CLINIC SCHED VS CLAIMED AND PAYMENT

Purpose: Generate the status of an appointment/service during each stage at which it exists.

Since we provide billable services only, reviewing this data will enable us to identify if (1) the service was posted; (2) the charge was generated as expected, or if there was an issue with charge calculation. This report can also be used as a cross check to the billing department since it lists if the claim for the service was generated and if payment was received.

Form: Select Facility / By Program? {choose No, to run for all programs} / Select Program(s) / Select Service Type {All Services / Non-scheduled Services / Scheduled Services} / Date Range {of Appointments}

Report: Episode / Patient ID / Patient Name / Service Date / Appointment Status / Posted ? / Service Code / Service Description / Program Name / Option Description / Provider Name / Guarantor ID / Guarantor Liability / Claim Number / Claim Date / Payment Amount / Payment Type / Payment Date / Transfer to Guarantor ID

					All Services VS Service Claimed and Payment Report													
					From date	to												
Eps	PatID	Patient_Name	Appt Service Date	Status Value	Posted Value	Appt Service Code	Service Description	Program Name	Option Description	Provider_Name	Guar_ID	Guar Liability	Claim Number	Claim_Date	Payment Amt	Paymenttype_value	Payment Date	Trans To Guar ID

The 'Clinic Sched vs Claimed and Payment' report is best used when filtered in Excel. See "Steps to Export to Excel" at the end of this document.

CLIENT FE POLICY DIAGNOSIS VERIFICATION

Purpose: Generate a report of clients with missing information for every episode:

(1) no financial eligibility applied, or

(2) no subscriber policy number, or

(3) no diagnosis, or

(4) no verified financial eligibility.

Notes:

- A client missing Item (1), No FE, will not generate a billable charge for any services received until the FE is recorded. A client with this status, that has received services, will appear on the 'Clinic Sched vs Claimed and Payment' report with guarantor liability distributed to Guarantor 99999 (Netsmart default Guarantor). Once the FE has been entered, please inform Frederique Altidor or Tamika Marable (Billing) of the change so that they may follow-up on previous services rendered, to ensure these services get billed appropriately.

- For clients missing one or more of Items (2)-(4), a billable charge will be generated for services rendered, but the charge will not be claimed until the outstanding issues have been resolved.

Form: Select Facility / Select Report Type / Date Range (enter today's date for both fields)

Report:

(1) Client Name / Client ID / Episode / Program Name / Admission Date

		No Financial Eligibility Report		
Client Name	Client ID	Episode	Program Name	Admission Date

(2) Client Name / Client ID / Episode / Program Name / Admission Date / Guarantor: Order, ID, Name

			Financial Eligibility With No Policy Number				
				Admission Date	Guarantor		
Client Name	Client ID	Episode	Program Name		Order	ID	Name

(3) Client Name / Client ID / Episode / Program Name / Admission Date

		Clients Missing Diagnosis AXIS1 Report		
Client Name	Client ID	Episode	Program Name	Admission Date

(4) Client Name / Client ID / Episode / Program Name / Guarantor: Order, ID, Name / Policy No. / FE Verified=No

			Financial Eligibility Not Verified				
				Guarantor		FE	
Client Name	Client ID	Episode	Program Name	Order	ID	Name	Policy No.	Verified

CL SERVICE DURATION ENTERED VS STANDARD

Purpose: Generate a report for all services within the date range that have an incorrect duration that would prevent a charge being generated for the service. The 'Edit Service Information' form can be used to enter the correct duration once this has been confirmed.

Form: Select Facility / Date Range

Report: Episode / Patient ID / Service Description / Date of Service / Provider / Duration {entered} by User / {Acceptable} Duration Range {for the service} / Checker (Less or More) / Guarantor ID / Date Billing Closed / Data Entry User / Claim Date / Claim #

Service Duration Input Value Vs Duration Range Verification Report										**Report Date: 6/25/2014**	
Data Date Range: from 5/1/2014 through 6/25/2014											
EP#	PatID	Service Description	DOS	Provider	Duration By User	duration Range	Checker	Guar ID	Date Billing Closed	Data Entry User	Claim Date Claim #

Edit Service Information to adjust an open service:
1. Choose Client and Episode.
2. Click "Select Service(s) to Edit" button.
3. Select service(s) and click OK.
4. Adjust the episode, program, service code, duration, or practitioner, as applicable for all selected services.

