls entered into the fields located under the miscellaneous tab of patient demographics. Clinics can use these recalls to store and print other date-specific information required.

For example, an obstetrician might have created recall types based on the five important OB dates. Using this report, you can see all the patients who expect to deliver in the next month, or all those due for a 36-week sonogram. A diabetes clinic, on the other hand, may have named the fields for important dates such as eye and foot checks, or a primary care clinic would have physical exams. This enables the clinic to call those patients to remind them to perform the checks or schedule a visit.

Data: Patients in alphabetical order, home, office and cell phone numbers, recall type for the patient along with the recall date, provider who requested the recall, and information in the memo of the recall is printed in this report.

If using e-MDs Chart, the clinical rules engine can be used to populate patient charts with overdue items which can also be used for recalls.

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Patient Recall Dates Report		Print Date: 06/27/2008 Print User: ,
Patient Name: Ammons, Carol M Annual Checkup	Home Phone: (512) 032-5920 01/01/2008	Office Phone: Recall Provider: Abbott, Abby	Cell Phone: Memo: Skipped last year	
Patient Name: Bailey, Alice L kim	Home Phone: 01/01/2010	Office Phone: Recall Provider: Woods, Vaughn W	Cell Phone: Memo: jhvjhvl	
Patient Name: Gibbs, Leroy J Annual Checkup	Home Phone: (202) 555-1111 03/31/2008	Office Phone: (202) 555-2222 Ext. 4444 Recall Provider: Trauterman, Timmy B	Cell Phone: (202) 555-3333 Memo: Annual Physical	
Patient Name: Mercier, Leah M Annual Checkup	Home Phone: (512) 879-7545 12/01/2008	Office Phone: (512) 767-6108 Ext. 6108 Recall Provider: Franken, Stein J	Cell Phone: (512) 879-8262 Memo:	
Patient Name: Plummer, Karma K kim	Home Phone: (512) 864-6544 12/01/2008	Office Phone: (512) 545-7777 Ext. 411 Recall Provider: Franken, Stein J	Cell Phone: (512) 664-4744 Memo: note	

Rounds List

Purpose: List rounds in a format similar to a printed copy of an appointment schedule. It is a good way to ensure all patients are seen when doing rounds if the provider is not using an e-MDs mobile device.

The Rounds List gives the user an option to print spaces between each round so that the provider can enter some minor notes. This serves as a good alternative to index cards.

The report is grouped by external facility and shows the Room #, Patient, Provider, Admitting and Referring Providers, Admit Date, Estimated Days, round type and reason, etc.

Report Location: Schedule > Rounds > Report

Filters: Provider (users can get their own list, and the list of other providers when covering for another provider)

Northwest Diagnostic Clinic @e-MDs		Rounds Report			Page 1 of 1	
Date Range	07/03/2008 - 07/03/2008				7/3/2008 2:51 pm	
Provider	ALL					
Location	ALL					
Location						
Room #	Patient	Provider	Admitting	Admit Date	Referring	Est. Days
Type	Reason	Start Time	Scheduler Notes			
A BARTON HEPBURN HOSPITAL						
	Plummer, Karma Kitty	Franken, Stein J		12/04/2007		0
ACTM	Acute bronchitis		Rounds			

Surgery Schedule

Purpose: List the date, time, description, location, patient and appointment notes of surgeries for the day as well as meetings.

Shared by: Advanced Surgeons

Time	Patient (Age Gender)	Visit Detail / Notes	(Visit Type) Reason
Date: 3/7/2008			
Facility: ALL			
Provider: ALL			
Group by: Facility then Provider			
Surgery Schedule		Printed: 6/27/2008 3:24:09PM	
3/7/2008		Page: 1 of 1	
OAKDALE COMMUNITY HOSPITAL			
Abbott, Abby			
8:40 am	Acuna, Aaron A (5M)		(PE) <none>
	60 minutes		
	Location: OAKDALE COMMUNITY HOSPITAL		
11:15 am	Yanko, Aileen H (51F)	adfgadsgfsjggagf	(SDA) X-ray follow up
	15 minutes	Notes: Referred by Dr. aldjf	
	Location: OAKDALE COMMUNITY HOSPITAL		
45TH STREET MENTAL HEALTH CENTER			
Adams, Robert C			
9:00 am	Tam, River (28F)		(PE) Heart flutters
	30 minutes		
	Location: 45TH STREET MENTAL HEALTH CENTER		
Adult And Pediatric Urology			
Abbott, Abby			
10:00 am	Bailey, Albert Alphonse (48M)		(OV) <none>
	20 minutes		
	Location: Adult And Pediatric Urology		
Allergy & Asthma Associates PLLC			
Abbott, Abby			
8:00 am	Mercier, Leah M (53F)	Detail	(OV) Abdominal pain
	20 minutes	Notes: This is appointment Notes	
	Location: Allergy & Asthma Associates PLLC		
Northwest Diagnostic Clinic @e-MDs			
Chapman, William K			
8:00 am	Mercier, Leah M (53F)		(OV) <none>
	20 minutes		
	Location: Northwest Diagnostic Clinic @e-MDs		
8:40 am	.(19,394d)		(BLKD) <none>
	20 minutes		
	Location: Northwest Diagnostic Clinic @e-MDs		
10:00 am	.(19,394d)		(VAC) <none>
	20 minutes		
	Location: Northwest Diagnostic Clinic @e-MDs		

TeleVox LabCalls Patient Export

Purpose: Provide a demographics list that can be exported as a file in a format required by TeleVox to populate the patient list that is used for their LabCalls results notification system.

Note: Contact e-MDs or TeleVox for more information about this service.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > TeleVox LabCalls Patient Export

Typical Frequency: Daily

ABVACB0001	Acb	Abv	023556767	020271	(512)342-5555	123 abv way	Austin	TX	78746
HAMAM000	Alice	Acuna	900600864	051681	(034)884-6773	432 Arcola Road	Round Rock	TX	78664
MOYLAU0001	Anne	Acuna		042940	(971)293-0307	9367 6th Street	Leander	TX	78641
BARRIO30	George	Adams	794695928	022661	(441)762-3337	104 Goldrush Dr	Jonestown	TX	78645
\$9999999	Albert	Campbell	566926489	101164	(512)512-5121	121 West 6th Street	Austin	TX	78750
ROGUE0001	Anna Marie	D'ancanto	579421578	052777	(847)545-7431	1406 Greymalkin Ln	Salem	NY	18608
DEHEST0001	Annie	Davis	050435726	010471	(845)691-2681	146 13th Street	Cedar Park	TX	78613
SIMTI010	Anthony	Davis	518311854	072085	(033)438-4669	6544 B Stonehenge Cv	Cedar Park	TX	78613
PINRIC0001	Brian	Davis	659783702	061885	(983)191-0942	885 Duval Rd	Cedar Park	TX	78613
WOOAND000	Brianna	Davis	725899112	081180	(781)740-7002	275 A Amarillis	Cedar Park	TX	78613
LACIVE0001	Cheryl	Davis	605726086	030194	(822)086-0330	96 51st Street	Cedar Park	TX	78613
TOREMA0001	Albert	Fegan	204260131	070601	(665)664-8312	406 Huger St	Round Rock	TX	78681
GRUZZ00001	Pgone	Grubbs	454654985	112180	(512)259-2356				
JACKED10	Albert	Miller	874342387	071059	(110)620-7946	8763 Kollarney	Cedar Park	TX	78613
MILBIL0001	Bliffin1	Miller	000000020	011159	(512)300-9000	202 Ridgeway Ave	Austin	TX	78728
MILADU0001	Confidentiadult	Miller	000000047	010179	(512)300-9501	2112 Ridgeway Ave	Austin	TX	78728
PLUART0001	Artemuse	Plummer	907070900	022760	(512)564-6545	111 musey lane	Canyon Lake	TX	78133

Time Tracking

Purpose: Show statistics on the time a patient is in the clinic, as well as the times between check in, in room, treatment start, and check out activities. It is a very useful way to measure patient flow through the clinic. This report can help identify bottlenecks that require process improvements. These improvements may be staff training, changing default appointment times, or altering staff functional tasks.

The following are some of the summary statistics and how they can be used:

- **Total Appointments:** Schedule volume. This number may tell a lot. If a resource has too few or too many appointments, it may explain why other statistics look good or bad.
- **Average Wait:** Ask patients to arrive at least this far before their appointment time. This is how long it is taking to collect information. You can filter the report for new and established visit types since new patients typically take longer to check in. If the average wait is too long it is possible that your check in procedures need to be evaluated, or that too many appointments are scheduled for available resources (and therefore, the practice is running behind).
- **Average In Room Time:** This is the time from when the patient is taken to a room to when the doctor starts treatment. Again, it may indicate a practice running behind.
- **Average Treatment Time:** Shows how long each visit takes. Filtering by visit type makes the process of determining how long should be allocated for each visit a much more scientific task. Additionally, it may show which resources are more efficient at particular visit types.
- **App Start/Check In:** The average time between when the patient visit is scheduled to start and when the patient checked in. A negative number indicates patients arrive later than the start time on average. Schedulers should make it clear to patients that they should arrive early.
- **App Start/Treat:** Measures the difference between the expected start time in the scheduler and the time treatment actually started. Ideally, this should be 0.
- **App End/Check Out:** The time between the scheduled end time and the actual check out time. Make allowance for the time that it takes for a person to get back to the check out desk and whether or not doctors in your clinic accompany the patients.

Report Location: Schedule > Reports > Time Tracking

Time Tracking											
Resource	App Date/Time	Duration	Patient	Check In	In Room	Treatment	Check Out	Wait Time	In Room Time	Treatment Time	Total Time
Abbott, Abby	12/12/07 03:00 p	20	TesterBWAGNER411, AI 3:44 p	3:46 p	3:46 p	3:59 p	0 h 2 m		0 h 13 m	0 h 15 m	0 h 15 m
Abbott, Abby	12/13/07 03:00 p	20	TesterBWAGNER416, AI 10:27 a	10:29 a	10:29 a	10:42 a	0 h 2 m		0 h 13 m	0 h 15 m	0 h 15 m
Abbott, Abby	12/14/07 03:00 p	20	TesterBWAGNER424, AI 2:28 p	2:30 p	2:30 p	2:40 p	0 h 2 m		0 h 10 m	0 h 12 m	0 h 12 m
Abbott, Abby	12/19/07 03:00 p	20	TesterBWAGNER426, AI 9:16 a	9:17 a	9:17 a	12:39 a	0 h 1 m		3 h 22 m	3 h 23 m	3 h 23 m
Abbott, Abby	12/26/07 03:00 p	20	TesterBWAGNER432, AI 1:15 p	1:17 p	1:17 p	1:30 p	0 h 2 m		0 h 13 m	0 h 15 m	0 h 15 m
Abbott, Abby	12/27/07 03:00 p	20	TesterBWAGNER438, AI 4:05 p	4:07 p	4:08 p	4:20 p	0 h 2 m	0 h 1 m	0 h 12 m	0 h 15 m	0 h 15 m
Abbott, Abby	12/28/07 03:00 p	20	TesterBWAGNER442, AI 1:17 p	1:19 p	1:19 p	1:31 p	0 h 2 m		0 h 12 m	0 h 14 m	0 h 14 m
Abbott, Abby	01/04/08 03:00 p	20	TesterBWAGNER464, AI 4:08 p	4:09 p	4:09 p	4:16 p	0 h 1 m		0 h 7 m	0 h 8 m	0 h 8 m
Abbott, Abby	01/07/08 03:00 p	20	TesterBWAGNER474, AI 3:38 p	3:41 p	3:41 p	3:53 p	0 h 3 m		0 h 12 m	0 h 15 m	0 h 15 m
Abbott, Abby	01/08/08 03:00 p	20	TesterBWAGNER481, AI 1:51 p	1:54 p	1:54 p	2:06 p	0 h 3 m		0 h 12 m	0 h 15 m	0 h 15 m
Abbott, Abby	01/09/08 03:00 p	20	TesterBWAGNER486, AI 3:55 p	3:57 p	3:57 p	4:10 p	0 h 2 m		0 h 13 m	0 h 15 m	0 h 15 m
Abbott, Abby	01/11/08 03:00 p	20	TesterBWAGNER501, AI 3:43 p	3:46 p	3:46 p	3:55 p	0 h 3 m		0 h 9 m	0 h 12 m	0 h 12 m
Abbott, Abby	01/14/08 03:00 p	20	TesterBWAGNER507, AI 12:54 a	12:57 a	12:57 a	1:06 p	0 h 3 m		0 h 9 m	0 h 12 m	0 h 12 m
Abbott, Abby	01/16/08 03:00 p	20	TesterBWAGNER523, AI 3:36 p	3:38 p	3:38 p	3:47 p	0 h 2 m		0 h 9 m	0 h 11 m	0 h 11 m
Abbott, Abby	01/17/08 03:00 p	20	TesterBWAGNER530, AI 3:46 p	3:48 p	3:48 p	3:54 p	0 h 2 m		0 h 6 m	0 h 8 m	0 h 8 m
Abbott, Abby	01/21/08 03:00 p	20	TesterBWAGNER544, AI 3:54 p	3:57 p	3:57 p	4:06 p	0 h 3 m		0 h 9 m	0 h 12 m	0 h 12 m
Abbott, Abby	01/22/08 03:00 p	20	TesterBWAGNER551, AI 2:42 p	2:45 p	2:45 p	2:55 p	0 h 3 m		0 h 10 m	0 h 13 m	0 h 13 m
Abbott, Abby	01/23/08 03:00 p	20	TesterBWAGNER555, AI 3:44 p	3:46 p	3:46 p	3:55 p	0 h 2 m		0 h 9 m	0 h 11 m	0 h 11 m
Abbott, Abby	01/24/08 03:00 p	20	TesterBWAGNER564, AI 4:15 p	4:17 p	4:17 p	4:23 p	0 h 2 m		0 h 6 m	0 h 8 m	0 h 8 m
Abbott, Abby	01/25/08 03:00 p	20	TesterBWAGNER574, AI 2:54 p	2:56 p	2:56 p	3:02 p	0 h 2 m		0 h 6 m	0 h 8 m	0 h 8 m
Abbott, Abby	01/28/08 03:00 p	20	TesterBWAGNER580, AI 3:45 p	3:47 p	3:47 p	3:54 p	0 h 2 m		0 h 7 m	0 h 9 m	0 h 9 m
Abbott, Abby	01/29/08 03:00 p	20	TesterBWAGNER582, AI 9:13 a	9:14 a	9:14 a	9:17 a	0 h 1 m		0 h 3 m	0 h 4 m	0 h 4 m
Amanda Gay	11/11/02 01:30 p	30	Hudson, Kristy R	1:39 p	2:35 p	2:35 p	2:35 p	0 h 56 m		0 h 56 m	0 h 56 m
Chapman, William K.	06/17/03 11:00 a	15	Trauterman, Tina E	11:06 a	11:17 a	11:23 a	11:24 a	0 h 11 m	0 h 6 m	0 h 1 m	0 h 18 m
Chapman, William K.	09/19/07 03:40 p	30	Acuna, Aaron A	1:44 p	2:01 p	2:01 p	2:01 p	0 h 17 m		0 h 17 m	0 h 17 m
Chapman, William K.	09/25/07 03:00 p	20	TesterBWAGNER136, AI 2:27 p	2:28 p	2:28 p	2:50 p	0 h 1 m		0 h 22 m	0 h 23 m	0 h 23 m

Visit Reason List

Purpose: List appointment visit reasons with default duration, mini-triage notes, emergency level, eligibility check requirement, and portal enabled status listed.

Report Location: Schedule > Reports > Crystal Reports > SCHED – Schedule Reports > Visit Reason List

Appointment Visit Type and Duration List			6/27/2008 Page 1 of 8		
Visit Reason	Duration	Mini-Triage Note	E-Level	Elig?	Portal?
	20		Routine	False	False
A O B, Ultrasound	30		Routine	False	False
Abdominal cramps	10	See ASAP if severe or vomiting or fever present	Routine	False	False
Abdominal pain	10	See ASAP if severe or vomiting or fever present	Routine	False	False
Abdominal Pain (mild to moderate)	20		Routine	False	False
Abdominal typhoid fever	20		Urgent	False	False
Acne	20		Routine	False	False
Acne- Est Dx- Est Pt	15		Routine	False	False
Acne- Est Dx- New Pt	20		Routine	False	False
Acute bronchitis	20	see ASAP if wheezing, short of breath, blood in sputum - soon if fever	Routine	False	False
ADD/ADHD- initial visit	40		Routine	False	False
ADD/ADHD- maintenance visit	20		Routine	False	False
Allergies	15		Routine	False	False
Allergy Sxs	15		Routine	False	False
Allergy Testing	15		Routine	False	False
Allergy testing	45	No antihistamines for 2 weeks prior to testing	Routine	False	False
Ankle sprain	15		Routine	False	False
Anorexia nervosa	15		Routine	False	False
Anxiety	20		Routine	False	False
Anxiety/Stress	20		Routine	False	False
Arthritis	20		Routine	False	False
Asthma	20	See immediately if severe or patient using inhaler often/little relief	Routine	False	False

Wait List

Purpose: Provide a hard-copy printout of the on-screen wait list tool output. When the schedule changes suddenly, this report can be utilized to call patients who want an appointment.

Report Location: Schedule > Wait List > Print

Facility: Northwest Diagnostic Clinic @e-MDs		Wait List				Page 1 of 1			
Requested Date: 01/01/2000 - 07/03/2008						7/3/2008 11:56 am			
Resource: All									
Patient: All									
Patient	Resource	Added	Date Range		Level	Reason	Detail	Notes	User
Balley, Bonnie J	First Available	06/26/08	06/26/08	06/26/08	Portfile	Other			.

6

Demographics Reports

Demographic information about each patient is maintained and accessed in multiple modules in e-MDs Solution Series. For that reason, you can generally view and print most of the demographics reports from any module's Reports drop-down list from the main module screen.

Continued on the next page ...

Patient Count by Insurance

Purpose: List insurance companies with addresses and a count of patients who have this as current insurance. Count includes breakout by primary, secondary or tertiary assignment.

Report Location: Reports > Crystal Reports > DMG – Demographics > Patient Count by Insurance Class & Company

Filters: Patient account status and grouped by insurance class and company, or just the class.

