REPORTS

REPORT NAME	DESCRIPTION	DB NAME	CONTRACT	BATCH #	DIAG CODE	NAME KEY
Medicaid Detail	Separated by person w/ID#, outstanding DOS 4 categories of age: Current, 31-60 days, 61-90 days, Over 90 days, MH ICN #, 835 error code, rebilled status, recipient total, grand total					
Medicaid Summary	Separated by person w/ID#, bill date, 4 categories of age: Current, 31-60 days, 61-90 days, Over 90 days, total for recipient, grand total					
Medicaid Contracts	Separated by contract, bill date, same 4 categories of age as above reports, dollar total by contract and grand total					
Print Attendance List	Name key, name, ID #, sex, DOB, procedure code, modifier, ORP # (if applicable)--separated out by contract					
Consumer Diag Code List	Name and primary diagnosis code					
Prior Authorizations -All	Name key, name, contract, auth #					
Prior Authorizations by Date	Name key, name, contract, auth #					
Reprint Submission Recap	Exact copy of the submission recap: total claims, submitted $$ total, batch #			✓		
Reprint Edit Report	Exact copy of edit report	✓		✓		
Unpaid Claims by Batch	any claims that remain open after 835 is applied	✓		✓		

REPORT NAME	DESCRIPTION	DB NAME	CONTRACT	BATCH #	DIAG CODE		NAME KEY
List of individuals w/obsolete diag codes	Name key and name of people with primary diag. code				✓		
Export Billing Detail to Excel (PCA)	Report will be saved to the location you choose in Excel format:						✓ (optional)
	Contract, proc code/modifier, month, name key, name, to date, units, $$, status of claim						
MLOA Report	MLOA claims separated by Paid and Rejected by proc. code/modifier: name, units and $$ billed						
NMLOA Report	NMLOA claims separated by Paid and Rejected by proc. code/modifier: name, units and $$ billed						
Respite Report	Respite claims separated by Paid and Rejected by proc. code/modifier: name, units and $$ billed						
AFC Count by Level	Procedure code, modifier, units and $$ billed. Note that this will NOT show names or name keys						
Count By Person	Name, ID#, dos, proc/modifier, units, $$ billed and status						✓
ORP-NPI Checks	same as PRINT ATTEND. LIST above						
Dayhab Count by Level	units and $$ billed separated out by severity profile level for H2014 procedure code						
Unit and Dollar Totals	Separated by contract and by proc code & modifier: total units, total $$ billed						
Unit and Dollar Totals by Month	proc code and modifiers separated out by units & $$ billed separated by MONTH						
Temp File	lists everyone in temp file with total $$ amt. Can double click on person for more detail: name key, dos, dollar total per dos						
All Claims Details	Separated by contract and each person w/ detail: name key, proc						

	code, modifier, status, units, $$ billed, dos totals by person and grand total of all at bottom						
Single Contract-Details	Detail by contract of choice from dropdown box: name, proc code, modifier, status (ie: O = Open, P = Paid), units, $$ billed, dos		✓				
All Claims FY Units	Separated by contract: name, modifier, total units, total $$ total.						
★	Detail available if double click on person: name, proc code, modifier, status, units, $$ billed, individual dos						
Rejected, Closed Unbillable	Claims that have been marked Closed, Unbillable or Rejected with detail: name key, name, proc. code/modifier, dos, units, $$ billed						
RA Rejections-by RA date	Claims that appear as rejected on RA's (run by RA date) Name, ID#, billed date, ICN#, dos, proc code, units, bal due, HIPAA Error Code						