

Summary of Provider Web Reports

The report inquiry feature allows hospitals to obtain real-time status of HSI reviews.

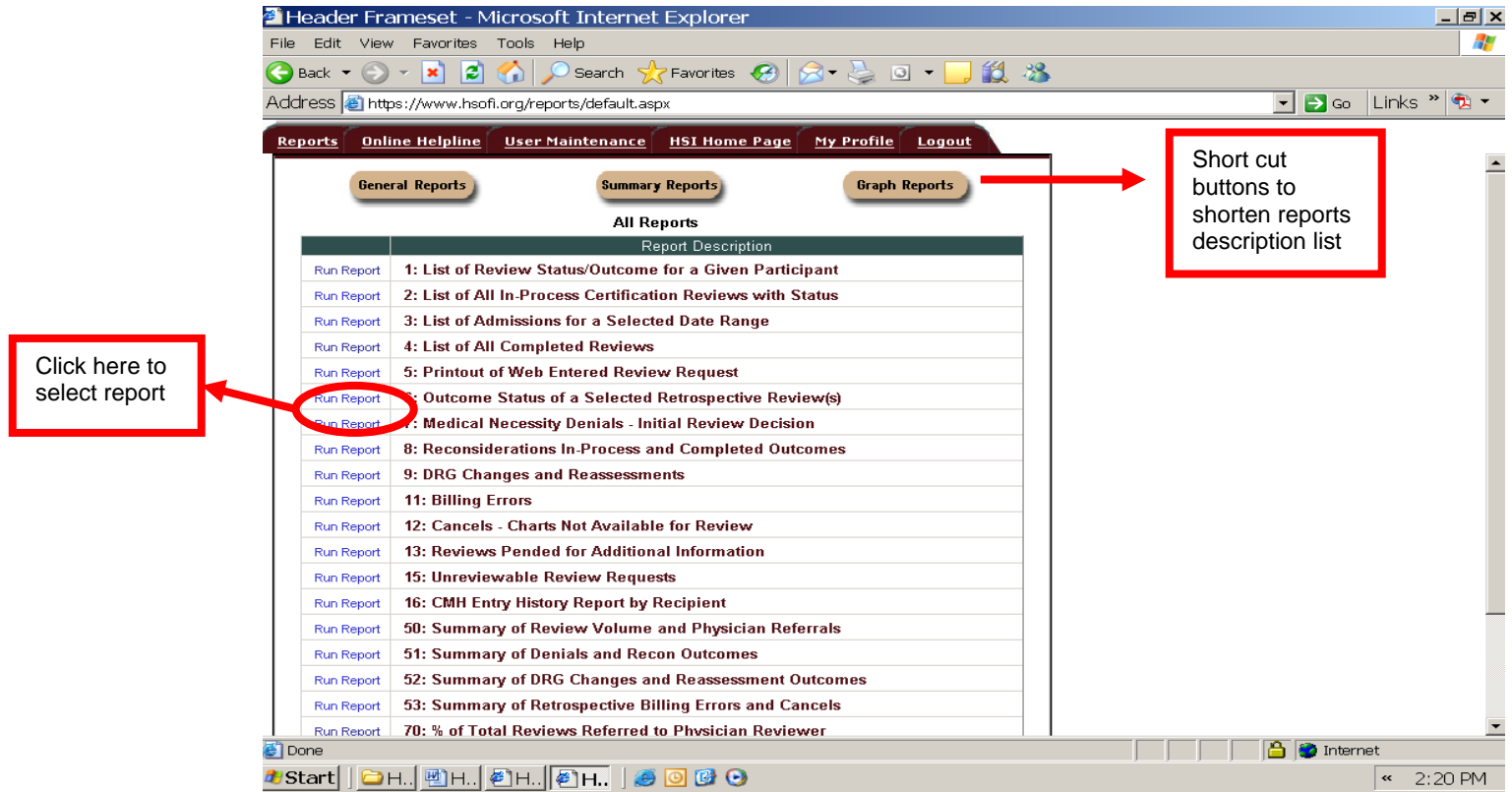
IMPORTANT: Data that is displayed is considered confidential to the facility and must be treated as such by every user who is authorized to access this module. Your facility's main contact person who is designated as the Web administrator will determine who may access the report inquiry module and assign a unique User Name and Password.

Access Report Inquiry Module

- The inquiry module is accessible via HSI's Web site home page. Access the Internet with Internet Explorer and go to www.hsofi.org.
- Click on the side bar link named Reports and Communications.

The screenshot shows a Microsoft Internet Explorer browser window displaying the HSI website. The browser title is "Welcome to HealthSystems of Illinois - Microsoft Internet Explorer". The address bar shows "http://www.hsofi.org/". The main content area is divided into several sections: "Subject To Review" with a link to view more updates; "Provider Resources" with links to "Mandatory Concurrent Review Billing and Exception Process Flowcharts" and "Frequently Asked Questions Regarding Utilization Review"; "Diagnosis Codes" with a note about coding job aids effective from March 1, 2007, and links for numerical and alphabetical aids; and "Provider Education Sessions" with information about free web-based training. A sidebar on the right contains a list of links, including "Provider Updates & HFS Notices", "Provider Education Registration", "Provider Education Resources", "Physician Reviewer Information", "Recommended Links", "For SASS Providers & CARES", "About HSI", "Holiday Schedule", "Employment Opportunities", "Directions", "Web Review System", "Submit Review Request", "Reports and Communication" (circled in red), "CMH Entry", "PURS (Internal Use Only)", and "Home". At the bottom of the page, there is a footer with contact information and a copyright notice for HealthSystems of Illinois © 2002. The taskbar at the bottom shows several open applications, including Microsoft Outlook and multiple browser windows.

- After you enter your individual User ID and password, a menu of currently available reports will display.



If you run a report, the results will be displayed on the screen. All report data is facility specific based on your User Name and Password. All data transmitted via the Internet is encrypted for security compliance.

Sample Formats of Each Report Follow

(General Reports, Summary Reports, and Graph Reports)

Note: These reports contain artificial data

HSI PROVIDER GENERAL WEB REPORTS

RPT: 1

HealthSystems of Illinois Review Status/Outcome for a Given Participant

Provider: 99999999901 Behavioral Health Hospital Morton, IL **Print Date:** 99/99/9999
Participant: 123456789 Jane Doe Female **DOB:**3/15/98 **Print Time:** 99:99
Date of Service Range: _____ - _____

Completed or In Process Reviews

Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Patient Account #	Admit DX	Review Type	Receipt Date	Complete Date	Record Status	Days Cert	Tracking #
10/25/07	10/27/07	10/27/07	3	123456778	--	0000	Admission	10/25/07	10/25/07	Completed	3	00000008
11/01/08						00000	Admission	11/02/08		At Nurse Review		00000405
								--	--			

Review Type = Admission, Continued Stay, Retrospective Prepay or Post-pay
Record Status = Nurse Review, Pended (need add'l info), Suspended (add'l info not given in 24 hours), Physician Review, Completed

