

<b>Menu Title</b>	<b>Report Name</b>	<b>Use / Description</b>	<b>Table / View</b>
<b>Create Practice Specific Reports</b>	R4000 Custom Report Generator	This report can be used to make your own report based on any data element from the TranSum table. The new report can then be saved to the network (Practice folder) or placed on the user's PC as a custom report.	TranSum
<b>Non Charge Driven Reports</b>	R8889 Posted Charges and Receipts	Shows the total posted charges, payments and adjustments for a particular time period. It is not a charge driven report. This report can be utilized to reconcile with Megawest doctor production report as well as indicate possible data entry error or mapping problems within DataPlus. The charge amount from this report should always equal the charge amount from the doctor's production report.	vPostedChargesAndReceipts
	R1004 Collections by Month	Payments that have been posted monthly according to Megawest accounting period. This report includes a graph. This report does not contain charge information, simply totals of payments posted regardless to the charges that they were applied to.	vPaymentByMonth_DataPlus
	R1005 Collections by Charge Code	This is a payment driven report and offers the ability to ascertain charge codes, charges and adjustments information. Adjustments are tied to the same period in which the payments were posted, but charges are independent of the posting period. In short you may use this report to trend the payments and adjustments history by a selected field such as Location and view the charge codes that these payments and adjustments are against, but charges for these codes cannot be summed. You can however determine month to month the actual charges that payments and adjustments are applied.	vPaymentbyCPTcode

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<b>Encounter Analysis Reports</b>	R100a Payor Mix by Encounter	How many encounters make up my payor mix ratio? For example, if the insurance type of Medicare is responsible for 26% of the billable charges, “How many encounters does that represent?” An encounter is based on visits and not procedures billed within that encounter. The data in this report is displayed by insurance type and sorted by charges in descending order. <b>Please note that total charges will always balance to that of report R100 Payor Mix if the Reversal Code field value is set to “all”. To attain the true unique patient encounter you must set the Reversal Code to “c”.</b>	vPayorMix
	R300 E&M with Bell Curve	This report provides the quantity and total charges of all CPT codes that relate to E&M. Generally speaking the Bell Curve will indicate if the practice is under or over coding in each area. Includes 3 separate graphs of new and established patients and consults.	TranSum
	R301 Standard Office Encounter Analysis	How many patients do we see monthly? This report provides a month to month assessment of office encounters. An encounter is defined as any one patient for one doctor on one day regardless of the number of procedures billed. The number of encounters can also include non face to face. A graph is also included.	vOfficeCount
	R301b MGMA Office Encounter Analysis	Similar to R301 Standard Office Encounter Analysis, this report requires a face to face encounter with a provider. For example if the patient comes in only for lab work or for an x-ray then that encounter will not be reported in this report, but it would in the Standard Office Encounter report.	vMGMAOfficeVists
	R302 Surgical Cases	How many surgical cases are performed monthly? A surgical case is determined based on the date of service for one patient and one provider regardless of the number of procedures billed. The service must have been provided in an Inpatient; Outpatient or ASC facility and contains at least one CPT Code within the range of 10000 and 69999.	vSurgeryVisitCount

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	R806 Adjustment Analysis by Encounters	Similar to R802 Adjustment Analysis, this report provides essentially the same information but goes a step further by indicating the number of encounters. If one adjustment type is posted to multiple transactions within an encounter then this report counts it as one.	vAdjustmentCountPerEncounter
<b>Practice Indicator Reports</b>	R100 Payor Mix	How are my charges distributed across payors? This report displays the data by insurance type and is sorted by charges in descending order. Charges in this report are reconciled to the doctor production report based on Megawest's accounting period, consequently to balance charges year to year or month to month you must restrict your criteria using Acct Period date options. You can however take advantage of both the service and posting dates criteria for additional analysis. <b>Charges are not month specific but rather period specific. If a practice policy allows the posting of charges in the first week of the next month then this report will accurately reflect that policy. However if the criteria is changed to reflect service month and the charges do not balance to doctor production then that would indicate the period was closed with data from two different months.</b> A pie chart is also included.	TranSum
	R800 Average Charge Entry Lag Time	What is my average charge entry lag time month to month? This report shows only those items that have a lag time (number of days from service date to charge post date) less than 100 days. The data is presented in a summarized format.	vChargedLagTime
	R801 Payment Lag Time Analysis	Are we being paid timely? You can determine payment performance for insurance carriers by analyzing the insurance groups. The number of days from the claim date (charge post date) to payment date (the payment transaction date) determines the lag.	vPaymentLagTime

