



DHA UBO Webinar

HealthAnalytics: Revenue Cycle UBO

Reporting 201 Overview

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February 2024

Improving Health and Building Readiness. Anytime, Anywhere — Always

Agenda

- What is HARC
- Reporting Link and Access
- HARC 101 Presentation and Link
- HARC Focus Reports – 201
- Patient AR Analysis Encounter Report
- Claims Analysis Report
- Claim Edit Analysis and Discovery Report
- Common HARC Questions
- Resources
- Appendix



What is HealthAnalytics: Revenue Cycle (HARC)

- HARC is a reporting platform for MHS GENESIS and Cerner Patient Accounting RevCycle data.
- HARC is separate from Discern Reporting portal but contains many of the same reports.
- Reports are available in HARC for different solutions, including “Business Operations” and Patient Administration.
- Why use HARC? HARC is more standardized than Discern when it comes to data filters, inputs and outputs, and will more easily manage large volumes of data.



HARC Reporting Link and Access

- HealthAnalytics can be accessed at the below URL, not from the Citrix Storefront icon where you access Revenue Cycle.

HealthAnalytics

<https://federal.analytics.healthintent.ehr.gov/>

- If you need access, contact your Local Training and Roles Manager (TRM), they should assist with inputting a ticket to request access to HARC.
- Please contact the DHA Global Service Center (dhagsc@health.mil) for any system issues and to input a request for access.



Running a HARC Report – HARC 101 Presentation

- Review November 2023 Webinar presentation for an overview of HARC reporting and how to run reports
- <https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Uniform-Business-Office/UBO-Learning-Center/Archived-Webinars>
- Previous presentation also covered summarizing HARC report data using a Pivot Table in Excel

November 2023

[HealthAnalytics: Revenue Cycle UBO Reporting Overview](#)

Including review of available reports within the Business Operations Revenue Cycle folder for UBO use as well as, tips, tricks, and best practices.

- [Presentation](#)
- [Post-Test](#)

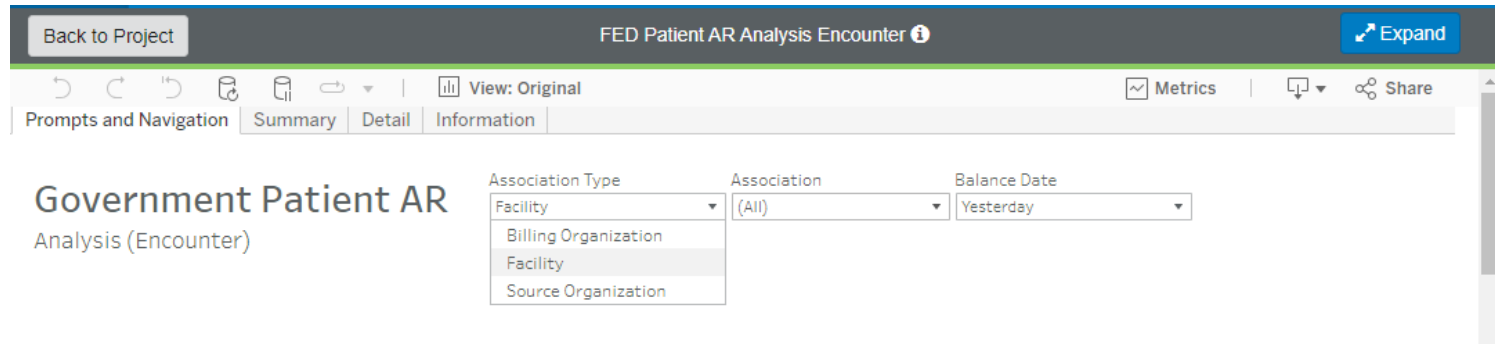


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HARC 101 Reporting Instructions Correction

- Previously instructed to use Billing Organization as Association Type
- Better option is to use Facility in the Association Type dropdown for running reports from the Prompts and Navigation Page for most HARC reports:



The screenshot shows a web application interface for "FED Patient AR Analysis Encounter". At the top, there is a "Back to Project" button on the left and an "Expand" button on the right. Below the header is a navigation bar with tabs for "Prompts and Navigation", "Summary", "Detail", and "Information". The main content area displays the title "Government Patient AR Analysis (Encounter)" and three dropdown menus: "Association Type", "Association", and "Balance Date". The "Association Type" dropdown is open, showing options: "Billing Organization", "Facility", and "Source Organization". The "Association" dropdown is set to "(All)" and the "Balance Date" dropdown is set to "Yesterday".

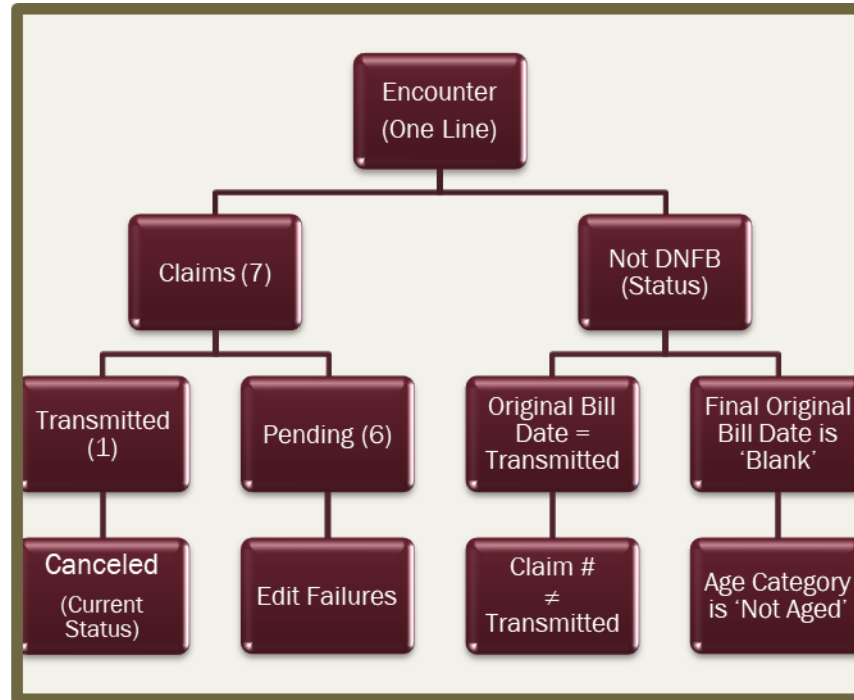


HARC Data Nuances and Detail

- Data Lag – Typically 1-2 days but may extend longer at times
- Test Patients – Data may contain test patients, the only way to identify and remove right now is through Patient Name field, look for “test” or other false records
- Limits of Data Extracts – Data can only be extracted up to a certain amount of rows or it will time out
- Reporting level – the reporting level of each report critical to keep in mind



HARC Reporting Level



Data Extract Details

- Data extracts can be downloaded with standard data fields/columns
- Reports will also generate with default Summary Tables on the Summary tab
- See [Appendix](#) for data extract detail tables and Default Summary tables