RPT: 2

HealthSystems of Illinois Status of All In-Process Certification Reviews

Print Date: 11/01/2008
Print Time: 99:99

Provider: 99999999901 Happy Hospital Chicago IL

Review Type	Receipt Date	RIN Number	First Name	Last Name	Admit Date	Record Status	Tracking #	Patient Account #
Admission	11/01/08	123456778	Jane	Doe	10/31/08	At Physician Review	000000400	
Cont'd Stay	11/01/08	987654432	Donald	Duck	10/24/08	At Nurse Review	000000403	
Admission	11/01/08	000000000	Tweety	Bird	11/01/08	Pended	000000408	
Retro Prepay	10/29/08	000000001	GI	Joe	06/01/08	At Nurse Review	000000365	

Review Type = Admission, Continued Stay, Retrospective Prepay or Post-pay
Record Status = Nurse Review, Pended (need add'l info), Suspended (add'l info not given in 24 hours), Physician Review

RPT: 3

HealthSystems of Illinois
Assigned TANs in Admission Date Range

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Admit Date: _____ - _____ (60 day limit)

Print Time: 99:99

Participant Number	First Name	Last Name	Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Admit DX	Patient Account #	SASS Involved in D/C Plan Y or N

After the discharge date is reported, the Total Days field will have all days certified for this hospitalization.

RPT: 4

HealthSystems of Illinois
All Completed Reviews

Provider: 99999999901 Happy Hospital Chicago IL
Completion Date Range: _____ - _____ (60 day limit)

Print Date: 99/99/9999
Print Time: 99:99

Participant Number	First Name	Last Name	Admit Date	Discharge Date	Last Day Cert	Total Days	TAN	Patient Account #	Admit DX	Review Type	Complete Date	Days Cert	Tracking #
			--	--	--	--	--	--			--		
000000000	Minnie	Mouse	11/01/08	11/08/08	11/03/08	7	123456543		29500	Admission	11/01/08	3	000000402
000000000	Minnie	Mouse	11/01/08	11/08/08	11/08/08	7	123456543		29500	Cont. Stay	11/03/08	4	000000520

Total Days = Total number of days certified after discharge date is reported (admission + all continued stay days cert or admission days cert for Retro Prepay)

Review Type = Admission, Continued Stay, Retro Prepay or Post-pay

Days Cert = Days certified for each review type, admission and cont'd stay (concurrent). Admission only for short stay post discharge and Retro Prepay

DRG-reimbursed admissions will show "1" and a single, DRG-reimbursed cont'd stay (concurrent review at discharge) will show remainder days up to discharge date even though this is not a LOS review.

Per diem reimbursed admissions and each cont'd stay review will show the days certified for each review.

Report 5: Detailed Printout of review request entered via web entry (this contains artificial data)

HealthSystems of Illinois
Electronic Review Request

Tracking #: 22686613
 Participant: 999999907 TEST BENEFICIARY
 Admit Date: 10/15/2007
 Provider: 99999999997 TEST HOSPITAL FOR WEB ENTRY TRAINI ADMISSION
 Requestor: JANE DOE (999)888-7777
 Submitted: 10/15/2007
 Ext: 1111

Participant: 999999907 TEST BENEFICIARY TAN:
 Admit Date: 10/15/2007 Admit DX: 4280 CHF NOS
 Category of Service: 20 Pass Days Used
 3 Day Emergency Psych Admit: -
 DCFS Consent or "No Consent Required " Form Obtained? -
 Discharge Date: # Days Requested: 3 Patient Acct #:
 Physician: 99999999901 PETER FONDA
 CHICAGO, IL

TPL: No Reason:
Insurance/Address:
Employer: Policy #:
Group #: Policy Holder:
Relationship: Other:
 If patient not discharged yet, have D/C plans started? No
 Did patient receive outpatient treatment prior to admit? No
 Is patient being admitted for surgery? No

Diagnosis Codes: **Procedure Codes:**
 486 PNEUMONIA ORGANISM NOS
 49390 ASTHMA NOS

For Psychiatric Requests Only:
Axis IV Stressors:
 Current GAF: Highest GAF In Past Year:

Clinical Signs and Symptoms:
 ADMISSION: o/o sob, weakness, cough ; noted with decreased breath sounds bilaterally and wheezes
 VITALS: 101.3, 125, 26 , 128/72 , sat 88 % on room air 5/23 temp max 102.0

Studies/Labs/X-Rays:
 LABS/TESTS : cxr = + bilateral lower lobe infiltrates , wbc 11.4 , blood and sputum culture = pending
 5/23 blood culture = gram + cocci

Treatment Plan:
 In er : levoquin iv x1 , o2 3l nc, albuterol and atrovent neb x 2; admit : o2 3l nc , pulse ox q 4h
 5/22 o2 3l nc , 5/23 o2 2l nc

Medications:

Date Ordered	Medication	Dosage	Frequency	Route
10/15/2007	solumedrol	60mg	q 6h	IV

RPT: 6 Retrospective Outcome Status

Select cases by entering:

- 1) Recipient Number and Admit Date or
- 2) IDPA Document Control Number (DCN) (the user can enter up to 20 at a time)

Run Date/Time: 99//99/2099 99:99

RIN: _____, _____

Provider: _____

Admit/Dsch: __/__/__ - __/__/__ From/Thru __/__/__ - __/__/__ Bill Type: ____

IDPA DCN: _____ HSI Tracking #: _____ HSI Start Date: __/__/__

Reported Outcome to IDPA: __ override or reject
__ nurse or physician
__ reject reason _____
__ tracking status is bill error ____

Denial Activity:

Days Physician Reviewer Denied: ____ Reconsideration Receipt Dt: __/__/__
Administrative Denial Days: N/A Complete Dt: __/__/__
Outcome: _____

Recon Days Certified: ____

DRG Change Activity:

Billed DRG: ____ Reassessment Receipt Dt: __/__/__
Changed DRG: ____ Reassessment Complete Dt: __/__/__
Reassessed DRG: ____

Current:

Review Status: _____
Total Days Certified: ____

RPT: 7

HealthSystems of Illinois
Medical Necessity Denials – Initial Review Decision

Provider: 99999999901 Happy Hospital Chicago IL
Completion Date Range: _____ - _____

Print Date: 99/99/9999
Print Time: 99:99

RIN	Last Name	Account #	Admit Date	Dsch Date	Review Type	Phys Number	Phys Last Name	Admit DX	Complete Date	Orig Days Denied	Days Appr on Recon	Total Days Cert

Review Type = Admission, Continued Stay or Retro Prepay

RPT: 8

HealthSystems of Illinois
Reconsiderations In Process and Completed Outcomes

Provider: 99999999901 Happy Hospital Chicago IL
Reconsideration Request Date Range: _____ - _____