CLINIC SERVICE BILLING ZERO CHARGE REPORT

Purpose: Generate a report displaying (1) services with zero charge, or (2) services that are missing a duration.

Notes:

- If clients are listed under the 'Zero Charge' report, generate the 'Cl Service Duration Entered vs Standard' report to identify the duration that should be entered for a charge to be generated.
- If clients are listed under the 'Zero Duration' report, please contact the Avatar team for assistance.

Form: Select Facility / Select Program(s) / Date Range / Select Check Option: Zero Charge, Zero Duration

Report:

1) RRG / Episode / Program / Patient ID / Patient Name / Service Date / Service Code / Service Description / Duration / Service Cost (0.00) / Provider ID / Provider Name / Group Code Value / Charge Category / Service Status / Data Entry

Clinic Service Billing Zero Charge Report																	
Service Date Between 6/1/2014 To 6/27/2014																	
RRG	Epis	Program	PATID	Patient Name	Service Date	Service Code	Service Description	Duration	Service Cost	Provider ID	Provider Name	Group Code Value	Charge Category	Service Status	data_entry_by	data_entry _date	data_entry _time

2) RRG / Episode / Program / Patient ID / Patient Name / Service Date / Service Code / Service Description / Duration (0 or null) / Service Cost / Provider ID / Provider Name / Group Code Value / Charge Category / Service Status / Data Entry

Clinic Service Billing Zero Duration Report																	
Service Date Between 5/1/2014 To 6/25/2014																	
RRG	Epis	Program	PATID	Patient Name	Service Date	Service Code	Service Description	Duration	Service Cost	Provider ID	Provider Name	Group Code Value	Charge Category	Service Status	data_entry_by	data_entry _date	data_entry _time

99999 LIABILITY REASONS REPORT

Purpose: Generate a report that shows the reason services are under the default 99999 guarantor (i.e., missing FE).

Form: Select Facility / Select Program(s)

Report: No Financial Eligibility or Check Account / RRG / Program / Client ID/Client Name / Episode / Admit Date / Date of Service / Service Code / 99999 $

|					
Liability Distribution to 99999 Report					
As of:					
No Financial Eligibility					
RRG:					
Program:					
Client ID / Client Name	EP#:	Admit: Date	D.O.S	Service Code	99999 $

Steps to Export to Excel

1. When the report is displayed in the Report Viewer in Avatar, click on the first icon to export it.
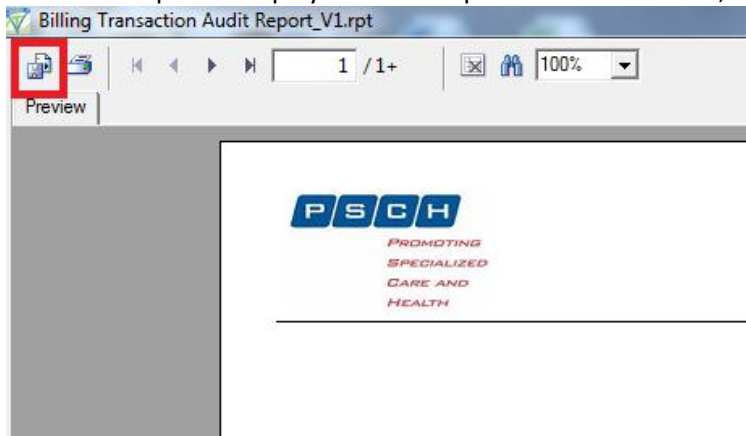