HARC UBO 201 Focus Reports

- FED Patient AR Analysis Encounter -
https://federal.analytics.healthintent.ehr.gov/reports/1199?project_id=301
- FED Claims Analysis -
https://federal.analytics.healthintent.ehr.gov/reports/1250?project_id=301
- FED Claim Edit Analysis -
https://federal.analytics.healthintent.ehr.gov/reports/1190?project_id=301





Patient Accounting Discern & HealthAnalytics Reports

Subject Area	Report Name	Primary Use
Claims	1. Revenue Cycle Claim Status (Discern) 2. FED Claims Analysis (HealthAnalytics)	Use to report on billings at a detail or summary level.
Claim Edits	1. Revenue Cycle Edit Failure Detail (Discern) 2. FED Claim Edit Analysis (HealthAnalytics)	Use to see what is preventing automated 3rd party billing.
DNFB (Discharged Not Final Billed)	1. Revenue Cycle DNFB Summary (Discern) 2. FED DNFB Analysis Encounter (HealthAnalytics)	Use to see what is unbilled and why.
AR (Accounts Receivable)	1. Revenue Cycle Aged AR Detail (Discern) 2. FED Patient AR Analysis Encounter (HealthAnalytics)	Use to monitor accounts receivable including undischarged, unbilled, and billed.
Denials	1. Revenue Cycle - Denials Analysis (Discern) 2. FED Denials Analysis (HealthAnalytics)	Use to review denial codes posted to claims via remittances.
Charges	1. Revenue Cycle - CDM Statistics (Discern) 2. FED Charge Analysis (HealthAnalytics)	Use to report on posted charges including associated encounter location, CPT/HCPCS, price, charge quantity, professional or technical tier, and RVUs.
Action Codes	Revenue Cycle - Productivity by Action Code (Discern)	Use to see actions performed by users on patient accounts within Revenue Cycle.
Workqueues	Revenue Cycle - Workqueue Summary (Discern)	Use to see a high-level summary of the volume and number of encounters present in queues.
Payments	1. Revenue Cycle - Payment Summary (Discern) 2. FED Cash Analysis (HealthAnalytics)	Use to view payments received and posted as summarized by encounter and/or payer attributes.
Adjustments	1. Revenue Cycle - Adjustment Summary (Discern) 2. FED Adjustments Analysis (HealthAnalytics)	Use to view adjustments posted as summarized by encounter and/or payer attributes.
Census	1. Revenue Cycle - Encounter Demographics (Discern) 2. FED Census Management Analysis (HealthAnalytics) 3. FED Encounter Demographics Analysis (HealthAnalytics)	Use as an all-purpose (IP and OP) census report for tracking on visit counts by location. Use Encounter Demographics to determine registration detail information including health plans and financial class.



FED Patient AR Analysis Encounter

- Report Level: Encounter level
- Report Use Cases:
 - Aging Accounts Receivables (AR)
 - Timely Filing
 - Tracking Overall Health of Business, snapshot of all AR
 - Monitoring Discharged Not Final Billed (DNFB) encounters
 - Identifying Credit Balances



FED Patient AR Analysis Encounter Filters

- Recommended Filters:
 - Association Type: Select your Facility
 - Balanced Date: Custom, select single date or most recent date that will populate data. There is a system data lag that is typically 1-3 days.
 - Proceed to Summary tab

Prompts and Navigation | Summary | Detail | Information

Government Patient AR
Analysis (Encounter)

Association Type	Association	Balance Date	Custom Date
Facility	(All)	Custom	02/22/2024

FED Patient AR Analysis Encounter Filters con't

- Recommended Filters:
 - Financial Class: Exclude Tricare and TRICARE2 for smaller data extract
 - Encounter Type: Exclude Null, Absent Sick, Between Visit, Care Not Rendered, Dental, Lifetime Pharmacy, Mass Readiness, Mass Vaccine, Outside Documentation Only, Pre Outpatient, Preadmit, Preclinic, PreRecurring, Prereg, Referral Tracking

Primary Financial Class Secondary Financial Class

(All) (All)

HMO
 INTERAGENCY PROSPECTIVE PYMNT
 INTERAGENCY SF1080
 Liability Medical
 MAC
 Medicaid
 Medicare
 Medicare 2
 Medicare Advantage
 Medicare Supplement
 Mutually Defined Unknown
 NON GOVERNMENT AGENCY
 OCC HLTH OWCP
 Other Federal Program
 Other Non-Federal Programs
 Point of Service (POS)
 Preferred Provider Organization (PPO)
 Secretarial Designee
 Self Pay
 SERVICE AFFILIATES
 Title V
 Tricare
 TRICARE 2
 VA Carve Out
 VA Core
 VA Humanitarian
 VA TRICARE
 Workers Comp

Cancel Apply

Encounter Type Provider

(All) Admittin

(All)
 Null
 Absent Sick
 Between Visit
 Care Not Rendered
 Clinic
 Day Surgery
 Dental
 Emergency
 Inpatient
 Lifetime Pharmacy
 Mass Readiness
 Mass Vaccine
 Observation
 Outpatient
 Outpatient Hold
 Outpatient in a Bed
 Outside Documentation Only
 PHA
 Pre Outpatient
 Preadmit
 Preclinic
 PreRecurring
 Prereg
 Recurring
 Referral Tracking

Cancel Apply



Analysis of Data using Pivot Tables

- Recommended Pivot tables:
 - Follow instructions from 101 HARC presentation to create pivot tables with the downloaded data
 - Below are examples of useful Rows and Column views:

Filters	Columns
	Original Bill Age Categ...

Rows	Σ Values
Balance Status	Sum of Total Balance ...

Aging by Balance Status + Bill Age

Filters	Columns

Rows	Σ Values
Balance Status	Sum of Total Balance ...
Primary Financial Cla...	
Secondary Financial ...	

Balance Status by Financial Class

Filters	Columns

Rows	Σ Values
Balance Status	Sum of Total Balance ...
DNFB Status	
DNFB Reason	
Hold Reason	

DNFB Balance Status + Hold Reasons

Filters	Columns
	Σ Values

Rows	Σ Values
Balance Status	Sum of Total Charge A...
Primary Financial Cla...	Sum of Total Balance ...
Secondary Financial ...	Sum of Total Payment...
	Sum of Total Adjustm...

Charges + Payments + Adjustments for Balance Breakdown by Financial Class



Balance Status Definition

- Report breaks down AR into the following three Balance Statuses:
 - In-House: Encounter not yet discharged, but accruing charges.
 - DNFB: Encounter is discharged, but not final billed. Hold reason present.
 - Billed: Encounter has qualified as “Billed” per the defined qualifications. Hold may still be present.