Print Date: 99/99/9999
Print Time: 99:99

RIN	Last Name	Account #	Admit Date	Dsch Date	Review Type	Phys Number	Phys Last Name	Admit DX	Orig Complete Date	Recon Request Date	Recon Complete Date	Orig Days Denied	Days Appr on Recon	Total Days Cert

Orig. Complete Date = Date review completed, initial review determination made

Recon Request Date = Reconsideration request received date

Recon Complete Date = Date reconsideration completed, final HSI determination date

RPT: 9

HealthSystems of Illinois DRG Changes and Reassessments

Provider: 99999999901 Happy Hospital Chicago IL
Completion Date Range: _____ - _____

Print Date: 99/99/9999
Print Time: 99:99

Recipient Name	RIN	Account Number	Admit Date		Diagnosis Codes	Procedure Codes	D/C Stat	DRG	Error Code	Review Start Date	Complete Date
DOE, JANE				Billed:							
				Revised:							
				Reassess:							
SNEAD, JACK				Billed:							
				Revised:							
				Reassess:							

No Report #10

RPT: 11

HealthSystems of Illinois Billing Errors *(Retrospective Prepayment Reviews Only)*

Provider: 99999999901 Happy Hospital Chicago IL
Review Date Range: _____ - _____

Print Date: 99/99/9999
Print Time: 99:99

RIN	Last Name	Admit Date	Dsch Date	Medical Record #	Phys Number	IDPA DCN	Review Date	Bill Error Code	Error Specifics

IDPA DCN = Document Control Number

Bill Error Code = See Report 53 for detailed billing error code list

RPT: 12

HealthSystems of Illinois
Cancels - Charts Not Available for Review
(Retrospective Reviews Only)

Provider: 99999999901 Happy Hospital Chicago IL Print Date: 99/99/9999
Cancellation Date Range: _____ - _____ Print Time: 99:99

RIN	Last Name	First Name	Admit Date	Dsch Date	Medical Record #	Physician Number	IDPA DCN	Review Start Date	Cancel Date

IDPA DCN = Document Control Number

RPT: 13

HealthSystems of Illinois
Reviews Pended for Additional Information

Provider: 99999999901 Happy Hospital Chicago IL Print Date: 99/99/9999
Pended Date Range: _____ - _____ Print Time: 99:99

RIN	Last Name	Admit Date	HSI Tracking #	Review Type	Request Method	Review Start Date	Pended Date	Info Received	Suspended Date	Unsuspending Date	Completion Date

Review Type = Admission, Continued Stay or Retro Prepay **Pended Date** = Date pended **Suspended Date** = 24 hours after pended date

RPT: 15

HealthSystems of Illinois
Unreviewable Review Requests
(Admission and Concurrent Requests Only)

Provider: 99999999901 Happy Hospital Chicago IL
Receipt Date Range: _____ - _____

Print Date: 99/99/9999
Print Time: 99:99

RIN	Last Name	First Name	Admit Date	Request Type	Request Method	Receipt Date	HSI Tracking #	Reason

Request Method = Phone or Web Review

RPT: 16

HealthSystems of Illinois
CMH Entry History by Recipient

Provider: 99999999901 Happy Hospital Chicago IL
RIN: _____ Name: _____, _____

Print Date: 99/99/9999
Print Time: 99:99

Admit Date	Hospital Called CARES Date	SASS First Involvement Date N or Y	Cares Entry Date/Time	SASS Entry Date/Time	SASS Involved In D/C Planning	Initial SASS Provider	SASS Provider Case Transferred To	HSI Began Medical Review N or Y	Record Number

No Reports 17- 40

RPT: 41 or 42

HealthSystems of Illinois

Retro Prepay Correspondence or Retro Postpay Correspondence

HealthSystems of Illinois
 2050-10 Finley Road
 Lombard, Illinois 60148
 Phone Number: 1-800-418-4045
 Fax Number: 1-800-418-4039

Date of Notice:
 Reprint: (Date)
 Hospital Name and Number:

Hospital Liaison First Last Name
 Address Line 1
 Address Line 2
 Any City, IL Zip Code

NOTICE OF SELECTION OF MEDICAL RECORDS FOR OFFSITE REVIEW

Dear Provider: (Send to Hospital Liaison)

HealthSystems of Illinois (HSI) is the Peer Review and Quality Improvement Organization contracted with the Illinois Department of Healthcare and Family Services (HFS) to perform review of inpatient services provided to Medicaid Participants. The records listed on the attached sheet have been selected for offsite review (in our office). Please copy and submit the identified charts to the address below no later than [Insert Date (14 days from letter date with letter date = day 1)].

HealthSystems of Illinois
 2050-10 Finley Road
 Lombard, Illinois 601148

Charts not received in our office by the due date will be reported to HFS as "Chart Not Available" and a Notice of Cancelled Review will be issued. If review is cancelled on a record for which payment has not been made and the record is located in the future, the claim must be resubmitted to HFS.

Review results of all cases will be sent to the hospital liaison following completion of review. The hospital liaison is responsible for distribution of review outcome notices and request for additional information to the appropriate individuals.

A HSI Inventory Tracking Sheet for each requested record is included with this notice. The HSI Inventory Tracking Sheet should be completed and attached to the top of the copied medical record. The hospital will be reimbursed a rate of ten cents (\$.10) per page for chart copying. Postage is not reimbursed.

If you have questions or need additional information, you may contact HealthSystems of Illinois by telephone by calling our Helpline at 1-800-418-4045.

Sincerely,

Review Department
 HealthSystems of Illinois

Attachment

HealthSystems of Illinois
 2050-10 Finley Road
 Lombard, IL 60148

Hospital Name
 Address
 Address
 Telephone Number:
 Fax Number:

Provider Number:
 Date of Notice:

DUE DATE:

CASE LISTING FOR OFFSITE REVIEW

The following medical records have been selected for offsite review. Please provide a copy of each medical record to HSI by the DUE DATE noted above. If our Utilization Review Coordinator refers the case for physician review, the hospital liaison will be afforded seven (7) days to provide any additional information to HSI. The hospital is encouraged to work with the attending physician to submit a joint response. If the record is not received in our office by the above DUE DATE, the review will be cancelled.

