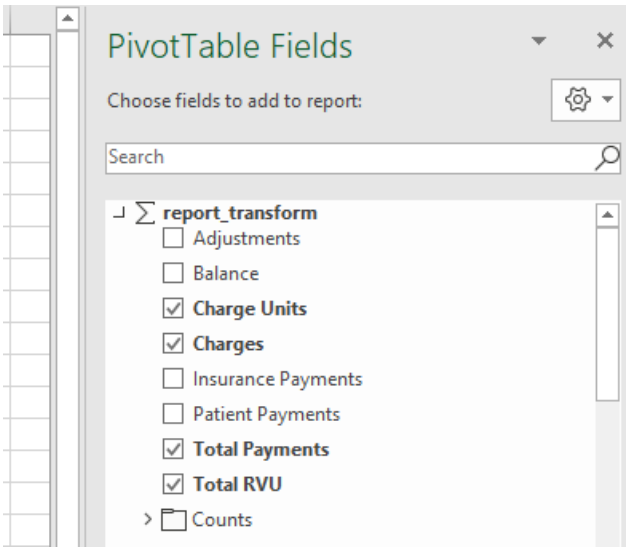
New Billing Analytics Data Dictionary

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Values

In Microsoft Excel, 'Values' are the actual numbers that you are able to analyze/report on. This type of data is quantitative (numerical). You will see the possible values at the top of the PivotTable Fields list as follows:



Here are the available values:

- Adjustments: The dollar amount of included adjustments.
- Balance: For a given line, this will reflect how it affected the balance. If reporting by Post Date, it will show a change in balances over a given period of time. If reporting by claim ID, it will show a summation of all changes in the claim's balance, which will give the current total. If reporting by aging bucket or service date, you'll see the current balances in that bucket, or balances for that service date range. Balance is calculated as Charges + Adjustments + Total Payments.
- Charge Units: The number of units of included charges.
- Charges: The dollar amount of included charges.
- Insurance Payments: The dollar amount of insurance payments.
- Patient Payments: The dollar amount of patient payments.
- Total Payments: The dollar amount of total payments (patient payments + insurance payments).
- Total RVU: The Total RVU amount of included charges (for each procedure code, the assigned RVU * Charge Units).
- **Counts**: A folder containing values relevant to charge counts.
    - Charge Claim Count: The total number of claims that make up the included charges.
    - Charge Line Count: The total number of charge lines that make up the included charges.
    - Charge Patient Count: The total number of patients who have included charges.

Additional Fields

The other available fields are how you might analyze or break down a number. This type of data is qualitative, grouping and dividing values out into categories. All non-date fields are grouped into folders by category.

- **Post Date Y-M-D:** This allows a user to filter or group transactions based on their post dates. For instance, users may have this in the 'Row' group if they want to see financials by posting month.
    - Post Year**:** The year value of the transaction's post date.
    - Post Month Name**:** The month name of the post date for the transaction.
    - Post Day**:** The day of the transaction's post date.
- **Production Date Y-M-D**: This allows a user to view their financials based on production date. When using Production Date, charges are filtered or grouped based on their dates of service, while payments are filtered or grouped based on the post dates.
    - Production Year**:** For charges, this is the year value of the original date of service. For payments, this is the year of the transaction's post date.
    - Production Month Name**:** For charges, this is the month name of the original date of service. For payments, this is the month name of the transaction's post date.
    - Production Day**:** For charges, this is the day of the original date of service. For payments, this is the day of the transaction's post date.
- **Service Date Y-M-D:** This allows a user to filter or group transactions based on their service dates. Please note that payments will also be filtered or grouped based on originating service dates, regardless of when the payment was received. For instance, users may have this in the 'Row' group if they want to see financials by when the services were provided – if they want to review remaining balances for a given service date month, for instance.
    - Service Year**:** The year value of the claim's service date.
    - Service Month Name**:** The month name of the claim's service date.
    - Service Day**:** The day of the claim's service date.
- **Aging Information:** Users can use the fields in this category to pull aging reports similar to the Aging Analysis in the system.
    - Aging Bucket by Aging Date: This is the aging bucket for the relevant claim if calculating by Aging Date. If trying to produce a report similar to the Aging Analysis, this would be put in the 'Column' category.
    - Aging Bucket by DOS: The aging bucket for the relevant claim if calculating by DOS. If trying to produce a report similar to the Aging Analysis, this would be put in the 'Column' category.
    - Aging Financial Class: The insurance class for the relevant claim, calculated the same as it is on the Aging Analysis report – by selecting the highest claim level that has a corresponding send date populated on the claim.
    - Aging Type: If the invoice date is populated on the claim, this is set to 'Patient.' Otherwise, if any insurance date is populated, it is set to 'Insurance.' Otherwise, self-pay claims and those missing primary payers are set to 'Patient,' and all others set to 'Insurance.'
    - Claim Has Responsible Party: If the claim has a responsible party set, this field will be set to '1' – otherwise, it will be '0.'