Definitions

Patient AR Balance Status:

1. If Bad Debt Balance > 0, then Balance Status = Bad Debt
2. If DNFB Status exists, then Balance Status = DNFB
3. If Non-Final Interim Billed, then Balance Status = In-House
4. If Final Interim Billed, then Balance Status = Billed
5. If Billed, where Billed is defined as: there is a claim generated, submitted, and transmitted on any primary insurance balance OR at least one of the primary insurance benefit orders is in a completed status, via manual completion or set to completed by auto-posting of an adjustment; then Balance Status = Billed
6. If not Billed, then Balance Status = In-House

Note: An encounter will no longer be considered DNFB, and not get assigned a DNFB Status, DNFB Reasons, or DNFB Balance Status consistent with the definitions of 'Billed' above

ORIGINAL_BILL_AGE and FINAL_ORIGINAL_BILL_AGE:

Fields and corresponding aging buckets are based on the first and latest dates from the primary benefit order(s):

1. Transmit date from an OHI/DOD-VA SHARING claim
2. Submit date from a patient statement if the encounter is self pay primary

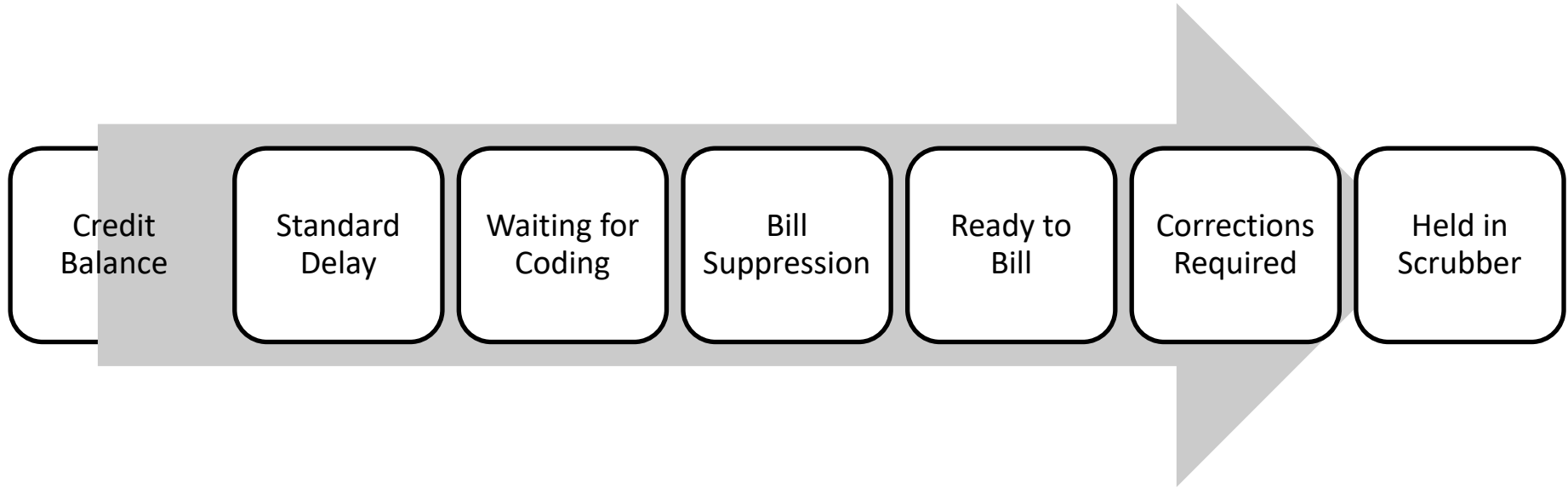
Total Balance = Total Charges - Total Payments - Total Adjustments





Understanding the DNFB Priority

DNFB is affected by the hold priority. Accounts will only show up in the category with the higher priority in the DNFB hierarchy.



DNFB Status and Holds

DNFB Status	Description
Bill Suppression	A hold is applied to the encounter where the hold has either "Statement Suppression" or "Claim Suppression." Bill Suppression status can further be broken out and categorized by DNFB Reason.
Correction Required	Bill is generated but is in a Pending Status with a Status reason of "Correction Required."
Held In Scrubber	Claim has been generated and is in an external scrubber, but hasn't transmitted to payer.
Credit Balance	No charges have been applied to the encounter and it has a credit balance.
Ready to Bill	Encounter is Ready to Bill. Once Claim/Statement is transmitted it will be removed from DNFB.
Standard Delay	This is a client defined period of time (usually a few days) that allows charges to be dropped. Inpatient = 4 days, Observation = 3 days, all other encounter types = 2 days in Standard Delay.
Waiting for Coding	A Waiting for coding hold is applied, pending coding completion.

- DNFB “Bill Suppression” and “Waiting for Coding can further be broken down by DNFB or Hold Reason:
 - See [Appendix](#) for Bill Suppression Hold Reasons



Report Aging and Total Balance Field

ORIGINAL_BILL_AGE and FINAL_ORIGINAL_BILL_AGE:

Fields and corresponding aging buckets are based on the first and latest dates from the primary benefit order(s):

1. Transmit date from an OHI/DOD-VA SHARING claim
2. Submit date from a patient statement if the encounter is self pay primary

$\text{Total Balance} = \text{Total Charges} - \text{Total Payments} - \text{Total Adjustments}$

- Total Balance field is used to display the Total Encounter Balance based off the report run date (Balance Date) and represents Total Charges minus Total Payments and/or Adjustments at the Encounter Level
- Aging can be broken into ORIGINAL_BILL_AGE and FINAL_ORIGINAL_BILL_AGE fields in the report to age off bill date
 - Aging may also be created based off DISCHARGE_AGE
 - Note: Discharge Aging Category will not Age DNFB Balance Status



Credit Balances

- Reporting can identify Credit Balances separately
- Credit Balances are negative AR balances remaining on encounters that will queue up in various Revenue Cycle work queues for correction such as EOB Variance, Credit Balance, and Late Charges
- Re-run report and on the Summary page, select only AR – Credit from the Balance Type dropdown before running report

Encounter Type	Provider Type	DNFB Reason	Source Description
II)	Admitting Provi...	(All)	LCAH:NCR_MILLENN
Charge Category	Provider	Balance Type	
Charge Age Category	(All)	(All)	
Category	DNFB Status	<input type="checkbox"/> (All)	
II)	(All)	<input checked="" type="checkbox"/> AR - Credit	
		<input type="checkbox"/> AR - Debit	
		<input type="checkbox"/> AR - Zero	
		Cancel	Apply



FED Claims Analysis

- Report Level: Claim level
- Report Use Cases:
 - Monitoring claims by status: generated, submitted and transmitted claims
 - Track claim volumes and total billed amounts
 - Manage and check claims submitted to Claims Clearinghouse (SSI) and transmitted to payers



FED Claims Analysis Filters

- Recommended Filters:
 - Association Type: Select your Facility
 - Date: Use Discharge Date, Generated Date, or Transmitted Date depending on report pull
 - Balanced Date: Custom, select preferred date range
 - Proceed to Summary tab

Government Claims
Analysis

Association Type	Association	Date	Date Range Type	Date Range	Custom Date Range
Facility	(All)	Generated Date	Fiscal	Custom	01/01/2024 01/31/2024



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FED Claims Analysis Filters, cont.