Patient Account Status: ALL Grouping: Show Class and Company		Patient Count by Insurance Class & Company		Printed: 6/26/2008 11:39AM Page: 9 of 9	
		Total Cnt	Primary	Secondary	Tertiary
BCS		27	25	2	0
Aetna	13058 Knoll Ridge Dr, Allentown, PA 18106	8	8	0	0
TriCare Prime Remote	74432 14th Street, Madison, WI 53708-8997	19	17	2	0
CIG		473	468	5	0
Aetna	600 Washington Highway, San Antonio, TX 78279-51	429	426	3	0
Cigna	424 27th Street, Chattanooga, TN 37422-8013	44	42	2	0
MDC		413	383	27	3
Medcoorp	774 B 18th Street, Austin, TX 78766	38	36	2	0
Medicare - Part B	93 Brushy Creek Rd, Dallas, TX 75266-0031	369	342	24	3
Medicare Railroad	404 W. Lakeland Drive, Augusta, GA 30999-0001	6	5	1	0
MDD		15	4	10	1
Medicaid NHIC	9826 Coronado Dr, Austin, TX 78720	13	3	9	1
Medicaid Pca Star	1235 West 8 Mile Road, Austin, TX 78766	2	1	1	0
Totals for All Companies/Classes:		16984	16484	464	35

Patient Demographics

Purpose: Lists patient names, gender codes, ages, account numbers, default facility codes, and optionally the patient addresses, home phone numbers, and a count of records in the list.

Report Location: Reports > Crystal Reports > DMG – Demographics Reports > Patient Demographics

Filters: Gender, age range, exempt from reporting*, deceased.

Gender: Female		Hide address: No		Printed: 06/26/2008 11:41AM	
Age Range: 25 to 26		Hide city/state/zip: No		Page: 5 of 5	
Exempt patients: Included		Hide phone #: No			
Expired patients: Included					
Patient Demographics					
Patient	Acct #	Address	CityStZip	Med Fac	Hm Phone
Twardowski, Beverly N (F25)	FARASH0001	3957 Coriander Cv	Rockdale, TX 78667		(552)243-2850
Twardowski, Melissa R (F25)	PAPCAR0001				
Vora, Ellen E (F26)	SANTER0001	987 Coachlamp Dr	Cedar Park, TX 78613-		(643)833-5803
Walker, McKenzi D (F25)	FOWDE000	9285 Foster Avenue	Austin, TX 78729		(863)182-2344
Walker, Sandra A (F25)	WITTAS0001	893 Wild Rock Cove	Leander, TX 78641		(326)949-2007
Wallace, Rachel D (F26)	CARSAN0001	397 C Northern Tr	Leander, TX 78641-		(604)037-2212
Ward, Betty K (F26)	MUEAU000	97 Mesa Verde	Leander, TX 78641		(895)916-6237
Ward, Catherine R (F26)	MEICR000	24889 Ellason	Cedar Park, TX 78613		(207)385-8903
Ward, Miranda L (F26)	HIGCA000	7745 12th Street	Austin, TX 78717		(110)930-9124
Washington, Irene N (F26)	BAXKAL0001	13 Brandywine Parkway	Cedar Park, TX 78613-		(127)531-3513
Washington, Sunny (F25)	CASSAN0001	9380 D Williamsboro Street	Cedar Park, TX 78613-		(107)435-2061
White, Carol (F26)	DELJAI0001	9378 Hymeadow	Round Rock, TX 78664		(608)327-2480
Williams, Julie A (F25)	RODLES0001	98412 Morgan Lane	Cedar Park, TX 78613-		(665)607-6838
Wilson, Betty L (F26)	TROJE000	428 Pines Boulevard	Georgetown, TX 78628		(984)403-6683
Winn, Lenore P (F26)	9793	98417 Del Roy Dr	Cedar Park, TX 78613-		(975)298-9980
Witt, Dorothy M (F26)	HICLAY0001	13058 Eagles Nest	Elgin, TX 78621-		(633)807-8455
Wood, Megan L (F26)	SMORIC0001	9969 Forest Trail	Austin, TX 78729		(876)576-4117
Wood, Melissa D (F25)	NEWCH000	508 Benedict Place	Cedar Park, TX 78613		(575)684-9645
Woods, Ann L (F26)	KEIKR000	146 Sandra Dr	Leander, TX 78641		(689)749-3156
Wright, Kerin N (F25)	ROUANG0001	413 Cardinal Lane	Cedar Park, TX 78613-		(655)073-5800
Wright, Mona M (F26)	FONPAU0001	9724 Rupp Drive	Austin, TX 78729-		(609)476-0730
Wyatt, Anna C (F25)	HENPA030	98413 10th Street	Leander, TX 78641		(939)940-2710
Wyatt, Lucill L (F25)	DIXAM000	400 Huger St	Leander, TX 78641		(367)716-1636
Wyatt, Maria E (F25)	WAGEM000	85903 Abbey Lane	Lago Vista, TX 78645		(623)480-8427
Wyatt, Robin R (F26)	COVRIC0001	887 24th Street	Cedar Park, TX 78613-		(007)564-1994
Wyatt, Shirley Y (F25)	009951	43225 Copper Ln	Leander, TX 78641-		(405)606-5179
Yanko, Joan M (F25)	10100	9378 Mockingbird	Leander, TX 78641-		(830)603-8844
Young, Rhonda L (F26)	HANMI000	98417 North Torrey Pines Court	LIBERTY HILL, TX 78642		(485)437-4246
Yount, Jackie R (F26)	KAPKRY0001	57365 Brashear Ln	Cedar Park, TX 78613-		(849)283-1181
Yount, Shelleen M (F26)	RIVEV000	32 E Rochelle Boulevard	Leander, TX 78613		(454)720-0737
Patient Count: 272					

Patient E-Mail List

Purpose: List patient names, account numbers, and e-mail and confidential e-mail addresses.

Report Location: Reports > Crystal Reports > DMG – Demographics > Patient E-Mail List

Account Status: ALL Name Starts With: ALL Only Patients with Email?: YES		Patient E-Mail List		Printed: 6/26/2008 11:47:39AM Page 1 of 1
Patient	Account #	E-Mail	Confidential E-Mail	
AAP, Female	AAP FEM0001	AAP@AAP.com		
Abv, Acb A	ABVACB0001	abv@abc.com		
Anthony, Susan	ANTS US0001	oames@e-mds.com		
Bailey, Brianna C	\$WIAS000	bbailey@yahoo.com		
Bradley, Alexandra	BRAALE0001	oames@e-mds.com		
Brown, Warrick	1234567892	skuebler@e-mds.com		
D'ancanto, Anna Marie	ROGUE0001	whatup@x-men.com		
Gibbs, Leroy Jethro	GIBLER0001	ljgibbs@ncis.gov	leroyjethro@secret.gov	
Hall, Patrick C	BIRGE000	phall@e-mds.com		
Hall, Peter T	EUBGR000	phall@e-mds.com		
Houser, Doogie Chas	HOWDO00001	dhouser@gmail.com		
Mercier, Leah M	1236547	LMercier@hotmail.com	lmercier@e-MDs.com	
Miller, Adult	MILFORD001	12345@yahoo.com	rmiller@e-mds.com	
Miller, Confidentialadult	MILADU0001		1111111abc@yahoo.com	
Miller, Eleven	MILFOD0001	56789a@yahoo.com		
Miller, Felicia123456789	MILFOD0002	67891@yahoo.com		
Miller, Sinbad Y	MILSIN0001		sinbad11@yahoo.com	
Plummer, Blackie Cat	PLUBLA0001	blackcat@yahoo.com		
Plummer, Climber J	PLUCLID001	climber@yahoo.com		
Plummer, Greystoke J	PLUGRE0001	greystoke@yahoo.com		
Plummer, Karma Kitty	PLUKAR0001	karmakitty@yahoo.com	karma@yahoo.com	
Plummer, Zorro Bud	PLUZOR0001	zorro@yahoo.com		
PO RAL, MAN	PO RMA00001	ffavacho@e-mds.com		
Pussycat, Josie	PUSJOS0001	wgray@e-mds.com		
Rachel, Smith	RACSMID001		srachel001@yahoo.com	
Tam, River	TAMRIV0001	wgray@e-mds.com		

7

Security/Audit Reports

A critical part of any records management system is the ability to track and audit activities that take place on a daily, weekly, monthly, quarterly and annual basis. The reports in this section are used to track system user activity, billing transactions, patient demographics, documentation activity, logon access, user access privileges, and many other tasks.

You may notice that most of these reports apply to specific e-MDs Solution Series modules and may be referenced elsewhere in this guide. Since these reports are all related to system security and audit activities, they are grouped here for easy access and reference.

Continued on the next page ...

Audit Report – Schedule

Purpose: Track user activity in the system for productivity and other reasons. The report displays all inserts, updates or edits to appointments, as well as blocking and unblocking of slots. It includes a date/time stamp, the type of audit (inserts/additions, updates/edits, and deletes), patient and appointment details. The report is sorted in date/time order.

Report Location: Schedule > Reports > Audit Report

Facility: Northwest Diagnostic Clinic @e-MDs		Audit Report			Page 6 of 9		
Date Range: 01/01/2008 to 07/01/2008					7/1/2008 5:21 pm		
Resource: All							
Patient: All							
User	Date/Time	Action	Appt Date/Time	Resource	Patient	DOB	Type/Reason (Detail)
.	01/25/08 01:08:01 P	Insert	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER571, AI	01/01/61	OV
.	01/25/08 01:36:10 P	Cancelled	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER571, AI	01/01/61	OV
.	01/25/08 01:37:38 P	Insert	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER572, AI	01/01/61	OV
.	01/25/08 02:07:58 P	Cancelled	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER572, AI	01/01/61	OV
.	01/25/08 02:09:22 P	Insert	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER573, AI	01/01/61	OV
.	01/25/08 02:16:39 P	Insert	01/25/08 11:00 A	Franklin, Stela J	Smith, Austin	02/24/70	SDA (WC: 6 hrs)
.	01/25/08 02:21:09 P	Update	01/25/08 11:00 A	Franklin, Stela J	Smith, Austin	02/24/70	SDA (WC: 6 hrs)
.	01/25/08 02:52:05 P	Cancelled	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER573, AI	01/01/61	OV
.	01/25/08 02:53:29 P	Insert	01/25/08 03:00 P	Abbott, Abby	TesterBWAGNER574, AI	01/01/61	OV
.	01/28/08 10:13:55 A	Insert	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER575, AI	01/01/61	OV
.	01/28/08 10:22:05 A	Cancelled	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER575, AI	01/01/61	OV
.	01/28/08 10:23:35 A	Insert	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER576, AI	01/01/61	OV
.	01/28/08 10:31:34 A	Cancelled	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER576, AI	01/01/61	OV
.	01/28/08 10:32:56 A	Insert	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER577, AI	01/01/61	OV
.	01/28/08 10:49:33 A	Cancelled	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER577, AI	01/01/61	OV
.	01/28/08 10:51:13 A	Insert	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER578, AI	01/01/61	OV
.	01/28/08 03:34:17 P	Cancelled	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER578, AI	01/01/61	OV
.	01/28/08 03:35:59 P	Insert	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER579, AI	01/01/61	OV
.	01/28/08 03:42:01 P	Cancelled	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER579, AI	01/01/61	OV
.	01/28/08 03:43:41 P	Insert	01/28/08 03:00 P	Abbott, Abby	TesterBWAGNER580, AI	01/01/61	OV
.	01/29/08 07:28:22 A	Insert	01/29/08 03:00 P	Abbott, Abby	TesterBWAGNER581, AI	01/01/61	OV
.	01/29/08 09:11:41 A	Cancelled	01/29/08 03:00 P	Abbott, Abby	TesterBWAGNER581, AI	01/01/61	OV
.	01/29/08 09:12:21 A	Insert	01/29/08 03:00 P	Abbott, Abby	TesterBWAGNER582, AI	01/01/61	OV
.	01/29/08 03:35:54 P	Insert	01/29/08 08:20 A	Franklin, Stela J	TesterBWAGNER107, AI	01/01/61	OV Abdominal pain
.	01/30/08 10:37:19 A	Insert	01/30/08 08:40 A	Franklin, Stela J	Acosta, Alice	05/16/61	PE Chronic joint pain
.	01/30/08 11:27:30 A	Insert	01/30/08 08:20 A	Franklin, Stela J	Mercier, Leah M	05/23/65	OV Acute bronchitis
.	01/30/08 11:40:15 A	Insert	01/30/08 09:20 A	Franklin, Stela J	Miller, Adritt	01/01/46	OV Abdominal cramps
.	01/30/08 12:16:38 P	Insert	01/30/08 09:40 A	Franklin, Stela J	Miller, Albert B	07/10/69	OV Acne
.	01/30/08 01:52:04 P	Insert	01/30/08 10:40 A	Franklin, Stela J	Miller, Bill F I L	01/11/59	WC Abdominal pain
.	01/30/08 02:17:25 P	Insert	01/30/08 11:00 A	Franklin, Stela J	Miller, Cornelia Saladit	01/01/79	SDA Acute bronchitis
.	01/30/08 02:31:32 P	Insert	01/30/08 11:15 A	Franklin, Stela J	Miller, Bill F I L	01/11/59	SDA Acute bronchitis
Miller, Ro	01/31/08 04:31:48 P	Insert	02/01/08 05:00 P	Eiders, Jackie	Gribbs, Pgone P	11/21/60	Pregnancy
Miller, Ro	01/31/08 04:42:44 P	Update	02/01/08 05:00 P	Eiders, Jackie	Gribbs, Pgone P	11/21/60	Pregnancy
Miller, Ro	01/31/08 04:46:29 P	Update	02/01/08 05:00 P	Eiders, Jackie	Gribbs, Pgone P	11/21/60	Pregnancy
Miller, Ro	01/31/08 04:47:52 P	Update	02/01/08 05:00 P	Eiders, Jackie	Gribbs, Pgone P	11/21/60	Pregnancy
Miller, Ro	01/31/08 04:51:33 P	Insert	01/31/08 05:00 P	Eiders, Jackie	Gribbs, Pgone P	11/21/60	NOB Pregnancy
.	02/01/08 10:21:04 A	Insert	02/01/08 03:00 P	Abbott, Abby	TesterBWAGNER626, AI	01/01/61	OV
.	02/01/08 01:01:12 P	Insert	02/01/08 01:45 P	Franklin, Stela J	Miller, Adritt	01/01/46	PE Abdominal pain
.	02/01/08 01:02:30 P	Delete	02/01/08 01:45 P	Franklin, Stela J	Miller, Adritt	01/01/46	PE Abdominal pain
Ho, Agnes	02/06/08 11:24:00 A	Insert	02/06/08 08:00 A	Abbott, Abby	Abx, Ach A	02/02/71	OV (lphl pain)
Ho, Agnes	02/06/08 02:57:39 P	Insert	02/06/08 08:40 A	Franklin, Stela J	Acky, Betty	01/01/60	PE
.	02/07/08 10:14:58 A	Insert	02/20/08 08:00 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 08:20 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 08:40 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 09:20 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 09:40 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 10:00 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 10:40 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 11:00 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 11:15 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 11:30 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 11:45 A	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 01:40 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 02:00 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 02:20 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 02:40 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 03:00 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 03:20 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 03:40 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:14:59 A	Insert	02/20/08 04:00 P	Franklin, Stela J	BLOCKED		VAC
.	02/07/08 10:15:00 A	Insert	02/20/08 04:15 P	Franklin, Stela J	BLOCKED		VAC

Billing Audit

Purpose: Track transaction activity by user. It shows any additions, changes or deletions to both invoice and payment records, as well as the date and time the entry was made and the user that recorded the transaction. This report can only be viewed by a user with the Auditing security privilege.