2. Select Separated Values (CSV) as the Format and then click OK (this option will work for the Clinic Sched vs Claimed and Payment report; for other reports, you may choose the Data Only option).
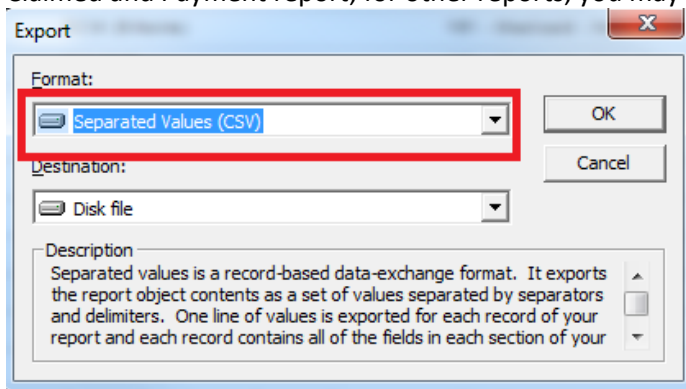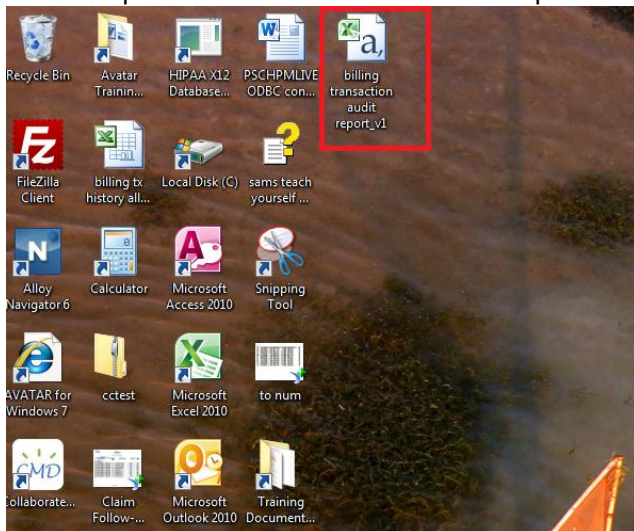

3. Check off 'Isolate Report/Page sections' and then click OK.
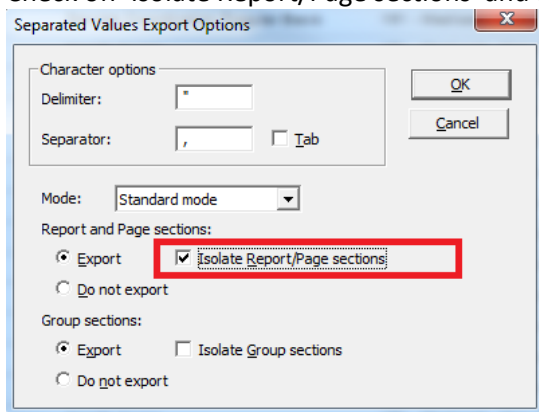
4. Navigate to the network folder where you want to save the CSV file. Type in a file name and then click Save. At this point, the file can only be saved as CSV.
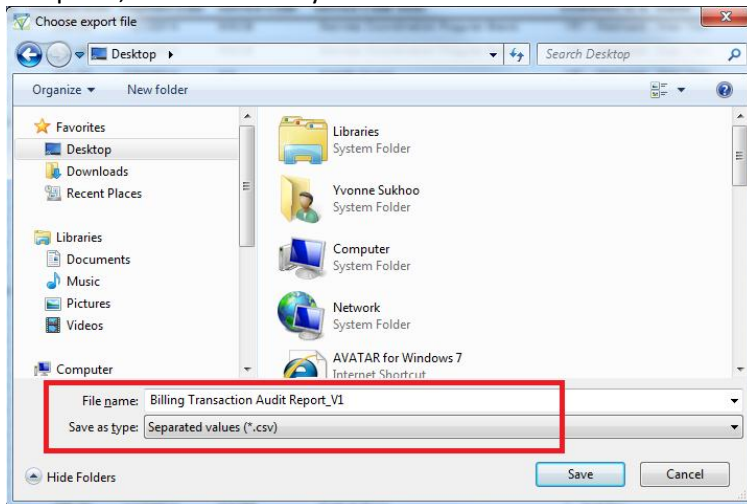
5. **Using Windows Explorer**, not Excel, navigate to find your saved CSV file, and then double-click on it to open it. The example below was saved to the Desktop.

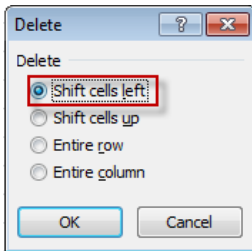6. The opened CSV file will appear as below, with patient data below the column headers.