- Recommended Filters:
 - Financial Class: Exclude Tricare and TRICARE2 for smaller data extract
 - Encounter Type: Exclude Null, Absent Sick, Between Visit, Care Not Rendered, Dental, Lifetime Pharmacy, Mass Readiness, Mass Vaccine, Outside Documentation Only, PHA, Pre Outpatient, Preadmit, Preclinic, PreRecurring, Prereg, Referral Tracking

Financial Class

(All)

- (All)
- Blue Cross/Blue Shield
- ChampVA
- CIVILIAN CONTRACTOR
- CIVILIAN EMERGENCY
- CIVILIAN EMPLOYEE
- Commercial/OHI
- COSMETIC
- DOD-VA SHARING
- FEDERAL AGENCIES
- FOREIGN AFFILIATES
- HMO
- INTERAGENCY PROSPECTIVE PYMNT
- INTERAGENCY SF1080
- MAC
- Medicaid
- Medicare
- Medicare 2
- Medicare Advantage
- Medicare Supplement
- NON GOVERNMENT AGENCY
- OCC-HLTH OWCP
- Secretarial Designee
- Self Pay
- SERVICE AFFILIATES
- Tricare
- TRICARE 2
- Workers Comp

Cancel Apply

Encounter Type

(All)

- (All)
- Null
- Between Visit
- Care Not Rendered
- Clinic
- Day Surgery
- Dental
- Emergency
- Inpatient
- Mass Readiness
- Mass Vaccine
- Observation
- Outpatient
- Outpatient in a Bed
- PHA
- Prereg
- Recurring

Cancel Apply



FED Claims Analysis Pivot Tables

- Create Pivot tables in Excel based on the below:

Filters	Columns
	Σ Values

Rows	Σ Values
Financial Class	Sum of Claim Amount
Claim Status	Count of Claim Number
Claim Status Reason	

Claim \$\$\$ and Claim
Volume by Claim Status
and Financial Class

Filters	Columns
Claim Status	Σ Values

Rows	Σ Values
Financial Class	Sum of Claim Amount
Discharge Date	Count of Claim Number

Claim \$\$\$ and Claim
Volume by Claim Status
based off Discharge Date



FED Claims Analysis Pivot Tables cont. *

- Create Pivot tables in Excel based on the below:

Row Labels	Sum of Claim Amount	Count of Claim Number
Blue Cross/Blue Shield	\$ 2,764,400.73	2507
Canceled	\$ 732,302.01	600
Denied Pending Review	\$ 4,569.17	32
Pending	\$ 754,595.50	938
Correction Required	\$ 754,595.50	938
Submitted	\$ 811,797.43	124
Auto Submit	\$ 811,797.43	124
Transmitted	\$ 461,136.62	813
Auto Submit	\$ 461,136.62	813

Claim \$\$\$ and Claim
Volume by Claim Status
and Financial Class

Row Labels	Sum of Claim Amount	Count of Claim Number
Canceled	\$ 2,841,838.41	1893
Denied Pending Review	\$ 152,018.85	140
Pending	\$ 5,513,574.26	7332
Ready to Submit	\$ 2,029.47	6
Submitted	\$ 14,472,609.77	5588
Transmitted	\$ 2,096,578.33	2280
Transmitted by Crossover	\$ 61.82	1
Grand Total	\$ 25,078,710.91	17240

Claim \$\$\$ and Claim
Volume by Claim Status
based off Discharge Date



FED Claims Analysis Definitions

- Claim State: Definitions Vary by Financial Class, DoD-VA Sharing/OHI below
 - Generated – Claim has been generated in Revenue Cycle for scrubbing
 - Submitted – Claim submitted to Claims Clearinghouse (SSI)
 - Transmitted – Claim transmitted to payer from Claims Clearinghouse (SSI)
- Claim Status and Claim Status Reason:
 - Canceled – Canceled
 - Denied – Denial received
 - Denied Pending Review – Denial received, technical denial review needed
 - Pending – Correction Required, claim stuck in Edit Failure Work Item queue
 - Ready To Submit – awaiting Ops Job submit to batch
 - Submitted – Claim submitted to Claims Clearinghouse (SSI)
 - Transmitted – Claim transmitted to payer from Claims Clearinghouse (SSI)
 - Transmitted by Crossover – Claim transmitted to secondary payer, forward



FED Claim Edit Analysis

- Report Level: Edit level
- Report Use Cases:
 - Monitoring Claim Edits originating in Revenue Cycle and from the Alpha ii Claim Scrubber
 - Tracking Clean Claim Rate
 - Use as a report alternative or tracker for Edit Failure Work Item queues in Revenue Cycle



FED Claim Edit Analysis Filters

- Recommended Filters:
 - Association Type: Select your Facility
 - Date: Use Discharge Date, Edit Date, or Generated Date depending on report pull
 - Balanced Date: Custom, select preferred date range (Large Volume report, you may need to keep date ranges reasonable)
 - Proceed to Summary tab

Association Type	Association	Date	Date Range
Facility ▼	(All) ▼	Generated Date ▼	Custom ▼



FED Claim Edit Analysis Filters, cont.

- Recommended Filters:

- Financial Class: Exclude Tricare and TRICARE2 for smaller data extract
- Encounter Type: Exclude Null, Absent Sick, Between Visit, Care Not Rendered, Dental, Lifetime Pharmacy, Mass Readiness, Mass Vaccine, Outside Documentation Only, PHA, Pre Outpatient, Preadmit, Preclinic, PreRecurring, Prereg, Referral Tracking

Financial Class Plan Responsi

(All) (All)

- (All)
- Blue Cross/Blue Shield
- ChampVA
- CIVILIAN CONTRACTOR
- CIVILIAN EMERGENCY
- CIVILIAN EMPLOYEE
- Commercial/OHI
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- FEDERAL AGENCIES
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- NON GOVERNMENT AGENCY
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- Secretarial Designee
- Self Pay
- SERVICE AFFILIATES
- Tricare
- TRICARE 2
- Workers Comp

Cancel Apply

Encounter Type

(All)

- (All)
- Null
- Between Visit
- Care Not Rendered
- Clinic
- Day Surgery
- Dental
- Emergency
- Inpatient
- Mass Readiness
- Mass Vaccine
- Observation
- Outpatient
- Outpatient in a Bed
- PHA
- Prereg
- Recurring

Cancel Apply



FED Claim Edit Analysis Pivot Tables

- Create Pivot tables in Excel based on the below:

Filters		Columns	
Financial Class	▼	Σ Values	▼
Rows		Σ Values	
Edit Category	▼	Count of Claim Number	▼
Edit Description	▼	Sum of Claim Amount	▼

Edit Total \$\$\$ and Edit Volume by Financial Class, Edit Category, and Edit Description

Financial Class	(Multiple Items)		
Row Labels	Count of Claim Number		Sum of Claim Amount
ANSI	4561	\$	8,704,778.23
Internal Edits	4801	\$	5,834,400.86
	3811	\$	5,072,274.92
CCI/OCE	625	\$	3,331,069.08
Diagnosis	535	\$	1,186,320.71
Dates	1451	\$	901,248.22
CPT/HCPCS	271	\$	660,363.85
Units	201	\$	633,251.49
Other	1450	\$	526,191.49
Type of Service	536	\$	509,837.03
MCE	4	\$	160,857.10
Provider	264	\$	62,341.58
Reimbursement	26	\$	51,880.39
Technical	15	\$	26,775.50
Grand Total	18551	\$	27,661,590.45



FED Claim Edit Analysis Definitions

- Alpha II is an embedded edit claim scrubber, within Revenue Cycle. The edits are triggered when a claim is generated.
- Edit Category – Grouping of Edits, correlates closely to Edit Failure Work Item queues. See next slide for ownership and Edit Category listing
- Edit Description – Specific Edit Description unique to each edit, maps to Edit Alias which HARC report does not contain

Bill Validation

Claim Has Validation Errors
Validation has completed successfully. Below are the validation errors that were found.