Report Location: Bill > Reports > Audit Trails > Legacy > Bill Audit

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		User Audit Report		Print User; Print Date: 6/27/2008
Login Name = All Patient Name = All Date Range: 01/01/2008 - 06/27/2008				
Show Invoice Inserts Edits Deletes				
Show Payment Inserts Edits Deletes				
Invoice Inserts				
Invoice#	Created By	Date/Time Created	Inv. Date	
81870	TC Biller	1/2/2008 10:06:12 AM	01/02/2008	
81871	TC Biller	1/2/2008 1:14:48 PM	01/02/2008	
81872	TC Biller	1/2/2008 2:11:12 PM	01/02/2008	
81873	TC Biller	1/3/2008 1:25:31 PM	01/03/2008	
81874	TC Biller	1/3/2008 3:50:42 PM	01/03/2008	
81875	TC Biller	1/4/2008 9:49:08 AM	01/04/2008	
81876	TC Biller	1/4/2008 10:13:22 AM	01/04/2008	
81877	TC Biller	1/4/2008 11:20:59 AM	01/04/2008	
81878	TC Biller	1/4/2008 2:58:29 PM	01/04/2008	
81879	TC Biller	1/4/2008 3:52:55 PM	01/04/2008	
81880	TC Biller	1/4/2008 4:17:58 PM	01/04/2008	
81881	TC Biller	1/7/2008 9:44:45 AM	01/07/2008	
81882	rmiller	1/7/2008 11:05:50 AM	01/07/2008	
81883	administrator	1/7/2008 11:06:25 AM	04/30/2008	
81884	administrator	1/7/2008 11:13:31 AM	01/07/2008	
81885	rmiller	1/7/2008 11:30:43 AM	01/07/2008	
81886	administrator	1/7/2008 1:52:30 PM	01/07/2008	
81887	administrator	1/7/2008 1:56:28 PM	01/07/2008	
81888	TC Biller	1/7/2008 3:56:18 PM	01/07/2008	
81889	administrator	1/7/2008 5:36:41 PM	01/07/2008	
81891	administrator	1/7/2008 5:38:39 PM	01/07/2008	
81892	administrator	1/7/2008 5:44:17 PM	01/07/2008	
81893	administrator	1/7/2008 5:44:37 PM	01/07/2008	
81894	administrator	1/7/2008 5:45:36 PM	01/07/2008	
81895	administrator	1/7/2008 5:46:09 PM	01/07/2008	
81896	TC Biller	1/8/2008 9:16:13 AM	01/08/2008	
81897	TC Biller	1/8/2008 9:57:58 AM	01/08/2008	
81898	TC Biller	1/8/2008 10:39:16 AM	01/08/2008	
81899	administrator	1/8/2008 11:08:45 AM	01/08/2008	
81900	administrator	1/8/2008 11:09:08 AM	01/08/2008	
81901	administrator	1/8/2008 11:10:32 AM	01/08/2008	
81902	TC Biller	1/8/2008 11:16:45 AM	01/08/2008	
81903	TC Biller	1/8/2008 2:09:15 PM	01/08/2008	
81904	TC Biller	1/9/2008 10:57:49 AM	01/09/2008	
81905	TC Biller	1/9/2008 12:46:57 PM	01/09/2008	
81906	TC Biller	1/9/2008 1:14:46 PM	01/09/2008	
81907	TC Biller	1/9/2008 2:11:21 PM	01/09/2008	
81908	TC Biller	1/9/2008 4:13:09 PM	01/09/2008	
81909	TC Biller	1/10/2008 9:48:36 AM	01/10/2008	
81910	rmiller	1/10/2008 10:47:38 AM	01/24/2008	
81911	TC Biller	1/10/2008 10:56:53 AM	01/10/2008	
81912	TC Biller	1/11/2008 9:31:01 AM	01/11/2008	
81913	TC Biller	1/11/2008 10:11:26 AM	01/11/2008	
81914	TC Biller	1/11/2008 11:05:30 AM	01/11/2008	
81915	TC Biller	1/11/2008 2:19:57 PM	01/11/2008	
81916	TC Biller	1/11/2008 3:57:55 PM	01/11/2008	
81917	TC Biller	1/14/2008 9:09:39 AM	01/14/2008	
81918	TC Biller	1/14/2008 9:52:26 AM	01/14/2008	
81919	TC Biller	1/14/2008 10:27:28 AM	01/14/2008	
81920	TC Biller	1/14/2008 1:08:47 PM	01/14/2008	
81921	administrator	1/14/2008 5:44:20 PM	01/14/2008	
81922	TC Biller	1/15/2008 9:53:02 AM	01/15/2008	
81923	TC Biller	1/15/2008 10:42:43 AM	01/15/2008	
81924	TC Biller	1/15/2008 1:24:40 PM	01/15/2008	
81925	administrator	1/15/2008 2:48:15 PM	01/15/2008	
81926	administrator	1/15/2008 2:48:54 PM	01/15/2008	
81927	TC Biller	1/15/2008 3:35:02 PM	01/15/2008	
81928	TC Biller	1/16/2008 6:34:57 AM	01/16/2008	
81929	administrator	1/16/2008 9:24:20 AM	01/16/2008	
81930	TC Biller	1/16/2008 9:45:17 AM	01/16/2008	
81931	TC Biller	1/16/2008 10:24:14 AM	01/16/2008	
81932	TC Biller	1/16/2008 11:13:51 AM	01/16/2008	
81933	administrator	1/16/2008 1:21:20 PM	01/16/2008	
81934	TC Biller	1/16/2008 1:28:12 PM	01/16/2008	
81935	TC Biller	1/16/2008 2:09:55 PM	01/16/2008	
81936	TC Biller	1/16/2008 2:45:50 PM	01/16/2008	
81937	TC Biller	1/16/2008 3:50:00 PM	01/16/2008	
81938	TC Biller	1/17/2008 7:01:26 AM	01/17/2008	
81939	TC Biller	1/17/2008 9:45:55 AM	01/17/2008	

Chart Audit

Purpose: Capture changes that are made to a patient chart. This audit trail captures information about clinical information that is added to a patient chart. In order for the information to be tracked, the Chart Audit option must be turned on.

Note: This option is a Global one and affects every user of the system.

Report Location: Chart > Reports > Chart Audit

Chart Audit Report								
Search Parameters: Date Range = 6/1/2008 - 7/1/2008			Billy Bob Clinic 9900 Spectrum Dr Austin, TX 78717 (512)111-1111			Print Date 7/1/2008 3:21:42 PM Print User .		
DATE	LOGIN	WORKSTATION	PATIENT	ACTION	TYPE	DESCRIPTION	SEND METHOD	AUDIT REASON
07/01/2008 15:19:09	administra	LMERCIER2	TesterBWAGNER107, A	View	Patient Chart	Chart Accessed		
07/01/2008 15:18:58	administra	LMERCIER2	Mercier, Leah M	View	Patient Chart	Chart Accessed		
07/01/2008 14:46:18	lmercier	LMERCIER2	Achy, Betty	View	Patient Chart	Chart Accessed		
07/01/2008 14:39:21	lmercier	LMERCIER2	Achy, Betty	View	Immunization	View of Patient Immunizations		
07/01/2008 14:39:20	lmercier	LMERCIER2	Achy, Betty	View	Immunization	View of Patient Immunizations		
07/01/2008 14:36:21	lmercier	LMERCIER2	Achy, Betty	Update	Pregnancy	Updated pregnancy		
07/01/2008 14:36:21	lmercier	LMERCIER2	Achy, Betty	Update	Pregnancy	Updated pregnancy overview		
07/01/2008 14:21:48	lmercier	LMERCIER2	Achy, Betty	View	Pregnancy	Viewed Pregnancy		
07/01/2008 12:47:16	lmercier	LMERCIER2	Achy, Betty	View	Patient Chart	Chart Accessed		
07/01/2008 12:40:07	administra	LMERCIER2	Acuna, Aaron A	Update	Visit Note	Chart Note 07/01/2008 12:35pm		
07/01/2008 12:36:05	administra	LMERCIER2	Acuna, Aaron A	Insert	Visit Note	Chart Note 07/01/2008 12:35pm		
07/01/2008 12:35:40	administra	LMERCIER2	Acuna, Aaron A	Grant Access	Patient Chart	Break Chart Security: Chart Accessed		
07/01/2008 12:35:40	administra	LMERCIER2	Acuna, Aaron A	View	Patient Chart	Chart Accessed		
07/01/2008 12:34:49	lmercier	LMERCIER2	Mercier, Leah M	View	Patient Chart	Chart Accessed		
07/01/2008 12:34:23	lmercier	LMERCIER2	Achy, Betty	Update	Visit Note	Chart Note 07/01/2008 12:30pm		
07/01/2008 12:34:22	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Office/outpatient visit, established patient, level 1		
07/01/2008 12:31:14	lmercier	LMERCIER2	Achy, Betty	Insert	HCPCS	Syringe with needle, sterile 2 cc, each		
07/01/2008 12:31:12	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Comprehensive metabolic panel		
07/01/2008 12:31:12	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Flexible sigmoidoscopy, diagnostic		
07/01/2008 12:31:12	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Lipid panel (total cholesterol, HDL, triglycerides)		
07/01/2008 12:31:03	lmercier	LMERCIER2	Achy, Betty	Insert	ICD	Coronary artery disease, of native coronary artery		
07/01/2008 12:30:51	lmercier	LMERCIER2	Achy, Betty	Update	Visit Note	Chart Note 05/15/2008 12:55pm		
07/01/2008 12:30:50	lmercier	LMERCIER2	Achy, Betty	Insert	Visit Note	Chart Note 07/01/2008 12:30pm		
07/01/2008 12:30:34	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Microalbumin, semiquantitative		
07/01/2008 12:30:33	lmercier	LMERCIER2	Achy, Betty	Insert	HCPCS	Syringe with needle, sterile 2 cc, each		
07/01/2008 12:30:29	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Lipid panel (total cholesterol, HDL, triglycerides)		
07/01/2008 12:30:29	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	Urine microalbumin, quantitative		
07/01/2008 12:30:26	lmercier	LMERCIER2	Achy, Betty	Insert	CPT	BMP panel Ca 82310, CO2 82374, Cl 82435,		

Demographics Audit

Purpose: Review inserts, updates, and deletes made to most demographics tables and applies to all e-MDs Solution Series modules. It also includes a number of other reference tables used in general demographics forms. Examples of these are insurance filing methods, address and phone types, comments, relationship codes, zip codes and so on. This report can be used to provide documentation of HIPAA compliance. *(Also available via Schedule.)*

Report Location: Chart > Reports > Demographics Audit

Audit Report						
Date of Activity: 7/1/2008 - 7/1/2008			PrintDate 7/1/2008 4:14:26 PM			
			Print User .			
Date	Login Name	Workstation	Action	Type of Record	Entity	Description
07/01/2008 16:10:28	.	AROBERTS	View	Patient	Query : Name = achy	
07/01/2008 16:03:04	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = acuna	
07/01/2008 15:29:34	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = mercier	
07/01/2008 15:28:59	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = acuna	
07/01/2008 15:28:33	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = achy	
07/01/2008 15:28:02	Nurse, Ima	LMERCIER2	View	Patient	Query : Name = tester	
07/01/2008 15:19:05	.	LMERCIER2	View	Patient	Query : Name = test	
07/01/2008 15:18:56	.	LMERCIER2	View	Patient	Query : Name = mercier	
07/01/2008 12:47:14	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = achy	
07/01/2008 12:43:01	.	JCOLLIER	View	Patient	Query : Name = shoul	
07/01/2008 12:42:43	.	JCOLLIER	View	Patient	Query : Name = sh	
07/01/2008 12:35:37	.	LMERCIER2	View	Patient	Query : Name = acuna	
07/01/2008 12:34:47	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = mercier	
07/01/2008 12:29:43	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = achy	
07/01/2008 12:27:11	Mercier, Leah M	LMERCIER2	View	Patient	Query : Name = acuna	

DocMan Audit Trail

Purpose: Record every action taken in the DocMan application. Users with the DocMan Log Viewer privilege can view the audit log. This is the report necessary when a HIPAA violation occurs and an OIG inspector requests the required logs.

Report Location: DocMan > Reports > DocMan Audit > DocMan Audit All (or DocMan Audit Patient)

DocMan Application Log								
Type	Start Date	Start Time	End Date	End Time	Time Diff	Patient	Reason	User
View	06/25/2008	1:09:58 pm	06/25/2008	1:10:06 pm	0 min 8 sec	.	<none>	.(administrator)
View	06/25/2008	1:09:36 pm	06/25/2008	1:10:06 pm	0 min 32 sec	.	<none>	.(administrator)
Insert	06/25/2008	1:09:04 pm	06/25/2008	1:09:04 pm	0 min 0 sec	.	<none>	.(administrator)
Update	06/24/2008	4:45:10 pm	06/24/2008	4:45:10 pm	0 min 0 sec	McCoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:45:01 pm	06/24/2008	4:45:02 pm	0 min 1 sec	McCoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:43:50 pm	06/24/2008	4:43:50 pm	0 min 0 sec	McCoy, Hank	<none>	Z, Farid (farid)
View	06/24/2008	4:43:19 pm	06/24/2008	4:43:24 pm	0 min 5 sec	McCoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:36:50 pm	06/24/2008	4:36:50 pm	0 min 0 sec	McCoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:36:33 pm	06/24/2008	4:36:33 pm	0 min 0 sec	McCoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:36:17 pm	06/24/2008	4:36:18 pm	0 min 1 sec	McCoy, Hank	<none>	Z, Farid (farid)
Print	06/20/2008	10:55:55 am	06/20/2008	10:55:55 am	0 min 0 sec	McCoy, Hank	Cancelled Appointment	Z, Farid (farid)
Insert	06/20/2008	10:55:32 am	06/20/2008	10:55:32 am	0 min 0 sec	McCoy, Hank	<none>	Z, Farid (farid)
View	06/20/2008	10:55:19 am	06/20/2008	10:56:52 am	1 min 33 sec	McCoy, Hank	<none>	Z, Farid (farid)
View	06/19/2008	4:25:52 pm	06/19/2008	4:26:00 pm	0 min 8 sec	McCoy, Hank	<none>	Z, Farid (farid)
Insert	06/17/2008	4:36:20 pm	06/17/2008	4:36:20 pm	0 min 0 sec	McCoy, Hank	<none>	Z, Farid (farid)
View	06/17/2008	2:15:31 pm	06/17/2008	2:15:34 pm	0 min 3 sec	McCoy, Hank	<none>	Z, Farid (farid)
Fax	06/13/2008	2:06:41 pm	06/13/2008	2:06:41 pm	0 min 0 sec	.	mailed to patient	.(administrator)

Login Attempts & Password Change Audit Report

Purpose: Shows all logins, logouts and login failures. It also includes password changes, and login additions, deletes, edits and changes to security groups.

Report Location: Chart > Reports > Crystal Reports > SECUR – Audit and Security Reports > Login Attempts & Password Change Audit Report

Date Range: 06/01/2008 to 06/26/2008			Printed: 06/26/2008 3:19 pm	
User: ALL			Page 15 of 18	
Log Type: ALL				
Login Attempt & Password Change Audit				
Audit Timestamp	User Name	Log Type	Login Edited By	Workstation
2008-06-03T10:03:00-05:00	Grubbs, Shannon Michelle	Logged Out		SGRUBBS
2008-06-03T09:58:00-05:00	Grubbs, Shannon Michelle	Login Successful		SGRUBBS
2008-06-03T09:56:00-05:00	Burns, Christine	Login Successful		JHYDER_QA
2008-06-03T09:50:00-05:00	Burns, Christine	Login Successful		JHYDER_QA
2008-06-03T09:44:00-05:00	Burns, Christine	Logged Out		JHYDER_QA
2008-06-02T16:19:00-05:00	Administrator	Logged Out		JCOLLIER
2008-06-02T09:28:00-05:00	Administrator	Login Successful		JCOLLIER

Security Audit Report					
Timestamp	Login Changed	Action	Change Made By	Workstation	SecurityGrp Changed
2008-06-23T14:58:00-05:00	Mercier, Leah M	Edit Privilege in Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Read ⇌ Crystal Report Setup: Read/W rite			
2008-06-23T14:57:00-05:00	Mercier, Leah M	Edit Privilege in Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Read/W rite ⇌ Crystal Report Setup: Read			
2008-06-23T14:56:00-05:00	Mercier, Leah M	Edit Privilege in Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Read ⇌ Crystal Report Setup: Read/W rite			
2008-06-23T14:40:00-05:00	Mercier, Leah M	Edit Privilege in Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Deny ⇌ Crystal Report Setup: Read			
2008-06-23T14:39:00-05:00	Mercier, Leah M	Edit Privilege in Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Read ⇌ Crystal Report Setup: Deny			
2008-06-23T14:35:00-05:00	Mercier, Leah M	Edit Privilege in Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Read/W rite/Delete ⇌ Crystal Report Setup: Read			
2008-06-23T14:25:00-05:00	Mercier, Leah M	Add Privilege to Login	Mercier, Leah M	LMERCIER2	
	Old ⇌ New	Crystal Report Setup: Read/W rite/Delete ⇌ Crystal Report Setup: Read/W rite/Delete			
2008-06-23T14:19:00-05:00	Mercier, Leah M	Add Login to Security Group	Mercier, Leah M	LMERCIER2	Scheduler Supervisor

Password Reset Audit

Purpose: Track the use of the Reset Password function in a user login file. The report shows when it was used, the name of the user affected, the login of the user who reset and the workstation on which that person was working.

Date Range: 03/01/2008 to 06/26/2008	Printed: 06/26/2008 3:26 pm		
User: ALL			
<u>Password Reset Audit</u>			
Reset Date	User Name	Password Changed By	Workstation
2008-06-23T14:12:00-05:00	Mercier, Leah M	Administrator	LMERCIER2
2008-05-22T10:35:00-05:00	Burns, Christine	Administrator	JHYDER_QA
2008-05-15T12:44:00-05:00	Burns, Christine	Administrator	BCRANE_T
2008-05-07T10:06:00-05:00	Test-Doctor, Fox	Administrator	KSKOWRONSKI
2008-05-07T10:01:00-05:00	Test-Doctor, Fox	Administrator	KSKOWRONSKI
2008-05-07T10:00:00-05:00	Test-Doctor, Fox	Administrator	KSKOWRONSKI
2008-05-06T15:11:00-05:00	Test-Doctor, Fox	Ho, Agnes	PHARMACY1

Security Audit Report

Purpose: Track changes to master security groups, privileges and access levels added to the groups. In addition, privilege changes for specific users are tracked and listed on this report.

Report Location: Chart > Reports > Crystal Reports > SECUR – Audit and Security Reports > Security Audit Report

Date Range: 06/15/2008 to 06/26/2008							Printed: 06/26/2008 3:33 pm
User: ALL							
Security Audit Report							
Time Stamp	Change Made By	Action	Old → New	Login Changed	SecurityGrp Changed	Workstation	
2008-06-23T14:58:00-05:00	Mercier, Leah M	Edit Privilege in Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read → Crystal Report Setup: Read/W rite				
2008-06-23T14:57:00-05:00	Mercier, Leah M	Edit Privilege in Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read/W rite → Crystal Report Setup: Read				
2008-06-23T14:56:00-05:00	Mercier, Leah M	Edit Privilege in Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read → Crystal Report Setup: Read/W rite				
2008-06-23T14:40:00-05:00	Mercier, Leah M	Edit Privilege in Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Deny → Crystal Report Setup: Read				
2008-06-23T14:39:00-05:00	Mercier, Leah M	Edit Privilege in Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read → Crystal Report Setup: Deny				
2008-06-23T14:35:00-05:00	Mercier, Leah M	Edit Privilege in Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read/W rite/D elete → Crystal Report Setup: Read				
2008-06-23T14:25:00-05:00	Mercier, Leah M	Add Privilege to Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read/W rite/D elete → Crystal Report Setup: Read/W rite/D elete				
2008-06-23T14:19:00-05:00	Mercier, Leah M	Add Login to Security Group		Mercier, Leah M	Scheduler Supervisor	LMERC IER2	
			→				
2008-06-23T14:19:00-05:00	Mercier, Leah M	Delete Login from Security Group		Mercier, Leah M	All privileges	LMERC IER2	
			→				
2008-06-20T17:10:00-05:00	Administrator	Delete Privilege from Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read/W rite/D elete → Crystal Report Setup: Read/W rite/D elete				
2008-06-20T14:10:00-05:00	Administrator	Add Privilege to Login				LMERC IER2	
			Crystal Report Setup: Read/W rite/D elete → Crystal Report Setup: Read/W rite/D elete				
2008-06-20T14:09:00-05:00	Administrator	Add Privilege to Login		Mercier, Leah M		LMERC IER2	
			Crystal Report Setup: Read/W rite/D elete → Crystal Report Setup: Read/W rite/D elete				
2008-06-20T14:08:00-05:00	Administrator	Add Medical Facility to Login		Mercier, Leah M		LMERC IER2	
			Adult And Pediatric Urology → Adult And Pediatric Urology				

Security Groups and Privileges

Purpose: List security groups in the system with an option to show the privileges and access levels within the groups. Double-clicking on a privilege will allow the user to drill down to show the Login and Users with that privilege.