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	R802 Adjustment Analysis	How is my practice loosing money? You can monitor and forecast your practice performance utilizing the standard adjustment types (Denials, Bad Debt, Contractual Adjustment, Contractual Write Off and Other) as well as non standard adjustment type such as Mult proc.	vAdjustmentCount
	R805 Open Item Aging	A comprehensive AR aging report that provides viewing in age intervals of 0-30, 31-60, 61-90, 91-120, 121-150 and 150+.	vAging
	R809 Charges by Posting Date	Useful to determine if charges are being posted during the first or last half of the month also useful to trend the posting of the charge entry staff. Best viewed by restricting the data to a given month. Includes a graph.	vChargeByPostingDate_DataPlus
	R8890 Unapplied Payments	Shows all payments for a particular period of time that have not been associated with a charge, otherwise called “orphaned” payments.	vUnappliedPayments
	R8891 Unapplied Adjustments	Shows all adjustments for a particular period of time that have not been associated with a charge, otherwise called “orphaned” adjustments.	vUnapplied Adjustments
<b>Contracts and Fee Schedules</b>	R5000 Fee Schedules	A list of each <b>FEE SCHEDULE BASED</b> contract with the corresponding fee schedule by CPT code.	vFeeSchedulesByContract
	R8002 RVU Fee Schedules	A list of each <b>RVU BASED</b> contract with the corresponding fee schedule by CPT code.	vRVUContractFeeSchedule
	R5090 Potential Loss of Revenue by Contract	This report provides the ability to determine potential revenue lost using Megawest’s master charge file that is imported into DataPlus via the RVSTFile.txt file. Before any charge is ever posted you can determine if the fee schedule (allowed) or master charge amount is incorrect. In order to simplify the contents of this report only charge codes without modifiers will be evaluated.	vFeeSchedule_ChargeComparison
	R5091 Actual Loss of Revenue by Contract	Similar to report “R5090 Potential Loss of Revenue by Contract” this report reveals the charge codes that were actually posted that were less than the fee schedule (allowed) amount, thereby resulting in lost revenue.	vChargeLessThanFeeSched

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	QP1005 Contract by Start Date	A list of each contract showing the starting and ending date of the contract.	Contract
	QP8001 Current Contracts	A list of all active contracts.	vCurrentContracts
<b>Payment Audit</b>	R6010 Payment Audit Analysis	A summary of all line items currently in the Payment Audit system by provider. This report refreshes on open.	vPaymentAuditDetail
	R6010A Contractual Over Adjustment	Provides a summary of all line items currently in the Payment Audit system by provider. The adjustment variance is used to indicate over adjustment and as a result that should be the amount of money owed.	vPaymentAuditDetail
	QP3001 Payment Audit Detail	A detail list of all line items currently in the Payment Audit system. This report refreshes on open.	vPaymentAuditDetail
	R3002 Payment Audit Revenue	How much have I collected after appealing under payments? This report provides a summary of all additional revenue captured by the Payment Audit System. Not only can you determine how much money has been captured, but which payors are consistently under paying. This report refreshes on open.	vAuditHist_Summary
	R3002A Payment Audit Revenue by Auditor	This report has the exact information as described in R3002 Payment Audit Revenue, but provides the total amount of recovery by the auditor who initiated the appeal.	vAuditHist_Summary_ByAuditor
	R3003 Payment Audit History	An analysis of payment audit productivity by user. This report refreshes on open.	vAuditHist
	QP3004 Over Payments	A list of all line items where the Payor paid MORE than the fee schedule or allowed amount. This report refreshes on open.	vPayVariance
<b>Practice Specific Reports</b>	QP1006 Insurance Mapping	Provides an easy way for the practice to see how their insurance carriers are mapped to an Insurance Group and/or Insurance Type so changes can be made appropriately. Also useful for initial mapping.	vInsuranceMapping