Alias	Description	Field	Index	Severity
	(2010BA NM109) Subscriber Member Number i...	WPC83715010_2010B...		INFORMATION
	(2400 SV107) Missing line level diagnosis			INFORMATION
	(2400 SV101) Missing procedure code			INFORMATION
	Accident date populated without accident info (2...			INFORMATION
CW15028	(PROV) This claim type requires the use of an in...		1	CRITICAL
CW15127	(OCCURCODE) The date associated with this oc...		1	CRITICAL

(OCCURCODE) The date associated with this occurrence code is missing or invalid.
(OCCURCODE) The date associated with this occurrence code is missing or invalid.

OK



FED Claim Edit Analysis – Edit Categories

- Edit Categories are assigned by Work Item
- Look for Edit Failure Resources and information housed on UBO LaunchPad:
- <https://info.health.mil/bus/brm/ubo/Pages/UBORC.aspx>

Edit Failure Categories	Responsible Party/Assignee (Work Item Owner)
ANSI	UBO/Biller
Authorization for ROI Review	UBO/Biller
CCI/OCE	Coding
Condition Code	UBO/Biller
CPT/HCPCS	Coding
Dates	UBO/Biller
Demographic	PAD
Diagnosis	Coding
E/M	Coding
Identification	UBO/Biller
MCE	Coding
Medical Necessity	Coding
Modifier	Coding
Occurrence Code	UBO/Biller
Place of Service	UBO/Biller
Provider	UBO/Biller
Quality Measures	UBO/Biller
Reimbursement	UBO/Biller
Revenue Code	UBO/Biller
Type of Service (aka Type of Bill)	UBO/Biller
Units	Coding
Value Code	UBO/Biller
Other	UBO/Biller



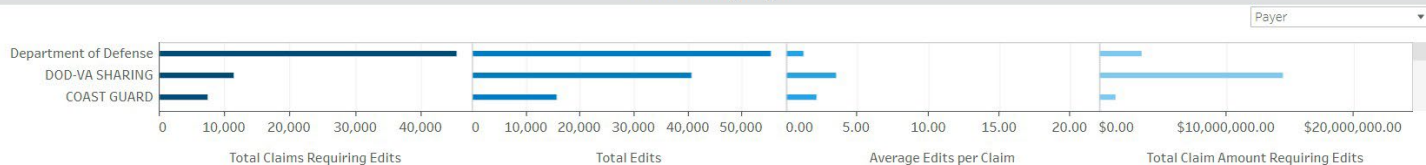
Discovery Report Example: Claim Edit Discovery

Government Claim Edit Discovery

Date Range Type	Date	Date Range				
Fiscal	Generated Date	Last 2 Months				
Trend	Service Connected	Encounter Type	Plan Responsibility Sequence	Health Plan	Provider	Edit Severity
Weekly	Null	(All)	(All)	(All)	(All)	(All)
Association Type	Special Authority	Medical Service	Financial Class	Media Type	Edit Category	Edit Severity Code
Facility	(All)	(All)	(Multiple values)	(All)	(All)	(All)
Association	Encounter Classification	Bill Type	Payer	Provider Type	Edit Category Code	Source Description
(All)	(All)	(All)	(All)	Admitting Provider	(All)	LCAH:NCR_MILLENNIUM.P...

250.06K	107.02K	247.68K	2.31	\$63.25M	57.20%
Total Claims	Total Claims Requiring Edits	Total Edits	Average Edits per Claim	Total Claim Amount Requiring Edits	Clean Claim Rate

Claim Edits by Payer



ANSI	Type of Service	Internal Edits	CCI/OCE	Other	Diagnosis	CPT/HCPCS	Provider	Dates	Units	Technical	Medical Neces..	Reimburse..	MCE	Revenue Code
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Clean Claim Rate Trend



Common HARC Questions

- Who is responsible for running these reports?
 - MTF UBO Staff at all levels may run these reports, but in particular UBO managers may find these reports useful for answering questions from leadership and reporting performance. View these reports as tools to answer questions.
- What reports should I run, or what do these reports contain?
 - See next slide with a table of reports.
- What is the difference between HARC “Analysis” and “Discovery” reports?
 - Discovery reports are drawn from the same data tables and source as the Analysis reports, but serve a different function. The Discovery reports are dashboards with built in metrics and trending graphs, but many of the same filters as the Analysis reports. Use the Analysis reports in order to Summarize and download data, use the Discovery reports to track and trend data over time.



Patient Accounting Discern & HealthAnalytics Reports

Subject Area	Report Name	Primary Use
Claims	1. Revenue Cycle - Claim Status (Discern) 2. FED Claims Analysis (HealthAnalytics)	Use to report on billings at a detail or summary level.
Claim Edits	1. Revenue Cycle - Edit Failure Detail (Discern) 2. FED Claim Edit Analysis (HealthAnalytics)	Use to see what is preventing automated 3rd party billing.
DNFB (Discharged Not Final Billed)	1. Revenue Cycle - DNFB Summary (Discern) 2. FED DNFB Analysis Encounter (HealthAnalytics)	Use to see what is unbilled and why.
AR (Accounts Receivable)	1. Revenue Cycle - Aged AR Detail (Discern) 2. FED Patient AR Analysis Encounter (HealthAnalytics)	Use to monitor accounts receivable including undischarged, unbilled, and billed.
Denials	1. Revenue Cycle - Denials Analysis (Discern) 2. FED Denials Analysis (HealthAnalytics)	Use to review denial codes posted to claims via remittances.
Charges	1. Revenue Cycle - CDM Statistics (Discern) 2. FED Charge Analysis (HealthAnalytics)	Use to report on posted charges including associated encounter location, CPT/HCPCS, price, charge quantity, professional or technical tier, and RVUs.
Action Codes	Revenue Cycle - Productivity by Action Code (Discern)	Use to see actions performed by users on patient accounts within Revenue Cycle.
Workqueues	Revenue Cycle - Workqueue Summary (Discern)	Use to see a high-level summary of the volume and number of encounters present in queues.
Payments	1. Revenue Cycle - Payment Summary (Discern) 2. FED Cash Analysis (HealthAnalytics)	Use to view payments received and posted as summarized by encounter and/or payer attributes.
Adjustments	1. Revenue Cycle - Adjustment Summary (Discern) 2. FED Adjustments Analysis (HealthAnalytics)	Use to view adjustments posted as summarized by encounter and/or payer attributes.
Census	1. Revenue Cycle - Encounter Demographics (Discern) 2. FED Census Management Analysis (HealthAnalytics) 3. FED Encounter Demographics Analysis (HealthAnalytics)	Use as an all-purpose (IP and OP) census report for tracking on visit counts by location. Use Encounter Demographics to determine registration detail information including health plans and financial class.