Report Location: Chart > Reports > Crystal Reports > SECUR – Audit and Security Reports > Security Groups and Privileges

Security Group: ALL Security Groups Privilege: ALL Privileges User: ALL Users		Print Date: 6/26/2008, 3:34:42 PM Page 12 of 12
Security Groups and Privileges		
Security Group	Privilege	Access Level
Scheduler Appointments		
	Scheduler Reference Data	R
	Scheduler Reporting	R/NI
	Scheduler Resource Data	R
	Scheduler Template Data	R
Scheduler Auditor		
	Chart View Patient Charts	R/NI/D
	DashBoard Schedule	R/NI/D
	Demographics: Non-Staff Provid	R
	Demographics: Patients	R/NI/D
	Demographics: Staff Providers	R
	Scheduler Appointment Data	R/NI
	Scheduler Auditing	R/NI
	Scheduler Change Times	R/NI
	Scheduler Reference Data	R/NI
	Scheduler Reporting	R/NI
	Scheduler Resource Data	R/NI
	Scheduler Template Data	R/NI
Scheduler Public		
	Chart View Patient Charts	R/NI/D
	DashBoard Schedule	R
	Demographics: Patients	R/NI/D
	Scheduler Appointment Data	R
Scheduler Supervisor		
	Chart View Patient Charts	R/NI/D
	DashBoard Schedule	R/NI/D
	Demographics: Non-Staff Provid	R
	Demographics: Patients	R/NI
	Demographics: Staff Providers	R

User Activity

Purpose: Show a count of activity by type and by user and is a good measure of productivity, as well as spotting trends in the practice. It can also be useful for allocating of staff to particular resources. It includes the user name and login, the type of action (insert, edit and delete) and a count of that activity for each resource. The report is sorted by action and then by user.

Facility: Northwest Diagnostic Clinic @e-MDs		User Activity		Page 1 of 1
Date Range: 01/01/2008 to 07/01/2008				7/1/2008 5:26 pm
Resource: All				
Patient: All				
User	Action	Resource	Count	
.	Insert	Abbott, Abby	21	
.	Insert	Edwards, Carter M	4	
.	Insert	Hudson, Benjamin L	2	
.	Insert	Chapman, William K	30	
.	Insert	Frankie, Steh J	185	
.	Insert	Abbott, Abby	8	
.	Insert	Frankie, Steh J	2	
.	Insert	Abbott, Abby	149	
Buras, Christine	Insert	Buras, Christine	1	
Buras, Christine	Insert	Enders, Jackie	1	
Frankie, Steh J	Insert	Frankie, Steh J	1	
Green, Casey/Mala	Insert	Abbott, Abby	3	
Ho, Agnes	Insert	Abbott, Abby	8	
Ho, Agnes	Insert	Frankie, Steh J	1	
Miller, Ro	Insert	Enders, Jackie	2	
.	Delete	Abbott, Abby	3	
.	Delete	Frankie, Steh J	1	
.	Edit	Abbott, Abby	27	
.	Edit	Edwards, Carter M	1	
.	Edit	Chapman, William K	2	
.	Edit	Frankie, Steh J	8	
.	Edit	Abbott, Abby	1	
.	Edit	Frankie, Steh J	1	
.	Edit	Abbott, Abby	126	
Miller, Ro	Edit	Enders, Jackie	3	

User Login List

Purpose: List users in the system. It displays the name of the person, the login ID, whether the account is active or inactive, and if it has been deleted. There is an option to show the security groups to which the user is linked.

Report Location: Chart > Reports > Crystal Reports > SECUR – Audit and Security Reports > User Login List

User Login List			
Person Name	Login	Active/Inactive?	Deleted?
	administrator	Active	No
<i>Assigned Security Groups: Scheduler Supervisor</i>			
<i>Scheduler Administrator</i>			
<i>All privileges</i>			
Allthework, Dew	allthework	Active	No
<i>Assigned Security Groups: Chart Administrator</i>			
<i>Scheduler Appointments</i>			
<i>Billing Administrator</i>			
<i>Healthcare Providers</i>			
<i>All privileges</i>			
Biller, Betty	biller	Active	No
<i>Assigned Security Groups: Scheduler Administrator</i>			
<i>Billing Administrator</i>			
<i>Scanning Personnel</i>			
<i>All privileges</i>			
Bowels, Bernard	bowels	Active	No
<i>Assigned Security Groups: Scheduler Appointments</i>			
<i>Billing Public</i>			
<i>Healthcare Providers</i>			
Brainiac, Nanette	brainiac	Active	No
<i>Assigned Security Groups: All privileges</i>			
Cardio, Kevin	cardio	Active	No
<i>Assigned Security Groups: All privileges</i>			
Educator, Elle	educator	Active	No
<i>Assigned Security Groups: All privileges</i>			
Endocrin, Edward	Endocrin	Active	No
<i>Assigned Security Groups: All privileges</i>			
Gyneco, Stephanie	gyneco	Active	No
<i>Assigned Security Groups: All privileges</i>			
Helper, Heather	helper	Active	No
<i>Assigned Security Groups: Medical Assistants</i>			

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TaskMan Reports

With TaskMan, you can manage task activities including task creation, assignment, and completion. With the reporting function, you can track and report either a single task's status or view information about all tasks for your facility.

Continued on the next page ...

Task Audit

Purpose: Provide detail of all task activities and changes made to a specific task, including who made the change, when the change was made and exactly what changes were made.

Report Location: TaskMan > Tasks (*Orange Bar*) > *Select Task* > Edit > *Edit Task* > Show History

Task History			Print Date: 7/3/2008
Date	User	Task Activity	Print Name: ,
09/19/07 13:54:5	Edwards, Carter M	Task Created on 09/19/07 by Edwards, Carter M	
09/19/07 13:54:5	Edwards, Carter M	Task Subject set to	
09/19/07 13:54:5	Edwards, Carter M	Task Priority set to Normal	
09/19/07 13:54:5	Edwards, Carter M	Task Memo set to test	
09/19/07 13:54:5	Edwards, Carter M	Task Status set to Not Started	
09/19/07 13:54:5	Edwards, Carter M	Task Percentage Completed set to 0	
09/19/07 13:55:0	Edwards, Carter M	Task Assigned to Edwards, Carter M	
09/19/07 13:59:4	Edwards, Carter M	Task set to Completed	
09/19/07 13:59:4	Edwards, Carter M	Task Date Completed set to 09/19/2007	
09/19/07 13:59:4	Edwards, Carter M	Task Percentage Completed set to 100	
09/19/07 13:59:4	Edwards, Carter M	Task Status set to Completed	

Task Printout

Purpose: Generate a printed version of a task and include all the information from the fields that can be seen when a task is opened in edit mode.

Report Location: TaskMan > Tasks (*Orange Bar*) > *Select Task* > Printer

Taskman Task No. 8	Print Date: 7/3/2008 1:14:44 PM
Subject:	Print Name: ,
Created On: 09/19/2007	
Created By: Edwards, Carter M	
Owner: Edwards, Carter M	Pct. Completed: 100
Priority: Normal	Due Date: none
Status: Completed	Start Date: none
test	

TaskMan Audit Report

Purpose: Show activities such as task creation, assignment and completion. The audit report includes manually and automatically created tasks from TaskMan, Rule Manager and Report Manager. The date and time of activities as well as user names are tracked. The granular detail level of the actual activity can also be viewed.

For example, the system logs multiple entries for each person to which a task is sent, changes to due dates and the text in the task. This is a great report to evaluate employee productivity and accountability in an objective manner.

Report Location: TaskMan > Tasks (*Orange Bar*) > Reports > Preview

Task Audit Report			Print Date: 7/3/2008
Date	User	Task Activity	Print Name: .
09/19/07 13:54:59	Edwards, Carter M	Task No.8 Created on 09/19/07 by Edwards, Carter M	
09/19/07 13:54:59	Edwards, Carter M	Task No.8 Subject set to	
09/19/07 13:54:59	Edwards, Carter M	Task No.8 Priority set to Normal	
09/19/07 13:54:59	Edwards, Carter M	Task No.8 Memo set to test	
09/19/07 13:54:59	Edwards, Carter M	Task No.8 Status set to Not Started	
09/19/07 13:54:59	Edwards, Carter M	Task No.8 Percentage Completed set to 0	
09/19/07 13:55:00	Edwards, Carter M	Task No.8 Assigned to Edwards, Carter M	
09/19/07 13:59:40	Edwards, Carter M	Task No.8 set to Completed	
09/19/07 13:59:40	Edwards, Carter M	Task No.8 Date Completed set to 09/19/2007	
09/19/07 13:59:40	Edwards, Carter M	Task No.8 Percentage Completed set to 100	
09/19/07 13:59:40	Edwards, Carter M	Task No.8 Status set to Completed	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Created on 09/19/07 by Edwards, Carter M	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Subject set to for editing tasks	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Due Date set to 08/23/2007	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Priority set to Low	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Memo set to testing the task editing function	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Start Date set to 09/12/2007	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Status set to Not Started	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Percentage Completed set to 50	
09/19/07 14:00:40	Edwards, Carter M	Task No.9 for editing tasks Assigned to Edwards, Carter M	

9

DocMan Reports

DocMan reports are accessible from the DocMan main page or from a patient's chart. These reports are used to manage images of scanned documents or test results stored in graphic format. When a report is related to a specific patient, that report must be opened by clicking the **DocMan** button on the Chart main menu. See *e-MDs Solution Series DocMan User Guide* for more information on managing this material.

Continued on the next page ...

All Images for a Patient

Purpose: List all images contained in the selected patient's record, including items such as date and time entered, description, number of pages, Type, and Scanned by. The user must open a patient record to run this report and display results. If this report is run in the Fax Filing window, a message is launched indicating **Please open a patient before running this report.** This report can be accessed from the control panel within DocMan.

Report Location: Chart > *Open Patient Chart* > Reports > DocMan Reports > QRPATIMAGEDATE > View Report

IMAGE FILING		6/30/2008 5:26:25 PM			
Patient					
No.	Date/Time	Description	Pages	Type	Scanned By
1	4/29/2008 11:18:48	Refiled to chart #	0		administrator
2	2/25/2008 10:11:39	Prenatal Record: 10:11 AM	1	PDF	
3	2/5/2008 12:03:00	Prenatal Record: 12:03 PM	1	PDF	
4	12/10/2007 2:34:32	Prenatal Record: 2:34 PM	1	PDF	
5	12/5/2007 3:09:09	Regular ECG	1	WAX	
6	12/5/2007 10:56:24	Prenatal Record: 10:56 AM	1	PDF	
7	9/27/2007 3:41:45	Regular ECG	1	WAX	

All Images for All Patients

Purpose: List all patients who currently have images associated with their charts. This report can be accessed from the control panel within DocMan.

Report Location: DocMan > Reports > DocMan Reports > QRPATIMAGE

Patients with scanned documents

NO	PATIENT	DOB
1	Adams, Agnes	1/16/1965
2	Alford, Ivan	9/9/1959
3	Alcham, Andrew	1/1/1921
4	Austin, Helen	1/1/1982
5	Beaman, Emily	9/20/1974
6	Brewster, Melissa	6/27/1972
7	Brown, Andy	9/8/1978
8	Campbell, Betty	1/1/1921
9	Cheatham, Payne	11/12/1964
10	Childs, Marilyn	1/1/1938
11	Congree, Harold	1/1/1931
12	Conner, Constance	1/16/1966
13	Coronado, Cal	1/9/1955
14	Coyle, Carl	4/24/1943
15	Daphnet, Dupree	12/25/1978
16	Davis, Diane	4/4/1978
17	Dickson, Lizzy	9/12/1952
18	Donaldson, Dudley	1/12/1976
19	Dutton, Debbie	1/1/1971
20	Dyson, Dudley	2/9/1945
21	Egg, Elaine	1/9/1962
22	Eyles, Joseph	3/16/1945
23	Fitch, Freddy	2/5/1968
24	Fisher, Philomena	1/8/1933
25	Fitch, Vera	1/3/1973
26	Green, Arka	1/2/1949
27	Head, Heather	11/12/1981
28	Hempstead, Henry	1/29/1979
29	Hyatt, Harold	8/27/1944
30	Ingram, Patricia	1/12/1987
31	Ives, Veronica	1/29/1945
32	Isigawa, Shirley	5/4/1970
33	Jones, Brian	9/12/1968
34	Madson, Oliver	2/9/1998
35	Woodman, Royal	12/9/1945

Audit All (Log Viewer)

Purpose: Access the Log Viewer, which is the security audit trail of all actions taken within the application. This is a HIPAA compliance report. This report can be accessed from the control panel within DocMan.

Report Location: DocMan > Reports > DocMan Audit > DocMan Audit All > List All

DocMan Application Log								
Type	Start Date	Start Time	End Date	End Time	Time Diff	Patient	Reason	User
View	06/25/2008	1:09:58 pm	06/25/2008	1:10:06 pm	0 min 8 sec	.	<none>	., (administrator)
View	06/25/2008	1:09:36 pm	06/25/2008	1:10:08 pm	0 min 32 sec	.	<none>	., (administrator)
Insert	06/25/2008	1:09:04 pm	06/25/2008	1:09:04 pm	0 min 0 sec	.	<none>	., (administrator)
Update	06/24/2008	4:45:10 pm	06/24/2008	4:45:10 pm	0 min 0 sec	McDoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:45:01 pm	06/24/2008	4:45:02 pm	0 min 1 sec	McDoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:43:50 pm	06/24/2008	4:43:50 pm	0 min 0 sec	McDoy, Hank	<none>	Z, Farid (farid)
View	06/24/2008	4:43:19 pm	06/24/2008	4:43:24 pm	0 min 5 sec	McDoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:36:50 pm	06/24/2008	4:36:50 pm	0 min 0 sec	McDoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:36:33 pm	06/24/2008	4:36:33 pm	0 min 0 sec	McDoy, Hank	<none>	Z, Farid (farid)
Update	06/24/2008	4:36:17 pm	06/24/2008	4:36:18 pm	0 min 1 sec	McDoy, Hank	<none>	Z, Farid (farid)
Print	06/20/2008	10:55:55 am	06/20/2008	10:55:55 am	0 min 0 sec	McDoy, Hank	Cancelled Appointment	Z, Farid (farid)
Insert	06/20/2008	10:55:32 am	06/20/2008	10:55:32 am	0 min 0 sec	McDoy, Hank	<none>	Z, Farid (farid)
View	06/20/2008	10:55:19 am	06/20/2008	10:56:52 am	1 min 33 sec	McDoy, Hank	<none>	Z, Farid (farid)
View	06/19/2008	4:25:52 pm	06/19/2008	4:26:00 pm	0 min 8 sec	McDoy, Hank	<none>	Z, Farid (farid)
Insert	06/17/2008	4:36:20 pm	06/17/2008	4:36:20 pm	0 min 0 sec	McDoy, Hank	<none>	Z, Farid (farid)
View	06/17/2008	2:15:31 pm	06/17/2008	2:15:34 pm	0 min 3 sec	McDoy, Hank	<none>	Z, Farid (farid)
Fax	06/13/2008	2:06:41 pm	06/13/2008	2:06:41 pm	0 min 0 sec	.	mailed to patient	., (administrator)
View	05/23/2008	4:36:16 pm	05/23/2008	4:36:56 pm	0 min 40 sec	.	<none>	Ho, Agnes (agnesho
Insert	05/20/2008	9:49:25 am	05/20/2008	9:49:25 am	0 min 0 sec	Acuna, Benjamin,	<none>	., (administrator)
Insert	05/15/2008	1:34:55 pm	05/15/2008	1:34:55 pm	0 min 0 sec	.	<none>	., (administrator)
Print	05/15/2008	8:57:26 am	05/15/2008	8:57:26 am	0 min 0 sec	Pagan, Albert [printed for paper chart	., (administrator)

Audit Patient (Log Viewer)

Purpose: Display a security audit trail of all actions taken within the application for a specific patient. This is a HIPAA compliance report. This report can be accessed from the control panel within DocMan.

Report Location: DocMan > Reports > DocMan Audit > DocMan Audit Patient > List All

DocMan Application Log								
Type	Start Date	Start Time	End Date	End Time	Time Diff	Patient	Reason	User
View	05/02/2008	3:43:28 pm	05/02/2008	3:43:28 pm	0 min 0 sec	Audy Betty	<none>	, (administrator)
View	04/29/2008	10:50:00 am	04/29/2008	10:50:00 am	0 min 0 sec	Audy Betty	<none>	, (administrator)
View	12/10/2007	3:48:26 pm	12/10/2007	3:48:26 pm	0 min 0 sec	Audy Betty	<none>	Burns, Christine (cbu
View	12/10/2007	3:45:31 pm	12/10/2007	3:45:32 pm	0 min 1 sec	Audy Betty	<none>	Burns, Christine (cbu
View	12/10/2007	2:35:32 pm	12/10/2007	2:35:32 pm	0 min 0 sec	Audy Betty	<none>	Ho, Agnes (agnesho
View	12/10/2007	2:35:30 pm	12/10/2007	2:35:31 pm	0 min 1 sec	Audy Betty	<none>	Ho, Agnes (agnesho

DocMan Unsigned Images

Purpose: List all unsigned images in DocMan grouped by provider and showing the assigned patient, DOS and document description.

Filters: Provider, page count and patient

Report Location: DocMan > Reports > Crystal Reports > DMAN – DocMan Reports > DocMan Unsigned Images

Provider: ALL		DocMan Unsigned Images Report		Print Date: 6/26/2008 11:27 AM	
Patient: ALL				Page 1 of 137	
Cardio, Kevin					
<u>Patient</u>		<u>DOB</u>			
Arthralgia, Agnus		January 18, 1965			
<u>Document description</u>					
Welch Allyn ECG					
Chest, Payne		November 12, 1964			
<u>Document description</u>					
Brentwood ECG					
Welch Allyn ECG					

10

Master Table/Reference Data Reports

Fee Schedule Linkage by Insurance Company

Purpose: Display the Insurance Company, Billed Fee schedule, Allowed Fee Schedule, and contract linked to this insurance company. This report can be used to determine if creation and data entry for insurance carriers has been performed accurately.