Relevant Company Setting: Please note that there is a company setting relevant to the Billing Analytics aging buckets, Company Setting: Split A/R into two buckets in cube, 0-15 and 16-30. If set to 'Yes,' instead of the single 0-30 Day aging bucket, users will see their 0-30 Day aged receivables split into buckets for 0-15 Days and 16-30 Days.

- **Alternate Provider:** Fields related to the alternate provider on the claim.
  - Alternate Provider Name: The full name of the alternate provider on the claim.
  - Alternate Provider NPI: The NPI of the alternate provider on the claim.
  - Alternate Provider Reverse Name: The alternate provider's name in the format "[Last Name], [First Name]".
- **Attending Provider:** Fields related to the attending provider on the claim.
  - Attending Provider Name: The full name of the attending provider on the claim.
  - Attending Provider NPI: The NPI of the attending provider on the claim.
  - Attending Provider Reverse Name: The attending provider's name in the format "[Last Name], [First Name]".
- **Claim Information:** Fields related to general claim information.
  - Claim Diagnoses: A list of all diagnoses found on this claim.
  - Claim ID: The unique ID for this claim.
  - Claim Level: The level of the claim—set to Primary, Secondary, Tertiary, Statement, or Completed.
  - Claim Owner: The current user assigned as Owner on the claim.
  - Claim Status: The current Claim Status.
  - Claim Submission Type: The current Submission type for the claim, Electronic or Paper.
  - Claim Substatus: The text description for the current Claim Substatus.
  - Claim Type: The current Claim Type (Medical, Dental, EPSDT, DME, etc.) on the included claim(s). ***Note**: Medical is the default Claim Type on all claims.*
  - Submission Status: Denotes whether the claim is Submitted or Unsubmitted. This is based on whether any invoice or insurance dates are populated.
- **Claim Line Code:** Information related to the procedure code on the claim line.
  - Code: The procedure code on the claim line.
  - Code Description: The description of the procedure code on the claim line, truncated to 30 characters.
  - Code Description (Long): The full description of the procedure code on the claim line.
  - Code Group: The Code Group for the procedure code on the claim line.
  - Code NDC: The NDC for the procedure code o the claim line.
  - Code with Description: Shows both the procedure code on the claim line and its short description.
- **Claim Line Dx:** Information related to the diagnosis codes on the claim line.
  - Charge Line Dx List: A list of all diagnoses on the claim line, delimited by spaces.
  - Charge Primary Dx: The primary diagnosis code on the claim line.
  - Charge Primary Dx Description: The description of the primary diagnosis code on the claim line.
  - Charge Primary Dx with Desc: The primary diagnosis code on the claim line with its description.
- **Claim Line Modifiers:** Information related to the modifiers on the claim line.
  - Code Modifier 1: The first modifier on the claim line.
  - Code Modifier 2: The second modifier on the claim line.
  - Code Modifier 3: The third modifier on the claim line.
  - Code Modifier 4: The fourth modifier on the claim line.
- **Claim Primary Payer:** The primary payer assigned to the relevant claim.
  - Claim Primary Financial Class: The financial class of the claim's primary payer.
  - Claim Primary Member ID: The Member ID of the claim's primary payer.
  - Claim Primary Payer ID: The Payer ID of the claim's primary payer.
  - Claim Primary Payer Name: The name of the claim's primary payer.
- **Claim Secondary Payer:** The secondary payer assigned to the relevant claim.
  - Claim Secondary Financial Class: The financial class of the claim's secondary payer.
  - Claim Secondary Member ID: The Member ID of the claim's secondary payer.
  - Claim Secondary Payer ID: The Payer ID of the claim's secondary payer.
  - Claim Secondary Payer Name: The name of the claim's secondary payer.