Additional Resources

- DHA UBO Revenue Cycle HelpFul HandOuts:
 - [Located on Launchpad on the MHS GENESIS - UBO Revenue Cycle Page](#)
- HealthAnalytics Project Portal / log on URL:
 - <https://federal.analytics.healtheintent.ehr.gov>
- Federal Reporting Content Catalog:
 - <https://federalcontentcatalog.cerner.com/>
- HealthAnalytics: Revenue Cycle Help Page
 - <https://wiki.ucern.com/x/MecvVw>
- Overview of Standardized Data Models
 - <https://wiki.cerner.com/x/q5VzYw>
- KPI Data Dictionary
 - <https://wiki.ucern.com/x/4IDiXw>



Questions

- Please place your questions in the chat



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Detail Extract – FED Patient AR Analysis Encounter

Column Header	Column Reference
Accounts Receivable UID	Column A
Billing Organization	Column B
Facility	Column C
Source Organization	Column D
Nurse Unit Location	Column E
Service Connected	Column F
Special Authority	Column G
Patient Room	Column H
Balance Status	Column I
Patient Full Name	Column J
Account Number	Column K
Encounter Number	Column L
Patient MRN	Column M
Discharge Age Category	Column N
Last Payment Age Category	Column O
Responsibility Transfer Age Category	Column P
Original Bill Age Category	Column Q
Final Original Bill Age Category	Column R
Actual Arrival Date	Column S
Admission Date	Column T
Discharge Date	Column U

Original Bill Date	Column V
Final Original Bill Date	Column W
Balance Date	Column X
DNFB Status	Column Y
DNFB Reason	Column Z
Hold Reason	Column AA
Primary Financial Class	Column AB
Primary Payer	Column AC
Primary Health Plan	Column AD
Secondary Financial Class	Column AE
Secondary Payer	Column AF
Secondary Health Plan	Column AG
Responsible Financial Class	Column AH
Responsible Payer	Column AI
Responsible Health Plan	Column AJ
Plan Responsibility Sequence	Column AK
Bill Number	Column AL
Last Claim Transmitted Date	Column AM
Primary DRG	Column AN
Primary DRG Weight	Column AO
Collection Agency	Column AP
Encounter Classification	Column AQ

Medical Service	Column AS
Attending Provider	Column AU
Supervising Provider	Column AW
Dunning Level	Column AY
Last Action Personnel	Column BA
Last Action Description (Detail Table)	Column BC
Billed Balance Amount	Column BE
Total Adjustment Amount	Column BG
Total Charge Amount	Column BI
Unbilled Balance Amount	Column BK



Detail Extract – FED Claims Analysis

Column Header	Column Reference
Claim UID	Column A
Billing Organization	Column B
Facility	Column C
Source Organization	Column D
Nurse Unit Location	Column E
Service Connected	Column F
Special Authority	Column G
Financial Class	Column H
Payer	Column I
Health Plan	Column J
Plan Responsibility Sequence	Column K
Admitting Provider	Column L
Attending Provider	Column M
Verifying Provider	Column N
Claim Number	Column O
Claim Amount	Column P
Claim Status	Column Q
Claim Status Reason	Column R

Payer Status Category Group	Column S
Payer Status Category Code	Column T
Payer Status Category Description	Column U
Payer Status Code	Column V
Payer Status Description	Column W
Encounter Classification	Column X
Encounter Type	Column Y
Medical Service	Column Z
Media Type	Column AA
Actual Arrival Date	Column AB
Admission Date	Column AC
Discharge Date	Column AD
First Posted Date	Column AE
First Service Date	Column AF
Generated Date	Column AG
Last Posted Date	Column AH
Last Service Date	Column AI
Submitted Date	Column AJ
Transmitted Date	Column AK



Detail Extract – FED Claim Edit Analysis

Column Header	Column Reference
Claim UID	Column A
Detail - Edit Description	Column B
Detail - Edit Date	Column C
Billing Organization	Column D
Facility	Column E
Source Organization	Column F
Edit Severity Code	Column G
Edit Severity	Column H
Edit Category Group	Column I
Edit Category Code	Column J
Edit Category	Column K
Edit Description	Column L
Media Type	Column M
Financial Class	Column N
Health Plan	Column O
Plan Responsibility Sequence	Column P
Claim Number	Column Q
Claim Amount	Column R
Account Number	Column S

Encounter Number	Column T
Discharge Date	Column U
Edit Date	Column V
Generated Date	Column W
Submitted Date	Column X
Transmitted Date	Column Y
First Service Date	Column Z
Last Service Date	Column AA
First Posted Date	Column AB
Last Posted Date	Column AC
Discharge Age	Column AD
Generated Age	Column AE
Discharge Age Category	Column AF
Generated Age Category	Column AG
Admitting Provider	Column AH
Attending Provider	Column AI
Verifying Provider	Column AJ
Encounter Classification	Column AK
Encounter Type	Column AL
Patient Name	Column AM



HARC Default Summary Table Rows and Columns, cont.

- Patient AR Analysis Encounter:

Chart Value	Column Grouping 1	Column Grouping 2	Column Grouping 3				
Total Balance Amount	Discharge Age Category	(Blank)	(Blank)				
View As:		Not Aged	DNFB	0-30	31-60	61-90	91-120
<input checked="" type="radio"/> Value (\$/#)	Blue Cross/Blue Shield	\$74.69	\$206,209.19	\$4,597.57	\$23,987.75	\$21,673.39	\$24,738.76
<input type="radio"/> % of Row Total	CIVILIAN CONTRACTOR	\$0.00	\$13,275.37	\$2,415.13	\$951.07	\$5,561.94	\$2,595.50
<input type="radio"/> % of Column Total	CIVILIAN EMERGENCY	\$10,313.68	\$46,268.40	\$4,796.60	\$46,967.32	\$9,591.07	\$5,626.14
Row Grouping 1	CIVILIAN EMPLOYEE	\$0.00	\$39,596.57	\$6,221.56	\$9,989.10	\$26,051.59	\$14,857.11
Primary Financial Class	Commercial/OHI	\$9,116.99	\$174,297.43	\$7,163.63	\$27,247.96	\$6,590.90	\$36,897.07
Row Grouping 2	DOD-VA SHARING	\$652,970.54	\$9,429,695.12	\$72,548.72	\$810,500.62	\$742,744.36	\$923,868.47
Primary Payer	FOREIGN AFFILIATES	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Row Grouping 3	INTERAGENCY PROSPEC..	\$3,037.90	\$496,745.29	\$4,511.34	\$15,301.34	\$21,171.25	\$28,488.96
Primary Health Plan	INTERAGENCY SF1080	\$161.48	\$16,721.57	\$8,135.15	\$6,966.84	\$4,110.35	\$10,292.77
Row Grouping 4	MAC	\$0.00	\$4,647.26	\$0.00	\$469.59	\$1,029.07	\$2,807.94
Balance Status	Medicare 2	\$0.00	\$596.73	\$0.00	\$0.00	\$0.00	\$0.00
Row Grouping 5	Medicare Advantage	\$0.00	\$223.26	\$0.00	\$0.00	\$0.00	\$0.00
(Blank)	Medicare Supplement	\$0.00	\$9,315.18	\$9.89	\$686.24	\$0.00	\$0.00
	NON GOVERNMENT AGE..	\$0.00	\$235.20	\$0.00	\$0.00	\$0.00	\$0.00
	OCC HLTH OWCP	\$169.32	\$15,889.37	\$0.00	\$8.79	\$136.38	\$515.85
	Self Pay	\$1,281.70	\$644,016.34	\$0.00	\$0.00	\$0.00	\$0.00
	SERVICE AFFILIATES	\$0.00	\$5,112.53	\$1,372.41	\$2,076.63	\$4,696.50	\$6,568.13
	VA Humanitarian	\$0.00	\$301.43	\$0.00	\$0.00	\$0.00	\$0.00
	Grand Total	\$677,126.30	\$11,103,146.24	\$111,772.00	\$945,153.25	\$843,356.80	\$1,057,256.70



HARC Default Summary Table Rows and Columns, cont.