Report Location: Chart > Reports > Crystal Reports > ALL – All Reports > Fee Schedule Linkage by Insurance Company

Parameters Used for Sample Report: 01 Insurance Company (Blank), 02 Billed Fee Schedule (Blank), 03 Allowed Fee Schedule (Blank), 04 Contract (Blank)

Fee Schedule Linkage by Insurance Company			
Company:		Print Date: 2/26/2010, 3:50:34PM	
Billed:		Page: Page 1 of 1	
Allowed:			
Contract:			
Insurance	Contract	Billed Fee Schedule	Allowed Fee Schedule
AARP	AARP	Default Fee Schedule	Default Fee Schedule
Aetna	Aetna	Default Fee Schedule	Blue Cross S
Amerihealth	Amerihealth	Default Fee Schedule	Default Fee Schedule
Amil	Amil	Default Fee Schedule	Default Fee Schedule
Blue Cross and Blue Shield	Blue Cross Insurance Plan	Default Fee Schedule	Affiliated Physicians
Blue Cross S	Blue Cross Insurance Plan	Default Fee Schedule	Affiliated Physicians
Cigna	Cigna Plan	Default Fee Schedule	Blue Cross P
First Health	First Health	Default Fee Schedule	Default Fee Schedule
General American	General American	Default Fee Schedule	Default Fee Schedule
Humana	Humana Plan	Default Fee Schedule	Humana
Medicaid	Medicaid RHC/FQ HC	Default Fee Schedule	Medicaid RHC/FQ HC
Medicaid RHC/FQ HC	Medicaid RHC/FQ HC	Default Fee Schedule	Medicaid RHC/FQ HC
Medicare Part B	CMS (Medicare & Medicaid	Default Fee Schedule	Medicare
Principal	Principal/PHCS	Default Fee Schedule	Default Fee Schedule
Test		<none>	<none>
United Health Care	UHC	Default Fee Schedule	United
Workers Compensation Commission		<none>	<none>

Financial Group List

Purpose: List the financial groups in the master reference tables.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Financial Group List

Financial Group List		Print Date/Time: 6/25/2008, 3:01:51 PM
Code	Description	Page 1 of 1
888	wtfmf	
AAA	AAA	
ASO	Dell Self Funded HMO	
BCS	Blue Cross/Blue Shield	
CAP	Capitated Insurance	
CHP	CHAMPUS	
CHV	CHAMPVA	
COL	Collections	
COS	Collections	
CSH	Cash Only-NO CHECKS	
DEC	Deceased	
EPO	EPO	
HMO	Health Maintenance Organization	
HMP	HMO Plus-No PCP Required/No Referral	
IHC	In House Collections	
IND	Industrial	
LEG	Legal	
MDC	Medicare	
MDD	Medicaid	
MGC	Managed Care	
MID	Managed Indemnity Plan-R&C	
MIX	Mixed For Electronic Filing	
MVA	Motor Vehicle Accident	
NSF	NSF Check Returned	
PAT	Holding For Pathology	
PIN	Personal Insurance	
POS	Point Of Service	
PPO	Preferred Provider Organization	
PVI	Private Pay Insurance	
PVP	Private Pay Patient (Cash)	
SBW	Small Balance Write Off	
TRI	TRICARE	
TST	Test	
WMC	Workers Compensation	

Guarantor Roster

Purpose: List guarantors including name, account #, account status, DOB, address, type (person or organization), and the last statement date.

Report Location: Chart > Reports > Crystal Reports > DMG - Demographics > Guarantor Roster

Filters: Name starts with and account status

Guarantor Roster							
Filters:						Print Date/Time: 6/26/2008, 3:11:46 PM	
Name Starts With: ALL						Page 5 of 6	
Account Status: Hold							
Name	Account #	Status	DOB	Address	Type	Last Stmt	
Wood, Nichola A	ZUHJAM0001	Hold	02/19/1946	96 Powder Horn Drive, Leander, TX 78641	P	08/13/2001	
Yanko, Jerry	GUZMAN0001	Hold	09/05/1958	108 South Mt Rushmore, Cedar Park, TX 78613-	P	08/13/2001	
Yanko, Nichola E	YANNIC0001	Hold	08/05/1981	501 West 109th Street, Austin, TX 78750	P	08/13/2001	
Young, Michael	LARAL000	Hold	08/15/1959	502 Wild Rock Cove, Cedar Park, TX 78613	P	08/13/2001	
Yount, Audrey H	AUGKA000	Hold	10/13/1953	970 Orville Drive, Cedar Park, TX 78613	P	08/13/2001	
Guarantor Count: 263							

Insurance Class List

Purpose: List the insurance classes in the master reference table.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Insurance Class List

Insurance Class List		Print Date/Time: 6/26/2008, 3:12:34PM
Sort Order: Code		Page 1 of 1
Record State: Current		
<u>Code</u>	<u>Description</u>	
BCS	Blue Cross/Blue Shield	
BCS	Blue Cross Blue Shield	
CAP	Capitated Insurance	
CHP	CHAMP US	
CHV	CHAMP VA	
CIG	Cigna	
COS	Collections	
HMO	Health Maintenance Organization	
MDC	Medicare	
MDD	Medicaid	
MDD	Medicaid	
PPO	Preferred Provider Organization	
PVI	Private Pay Insurance	
TRI	TRICARE	
WMC	Workers Compensation	

Insurance Company Roster

Purpose: Show name, address, claims phone, class, type, origin ID/indicator code, default file method, payer ID, Medigap ID, formulary ID and PAR setting.

Report Location: Chart > Reports > Crystal Reports > DMG - Demographics > Insurance Company Roster

Parameters Used in Sample Report: Sort Field (Name), Address (All), Class (All), Default File Method (All), Indicator Code (All), Insurance Type Code (All), Medigap ID (All), Name (All), Payor ID (All)

Insurance Company Roster													Page 1 of 1
Sort By: Name	Name:	File Method:	Indicator Code:	Payor ID:									
Address:	Class:	Type Code:	Medigap ID:										
Name	Address	Claims Phone	Class	Type	O/I	FM	Payor ID	Gap ID	Form ID	Par			
AARP	P O Box 740819, Atlanta, GA 30374-0819	(800)523-5802x	COM	C1	CI	NF					T		
Aetna	P O Box 28905, San Antonio, TX 78228-0905	(800)255-2388x	AET	C1	CI	EF	60054				T		
Amerihealth	P O Box 41574, Philadelphia, PA 19101-1574	(800)309-2311x	COM	C1	CI	NF	64168468				T		
Amil	P O Box 200579, Austin, TX 78720-0579	(512)349-2646x	COM	C1	CI	NF					T		
Blue Cross and Blue Shield	P O Box 660044, Dallas, TX 75266-0044	(800)451-0288x	BCS	C1	BL	EF	84980				T		
Blue Cross S	P O Box 660044, Dallas, TX 75266-0044	(800)451-0287x	BCS	C1	BL	EF	84980				T		
Cigna	P O Box 30948098, Austin, TX 78703	(800)239-0485x	CIG	C1	CI	EF	50090				T		
First Health	P O Box 23550, Tucson, AZ 85734-3550	(800)654-5323x	COM	C1	CI	EF	87043				T		
General American	P O Box 5180, Des Plaines, IL 60017	(800)441-3236x	PHC	C1	CI	EF	PAPER				T		
Humana	P O Box 2199, Louisville, KY 40201-2199	(800)852-8262x	HUM	C1	CI	EF	95885				T		
Medicaid	P O Box 200555, Austin, TX 78720-0555	(512)343-4902x	MDD	MC	MC	EF	86916				T		
Medicaid RHC/FQHC	P O Box 200555, Austin, TX 78720-0555	(512)343-4900x	MDD	MC	MC	UB	86916				T		
Medicare Part B	P O Box 660031, Dallas, TX 75266-0031	(214)390-2940x	MDC	MB	MB	EF	00900				T		
Principal	P O Box 39710, Colorado Springs, CO 80949-3910	(800)533-5044x	PHC	C1	CI	EF	61271				T		
United Health Care	P O Box 740800, Atlanta, GA 30374-0800	(800)842-6204x	UTD	C1	CI	EF	87726	MG3902			T		
Workers Compensation Corr	P O Box 340809, Austin, TX 78709	(512)309-8321x	WMC	C1	WC	NF					T		

Insurance Type List

Purpose: List insurance types in the master reference table.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Insurance Type List

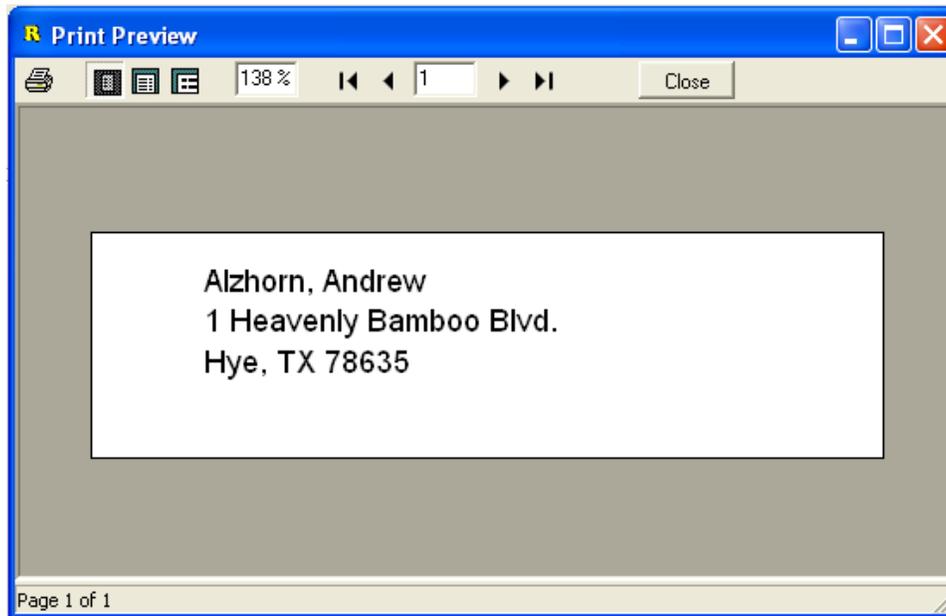
Insurance Type List		Print Date/Time: 6/26/2008, 3:16:18 PM
Sort Order: Code		Page 1 of 1
Record State: Current		
<u>Code</u>	<u>Description</u>	
12	ANSI MDC2 Working Benef	
13	ANSI MDC2 ES RD	
14	ANSI MDC2 No Fault/AP 1	
15	ANSI MDC2 W/MC	
16	ANSI MDC2 PHS	
41	ANSI MDC2 Black Lung	
42	ANSI MDC2 VA	
43	ANSI MDC2 <65 LG HP	
47	ANSI MDC2 Other Liability	
AP	Auto Insurance Policy	
C1	ANSI Commercial Ins	
CP	Medicare Cond. Primary	
GP	Group Policy	
HM	Health Maintenance Org	
IP	Individual Policy	
LD	Long Term Policy	
LT	Litigation	
MB	ANSI Medicare Part B	
MC	ANSI Medicaid	
MG	NSF Medigap Policy	
MI	ANSI Medigap Part B	
MP	NSF MDC/MDD Primary	
OT	Other	
PP	Personal Payment	
SP	Supplemental Policy	

Labels

Purpose: Print a single one-inch high labels. There are two labels offered:

- **Address:** Prints patient name and address
- **File:** Prints patient name, account number, date of birth, guarantor and primary insurance

Report Location: Bill > Reports > Labels



Origin ID List

Purpose: List the master origin IDs/Indicator codes in the master reference tables.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Origin ID List

Origin ID/Indicator Code List		Print Date/Time: 6/26/2008, 3:23:39PM
Sort Order: Code		Page 1 of 1
Record State: Current		
Code	Description	
09	ANSI Self Pay	
10	ANSI Central Certification	
11	ANSI Other Non-Fed Programs	
12	ANSI PPO	
13	ANSI PDS	
14	ANSI EPO	
15	ANSI Indemnity Insurance	
16	ANSI HMO Medicare Risk	
A	NSF Self Pay	
AM	ANSI Automobile Medical	
B	NSF Workers Compensation	
BL	ANSI Blue Cross/Blue Shield	
C	NSF Medicare	
CH	ANSI CHAMPUS	
CI	ANSI Commercial Insurance	
D	NSF Medicaid	
DS	ANSI Disability	
E	NSF Other Federal Program	
F	NSF Commercial Insurance Company	
G	NSF Blue Cross/Blue Shield	
H	NSF CHAMPUS	
HM	ANSI HMO	
I	NSF HMO	
J	NSF Federal Employees Program	
K	NSF Central Certification	
L	NSF Self Administered	
LI	ANSI Liability	
LM	ANSI Liability Medical	
M	NSF Family or Friends	
MA	Medicare Part A	
MB	ANSI Medicare Part B	
MC	ANSI Medicaid	
N	NSF Managed Care - Non-HMO	
OF	ANSI Other Federal Program	
P	NSF Blue Cross	
T	NSF Title V	
TV	ANSI Title V	
V	NSF Veterans Administration Plan	
VA	ANSI Veterans Administration	
WC	ANSI Workers' Compensation	
Z	NSF Other	
ZZ	ANSI Mutually Defined	

Patient List

Purpose: Display a report similar to the patient roster, but with more selection filters as well as the ability to print mailing labels. The report itself contains less data. The patient list can also be used for recall purposes. It can also be used to identify new patient listings, listings of patients who visited in a certain date range, and birthday lists. (Refer also to the patient recall dates report.)

Report Location: Bill > Reports > Patient List

Data: Patient account number, name, address, city, state, zip and home telephone and a count of the patients in the list

Note: The Patient List can be printed from the Registry Processor too where a great deal more filtering options are available.

Northwest Diagnostic Clinic @e-MDs 1531 49th Street Cedar Park, TX 78613		Patient List		Print Date: 06/27/2008	Print User: ,
Account No	Patient Name	Address	City, State, Zip	Phone (Home)	Account Balance
0BAB0002	1, Baby	123 go away lane	Austin, TX 78717	(512)407-5061	\$77.00
ABC0000005	123, 123	123	Cedar Creek, TX 78612		\$0.00
0BAB0001	2, Baby			(512)224-5534	\$0.00
	3, Baby	Still acting funny	Austin, TX 78712-	(512)111-1113	\$0.00
	6, Baby				\$0.00
AAPFBM0001	AAP, Female	20 Audrey Avenue	Oyster Bay, NY 11771	(512)654-8977	\$0.00
ABVACB0001	Abv, Acb A	123 abv way	Austin, TX 78746	(512)342-5555	\$0.00
ACHBET0001	Achy, Betty	234 Test	Bastrop, TX 78602	(512)222-2222	\$2,317.46
BUTWED000	Acuna, Aaron A	420 Dogwood Drive	Leander, TX 78641	(320)399-0179	\$420.00
RAIRAN0001	Acuna, Albert E	8496 6th Street	Leander, TX 78641	(464)272-9015	\$77.00
AYLZAC0001	Acuna, Alexander T	146 Valley Boulevard	Cedar Park, TX 78613	(834)272-5969	\$43.00
HAMAM000	Acuna, Alice	432 Arcola Road	Round Rock, TX 78664	(034)884-6773	\$0.00
GEACAT0001	Acuna, Anna V	7214 Iris Ln	Cedar Park, TX 78613	(263)001-9595	\$147.00
MOYLAU0001	Acuna, Anne	9367 6th Street	Leander, TX 78641	(971)293-0307	\$641.74
CONROB0002	Acuna, Anthony P	146 Cambridge Center	Leander, TX 78641-	(888)445-9393	\$0.00
CRACH030	Acuna, Benjamin L	7625 North Fort Myer Drive	Cedar Park, TX 78613	(346)224-7431	\$966.44
MITJQ000	Acuna, Brandon B	9967 Swift Drive	Cedar Park, TX 78613	(593)531-8832	\$0.00
CARBR010	Acuna, Brett W	96 Smith St	Cedar Park, TX 78613	(296)696-4130	\$0.00
EUBCA000	Acuna, Brianna C	325 A San Pablo Avenue	Cedar Park, TX 78613	(332)684-6118	\$0.00
1234567893	Acuna, Chris	Oiwuu	Burnet, TX 78611		\$0.00
SAUDA000	Acuna, Craig E	584 Live Oak Trl	Cedar Park, TX 78613	(163)103-2930	\$0.00
HAVDAV0001	Acuna, Damon V	2352 A Kristen Ln	Austin, TX 78759-	(005)651-4412	\$0.00
ACUDELD001	Acuna, Delona L	96 Luitpold Drive	Burnet, TX 78611	(407)637-9681	\$0.00
POTLOG0001	Acuna, Doctor V	9357 Elysian Fields	Cedar Park, TX 78613-	(359)686-4566	\$0.00
WYSSHA0001	Acuna, Dolores S	24 West Fulton St	Cedar Park, TX 78613-	(758)466-0763	\$0.00
VARJ0010	Acuna, Edward	401 Swift Drive	Cedar Park, TX 78613	(460)255-3853	(\$15.00)
LUNANG0001	Acuna, Elyna	8497 Brookhollow	Austin, TX 78731-	(754)462-7711	\$211.00
KINCA000	Acuna, Erica	8494 County Rd 335	Cedar Park, TX 78613	(560)829-2556	\$0.00
CATKA000	Acuna, Evadna M	9694 Washington Highway	Leander, TX 78641	(825)848-7942	\$0.00
SANTAR0001	Acuna, Evadna B	9373 2nd Street	Lago Vista, TX 78645	(587)183-1977	\$0.00
MARMIC0002	Acuna, Evelyn	8492 Sanders Road	Round Rock, TX 78664	(048)446-4303	\$0.00
BARRIC0001	Acuna, Ford K	9965 Edwards Avenue	Leander, TX 78641-7727	(557)730-1703	\$0.00
RANJOS0001	Acuna, Henry A	426 Forest Oaks Path	LEANDER, TX 78641-	(137)020-5134	\$0.00
LUEDA0001	Acuna, Howard	408 Fuller Road	Cedar Park, TX 78613-	(404)196-9020	\$7.46
ACUJAC0001	Acuna, Jackie M	428 44th Street	Leander, TX 78641-	(890)004-4128	\$0.00
CHIKEN0001	Acuna, Jackson	418 Route 94	Austin, TX 78759-	(151)197-6825	\$0.00
MONJOEB001	Acuna, James	2048 C Catalina Dr	Leander, TX 78641-	(885)399-2917	(\$7.21)
PIEGR000	Acuna, Jimmy L	97397 West Addison Street	Austin, TX 78759	(266)705-7224	\$0.00
MCCDEB000	Acuna, June A	352 East Main Street	Killeen, TX 78745	(918)016-6287	\$0.00
ACUJUS0001	Acuna, Justin	98 Cheshire Bridge Road	Austin, TX 78729-	(992)784-1649	\$0.00
KNECHR0001	Acuna, Kaci	9274 Kollamey	Lago Vista, TX 78645-	(790)704-6770	\$0.00
RIDTEB000	Acuna, Karen G	8503 A High View Dr	Georgetown, TX 78628	(814)486-1766	\$0.00
SMITIN0001	Acuna, Kathleen M	23904 Parkway Dr	Cedar Park, TX 78613-	(477)179-5910	\$0.00
RIDTEB0001	Acuna, Kelli	987 Copper Ln	Austin, TX 78753	(014)745-9367	\$44.94
DEMGRE0001	Acuna, Kenneth B	359 Fall Creek Loop	Leander, TX 78641-2901	(262)480-0491	\$0.00
SANANA0001	Acuna, Kerin L	25 Lone Peak Parkway	Austin, TX 78758-	(931)287-9255	\$0.00
WILAA010	Acuna, Kevin M	9358 Sanders Road	Leander, TX 78641	(371)778-6804	\$0.00
LEIDEV0001	Acuna, Larry A	414 Alfred Street	Austin, TX 78759	(190)774-2509	\$0.00
GAYCYN0001	Acuna, Lauren K	9365 Doss Rd	Austin, TX 78729-	(616)638-3755	\$70.85
STEKHI0001	Acuna, Lenore N	970 Wippoonwill Trl	Cedar Park, TX 78613-	(123)638-0043	\$0.00
PULJO000	Acuna, Lois A	882 Abbey Lane	Cedar Park, TX 78613-	(775)741-0758	\$0.00
FUNASH0001	Acuna, Lou K	2048 C Sharon Place	Austin, TX 78726-	(871)767-9465	\$0.00
ZIEKEN0001	Acuna, Lu S	101 B 32nd Street	Austin, TX 78750-	(095)417-9110	\$0.00
SANMOLD001	Acuna, Lynette C	418 Candlelight Dr	Cedar Park, TX 78613-	(509)713-5496	\$0.00
MILKR010	Acuna, Lynn S	275 A Orchard Ridge Drive	Lago Vista, TX 78645	(929)778-9551	\$0.00
MORHEA0001	Acuna, Madelyn A	12 D Laurel Lane	Lago Vista, TX 78645-	(082)997-4184	\$0.00

Patient List by Eligibility Date

Purpose: List patients based on insurance eligibility termination date. This report prints the termination date and the patient name.