Last Name	First Name	RIN	Admit Date	Dsch Date	Interim From	Medical Record #	DCFS	Tracking #
		999999999						
	July							

Provider Number: _____
 Hospital Name: _____
 Review Start: _____
 RIN: _____
 Participant: _____
 Admit: _____
 D/C: _____

HealthSystems of Illinois
Inventory Tracking Sheet
OFFSITE REVIEW

(Tracking Number, Code String)

To The Hospital Representative: *To ensure proper reimbursement for record copy, the following information must be completed.*

Total Number of Pages: _____ Date Mailed: _____
 Telephone Number: (____) _____-____ Signature: _____

Reason for Prepayment Review: *Check One*

Attachment D: _____ DRG subject to prepayment review

Attachment A, B, or C: _____ Medicaid eligibility retroactive to time of admission

_____ Hospital was unaware that Medicare Part A coverage was exhausted during the hospital stay

_____ Discrepancy associated with Managed Care Organization enrollment at the time of admission

_____ Hospital was unable to identify coverage under one of HFS' medical programs at the time of patient admission due to patient's condition, e.g. unresponsive patient or patient with mental or physical communications impairment

_____ Other - Hospital must provide narrative description of the circumstances below:

FOR HSI USE:

Date	Reason / Comment / Specialty	Router	To Emp	Date	Date

HSI PROVIDER SUMMARY WEB REPORTS

RPT: 50

HealthSystems of Illinois Summary of Review Volume and Physician Referrals

Provider: 99999999901 Happy Hospital Chicago IL
Completion Date Time Period (s): _____ - _____

Print Date: 99/99/9999
Print Time: 99:99

	Total Completed Reviews	URC Approved Reviews	% URC Approved of all Reviews	# Days Approved at URC	# Reviews Referred to PR	% PR Referred to Total Reviews	# Days Approved at PR	# Reviews with PR Denial	% w/ PR Denial of Total Referrals	# Days Initially Denied
RETRO PREPAY REVIEWS	B	C	D	E	F	G	H	I	J	K
Medical/Surgical	(1)		%			%			%	
Detoxification	(2)		%			%			%	
Psychiatric Adult	(3)		%			%			%	
Psychiatric Child	(4)		%			%			%	
RETRO PREPAY SUB-TOTAL			%			%			%	
ADMISSION REVIEWS										
Medical/Surgical	(5)		%			%			%	
Detoxification	(6)		%			%			%	
Psychiatric Adult	(7)		%			%			%	
Psychiatric Child	(8)		%			%			%	
ADMISSION SUB-TOTAL			%			%			%	
CONCURRENT REVIEWS										
Medical/Surgical	(9)		%			%			%	
Detoxification	(10)		%			%			%	
Psychiatric Adult	(11)		%			%			%	
Psychiatric Child	(12)		%			%			%	
CONCURRENT SUB-TOTAL			%			%			%	
TOTALS			%			%			%	

HealthSystems of Illinois Summary of Denials and Recon Outcomes

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period (s): _____ - _____

Print Date: 99/99/9999
 Print Time: 99:99

	# Reviews w/ Denials	Total # Days Denied	# Admit Denials	% Admit Denials of Total Denials	# LOS Denial	% LOS Denial to Total Denials	Completed Recons	% Recon to Denials	% Upheld	% Reverse	% Modify	# Days Approved at Recon
RETRO PREPAY REVIEWS	B	C	D	E	F	G	H	I	J	K	L	M
Medical/Surgical (1)				%		%		%	%	%	%	
Detoxification (2)				%		%		%	%	%	%	
Psychiatric Adult (3)				%		%		%	%	%	%	
Psychiatric Child (4)				%		%		%	%	%	%	
RETRO PREPAY SUB-TOTAL				%		%		%	%	%	%	
ADMISSION REVIEWS												
Medical/Surgical (5)				%		%		%	%	%	%	
Detoxification (6)				%		%		%	%	%	%	
Psychiatric Adult (7)				%		%		%	%	%	%	
Psychiatric Child (8)				%		%		%	%	%	%	
ADMISSION SUB-TOTAL				%		%		%	%	%	%	
CONCURRENT REVIEWS												
Medical/Surgical (9)				%		%		%	%	%	%	
Detoxification (10)				%		%		%	%	%	%	
Psychiatric Adult (11)				%		%		%	%	%	%	
Psychiatric Child (12)				%		%		%	%	%	%	
CONCURRENT SUB-TOTAL				%		%		%	%	%	%	
TOTALS				%		%		%	%	%	%	

HealthSystems of Illinois
Summary of DRG Changes and Reassessment Outcomes

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____

Print Date: 99/99/9999
 Print Time: 99:99

Initial DRG Change Outcomes

# DRG Reviews	# DRG Reviews Referred and Reviewed by PR for possible DRG Change	% DRG Referrals to DRG Reviews	# DRG Changes	% DRG Changes to Total DRG Reviews	% DRG Changes to Referrals	# Changed to Lower Weight	% Changed to Lower Weight to Total DRG Changes
		%		%	%		%
A	B	C	D	E	F	G	H

Reassessment Outcomes

# Reassess Completed	% Reassess to Total DRG Changes	# Upheld	# Reversed	# Modified	% Upheld	% Reversed	% Modified
	%				%	%	%
I	J	K	L	M	N	O	P

Final Cumulative Outcome

Final # of DRG Changes	% Final DRG Changes to DRG Reviews	% Final DRG Changes to DRG Referrals	# Changed to Lower Weight	% Changed to Lower Weight to Final DRG Changes
	%			%
Q	R	S	T	U

Summary of Retrospective Prepayment Billing Errors and Cancels (chart not available)

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Time Period (s): _____ - _____

Print Time: 99:99

Total Retros w/ Outcome	Bill Errors	% Bill Errors to Total Retros	% Bill Errors for DRG Cases	# Cancels (chart not available)	% Cancels to Total Retros	# URC Cancels	% URC Cancels to Total Cancels	# PR Refer Cancels	% PR Refer Cancels to Total Cancels
		%	%		%		%		%
A	B	C	D	E	F	G	H	I	J

Detailed Billing Error Reasons:

Reason Description	Count	% of all Bill Errors
Incorrect Admission Date Billed	(1)	%
Incorrect Discharge Status Billed	(2)	%
Incorrect Discharge Date Billed	(3)	%
Multiple COS Need To Be Billed	(4)	%
Hosp Has No Record of Admission	(5)	%
Procedure Done Prior to Admit Date	(6)	%
Incorrect COS Billed	(7)	%
Other	(8)	%
Total:		