- Claim Edit Analysis:

Column Grouping 1		Column Grouping 2		Column Grouping 3				
Generated Year		Generated Month		(Blank)				
Row Grouping 1		2024			Grand Total			
Billing Organization		Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits	Total Claims Requiring Edits	Total Edits	Total Claim Amount Requiring Edits	
Row Grouping 2	Facility	0001-AHC Fox-Redstone A..	299	474	\$29,696.10	299	474	\$29,696.10
		0003-AHC Lyster-Rucker	965	1,561	\$71,128.52	965	1,561	\$71,128.52
Row Grouping 3	(Blank)	0004-AF-C-42nd MEDGRP-..	509	1,227	\$33,611.32	509	1,227	\$33,611.32
		0005 Bassett ACH	3,525	6,791	\$888,677.87	3,525	6,791	\$888,677.87
		0006 673rd MDG	3,325	7,556	\$1,868,023.29	3,325	7,556	\$1,868,023.29
Row Grouping 4	(Blank)	0008 R.W.Bliss Army Heal..	959	1,541	\$75,546.33	959	1,541	\$75,546.33
		0009 56th Medical Group	1,354	3,730	\$133,011.19	1,354	3,730	\$133,011.19
		0010 Davis Monthan Clinic	323	726	\$28,234.94	323	726	\$28,234.94
Row Grouping 5	(Blank)	0013 AF-C-19TH MEDGRP-..	201	481	\$16,972.02	201	481	\$16,972.02
		0014-60th Medical Group-..	8,033	27,331	\$5,660,648.82	8,033	27,331	\$5,660,648.82
		0015 9th Medical Group	213	428	\$14,096.77	213	428	\$14,096.77
		0018 30th Medical Group	230	432	\$18,769.98	230	432	\$18,769.98
		0019 412th MDG	251	369	\$16,450.44	251	369	\$16,450.44
		0024 NH Camp Pendleton	3,858	8,415	\$1,257,803.16	3,858	8,415	\$1,257,803.16
		0028- Naval Health Clinic ..	1,254	2,041	\$176,043.17	1,254	2,041	\$176,043.17



HARC Default Summary Table Rows and Columns, cont.

1a

- Claims Analysis:

Column Grouping 1		Column Grouping 2		Column Grouping 3					
Claim State		(Blank)		(Blank)					
Row Grouping 1	Claim Status	Generated				Submitted			
Claim Status Reason		Claim Amount	Claim Count	Avg Submission Lag	Avg Transmission Lag	Claim Amount	Claim Count	Avg Submission Lag	Avg Transmission Lag
	Canceled	\$14,566,187.43	42,491	0.00	0.00	\$6,347,328.15	7,079	0.65	0.00
	Denied	\$0.00	0	0.00	0.00	\$0.00	0	0.00	0.00
	Denied Pending Review	\$0.00	0	0.00	0.00	\$13,955.14	123	0.44	0.00
	Pending	\$121,058,623.04	540,558	0.00	0.00	\$0.00	0	0.00	0.00
	Ready to Submit	\$809,956.84	3,510	0.00	0.00	\$707.70	4	0.50	0.00
	Submitted	\$0.00	0	0.00	0.00	\$828,831,131.33	5,458,715	0.01	0.00
	Transmitted	\$0.00	0	0.00	0.00	\$0.00	0	0.00	0.00
	Transmitted by Crossover	\$258.22	1	0.00	0.00	\$3,062.13	29	1.76	0.00
	Grand Total	\$136,435,025.53	586,560	0.00	0.00	\$835,196,184.45	5,465,950	0.02	0.00



HARC Default Summary Table Rows and Columns, cont. 1b

- DNFB Analysis Encounter:

Chart Value: Total Balance Amount | Column Grouping 1: DNFB Status | Column Grouping 2: (Blank) | Column Grouping 3: (Blank)

View As: Value (\$/#) | % of Row Total | % of Column Total

Row Grouping 1: Primary Financial Class

Row Grouping 2: Primary Payer

Row Grouping 3: Primary Health Plan

Row Grouping 4: (Blank)

Row Grouping 5: (Blank)

	Bill Suppression	Correction Required	Credit Balance	Held in Scrubber	Ready to Bill
Blue Cross/Blue Shield	\$59,922.41	\$144,681.31	\$0.00	\$653.57	\$
CIVILIAN CONTRACTOR	\$69.20	\$0.00	\$0.00	\$0.00	\$
CIVILIAN EMERGENCY	\$16,928.24	\$5,887.54	\$0.00	\$0.00	\$1
CIVILIAN EMPLOYEE	\$3,737.40	\$243.78	\$0.00	\$162.70	\$
Commercial/OHI	\$75,147.54	\$122,627.97	\$0.00	\$204.63	\$3
COSMETIC	\$0.00	\$0.00	\$0.00	\$0.00	\$
DOD-VA SHARING	\$136,106.40	\$96,930.14	\$0.00	\$1,228.15	\$
FOREIGN AFFILIATES	\$679.26	\$0.00	\$0.00	\$0.00	\$
INTERAGENCY PROSPECTIVE PYMNT	\$2,509.95	\$1,349.30	\$0.00	\$3,028.87	\$
INTERAGENCY SF1080	\$696.69	\$0.00	\$0.00	\$0.00	\$
MAC	\$1,488.68	\$0.00	\$0.00	\$0.00	\$
Medicare Advantage	\$909.16	\$0.00	\$0.00	\$0.00	\$
Medicare Supplement	\$0.00	\$2,079.52	\$0.00	\$0.00	\$
Mutually Defined Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$
NON GOVERNMENT AGENCY	\$0.00	\$0.00	\$0.00	\$0.00	\$
OCC HLTH OWCP	\$2,765.24	\$32.38	\$0.00	\$0.00	\$
Self Pay	\$327,565.85	\$0.00	\$0.00	\$0.00	\$1



HARC Default Summary Table Rows and Columns, cont.