Report Location: Chart > Reports > Crystal Reports > DMG – Demographics Reports > Patient List by Eligibility Date

Shared by: Volunteers in Medicine

Termination Date On or After: 05/31/2008		Printed: 6/25/2008 4:05:33 PM	
Count: 16		Page: 1 of 1	
Patient Eligibility by Date			
Insurance Termination Date	Patient Last Name	Patient First Name	Insurance Company
11/20/2010	1	Baby	AARP
12/31/3000	Adams	Richard	Medicare - Part B
12/31/9999	Alexander	Joseph	United Health Care
12/01/2009	Andrews	Sunny	Great West/Gen Am PHCS
12/05/2010	Asher	Evelyn	BCBS of TX
02/01/2009	Command.Insurance_DateTerminated (DateTime)	Daw	BCBS of TX
12/31/2010	Bradley	Alexandra	Aetna
12/31/2012	Campbell	Ruby	Cigna
12/31/2009	Engelke	Ty	Great West
01/01/2099	Kelly	Darryl	BCBS of TX
04/01/2099	Kelly	Darryl	Medicare - Part B
12/31/2012	Mercier	Leah	Aetna
12/31/2050	Mercier	Leah	Medicare - Part B
08/31/2025	Torres	Kelli	Aetna
01/01/2009	Woods	Walter	Aetna US Healthcare
01/01/2009	Woods	Walter	BCBS of TX
Count:	16		

Patient Master List

Purpose: List patients with name, account number, date of birth, gender, financial group, type, account status, employment status, first and last visit dates, and default provider, all with a total count.

Report Location: Chart > Reports > Crystal Reports > DMG – Demographics Reports > Patient Master List

Sorts: Name, Account, Provider, FinGroup, Facility, Next Visit Date

Parameters Used for Sample Report: SortField (Name), Gender (Both), DOB Range Start (1/1/1850), DOB Range End (4/7/2010), First Visit Date Since (1/1/1850), Last Visit Since (1/1/1850), Default Provider (Blank), Patient Registration Facility (Blank), Financial Group (Blank), Show Financial Group Summary (No), Race (All), Show Race Summary (No), Language (All), Show Home Language Summary (No), Account Status (All), Show Account Status Summary (No), Type (All), Show Patient Type Summary (No), Employment (All), Show Employment Summary (No), Living Arrangement (All), Show Living Arrangement Summary (No), Ethnicity (All), Show Ethnicity Summary (No), Primary Insurance (Blank), Primary Group Number (Blank), Include New Patients? (Yes)

Patient Master List													Printed: 4/7/2010 11:36:14AM Page: 1 of 2	
Sort Order: Name		FinGrp: ALL	Empl. Status: ALL		Acct Status: ALL		Include New Patients: Yes		First Visit Since: 1/1/1850					
Gender: Both		Provider: ALL	Nationality: ALL		Ethnicity: ALL		Registration Facility: ALL		Last Visit Since: 1/1/1850					
DOB: 1/1/1850 to 4/7/2010		Type: ALL	Language: ALL		P-Ins Co, Group: ALL, ALL									
Living Arrangement: ALL														
Patient	Account #	DOB	G	FGP	Type	Status	Employment	First Visit	Last Visit	Next Visit	Default Provider	Fac Code	Maiden Name	
Abigail Adams	ADAAG N0001	01/16/86	F	BCS	HWC	Active	Employed full-time	09/25/03	03/24/09		Rooney, Arthur		Arthralgia	
Abigail Ann	ALLIVA0001	09/09/59	M	BCS		Active	Full-Time Student	09/11/03	03/30/09		Rooney, Arthur		Allergy	
Adrian Adams	ALZAND0001	01/01/21	M	MDC	EXT	Active	Retired	09/25/03	02/26/10		Brainiac, Nanette		Alzheimer	
Adrian Adams	ASTHAL0001	01/01/82	F	PVI		Active	Full-Time Student	09/15/03	06/24/08		Killdear, Kelsey		Asthma	
Adrian Adams	BARCHR0001	11/02/86	M	PPO		Active	Unknown	04/07/09	04/07/09		Killdear, Kelsey			
Adrian Adams	BEEEM0001	09/20/74	F	BCS		Active	Unknown	06/27/08	06/27/08		Butler, Intemist E			
Adrian Adams	BREEMAS0001	06/27/72	F	PPO		Active	Employed full-time	09/26/03	04/06/09		Smythe, Sherri			
Adrian Adams	BROAND0001	09/08/78	M	PPO		Active	Unknown	09/25/03	04/03/09		Killdear, Kelsey		Anxiety	
Adrian Adams	CAMBET0001	01/01/21	F	MDC		Active	Retired	09/26/03	09/26/03		Killdear, Kelsey		Coumadin	
Adrian Adams	CASIV0001	03/18/50	M	PVP		Active	Not employed				Althework, Dew		Nodollar	
Adrian Adams	CHEPAY0001	11/12/84	M	BCS		Active	On active military duty	09/25/03	10/21/03		Cardio, Kevin		Chest	
Adrian Adams	CHIMAR0001	01/01/38	F	BCS		Active	Unknown				Duitrite, Thomas D			
Adrian Adams	CONHAR0001	01/01/31	M	PPO		Active	Unknown	09/25/03	02/26/10		Killdear, Kelsey		Congestion	
Adrian Adams	CONCO N0001	01/16/86	F	HMO		Active	Unknown	09/25/03	09/25/03		Killdear, Kelsey		Constipation	
Adrian Adams	CORCAL0001	01/09/56	M	MDD		Active	Unknown	09/08/03	03/26/09		Cardio, Kevin		Coronary	
Adrian Adams	COUCAL0001	04/24/43	F	PVI	GEN	Active	Unknown	09/05/03	09/05/03		Smythe, Sherri		Cough	
Adrian Adams	DEPDUP0001	12/25/78	F	PPO		Active	Unknown	09/26/03	07/31/09		Killdear, Kelsey		Depression	
Adrian Adams	DEVDIA0001	04/04/78	F	HMO		Active	Employed full-time	09/03/03	09/15/03		Endocrin, Edward		Diabetes	
Adrian Adams	DICLIZ0001	09/12/52	F	BCS	GEN	Active	Unknown	09/26/03	04/10/09		Smythe, Sherri		Dizzy	
Adrian Adams	DONDUD0001	01/12/76	M	BCS		Active	Unknown	09/26/03	09/26/03		Smythe, Sherri		Diarrhea	
Adrian Adams	DOTDEB0001	01/01/71	F	PPO		Active	Unknown	09/26/03	10/30/03		Smythe, Sherri		Dysmen	
Adrian Adams	DYSYDUD0001	02/09/46	M	HMO		Active	Unknown				Smythe, Sherri		Dysphagia	
Adrian Adams	EPPELA0001	01/09/82	F	HMO	HWC	Active	Unknown	12/15/03	03/21/06		Brainiac, Nanette		Epilepsy	
Adrian Adams	EYLJOS0001	03/16/46	M	PVI		Active	Employed full-time				Killdear, Kelsey		Eye pain	
Adrian Adams	FINFRE0001	02/05/88	M	BCS		Active	Unknown				Smythe, Sherri		Fibromyalgia	
Adrian Adams	FINPHI0001	01/08/33	F	MDC	MMP	Active	Retired	09/25/03	09/25/03		Cardio, Kevin		A-fib	
Adrian Adams	FITVER0001	01/03/73	F	MDD		Active	Unknown	09/26/03	09/26/03		Smythe, Sherri		Fatigue	
Adrian Adams	GREANK0001	01/02/49	M	PPO	VIP	Active	Full-Time Student	11/04/03	12/15/03		Killdear, Kelsey		Ankle pain	
Adrian Adams	HEAHEA0001	11/12/81	F	BCS		Active	Unknown	03/21/06	07/01/09		Butler, Intemist E		Headache	
Adrian Adams	HEMHEH0001	01/29/79	M	PPO	MMP	Active	Unknown	09/11/03	09/11/03		Killdear, Kelsey		hemord	
Adrian Adams	HYPHOR0001	08/27/44	M	PPO		Active	Employed full-time	09/25/03	04/03/09		Smythe, Sherri		Htn	
Adrian Adams	INGPAR0001	01/12/87	F	PPO		Active	Unknown	12/15/03	12/15/03		Killdear, Kelsey		nail	
Adrian Adams	INNVER0001	01/29/46	F	PPO		Active	Unknown	12/15/03	12/15/03		Smythe, Sherri		Influenza	
Adrian Adams	IZZAS H0001	05/04/70	F	PPO		Active	Unknown	03/12/03	03/12/03		Duitrite, Thomas D		Imasikwun	
Adrian Adams	JONNB R0001	09/12/88	M	WMC		Active	Employed full-time	09/11/03	07/31/09		Killdear, Kelsey		Back	

Patient Roster

Purpose: Produce a summary report containing two lines for each patient with the patient's name, account number, address, home phone, provider, gender, marital status, financial group, DOB and current age. Up to three insurance companies with relevant details of each are also included.

A further benefit of the roster is that it can be used to show a breakout of the patient population by age and gender. This report can also be used to show a list of all new patients. An account status listing is also available.

The roster can be saved to file in text format. This is useful for utilization of the mail merge features found in word processing packages. Keep in mind, creation of mailing labels based on a large number of criteria is available by using the Registry Processor.

Report Location: Bill > Reports > Patient Roster

Heal with Steel Health Center 8789 Apple Blossom Cedar Park, TX 78613-1234		Patient Roster				Print Date: 02/22/2010 Print User: Adams, Garth	
Search Criteria							
Provider = ALL, Insurance Company = ALL, Financial Group = ALL, Insurance Assignment Level = ALL, Patient Birth Dates = ALL DATES, Account Status = ALL, Billing Block = ALL							
Patient	Account No	Address Provider	City, State, Zip Gender Marital	Home Phone FGP	DriverLicNo Date of Birth	SSN Age	
Adams, Agnus	ADAAGN0001	113 Anemone Avenue Rooney, Arthur	Leander, TX, 78646 F M	(512)373-8939 BCS	1236784500 01/16/1965	367-38-2900 46	
Insurance		Type Group#	Policy#	Policy Holder			
Blue Cross and Blue Shield		C1 000012	XGAZ37498379	Adams, Garth			
Allgood, Ivan	ALLIV#0001	111 Carolina Jessamine Court Rooney, Arthur	Wimberley, TX, 78676 M S	(878)908-0990 BCS	2243098098 09/09/1959	987-02-7588 50	
Insurance		Type Group#	Policy#	Policy Holder			
Blue Cross and Blue Shield		C1 000010	987027588	Allgood, Ivan			
Alzhom, Andrew	ALZAND0001	1 Heavenly Bamboo Blvd. Brainiac, Nanette	Hye, TX, 78635 M D	(116)511-6135 MDC	2873948729 01/01/1921	110-21-3981 89	
Insurance		Type Group#	Policy#	Policy Holder			
Medicare Part B		MB None	389743989A	Alzhom, Andrew			
United Health Care		C1 U80010	38974398904	Alzhom, Adrian			
Aston, Haley	ASTHAL0001	100 Melon Meander Kildear, Kelsey	Sandy Fork, TX, 78632 F S	(512)345-9087 PVI	1236784500 01/01/1982	124-29-1020 28	
Insurance		Type Group#	Policy#	Policy Holder			
Amil		C1 01220934	893847398	Aston, Harold			
Bames, Chris	BARCHR0001	5161 Kildear, Kelsey	Austin, TX, 78717 M M	(512)541-5321 PPO	11/02/1965	44	
Insurance		Type Group#	Policy#	Policy Holder			
Workers Compensation Commission		C1 Andrew	16815665				
Beeman, Emily	BEEBEM0001	500 West Dr. Butler, Internist E	Cedar Park, TX, 78613 F M	(555)265-3563 BCS	09/20/1974	555-12-5356 35	
Insurance		Type Group#	Policy#	Policy Holder			
Blue Cross and Blue Shield		C1 000011	0125358	Beeman, Emily			
Breaston, Melissa	BREMAS0001	34 Hydrangea Hollow Smythe, Sheri	Lockhart, TX, 78644 F M	(512)360-8097 PPO	1236784500 06/27/1972	258-29-9277 37	
Insurance		Type Group#	Policy#	Policy Holder			

Patient Type List

Purpose: List patient types from the reference table.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Patient Type List

Patient Type List		Print Date/Time: 6/26/2008, 3:28:58 PM
Sort Order: Code		Page 1 of 1
Record State: Current		
<u>Code</u>	<u>Description</u>	
ADU	Adult Patient	
COL	IC System & Terminated	
Con	Confidential Patient	
DEM	Update Demo Info	
DEP	Employee Dependent	
EMP	Employee	
EXT	Extended Time	
GEN	General	
HWC	Handle With Care	
IHC	In House Collections	
kim	kims patient type	
NSF	Nonsufficient Funds	
PPD	Prompt Pay Discount	
Ros	Ros Testing	
SBW	Small Balance Write/Off-Ba Must Be Paid	
VIP	Very Important Person	

Pharmacy Roster

Purpose: List pharmacy organizations in the database with option to show patients per pharmacy.

Report Location: Chart > Reports > Crystal Reports > DMG – Demographics > Pharmacy Roster

Pharmacy Roster								Printed: 6/26/2008 3:27:49PM
Pharmacy Name Starts With: ALL								Page: 1 of 2
Parent Organization: ALL								
Patient Drilldown: Yes								
Hide Patient Demographics: No								
Hide Exempt Patients: No								
Name	Address Line One	Address Line Two	City	State	Zip	Office Phone	Fax Number	# Patients
Patient	Account #	DOB	Home Phone	Address				
*Fox Test Pharmacy	123 Test drive		Austin	TX	78729	(000)000-0000	(000)000-0000	0
*Test 2 Pharmacy	1 NDC Plaza; Prabha DTS T		Atlanta	GA	30329	(404)152-4587		0
*Test 3 Pharmacy	1 NDC Plaza; Prabha DTS T		Atlanta	GA	30329	(404)728-3939		0
*Test 4 Pharmacy								0
*Test ALBERT SON'S Cedar Park	123 test drive		Austin	TX	78729	(249)063-7082	(512)462-3846	1
Acuna, Anna V	GEACAT0001	06/13/2005	(263)001-9595	7214 Iris Ln Cedar Park TX 78613				
123 People's Pharmacy								0
4 Rx Pharmacy	123 Test Drive	Building #5, Suite #345	Austin	TX	78729	(512)145-1256	(512)555-5555	3
Acuna, Aamon A	BUTWE000	03/03/2003	(320)399-0179	420 Dogwood Drive Leander TX 78641				
King, Bonnie	BRORO010	02/15/1958	(792)135-5946	1513 Moorberry St Cedar Park TX 78613				
Johnson, Angelina	JOHANG0001	10/19/1968		123 abv way Austin TX 78746				
ALBERT SON'S Ohlen at Research						(542)352-3033		0
ALBERT SON'S Round Rock						(314)114-3496		0
ALBERT SON'S Spicewood at Research						(518)359-4624		0
Brookshire Test Store	1 NDC Plaza	Prabha DTS Test	Atlanta	GA	30329			0
Data Source Test 2	114623 Kew-Wilber		Atlanta	GA	30329		(404)555-1225	0

Place of Service List

Purpose: List the place of service codes in the master reference table.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Place of Service List

Sort Order: Code	Place of Service List		Print Date/Time: 6/26/2008, 3:30:27 PM
	Code	Description	Page 1 of 1
	01	Pharmacy	
	03	School	
	04	Homeless Shelter	
	05	Indian Health Service Free-standing Facility	
	06	Indian Health Service Provider-based Facility	
	07	Tribal 638 Free-standing Facility	
	08	Tribal 638 Provider-based Facility	
	09	Prison/Correctional Facility	
	11	Office	
	12	Home	
	13	Assisted Living Facility	
	14	Group Home	
	15	Mobile Unit	
	20	Urgent Care Facility	
	21	Inpatient Hospital	
	22	Outpatient Hospital	
	23	Emergency Room - Hospital	
	24	Ambulatory Surgical Center	
	25	Birthing Center	
	26	Military Treatment Facility	
	31	Skilled Nursing Facility	
	32	Nursing Home	
	33	Custodial Care Facility	

Referral Labels Avery 5160

Purpose: Generate Avery 5160 3x10 sheet formatted labels, then print a mailing label for referring physicians based on them being listed as the default referral in patient demographics.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Referral Labels Avery 5160

Filters: Patient first visit date range, patient default provider, and minimum number of patients referred from provider.