HSI PROVIDER GRAPH WEB REPORTS

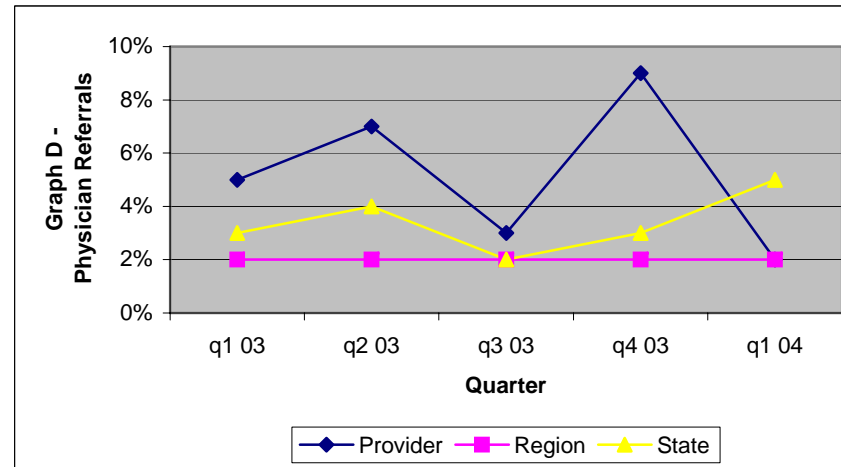
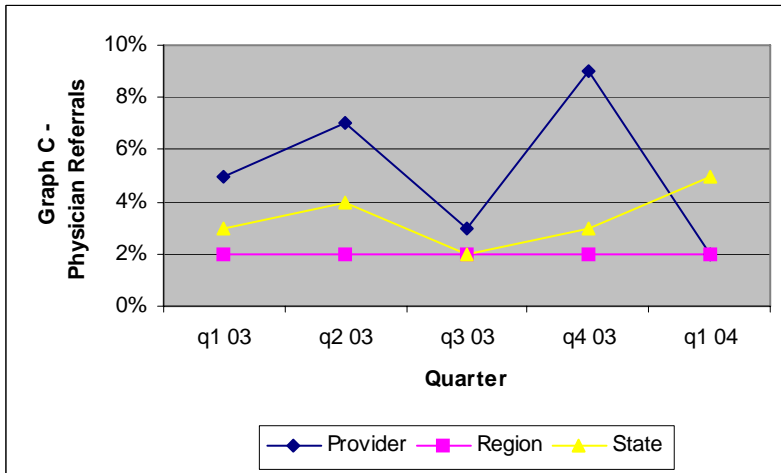
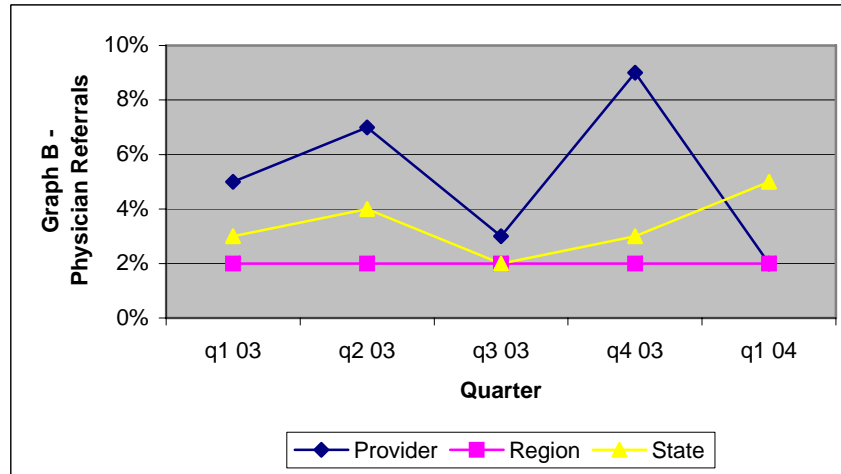
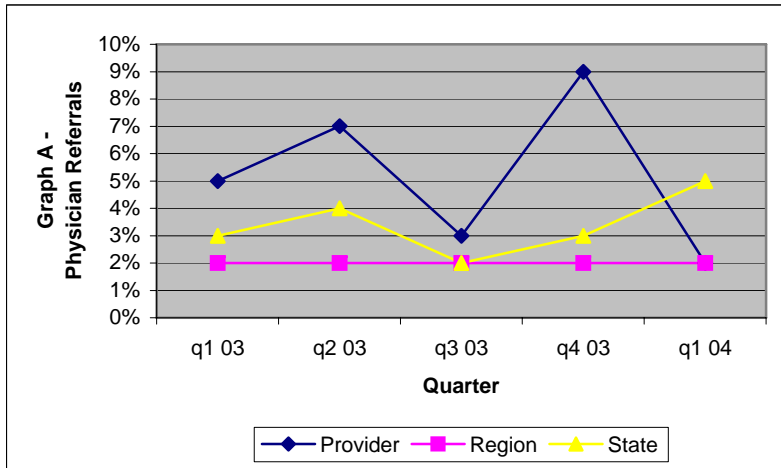
RPT: 70

HealthSystems of Illinois

Summary of Review Volume and Physician Referrals
% Of Total Reviews Referred to Physician Reviewer

Provider: 99999999901 Happy Hospital Chicago IL
Completion Date Time Period(s): _____ - _____
Review Type: _____

Print Date: 99/99/9999
Print Time: 99:99



Explanation of RPT: 70

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,

Replace text as follows:

Graph A = Medical/Surgical

Graph B = Detoxification

Graph C = Psychiatric Adult

Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay

Graph B = Admission

Graph C = Concurrent

Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews

Graph B = SELECTION for Concurrent Reviews

Graph C = SELECTION for Retro Prepay Reviews

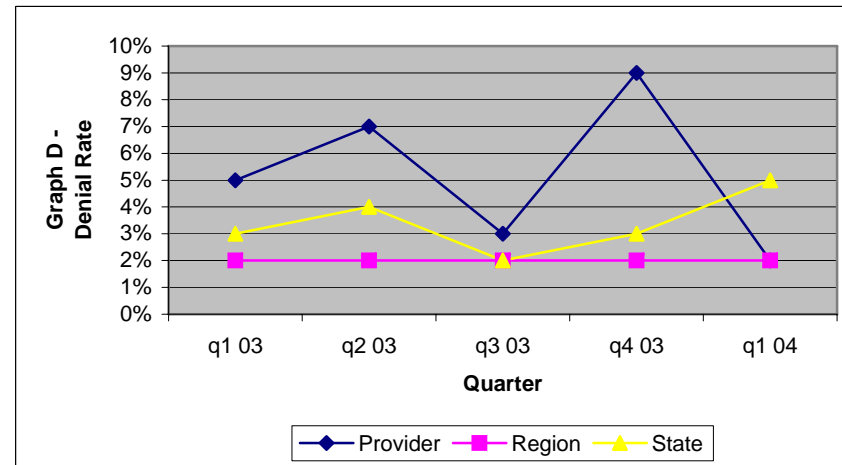
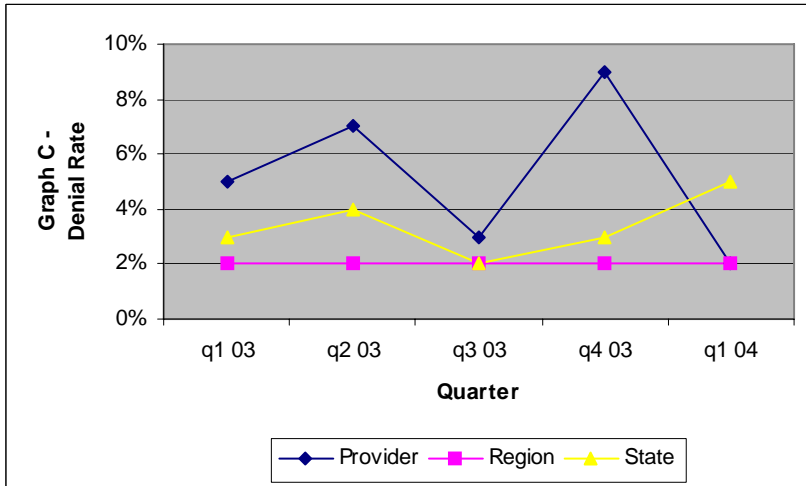
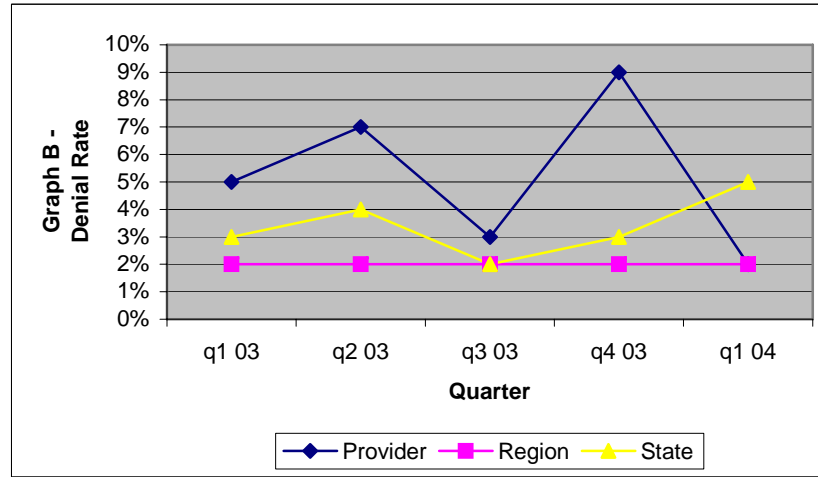
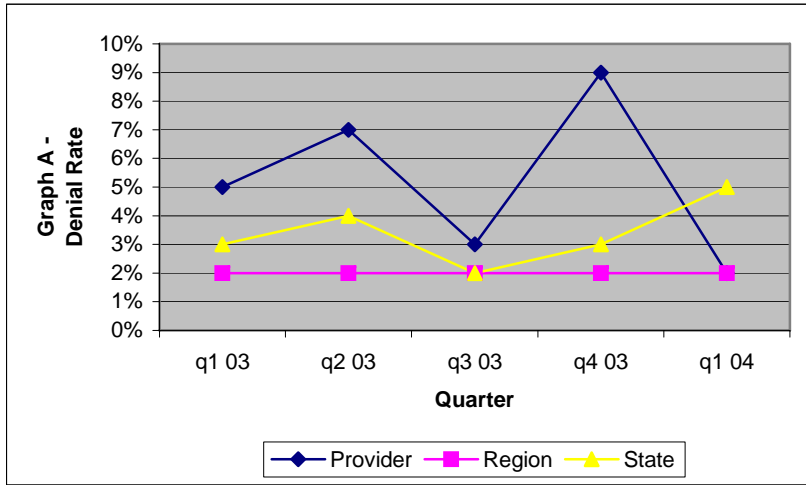
Graph D = SELECTION for all Review Types

HealthSystems of Illinois

Summary of Review Volume and Physician Referrals % Of Total Referrals Denied by a Physician Reviewer Prior to Reconsideration

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____
 Review Type: _____

Print Date: 99/99/9999
 Print Time: 99:99



Explanation of RPT: 71

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,

Replace text as follows:

Graph A = Medical/Surgical

Graph B = Detoxification

Graph C = Psychiatric Adult

Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay

Graph B = Admission

Graph C = Concurrent

Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews

Graph B = SELECTION for Concurrent Reviews

Graph C = SELECTION for Retro Prepay Reviews

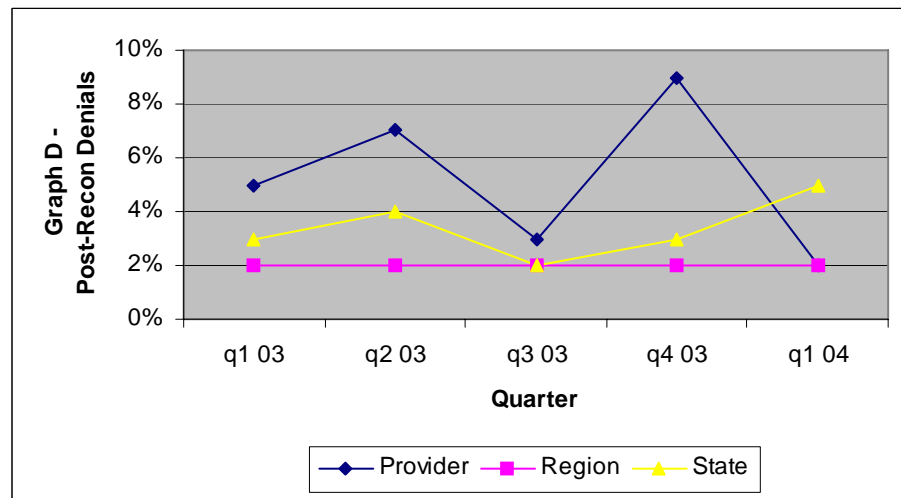
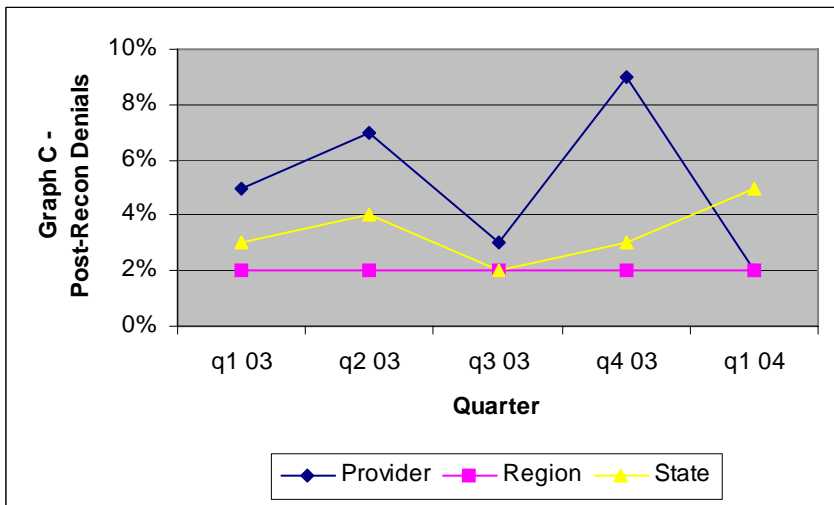
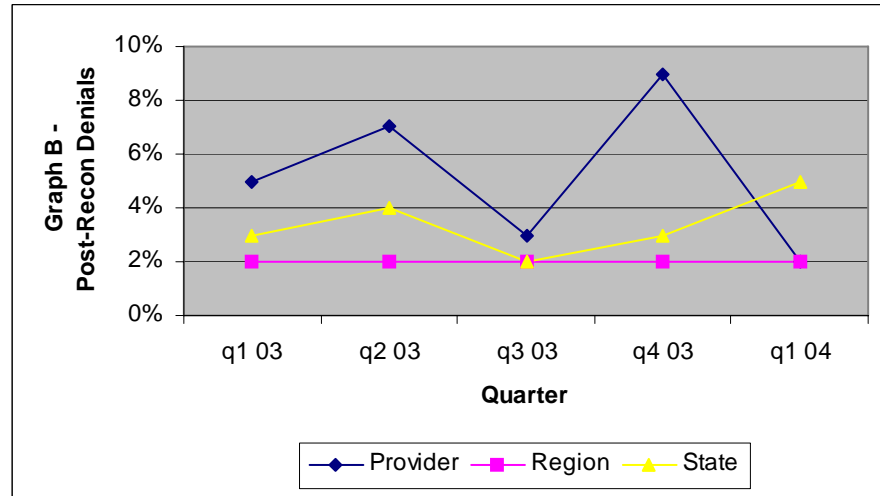
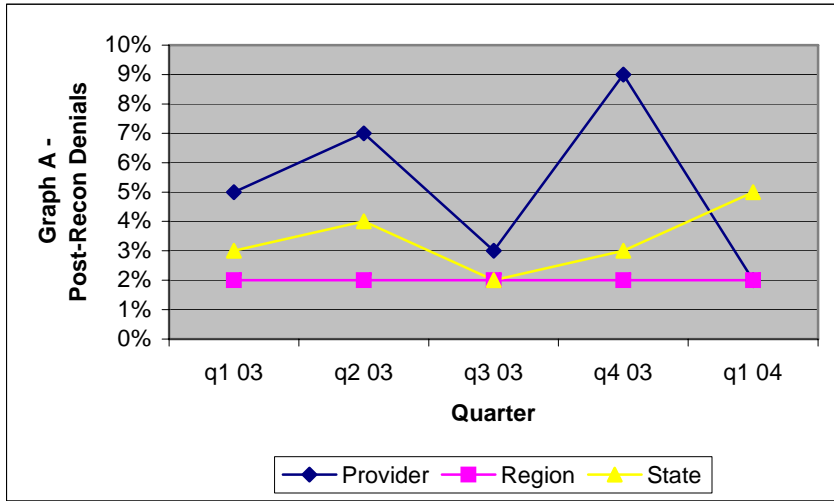
Graph D = SELECTION for all Review Types