7. For the 'Clinic Sched vs Claimed and Payment' report, you will need to delete cell **B2** so that the column headings conform:
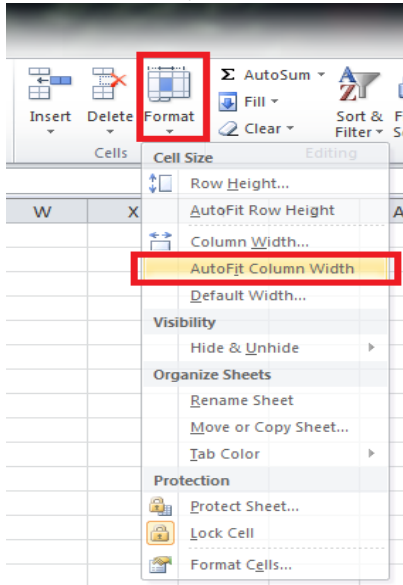
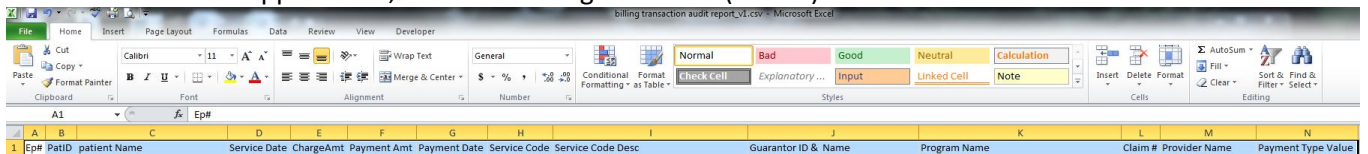   \- Right-click on Cell B2 and choose Delete.
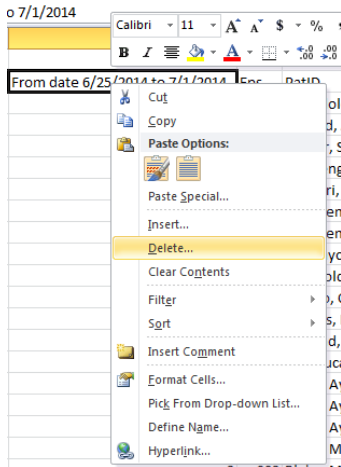
   \- Choose to Shift Cells Left and click OK:

8. From the top ribbon in Excel, click on the Home tab (the first tab). All the way to the right on the top ribbon, click on Format, then scroll down and click on AutoFit Column Width.

9. All column data will appear now, instead of being truncated (cut off).

10. Click anywhere in the Excel data to remove the light blue highlight from appearing. Then select File, Save As.
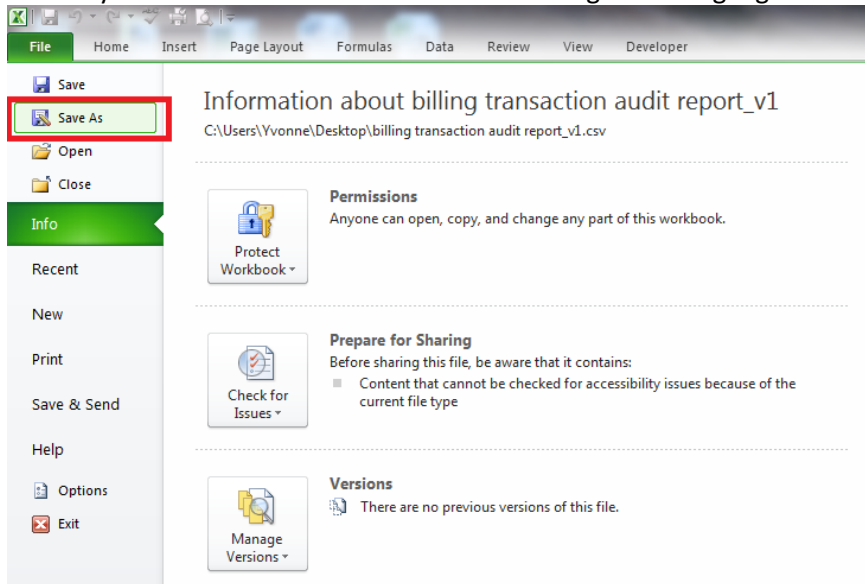
11. Navigate to the network folder where you want to save the new Excel file. Type in a file name. Under Save as type, click the dropdown arrow, and scroll to select the first option which says Excel Workbook. Click on Save.