Bowels, Bernard
1611 Gastro Parkway,
Cedar Park, TX 78613

Gyneco, Stephanie
1234 Informed Consent Blvd,
Cedar Park, TX 78613

Killdear, Kelsey
1234 Informed Consent Blvd,
Cedar Park, TX 78613

Smythe, Sherri
100 Slice and Dice Drive,
Cedar Park, TX 78613

Referral List

Purpose: List referring physicians with phone, address, primary specialty, UPIN and NPI.

Report Location: Chart > Reports > Crystal Reports > DMG – Demographics Reports > Referral List

Summary Table: Count of referrals by specialty

Parameters Used for Sample Report: Name (A), Primary Specialty (Blank), Zip Starts With (Blank), Sort Order (Name)

Sort Order: Name
 Provider Name: A
 Specialty: All
 Zip Starts With: All

Printed: 6/26/2008 11:57:51 AM
 Page: 1 of 1

Referral List

Referring Provider Name	Phone	Address	Specialty	UPIN	NPI
Adams, Casey J	(211)412-8281	34334 Biscayne Boulevard , Austin, TX 78758-	Otolaryngology	Adam UP Adams	123
Adams, Ford	(264)428-7066	432 35th Street , Austin, TX 78701	Infectious Diseases		
Alexander, Hemanp	(943)575-3712	97652 Audrey Avenue , Austin, TX 78701	Urology		
Allen, Jeffrey	(224)381-7421	6424 Brushy Creek Rd , , 78	Neurology		
Almond, Henry J	(916)957-6371	93 White Post Rd , Austin, TX 78701	Orthopedic Surgery		
Almond, Tracy T	(851)061-2360	9359 Snelling Dr , Round Rock, TX 78	Allergy/Immunology		
Almond, Ty M	(680)288-8614	973 E Rochelle Boulevard , Austin, TX 78759	Ophthalmology		
Alvarez, Jacob	(571)633-7471	9370 Rupp Drive , Austin, TX 78759	Dermatology		
Amaro, Wayne	(989)921-0175	882 Spicewood Springs Rd , Austin, TX 78759	Urology		
Ancira, Benjamin J	(107)060-8172	884 Amgen Center , Austin, TX 78705	Plastic and Reconstructi		
Anderson, Anthony	(888)196-1666	7745 Alfred Street , Austin, TX 78759	Gastroenterology		
Anderson, Bruce		7342 A DeForest Ave. , , 78613-			
Andrew s, Jacob	(593)755-2516	9361 Redden Cv , Round Rock, TX 78681	Otolaryngology		
Angelocci, Victor	(184)869-6539	8503 A Simbrah Dr , Georgetown, TX 78627	Neurology		
Antle, Corey J	(827)161-7468	246 Rambling Trail , Austin, TX 78705-	Vascular Surgery		
Antle, Raibon	(591)341-9619	137 Fantail Loop , Austin, TX 78751	Ophthalmology		
Asher, Carlos M	(128)689-8994	8495 Alguno Rd , Round Rock, TX 78681	Urology		
Asher, Howard	(095)245-3928	3957 Clearview Court , Austin, TX 78746	Ophthalmology		
Asher, Jimm	(347)677-3926	884 Shields Drive , Austin, TX 78705	Cardiology		
Asher, Ro	(413)609-4820	234 Woodhollow Ln , Austin, TX 78705	Gastroenterology		
Askew, Vasilios	(296)625-9766	9694 Cardinal Lane , Austin, TX 78756	Ophthalmology		

Primary Specialty	Total
	1
Allergy/Immunology	1
Cardiology	1
Dermatology	1
Gastroenterology	2
Infectious Diseases	1
Neurology	2
Ophthalmology	4
Orthopedic Surgery	1
Otolaryngology	2
Plastic and Reconstructive Surgery	1
Urology	3
Vascular Surgery	1
Total	21

Referrals – Patient Default Summary

Purpose: List patients grouped by the default referral in the patient demographics as well as a group for patients with no default referral. Show account #, name, and first and last visit dates.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Referrals – Patient Default Summary

Filters: Default referral provider, first and last (updated when invoice is saved) visit date ranges (from the Miscellaneous tab in patient demographics).

Parameters:		Referrals - Patient Default Summary		Print Date/Time: 6/26/2008, 11:54:29 AM
Referral:				Page: 11 of 11
1st Visit Dates: 01/01/2007 to 06/26/2008				
Last Visit Dates: 01/01/2007 to 06/26/2008				
<u>Account #</u>	<u>Patient</u>	<u>1st Visit Date</u>	<u>Last Visit Date</u>	
Antle, Corey J				
TESAL00040	TesterBWAGNER145, Al	09/27/2007	09/27/2007	
Count for Antle, Corey J: 1				
Butler, Jonathan				
MILFOR0001	Miller, Adult	10/10/2007	03/03/2008	
Count for Butler, Jonathan: 1				
Franken, Stein J				
PLUKAR0001	Plummer, Karma Kitty	10/31/2007	10/31/2007	
PLUZOR0001	Plummer, Zorro Bud	10/30/2007	10/30/2007	
Count for Franken, Stein J: 2				
Garcia, Jimmy				
PLUBIL0001	Plummer, Bill W	09/20/2007	10/29/2007	
Count for Garcia, Jimmy: 1				
Parker, Andrea				
1236547	Mercier, Leah M	01/08/2007	06/09/2008	
Count for Parker, Andrea: 1				
Stein, Franken J				
PLUART0001	Plummer, Artemuse J	11/07/2007	01/15/2008	
Count for Stein, Franken J: 1				

Type of Service List

Purpose: List the master type of service reference table entries.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Type of Service List

Type of Service List		Print Date/Time: 6/26/2008, 3:37:59 PM
Sort Order: Code		Page 3 of 3
<u>Code</u>	<u>Description</u>	
BC	Day Care (Psychiatric)	
BD	Cognitive Therapy	
BE	Massage Therapy	
BF	Pulmonary Rehabilitation	
BG	Cardiac Rehabilitation	
BH	Pediatric	
BI	Nursery	
BJ	Skin	
BK	Orthopedic	
BL	Cardiac	
BM	Lymphatic	
BN	Gastrointestinal	
BP	Endocrine	
BQ	Neurology	
BR	Eye	
BS	Invasive Procedures	
H	DME (Rental)	
I	Professional Component	
L	Installments of Purchased DME	
P	Prescription DME	
T	Technical Component	

Visit Reason List

Purpose: List appointment visit reasons with default duration, mini-triage note, emergency level, eligibility check requirement, and portal enabled status.

Report Location: Chart > Reports > Crystal Reports > OTHER – Other Reports & Master Lists > Visit Reason List

Appointment Visit Type and Duration List			6/27/2008		
			Page 1 of 8		
Visit Reason	Duration	Mini-Triage Note	E-Level	Elig?	Portal?
	20		Routine	False	False
A O B, Ultrasound	30		Routine	False	False
Abdominal cramps	10	See ASAP if severe or vomiting or fever present	Routine	False	False
Abdominal pain	10	See ASAP if severe or vomiting or fever present	Routine	False	False
Abdominal Pain (mild to moderate)	20		Routine	False	False
Abdominal typhoid fever	20		Urgent	False	False
Acne	20		Routine	False	False
Acne- Est Dx- Est Pt	15		Routine	False	False
Acne- Est Dx- New Pt	20		Routine	False	False
Acute bronchitis	20	see ASAP if wheezing, short of breath, blood in sputum - soon if fever	Routine	False	False
ADD/ADHD- initial visit	40		Routine	False	False
ADD/ADHD- maintenance visit	20		Routine	False	False
Allergies	15		Routine	False	False
Allergy Sxs	15		Routine	False	False
Allergy Testing	15		Routine	False	False
Allergy testing	45	No antihistamines for 2 weeks prior to testing	Routine	False	False
Ankle sprain	15		Routine	False	False
Anorexia nervosa	15		Routine	False	False
Anxiety	20		Routine	False	False
Anxiety/Stress	20		Routine	False	False
Arthritis	20		Routine	False	False
Asthma	20	See immediately if severe or patient using inhaler often/little relief	Routine	False	False

Appendix A

Crystal Reports

The system includes the ability to view Crystal Reports. Crystal Reports has become the world standard for report building so this gives our users a great deal of flexibility in terms of resources. Additional features that Crystal offers are the ability to save copies of reports for archiving purposes, and exporting to different file formats such as Excel, PDF, HTML (web), e-mailing, etc. Users can also embed corporate logos into the reports.

Crystal Reports in the system can be standard reports supplied with the system by e-MDs, or you can import your own reports or those shared by other users which may be available in the **Downloads** section of e-MDs Support Center.

Note: You do not need to purchase Crystal Reports to view those supplied by e-MDs or shared by other users. This tool is only needed if you want to modify existing reports or write your own.

Continued on the next page ...

Reports Security

The Crystal Reports system has two layers of security that give administrators the ability to control who can do reports maintenance and who can run reports.

- **Maintenance:** The Crystal Report Setup security privilege controls the ability to do report category maintenance and to import and export reports or change users and categories to which they are linked.
- **Report-Specific Security:** Individual users must be linked to a report to be able to run it. This is done by selecting the report, clicking the Edit button in the middle of the window, then adding or removing users to the report.

New Crystal Reports Viewer

Effective with Solution Series 6.32.0, a new version of the Crystal Reports Viewer will be used to generate and display all new Crystal Reports. This new viewer will have new input and output options not currently available for existing reports. If you notice different presentation of future reports, you will begin to see the enhancements available in this version. At the present time, existing reports will not be converted to use this viewer but may be updated in the future as other content enhancements are needed for those reports.

Reports Maintenance

One advantage that the Crystal Reports viewer gives users is the ability to import custom reports and then store them in the database. This means that they can be opened from any workstation that is running e-MDs Solution Series, just like other reports. Administrators in your clinic can also assign access rights to each on a report-by-report basis.

All the reports written using the Crystal tool are located in a special window which is opened from the **Reports > Crystal Reports** menu in multiple modules. The window is broken into two sections:

- **Categories:** Reports are linked to one or more categories to make searching for them easier. When you click a category the list below filters to only show those that are in this category. The system ships with some default categories but you can also add your own. One of the default categories is "ALL." All master content reports are linked to this as well as one or more other specific categories so you can see a complete list of reports, or more filtered lists. If you delete all the category links from reports, the system automatically places them in a "NONE" category.
- **Reports:** The bottom section of the window shows a list of the reports for the category selected. Each has a report name and a brief description of the report.

The window and columns within it can be positioned and sized to your preference.

To add a new Crystal Reports menu category:

1. Click **Reports > Crystal Reports**.
2. Click the **New** button above the category codes and descriptions.
3. Enter a unique Code and then a Description.
4. Click **Save**.

To edit or delete Crystal Reports menu categories:

To edit, simply select the code, click the **Edit** button at the top of the window, make changes and save. Note that master content categories should not be modified since e-MDs will reverse your changes.

You must remove all reports in a category before it can be deleted. To do this, select each report in the category in turn, click the Edit button at the bottom, then remove the category link. After this is completed, click Save. If you don't assign the report to a different category it is automatically placed in "NONE."

Importing and Exporting Crystal Reports

You can import reports shared by other users or export reports in the system if you are expert enough to be able to manipulate them. Keep in mind that if you make changes to e-MDs master content reports you should import them with a different name to avoid a content update overwriting your modifications. e-MDs is also unable to support or trouble-shoot your reports unless it is a custom project that you worked on under contract with e-MDs.

Note: When the standard set of Crystal Reports provided by e-MDs is updated or enhanced, the entire set of Crystal Reports will be included in the most current Solution Series release. For changes that occur between product releases, a KB article will be published on e-MDs Support Center. Using that article, you can download the instructions and installer to update all modified reports at one time. The instructions provided below should be used only for exporting and importing single, custom reports.

To export a Crystal Report:

1. Select the report in the Crystal menu and click the **Edit** button in the middle of the window.
2. Click **Export**.
3. Browse for the folder where you want to save the report, give it a name and click **Save**.

To import a new Crystal Report:

1. Select the report category, then click the **New** button in the middle of the window.
2. Click **Import**.
3. Browse for and select the report file, then click **Open**.
4. Add a description of up to 1,000 characters for the report.
5. Link the report to additional categories if needed.
6. Add users who can view the report.
7. Click **Save**.

Updating, Running and Viewing Crystal Reports

Use these steps if you're importing a newer version of an existing report. The file you're importing must have exactly the same name as the report you're replacing otherwise the system will not permit the import. This is to prevent inadvertent overwriting of reports that may be master content or do not have backups. If you have modified a master content report, import it as a new report under a different name so that your changes are not overwritten in the next content update.

To update a Crystal Report:

1. Select the report and click the **Edit** button in the middle of the window.

2. Click **Import**.
3. Search for and select the updated report with exactly the same file name.
4. Click **Open**. A success message appears. If you tried a different file name a prompt informs you that it can not be imported.
5. Click **Save**.

To run and view a Crystal Report:

1. Click **Reports > Crystal Reports**.
2. Search for the report by category code and description, highlight it.
3. Click **Run**. Depending on the report design, you may be presented with a parameters window or, if there are no parameters, the report data. If you don't have security rights to run the report, a system message appears.
4. Set your parameters. If the report is already open, click the button with the lightning bolt to refresh the report data. An option to use the current parameters or set new ones appears. There are several parameter types that can be set depending on the report design.
 - **Date or Date Range:** Enter a date in free text. If the report has a calendar option, use this to select the dates. Some date parameters give users the option to include the start and end dates using the check boxes to the right of the fields. The **No lower Bound** and **No upper Bound** options in range selections let users set date ranges including anything after the start date, or anything up to the end date.
 - **String:** Allows a user enter a text string. This string can be one or more characters depending on the report design, permitting "starts with" filtering. Lower and upper bounds may also be available for range selections.
 - **Discrete or Range Values:** Users can enter text, or select from a list of options. Depending on the filter, there may be filters that have a single field that might be a starts-with filter, or ranges, or even the ability to set multiple or multi-select ranges. A *starts-with filter* is one that filters for any data that starts with the character combination. Where you have a filter for setting multiple ranges or values, an **Add** button must be clicked to accept each range.
5. After setting parameters, click the **OK** button. The system opens to the report preview window. The time it takes to run the report is dependent on its complexity and the amount of data to be retrieved. Some reports show a record count at the top of the preview window as the data is gathered. The preview window has a number of functions:
 - **Printer Setup:** The button at top left is used to select a different printer than the workstation default.
 - **Print Report:** This button sends the report to your printer or other print device.
 - **Export Report:** This option is used to export the report to another format such as PDF, Excel, delimited files, HTML, etc. The number of options varies depending on the report. See the next section for more details.
 - **Refresh:** The button with the lightning bolt is used to refresh the report. You have the option to use the same parameters or to make changes.
 - **Group Tree:** If a report has grouping levels such as "data by provider," the group tree at the left displays these levels. You can click on an item in this tree to go directly to that data. Depending on the levels in the report, you might also be able to click the plus sign (+) to the left of the group name to show other levels and drill down to those. The group tree can be disabled by clicking the **Toggle Group Tree** button to the left of the % magnification field.

- **Page Number:** You can see how many pages are in the report and can move backwards and forwards using the next, previous, first and last page functions, or by typing a specific page number in the field provided.
- **Select Expert:** This advanced function gives you the ability to add your own “on the fly” filtering to some reports. Click the button with the icon that looks like a hand and balls, then click **New**. Depending on the report, you can pull up fields on which to filter and can use selection criteria such as “contains,” “greater than,” etc. The benefit of this tool is that you do not require the report to require the server; you just filter down the already retrieved data.
- **Search Expert:** This option functions in much the same way as the **Select Expert**, except that it is more of a locate tool and does not remove any of the data on the report. Click the button with the paper and magnifying glass icon.
- **Search Text:** Some reports have enormous amounts of data over many pages. The binoculars button at the top of the window lets you enter some characters and then quickly find where it is. For example, you may wish to see if a patient is in a list that is several hundred pages long.

Depending on how the report was designed there may be other functions you can use:

- **Drill Down:** If the report was created with drill down you can use this to open separate reports and navigate to different pages. Drill down capabilities let users double-click a record/line, or a segment of a graph, and create a separate report that just shows the subset or details of the data in a separate tab. When you hover over a field and the mouse icon turns to a magnifying glass, it typically means you can double-click to drill through. Some report designers may also add labels to tell you about this. Each drill down report appears in a new tab. To close each “drill down tab,” click the red **X** when in that preview tab.
- **Alerts & Colors:** Some report designers build alerts into reports that you might even be able to set in the parameters window. These would notify the report viewer if certain data meets certain criteria. If alerts are enabled, they may pop-up when the report appears.
- **Tool Tips:** A report designer may build tool tips into the report to explain where data comes from. These can be viewed by moving the mouse over various fields. If tool tips weren’t added, the query fieldname is displayed.

Notes:

- The report viewer remembers user sizing and positioning preferences. Use the maximize button, or drag the window edges, then click the **X** that closes the window to save the preference.
- Crystal reports can be shared with other users. They are located in the **Downloads** section of e-MDs Support Center. To send a report to be shared, e-mail it to reportshare@e-mds.com, and thank you for assisting the e-MDs user community.

Saving, Exporting and Distributing Data in Crystal Reports

Among the many features Crystal Reports offers to users is the ability to easily save/export and distribute reports. Saving reports and then making them available on the network can save processing time since users don't have to rerun a report every time it is needed. Additionally, the report is maintained as an archive document. A final benefit is the cost savings that come from being able to distribute the report as an electronic to multiple recipients, thus eliminating the need to print multiple copies. A network administrator can create a shared folder on the network in which reports are saved. Once a report is saved, users can be notified with a TaskMan message and can then view the report at their leisure.