HealthSystems of Illinois

Summary of Denials and Recon Outcomes % Of Total Reviews Denied Post-Reconsideration

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____
 Review Type: _____

Print Date: 99/99/9999
 Print Time: 99:99



Explanation of RPT: 72

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,

Replace text as follows:

Graph A = Medical/Surgical

Graph B = Detoxification

Graph C = Psychiatric Adult

Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay

Graph B = Admission

Graph C = Concurrent

Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews

Graph B = SELECTION for Concurrent Reviews

Graph C = SELECTION for Retro Prepay Reviews

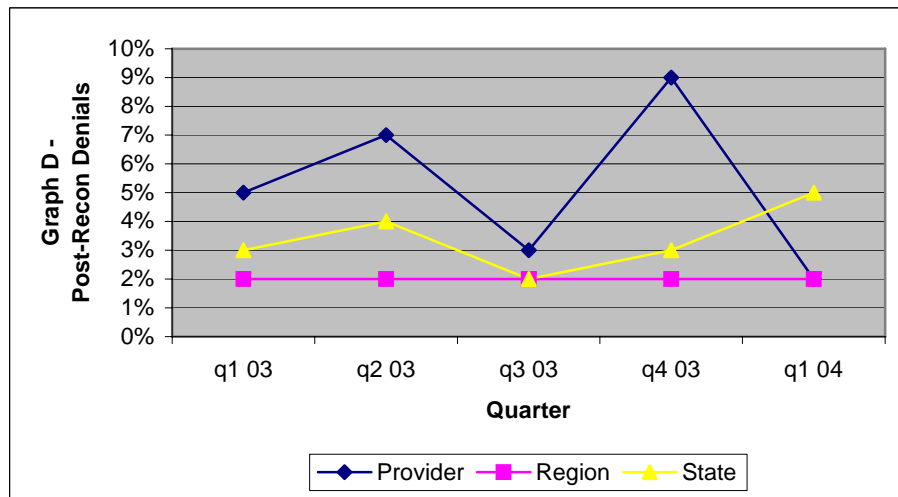
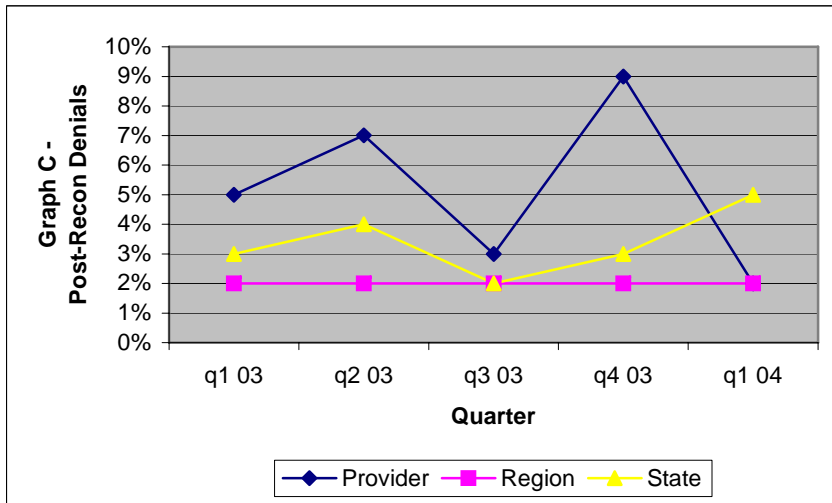
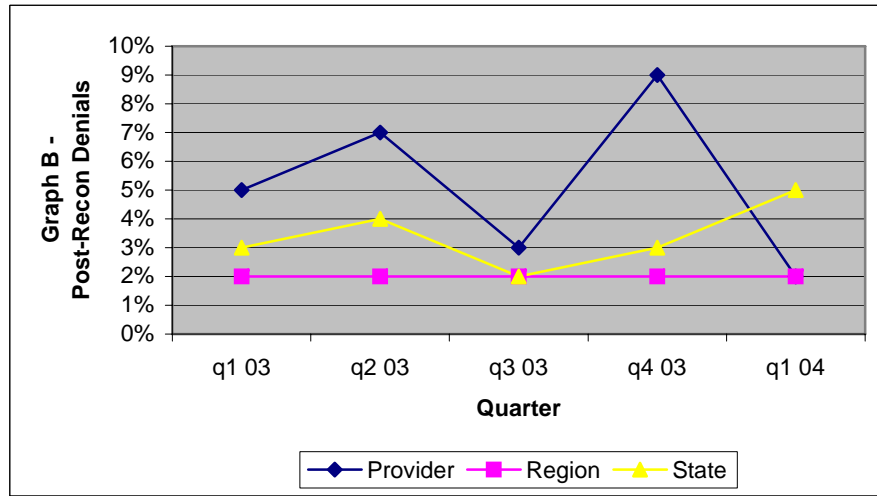
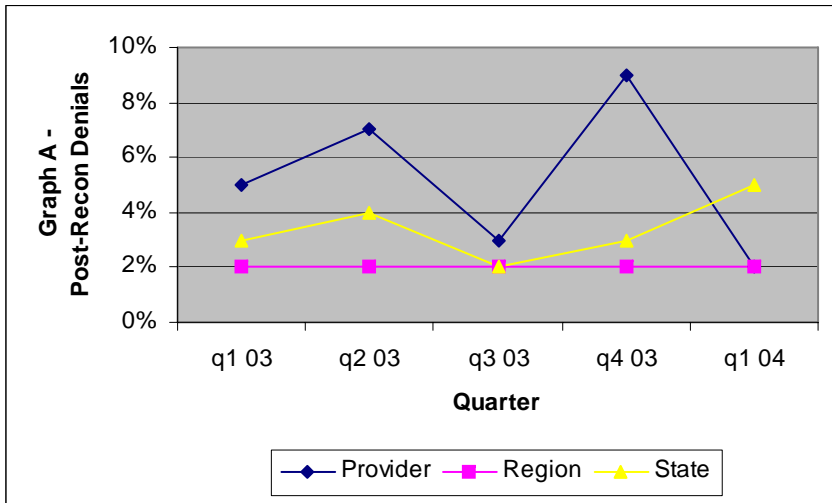
Graph D = SELECTION for all Review Types