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<b>Anesthesia Reports</b>	R9000 OR Utilization	Per it name this report provides utilization information per OR room. The data is sorted by room, service month and day of the week. The numbers generated from this report provides cases, units, billed minutes and total minutes.	vORUtilization
<b>Community Health Reports</b>	R001 Encounter Analysis	Provides the number of encounters by a variety of sorting criteria and includes financial data (charges and the associated adjustments, payments, balances and net collection rate) as well as RVUs and Work RVUs. The wraparound charge (code 180) is used when a health center is billing a managed care Medicaid plan and is able to simultaneously bill Medicaid for the differential rate. To prevent over inflating the actual charges and encounter count, code 180 was excluded. There are situations were the attending physician charge (code 100) will also inflate the encounter count so it too was excluded. Are you creating a Payment Analysis report and adding financial class and slide level? If so the encounter can be overstated if the financial class, insurance group or insurance type differs on multiple line items on the same visit. This is normally due to data entry error.	vCHEncounters
	R002 Wrap Around Charge Analysis	This report focuses exclusively on code 180 and provides it total usage as well as financial data (charges and related payments and balance). It too has a variety of sorting criteria.	vCHWrapAround
	R003 Adjustment Analysis	Adjustment Analysis is a standard DataPlus report that has been modified to include financial class and slide level for the purpose of sorting. This report allows you the ability to monitor and forecast your practice performance utilizing the standard adjustment types (Denials, Bad Debt, Contractual Adjustment, Contractual Write Off and Other) as well as non standard adjustment type such as Multi proc.	vCHAdjustmentCount

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	R004 Primary DX Encounter Analysis	Provides encounter level detail information by selective primary diagnosis code(s).	vCHPDXEncounter
	R005 Posted Payment Analysis	Payments that have been posted monthly according to Megawest accounting period. This report does not contain charge information, simply totals of payments posted regardless to the charges that they were applied to. Also include the Slide Level.	vCHPostedPayment
<b>Purchased Reports</b>	R302a Primary Surgical Cases	This report provides essential the same information found in report R302 Surgical Cases but excludes any assistant surgery activity denoted by the use of payment modifiers 80 and AS.	vPriSurgeryVisitCount
	R303 Primary Surgical Procedures	This report is similar to the R302 Surgical Cases report. In this report, the Chg Code for the primary surgical procedure is returned. Since this report deals with a Surgical Encounter, "Enc" is used as an abbreviation for Encounter in the field list. In order for there to be a primary procedure, the charge must match to a contract and be ranked as first based on the criteria for that contract. Also, the charge must take place in an In-Patient Hospital (21), Out-Patient Hospital (22), ER (23) or ASC (24) facility	vPrimarySurgicalProcedures
	R1000 Collection Rate on Settled Charges	This report demonstrates over time what percent on the dollar a particular insurance carrier pays, grouped by insurance type. Payment as a percent of settled charges is calculated as (Payments) / (Charges – Balance). A minimum of two years of data provides for better forecasting and evaluating pass performance. Trends are best viewed at three months intervals if evaluating the current year. The payment % settled is a moving target and will have some outliers when there have not been any payments made by the primary payor.	TranSum
	R1003 Payments by Payment Type	What is the breakdown of the payments posted in a given time frame? This report provides a list of all payments including the payment code and the description.	vPayments

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	R5001 Expected Payment Comparison	<p>R5001 Expected Payment Comparison report makes it possible to compare two or more contracts actual activity based on charge code frequency and adjusted allowed amounts.</p> <ol style="list-style-type: none"> <li>1. It deals with actual transactions that relate to a contract's fee schedule.</li> <li>2. The ChgAmt field is used in the row column of the Pivot table to represent the individual charge per line which takes into account the chg units. For example, a charge amount of \$20 would become \$40 if the chg unit on that line item is 2.</li> <li>3. Although the contract fee schedule amount is \$20 for a specific code this report could reduce that fee amount if this code was associated with multiple surgical procedure codes.</li> </ol>	vAllowableComparison
	QP300 Diabetic without 83036 billed	Shows a list of patients who have had a primary diabetic diagnosis without an associated CPT code of 83036 posted within a year. The data is presented in a non summarized format.	vDiabeticNoHemoGlycated
	QP400 Missing Surgical Cases	Any patient that has had a 99024 (Post Operative Visit) and has not had a corresponding surgical case in the prior 90 days is listed on this report. The data is sorted by Performing Provider and service date.	vMissingSurgicalFeeTickets
	QP1007 Diabetic Follow up	This report shows diabetic patients who have not been seen at the practice within a year. The diabetic diagnosis code does not have to be primary. It requires additional filtering and analysis since some patient might be deceased. The data is presented in a non summarized format filtered by Performing Provider then by patient id.	vDiabeticfollowup

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