1c

- Cash Analysis:

Column Grouping 1		Column Grouping 2		Column Grouping 3	
Posted Year		Posted Month		(Blank)	
Row Grouping 1		FY2024		Grand Total	
Primary Financial Class		Payment Amount	Payment Count	Payment Amount	Payment Count
Row Grouping 2	Blue Cross/Blue Shield	(\$582.35)	85	(\$582.35)	85
Primary Payer	CIVILIAN CONTRACTOR	(\$26.06)	8	(\$26.06)	8
Row Grouping 3	CIVILIAN EMERGENCY	(\$74.45)	3	(\$74.45)	3
Primary Health Plan	CIVILIAN EMPLOYEE	(\$502.83)	29	(\$502.83)	29
Row Grouping 4	Commercial/OHI	(\$11,588.02)	338	(\$11,588.02)	338
(Blank)	DOD-VA SHARING	(\$179,767.74)	350	(\$179,767.74)	350
Row Grouping 5	Secretarial Designee	\$0.00	2	\$0.00	2
(Blank)	Tricare	(\$30,925.86)	7	(\$30,925.86)	7
Row Grouping 5	Grand Total	(\$223,467.31)	822	(\$223,467.31)	822
(Blank)					



HARC Default Summary Table Rows and Columns, cont.

1d

- Charge Analysis:

Column Grouping 1		Column Grouping 2		Column Grouping 3		
Posted Year		Posted Month		(Blank)		
Row Grouping 1		FY2024		Grand Total		
Primary Financial Class		Charge Amount	Charge Count	Charge Amount	Charge Count	
Row Grouping 2	Primary Payer	Blue Cross/Blue Shi..	\$45,639.86	2,659	\$45,639.86	2,659
		CIVILIAN CONTRAC..	\$26,607.20	160	\$26,607.20	160
Row Grouping 3	Primary Health Plan	CIVILIAN EMERGEN..	\$130,864.84	3,859	\$130,864.84	3,859
		CIVILIAN EMPLOYEE	\$25,148.22	1,300	\$25,148.22	1,300
Row Grouping 4	(Blank)	Commercial/OHI	\$93,640.43	5,189	\$93,640.43	5,189
		DOD-VA SHARING	\$40,690.39	3,601	\$40,690.39	3,601
		HMO	\$400.38	19	\$400.38	19
Row Grouping 5	(Blank)	INTERAGENCY PRO..	\$18,275.30	594	\$18,275.30	594
		INTERAGENCY SF1..	\$20,631.88	576	\$20,631.88	576
		MAC	(\$963.12)	72	(\$963.12)	72
		Medicaid	\$131.31	2	\$131.31	2
		Medicare	(\$593,165.20)	1,084	(\$593,165.20)	1,084
		Medicare Advantage	\$7,432.23			239



FED Patient AR Analysis DNFB Bill Suppression

DNFB Status	DNFB/Hold Reason	Description	Work Item	Functional Ownership
Bill Suppression	DOD Professional Waiting for Coding (3M)	Billing hold applied to the account as it waits to be “final coded” in 3M Encoder by Coding for professional services.	DOD Profee Coding - High Level E&M, 3M Profee Coding, DOD Profee Coding - Recurring Monthly, DOD Profee Coding-Inpatient, DOD 3M Profee Coding - Post Discharge	Coding
Bill Suppression	DOD IP Room and Bed Clean Up	Billing work item applied to Inpatient encounters requiring Room and Bed rate price toggling for incorrect daily charges.	DOD IP Room and Bed Clean up	UBO/LPDH
Bill Suppression	DOD Pharmacy Clean Up	Billing work item applied to encounters with pharmacy charges requiring price toggling for incorrect pharmacy charges: either 100% mark-up incorrectly applied, or no DoD-VA Sharing discount applied.	DOD Pharmacy Clean Up	UBO/LPDH
Bill Suppression	Room and Bed/LOS Mismatch	Inpatient encounters that have a length of stay that doesn’t match the number of Room & Board charges. System drops a Room and Board charge nightly for patients’ overnight stays to capture facility fees.	DOD Room and Bed/LOS Mismatch	Clinical Ownership/RI
Bill Suppression	Patient Profile Review	Encounters flagged and held due to their Profile/PIP registration being incorrect. Correction of the Profile/PIP is required for accurate reporting and downstream billing.	DOD Incorrect Coordination of Benefits, DOD Self-Pay Only, DOD Pending DEERs Benefits Eligibility, DOD Missing Identification	PAD Registration
Bill Suppression	OCE Lab Edits	This work item queues up non-inpatient encounters with Lab CPT combinations on same date of service (DOS) requiring a Modifier. Following standard Medicare Outpatient Code Editor (OCE) billing requirements.	DOD OCE Lab Edits: 80048, 80051, 80069, 81003, 82575, 82945, 84160, 85-25, 86141, 80076, 80053	Coding
Bill Suppression	DOD Conversion Hold	Hold is applied at Go-live to In-house patient’s to ensure charges get captured appropriately in RevX.	DOD Conversion Claim Suppression, DOD OCONUS Conversion Hold	Coding/UBO/LPDH
Bill Suppression	Hold Claims	Flags and holds VA-Sharing encounters missing an Authorization for billing.	DoD-VA Sharing Authorization Missing	UBO
Bill Suppression	Pending Registration Modification	Encounters holding due to the registration information update, but charges haven’t completed processing. Patient Identification Process (PIP), consisting of the patient profile and health plan may be updated if registered incorrectly or at a later date.		PAD Registration
		Flags and holds Emergency Department (ED) visits that are indicated as qualifying for Trauma		

FED Patient AR Analysis DNFB Bill Suppression, cont.

DNFB Status	DNFB/Hold Reason	Description	Work Item	Functional Ownership
Bill Suppression	DOD CRS Statement Suppression	Patient balances flagged to be transferred to Department of Treasury Centralized Receivables Service (CRS) for collection.	DOD CRS Encounter Review	UBO
Bill Suppression	Possible Two Midnight	Patient encounters registered with a Medicare health plan and having an Inpatient encounter spanning less than two midnights to be reviewed for medical necessity.	DOD Possible Two Midnight	Clinical Ownership - Discharge Planning Staff
Bill Suppression	Hold Due to Combine	Patient encounters registered with a Medicare health plan, this hold is applied to all Outpatient encounters and retains for 72-hours before falling off if the patient does NOT qualify for the CMS 72-hour rule.	DOD 72HR- MR- Combine, DOD 72HR-NMR-Move Diagnostic/Therapeutic Charges, DOD Same Day Encounters Combine, DOD 72HR-Medically Related Assessment	HIM/Coding
Bill Suppression	Billing Combine Hold	If the encounter does qualify for CMS's 72 hour rule, these queue up for the HIM department to review medical relatedness between the Outpatient & Inpatient visit.		UBO
Bill Suppression	Pending GL Alias Classification	Research required.		UBO
Bill Suppression	VA Billing Consultation Crosswalk	VA-specific, research required.		
Bill Suppression	Ambulance Review	Encounters with the Ambulance charge HCPCS code captured for UBO to review prior to billing.	DOD Ambulance Review	UBO
Bill Suppression	Physician Note Review	Ambulatory visits that didn't have their physician note signed clinically to prevent billing.	DOD Physician Note Review	Coding
		Hold is leveraged for a few different Work Items including: 'Between Visit Encounter w/	DOD ECS Reconciliation, DOD	

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