- **Claim Tertiary Payer:** The tertiary payer assigned to the relevant claim.
  - Claim Tertiary Financial Class: The financial class of the claim's tertiary payer.
  - Claim Tertiary Member ID: The Member ID of the claim's tertiary payer.
  - Claim Tertiary Payer ID: The Payer ID of the claim's tertiary payer.
  - Claim Tertiary Payer Name: The name of the claim's tertiary payer.
- **Date Fields**: Additional date fields available if needed to add in any of the field sections of the report.
  - Post Date: The post date of the transaction, whether charge, adjustment, or payment.
  - Post Month Name: The month name of the post date for this transaction.
  - Post Year: The year of the post date for this transaction.
  - Production Month Name: The month name of the production date for this transaction. For charges, this will be the service date. For payments and adjustments, this is the post date.
  - Production Year: The year of the production date for this transaction. For charges, this will be the service date. For payments and adjustments, this is the post date.
  - Service Date: The service date of the claim.
  - Service Month Name: The month name of the service date on the claim.
  - Service Year: the year of the service date on the claim.
- **Location**: Fields related to location, whether patient location, service location, or business unit.
  - Business Unit: The business unit allocation for this claim.
  - Patient Location: The Patient Location currently on the claim.
  - Patient Location ID: The system ID of the Patient Location currently on the claim.
  - Patient Location Tax ID: The tax ID of the Patient Location currently on the claim.
  - Service Location: The Service Location currently on the claim.
  - Service Location ID: The system ID of the Service Location currently on the claim.
  - Service Location State: The state that the Service Location on the claim is located in.
  - Service Location Tax ID: The tax ID of the Service Location currently on the claim.
  - Service Location Zip Code: The zip code that the Service Location on the claim is located in.
- **Ordering Provider:** Fields related to the ordering provider on the claim.
  - Ordering Provider Name: The full name of the ordering provider on the claim.
  - Ordering Provider NPI: The NPI of the ordering provider on the claim.
  - Ordering Provider Reverse Name: The ordering provider's name in the format "[Last Name], [First Name]".
- **Patient Address:** The fields that comprise the address of the patient on the claim.
  - Patient Address 1: Line 1 of the patient's address.
  - Patient Address 2: Line 2 of the patient's address.
  - Patient City: The patient's city.
  - Patient State: The patient's state.
  - Patient Zip: The patient's zip code. .
- **Patient Demographics:** Information relevant to the patient on the claim.
  - Patient DOB: The patient's date of birth.
  - Patient Email: The patient's email address.
  - Patient External ID: The 'Old ID #1' from the patient's demographics.
  - Patient First Name: The patient's first name.
  - Patient Gender: The patient's gender.
  - Patient ID: The patient's chart number.
  - Patient is Active: '1' if the patient is active, '0' if the patient has been made inactive.
  - Patient is Living: '1' if the patient is living, '0' if the patient is deceased.
  - Patient Last Name: The last name of the patient.
  - Patient Middle Name: The middle name of the patient.
  - Patient Name: The patient's full name.
  - Patient Name Suffix: The suffix at the end of the patient's name.

    - Patient Nickname: The ‘Nick’ from the patient’s demographics.
    - Patient Reverse Name: The patient’s name in the format “[Last Name], [First Name]”.
- **Referring Provider:** Fields related to the referring provider on the claim.
    - Referring Provider Name: The full name of the referring provider on the claim.
    - Referring Provider NPI: The NPI of the referring provider on the claim.
    - Referring Provider Reverse Name: The referring provider’s name in the format “[Last Name], [First Name]”.
- **Rendering Provider:** Fields related to the rendering provider on the claim.
    - Rendering Provider First Name: The first name of the rendering provider on the claim.
    - Rendering Provider Last Name: The last name of the rendering provider on the claim.
    - Rendering Provider Middle Name: The middle name of the rendering provider on the claim.
    - Rendering Provider Name: The full name of the rendering provider on the claim.
    - Rendering Provider Name Suffix: The suffix of the claim rendering provider’s name.
    - Rendering Provider NPI: The NPI of the rendering provider on the claim.
    - Rendering Provider Reverse Name: The rendering provider’s name in the format “[Last Name], [First Name]”.
- **Supervising Provider:** Fields related to the supervising provider on the claim.
    - Supervising Provider Name: The full name of the supervising provider on the claim.
    - Supervising Provider NPI: The NPI of the supervising provider on the claim.
    - Supervising Provider Reverse Name: The supervising provider’s name in the format “[Last Name], [First Name]”.
- **Transaction Information:** Fields related to a payment. Please note that these fields will be empty for all charges.
    - Paid By: The name of the entity that made the payment or adjustment.
    - Paid By Financial Class: If the ‘Paid By’ value is a payer, this field is the relevant payer’s financial class.
    - Payment Method: The payment method of the payment or adjustment.
    - Payment Type: The payment type of the payment or adjustment.