Crystal offers the following file saving/exporting options:

- **Adobe PDF. "PDF:viewing reports":** Readers of the reports require Adobe Acrobat Reader which is available for free download at www.adobe.com. A portable document format (PDF) file is also one of the best methods for distributing reports via e-mail, the web, or elsewhere since this is a universal format that also offers more security features than most other document types.
- **Crystal Reports File:** Saves the report in Crystal format. This requires a crystal viewer to be available to all report readers and therefore limits distribution capability.
- **MS Excel File "Excel:exporting report to":** Users can save reports in report format, or as data only for further manipulation in Microsoft Excel.
- **MS Word: "Word:exporting reports to":** Creates a Microsoft Word file. Microsoft Word is a widely used word processing tool that makes this report easy to distribute, but does not have as good security as PDF.
- **ODBC:** Writes to a database file.
- **Rich Text Format:** Rich text is a text file format that includes formatting (bold, etc.). This can be opened by Word, as well as other word processing applications.
- **Tab Separated Text:** The structure of the separation depends on the report design, but this delimiting format permits advanced users to open the data in other programs for further manipulation.
- **Text:** A free-form format.
- **XML:** Generates a web layout. For organizations that distribute data via the web, this is an ideal tool.

To save/export data in a Crystal Report:

1. Preview the report in Crystal.
2. Click the button with the envelope and downward pointing red arrow.
3. Select the output/export type and click **OK**.
4. Navigate to the folder in which the report is to be saved and give it a file name, making a note of the name and the extension so that it can be easily located later on.
5. Click **Save/OK**.

To export a Crystal Report directly to Excel:

These instructions assume that you have a working knowledge of Microsoft Excel 2003®. If you need further support, contact Microsoft directly. While these instructions assume that you have exported the file as an Excel file, there are also several Crystal export functions that generate similar files which can be handled in much the same way.

1. Generate the report in Crystal.
2. Click the **Export Report** button.
3. Select the MS Excel 97-2000 Format, and **Application as the Destination** then click **OK**.
4. Set **Excel Format Options** to your preference.
5. Click **OK**. The system exports the report and automatically loads it into Excel (which you must already have installed on your workstation).

Creating Crystal Reports

The Crystal Reports application that is used to create reports is a separate tool that must be purchased by users. Different licensing options are available. There are some basic steps worth noting when creating reports. Please note that e-MDs *does not* support this third-party tool. Crystal Reports training classes are offered at many different training institutions nationwide.

The most important thing a report designer must do is set up his/her report to use ADO as the connection. Although any Crystal Reports that address the e-MDs Solution Series database will work, only those that use the following method to connect are supported by the viewer embedded into the e-MDs modules. If set up correctly, our applications pass a connection string to the database so that no matter who designed the report, it can be exported and imported to any system and be able to run.

Basic Crystal Report Design Start Up Steps

Use the following steps if you are using the report design wizard and have not already set up a favorite connection:

1. Click the **Create New Connection** folder.
2. Click the **OLE DB (ADO)** folder.
3. Select an existing connection (server), then select the tables and go to step 7, or double-click **Make New Connection**.
4. In the **OLE DB (ADO)** provider window, select **Microsoft OLE DB Provider for SQL Server**, then click **Next**.
5. In the **Connection Window**, enter the server and database name and login information.
6. Click **Next** and then click **Finish**.
7. To gather data using a script, highlight **Add Command**, then click the > arrow to move it to the right (**Selected Tables**) section of the window. Here you can enter a script, set collection parameters, etc.

Note: When writing queries to create reports, do not include the database or server name in the query.

8. To select tables for your report and use the automated routines provided by Crystal to build a script, expand the database tree and then move selected tables or views to the right (**Selected Tables**) section.

Note: Ensure that your report *does not* save the data with the report (**File > Options**, click **Reporting Tab** and uncheck the **Save Data With Report** option).

Troubleshooting Crystal Reports

The following Crystal error messages have been noted by users. If you receive an error that is not on this list, visit www.businessobjects.com. This is the company that owns Crystal Decisions, the developers of Crystal Reports. The Web site maintains a knowledgebase of error messages.

- **Error 114: Report not found:** Occurs when user highlights report and clicks **Select**. One reason for this error is that the report called by the user is not located in the directory specified. This is typically caused by the report path not being a UNC name, or because the computer on which the report is stored is not available to the network. The other reason is that the report name in the Crystal menu does not match the name of the file on disk. It is important that these match exactly, but without the file extension. For example, if the name of the report disk file is "report.rpt," you must have "report" in the Crystal viewer.
- **Error 515E:** Data presented in the report might be formatted in such a way as to exceed the printer/boundary margins. This has been known to occur with Cross-Tab tables and where the number of columns exceeds the page width due to the amount of data. Check the formatting and make sure the settings allow the data to flow across pages.
- **Error 567E:** This error is typically related to having a report that was created using a printer with invalid settings. If the report is one you have created yourself, check your margins (**File > Page Setup**), as well as the default page size and printer.
- **Error 709E Execute:** This error frequently occurs when a user attempts to retrieve data (after setting parameters). This is because the report designer has hard-coded a particular database into the report instead of using the ADO for Microsoft SQL Server connection string that is required to run Crystal reports from with e-MDs Crystal menus. The hard-coded database does not match the current e-MDs application connection string (that is the name of the database to which the application is pointed). The report designer needs to change the database connection from within the Crystal Reports development software.
- **Error 723E:** This error is typically related to computer printer setup issues. For example, you might not have a printer set up on the computer. It may also be because the report you are running is referencing a database that has a changed data structure. Verify that the report is compatible with the current version.
- **Error 747E:** This error has been known to occur if you do not have an updated program file (.dll) on the workstation. Completely uninstall and then reinstall the applications on that workstation using a Windows administrator login that gives you full rights to the e-MDs application directories.

Appendix B

Notice Processor

The notice processor is a very powerful tool for any practice. It is used to create custom notices that will mail merge with the patient file. The notice processor is designed to generate patient notices.

It can be used for standard back office functions such as collection letters, notices to patients for appointment recalls, insurance changes, birthday letters, finding patients with particular diagnoses, procedures or medications.

Continued on the next page ...

Clinical

- Send a reminder to all patients who have preventive visits due
- Send a reminder to patients with a particular diagnosis
- Identify and notify patients with a particular CPT or ICD-9 code in either invoice or chart
- Identify and notify patients with a particular medication in either current or past medications (defined by date range, if desired)
- Identify and notify patients with a clinical rule that is overdue

Scheduling

- Identify and notify patients with upcoming appointments by date range
- Identify and notify patients with expired referral/authorizations
- The notice processor supports multiple output types:
 - Mail Merge Letters
 - Mail Merge Labels (Custom label formats can be set up based on printing requirements)
 - Patient Lists

Each of these items can be printed individually, or together. For example, you may wish to send a letter to patients who are overdue for a physical. The system can print the letter as well as mailing labels to stick onto your clinic's envelopes, and a master list can be used for telephone follow up.

It can also generate a list on its own, or mailing labels to stick on postcards.

The notice processor excludes patients marked as deceased.

Many of the filters in the report have date ranges which can be fixed or dynamic. If using TaskMan to send automatic tasks based on Notice Processor, use the dynamic dates.

In addition to the built in notice processor, e-MDs is integrated with Microsoft Word. You can print forms from many parts of the system. The benefit of using Word forms is accessing the advantages and features that are part of Word—the world's leading word processor (e.g. embedding logos, etc.). Currently, word forms cannot be printed in batches for multiple patients meeting filtering criteria such as those in the Notice Processor.

Typical Frequency: As Needed

Northwest Diagnostic Clinic @e-MDs

1531 49th Street, Cedar Park, TX 78613 Phone: (30)613-5560 Fax: (683)144-8385

July 1, 2008

Northwest Diagnostic Clinic
500 W. Whitestone Blvd, Suite 100
Cedar Park, TX 78613
(512)250-3900 FAX (512)249-6563

Re: Final 10 Day Notice / ACCOUNT PAST DUE

Regarding: Achy, Betty

Dear Betty Achy,

After several attempts to collect the balance on your account, we are sorry to inform you that if the balance is not paid in full within 10 days we will be forced to turn your account over to collections. Upon this collection action, we will end our Physician / Patient relationship for you and your family members.

If payment has been made or you plan to pay the balance in full before the deadline, please disregard this notice.

We do accept cash, checks and major credit card numbers over the phone for your convenience. A self-addressed return envelope is also enclosed.

Sincerely,

Northwest

Diagnostic Clinic @e-MDs
Patient Accounts

Appendix C

Report Manager

Report Manager is a utility that prints reports on a time based schedule. The advantages of using report manager is that it saves staff time, reduces the load on server resources during busy times of day, and makes reports available for reviewing at any time. It is well known that reprinting reports for users who lose their copies is time consuming and expensive (labor, stationery, etc.) so this tool should be used as much as possible for report distribution.

The automatically generated reports are saved as PDF files in predefined directories. Users can be instructed to open them from the directories but you can also automatically route a link to the report as a TaskMan task.

Continued on the next page ...

Reports Available for Scheduling

There are several reports that can be scheduled using Report Manager.

- Accounts Receivable (patient, guarantor and invoice)
- Activity Analysis Reports (there are 11 in total)
- Case Tracking Report
- Eligibility Check
- HCFAs (paper claims)
- Injury & Illness Report
- Insurance AR
- Statements
- Work Restrictions Report
- DOQ-IT Reporting for Chart. (See *e-MDs Chart User Guide* for details.)
- Notice Processor (which provides interactive registries for patients meeting many different practice management and clinical criteria).

In order to accommodate repeat generations of a report over time, these will typically have special parameter options which you can set for date ranges. If you were to set a fixed date range for a report it would quickly become useless since the same report will be generated time and time again. But through the use of Dynamic Dates and On or Before a specific server date, a single report definition can be used to generate an output based on, for example, the previous month, or data up to a specific date and these are based on the server date when the report is run.

The report manager saves the reports in a user defined directory as PDF files. A .PDF viewer is required for all workstations that view and print these. Adobe offers a free download of Adobe Acrobat Reader at www.adobe.com. Task Manager tasks are interactive attachments on tasks.

Setting Up Report Manager

Report Manager requires some one-time set up tasks. These are setting up default save folders, and setting up Windows Scheduler to start the utility when users may not be in the clinic.

Running Reports Automatically

Report Manager has a "silent mode" that allows the program to run automatically using Microsoft Windows Scheduler. This silent mode allows the program to run at a scheduled interval without user intervention. For Report Manager to run in silent mode, setup information must be entered in both Report Manager and in the Windows Scheduler.

Important: Report Manager setup can only be done on one computer on the network. Setting the silent mode on more than one computer can cause the program to fail to run.

The first step is to add storage folders on the network. This will be where report PDF files are stored. Keep in mind that you may have different communications tools set up for communicating with different insurances or clearing houses (for those "reports" that generate a claim file) and that have their own rules, so you may need a directory for each connection that you use.

To run reports automatically:

1. Open Windows Explorer. (One way of doing this is to right-click the **Start** button on the computer, then click **Explorer**.)
2. Create directories on the network in which the PDF files generated will be stored. At a minimum you must have one directory which will be the default, but you can create others. When setting up a Report Manager definition, you can indicate a specific directory if it is not going into the default one.
3. A recommendation is to use share names on the network (e.g. a UNC path), not a specific path such as c:\program files\le-mds\reports. You must also add Windows network sharing rights for the folders which will give you an additional layer of security.

Note: You should consider using your DocMan image file server as a location for the reports. If you're backing up the entire MQ folder, you can create a shared directory for reports under this location.

4. In e-MDs, navigate to **Reports > Report Manager**.
5. In Report Manager, navigate to **Job > Setup Storage**.
6. Click **New**.
7. Enter the path name defined in step 1 above. Over time you may set up multiple storage folders. For example: a new one for each month or year.

Again, make sure that this path is one that is shared for the Windows login account that will be used in Windows Scheduled Tasks to run the job automatically).

8. Check the **Set Billing Path** box. Only one folder can be current and all reports that don't have their own directories will be saved into this folder.
9. Click **Save**, then click **Exit** to return to the main Report Manager window.

The next step is to set up your end-of-week and end-of-month information that determines the specific days on which jobs that are set up to run on a weekly or monthly cycle will run. This is used for all Report Manager jobs so while these may not be pertinent for some jobs (like eligibility), they are useful for other types. The settings can vary depending on how long it takes for a practice to close out the previous month. This step is important because running end-of-month Activity Analysis or Accounts Receivable reports should be done only when all the data is collected. An end-of-week day is also useful for statement cycle printing.

10. Navigate to **Job > Setup Schedule**.
11. In the **End of Week Day** section, click to select a day. This is the day on which jobs set to run weekly will actually be created. For example, you may want to run Monday through Sunday reports on the next Monday using a dynamic date of "Last Week."
12. Click to select an option in the **End of Month** section. The recommendation is to use the specific day that denotes a date. For example, **7** would be the 7th of a month. Thus, for certain jobs like financial reports you can give yourself a few days to close out the prior month, then set the job data range using a dynamic filter to pull data from, for example, the "Last Month." **Last Day of Month** will adjust to the 28th, 29th, 30th or 31st depending on the month and year. **EOM Date** is not really useful since it embeds a fixed date that will not be relevant once this date has passed and you would actually generate the same jobs over and over again.
13. Click **Save**.
14. Finally, Windows Scheduled Tasks (also known as Windows Scheduler depending on your operating system) must be set up so that it starts the Report Manager program and runs the reports.

15. Navigate to **Start > All Programs > Accessories > System Tools > Scheduled Tasks**. (This may be slightly different depending on your version of Windows.)
16. Double-click **Add Scheduled Task** to open the Scheduled Task Wizard.
17. Click **Next** in the first window.
18. In the second window, click **Browse**, then navigate to the folder where the emdsReportManager.exe program file is stored (by default, the program is stored in the Program Files\le-MDs\Solution Series\Apps\ path).
19. Click the **emdsReportManager.exe** file to select it, then click **Open**. (If you are using these instructions to set up automatic Rule Manager tasks, select the **RuleManager.exe** file instead.)
20. If necessary, change the name of the task to something other than the file name.
21. Click one of the options that determines the frequency at which this will be run. We recommend **Daily** since Report Manager can be used to define weekly or monthly jobs.
22. Click **Next**.
23. Set a start time to run the task, the option to perform the task every day, and a start date, then click **Next**.

Note: The start time should be at night and should leave ample time for the task to be completed before other tasks begin. Since night time is also when most businesses run their database backups and other maintenance, be sure to separate the scheduled times of these tasks. For example if a typical database backup starts at 10 pm, and the backup takes about 2 hours, it would be necessary to either start the task after midnight or sometime well before 10 pm, depending on the amount of time you expect Report Manager to run.

24. When prompted on the next screen, enter a Windows network username and password, then click **Next**.

Note: This step is important because Windows Scheduled Tasks can log into a computer to run the task in silent mode. The task will run as if it were started by that user. This username and password is the same one that would be used to log into the Windows network. You may also need to enter a domain before the user name. For example, if the network domain is "NETWORK," and the user name is "BillX," enter **NETWORKBillX**.

25. Click the **Open advanced properties for this task when I click Finish** check box, then click **Finish**.

OR

If this box is not available in your version of Windows:

- a. Right-click the scheduled task you just created and select **Properties**.
- b. In the **Properties** window there is a field labeled **Run:** with the path to the Report Manager file and another field below it labeled **Start in:**. The following is an example of what the two fields may look like (depending on your setup):
Run: "C:\Program Files\le-MDs\Solution Series\Apps\emdsReportManager.exe"
Start in: "C:\Program Files\le-MDs\Solution Series\Apps"
- c. For Report Manager to run in silent mode, a space, forward slash, and the letter "s" (/s) must be added to the end of the **Run:** path. This needs to be added *outside* the quotation marks. The following is an example of what the complete path should look like (depending on your setup):
Run: "C:\Program Files\le-MDs\Solution Series\emdsReportManager.exe" /s
- d. Make sure the task is enabled, then click **OK**.
- e. If prompted, verify the Windows login and re-enter the Windows password. This properties window can also be used to change the time and frequency of the scheduled task at a later date if necessary.

Running and Tasking Reports Automatically with Report Manager

Once Report Manager is set up to run as a scheduled task, it will generate PDFs for all active reports and save the files in directories specified by the user.

Report Manager will check each report job to see if it should be run weekly, monthly or daily and runs them based on the end of week and end of month days specified in the **Job > Setup Schedule** window. Daily reports are run every time Report Manager is run. Reports can also be set up to run once and Report Manager will run these on the date specified.

The files are saved into the directory specified for the report, or the default directory specified under the **Job > Setup Storage** window. The file name will be the report name specified by the user followed by the date and time. For example, if a report XXXX is run at 2:15am on 1/10/2004, the file name will be "XXXX_01102004_021500.pdf." You can optionally send the report to users as a TaskMan task attachment. If this is done, an icon on the task is a link which opens the PDF from the storage location. This makes it very easy to distribute copies of reports to users in the network.

Reports set up in Report Manager can also be run manually. The window has a **Run** button that will run all active reports, or users can select a particular report and click **Run > Run**.

To run Report Manager reports manually:

1. Navigate to **Reports > Report Manager**.
2. Click **New**.
3. Click to select the report.
4. Set up the report:
 - **Rule Active:** Ensure this option is checked. You can activate/deactivate reports at any time. Report Manager only runs active reports.
Note: If a report is inactive, it does not display in the main Report Manager window by default. To display inactive reports, click the **All** button. Click **Current** to display Active report jobs.
 - **Name:** This defaults to the report type (such as "Activity Analysis"). This is the name that will be given to the file saved by Report Manager, so be sure to enter something that gives other users an idea of what data the report is generating and can be based on parameters/filters set for the report. For example, an Accounts Receivable job description may be "Guarantor Summary."
 - **Description:** We recommend that the report type such as "Patient Statement" be part of this description so users know which report is being run.
 - **Parameters:** Click this button to open the same report filter window that you normally get when you are printing the report manually. Set the parameters as desired, then click **Save**.
 - **Schedule/Run Once:** Select when you want to run the report based on the settings under **Job > Setup Storage**. This determines if the report runs automatically every day, on the end of month date, or if it will only be run once on a specific date.
5. Select a file path if this report is not going to use the default path set up in the main window under **Job > Setup Storage**. Keep in mind that the path you use must have appropriate Windows network privileges for users who you wish to see the reports.
6. To send a task with the report link click the Task Info tab and set the window options:
 - **Enable Task:** Check to enable task settings.
 - **Task Name:** This is the name that users will see in their TaskMan tasks Inbox.

- **Attachment Description:** This will be the name of the “attachment” (file link) which users see. For example, a monthly report might be titled “Monthly xxxx Report.”
 - **Sender Name:** Defaults to the logged in user setting up the task, but you can change this.
 - **Priority:** Set the task priority.
 - **Due Days:** Enter the number of days that a user has to read the report and complete the task.
 - **Users:** Click Add/Modify and select users who will receive the report task.
7. Click **Save**.

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