HealthSystems of Illinois

Summary of Denials and Recon Outcomes % Of Total Physician Referrals Denied Post-Reconsideration

Provider: 99999999901 Happy Hospital Chicago IL
 Completion Date Time Period(s): _____ - _____
 Review Type: _____

Print Date: 99/99/9999
 Print Time: 99:99



Explanation of RPT: 73

User must select a Time Period range based on valid quarter date ranges.

User must select a Review Type or Clinical Service. Review Types are: Admission, Concurrent, Retro Prepay, All. Clinical Services are: Med/Surg, Detox, Psych Adult, Psych Child.

For Review Types = Admission, Concurrent, or Retro Prepay,

Replace text as follows:

Graph A = Medical/Surgical

Graph B = Detoxification

Graph C = Psychiatric Adult

Graph D = Psychiatric Child

For Review Type = All

Graph A = Retro Prepay

Graph B = Admission

Graph C = Concurrent

Graph D = Total Reviews

For Clinical Service, the formula to replace text follows (SELECTION is the option selected by the User).

Graph A = SELECTION for Admission Reviews

Graph B = SELECTION for Concurrent Reviews

Graph C = SELECTION for Retro Prepay Reviews

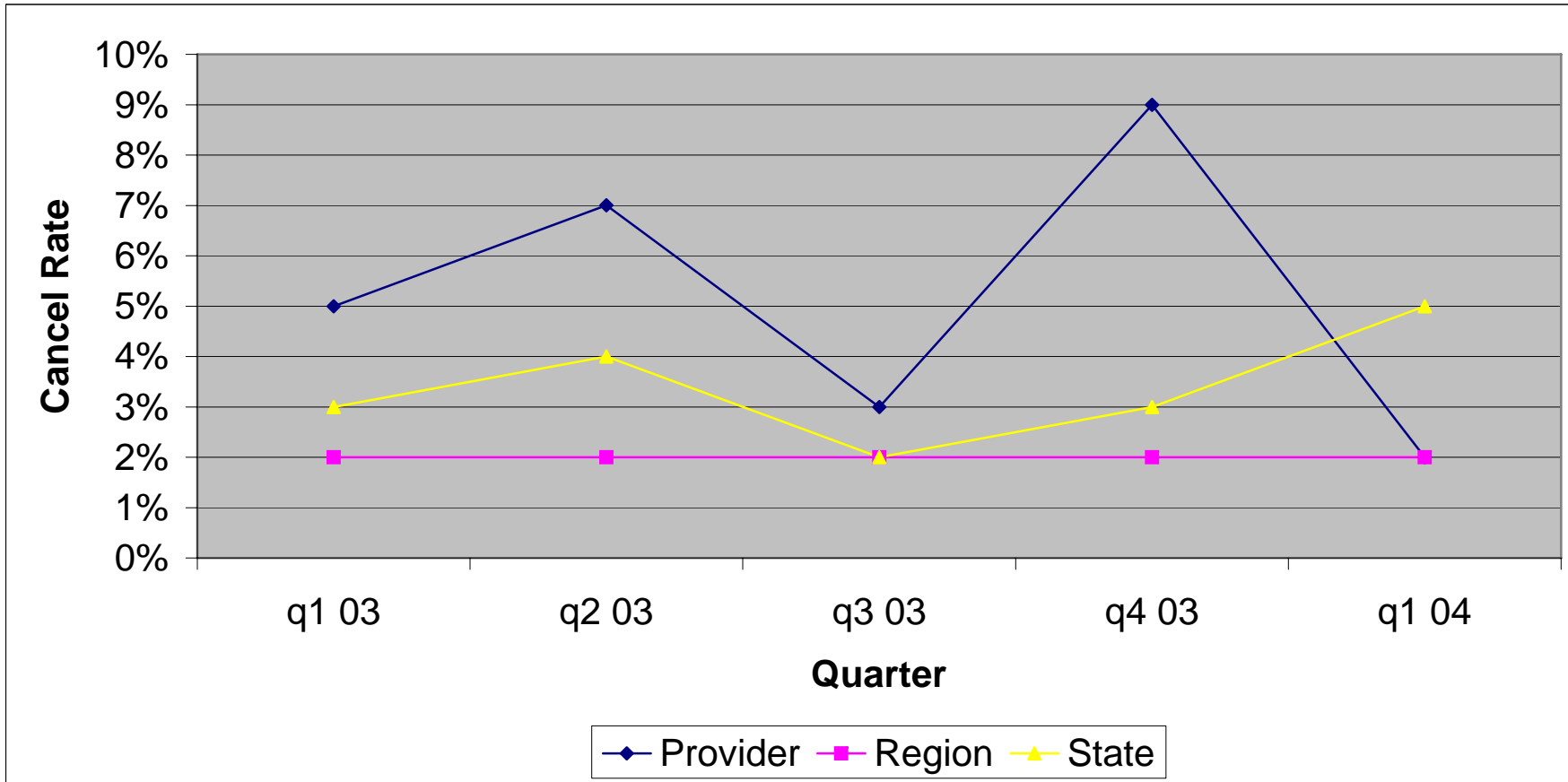
Graph D = SELECTION for all Review Types

HealthSystems of Illinois

Summary of Retrospective Billing Errors and Cancels (Chart Not Available)
% Billing Errors to Total Retrospective Reviews

Provider: 99999999901 Happy Hospital Chicago IL
Completion Date Time Period(s): _____ - _____

Print Date: 99/99/9999
Print Time: 99:99



End of HSI Provider Graph Web Reports