

Summary of Provider Web Reports

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

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 designated as the Web administrator will determine who may access the report inquiry module.

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 the HSI website interface in Microsoft Internet Explorer. The browser title is "Welcome to HealthSystems of Illinois - Microsoft Internet Explorer". The address bar shows "http://www.hsofi.org/". The main content area includes sections for "Subject To Review", "Provider Resources", "Diagnosis Codes", and "Provider Education Sessions". A sidebar on the right contains navigation links such as "Provider Updates & HFS Notices", "Provider Education Registration", "About HSI", and "Web Review System". The "Reports and Communication" link under the "Web Review System" section is circled in red. A yellow box in the main content area reads "HSI Web Review System Training in February 2008" with a "Click here to register!" link. The footer contains copyright information for HealthSystems of Illinois © 2002.

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

Header Frameset - Microsoft Internet Explorer
Address: https://www.hsofi.org/reports/default.aspx

Reports Online Helpline User Maintenance HSI Home Page My Profile Logout

General Reports Summary Reports Graph Reports

All Reports

Run Report	Report Description
Run Report	1: List of Review Status/Outcome for a Given Participant
Run Report	2: List of All In-Process Certification Reviews with Status
Run Report	3: List of Admissions for a Selected Date Range
Run Report	4: List of All Completed Reviews
Run Report	5: Printout of Web Entered Review Request
Run Report	7: Outcome Status of a Selected Retrospective Review(s)
Run Report	6: Medical Necessity Denials - Initial Review Decision
Run Report	8: Reconsiderations In-Process and Completed Outcomes
Run Report	9: DRG Changes and Reassessments
Run Report	11: Billing Errors
Run Report	12: Cancels - Charts Not Available for Review
Run Report	13: Reviews Pended for Additional Information
Run Report	15: Unreviewable Review Requests
Run Report	16: CMH Entry History Report by Recipient
Run Report	50: Summary of Review Volume and Physician Referrals
Run Report	51: Summary of Denials and Recon Outcomes
Run Report	52: Summary of DRG Changes and Reassessment Outcomes
Run Report	53: Summary of Retrospective Billing Errors and Cancels
Run Report	70: % of Total Reviews Referred to Physician Reviewer

Click here to select report

Short cut buttons to shorten reports description list

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

Sample Formats of Each Report:

(General Reports, Summary Reports, and Graph Reports)

HSI PROVIDER GENERAL WEB REPORTS

RPT: 1

HealthSystems of Illinois
Review Status/Outcome for a Given Participant

Provider: 99999999901 Happy Hospital Chicago IL Print Date: 99/99/9999
 Participant: 123456789 Mary Smith Female DOB:3/15/98 Print Time: 99:99
 PDOS 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 #
--	--	--	--	--	--		Admission	--	--	CERTIFIED		
							Concurrent	--		AT URC		
							Concurrent	--	--	PENDED		

RPT: 2

HealthSystems of Illinois
Status of All In-Process Certification Reviews

Provider: 99999999901 Happy Hospital Chicago IL

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

Type	Receipt Date	Participant Number	First Name	Last Name	Admit Date	Record Status	Tracking #	Patient Account #

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

RPT: 4

HealthSystems of Illinois
All Completed Reviews

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Range: _____ - _____ (60 day limit)

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 #
			--	--	--	--	--	--		Admission	--		
										Concurrent			

Report 5: Detailed Printout of review request entered via web entry. *(no example)*

RPT: 6 Retrospective Outcome Status

Select cases by entering:

- 1) Recipient Number and Admit Date
- 2) IDPA 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 Report to IDPA Date: __/__/__
__ nurse or physician
__ reject reason _____
__ tracking status is bill error ____

Denial Activity:

Days Physician Reviewer Denied: ____ Reconsideration Receipt Dt: __/__/__
Administrative Denial Days: ____ 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

RPT: 8

HealthSystems of Illinois
Reconsiderations In Process and Completed Outcomes
(Administrative Denials Not Included)

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
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O

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:							

RPT: 11

**HealthSystems of Illinois
Billing Errors
(Retrospective 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

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

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

RPT: 15

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

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

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

RPT: 16

HealthSystems of Illinois CMH Entry History by Recipient

Provider: 999999999901 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	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	Record Number

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

RPT: 41 or 42 (cont'd)

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						

Provider Number: **HealthSystems of Illinois**
 Hospital Name: **Inventory Tracking Sheet**
 Review Start: _____
 RIN: _____ (Tracking Number, Code String)
 Participant: **OFFSITE REVIEW**
 Admit: _____
 D/C: _____

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 Name	To Emp Name	Date Sent	Date Returned
	Offsite Retrospective Prepayment Review BIN – 305				

Effective: August 2003
 Revised: April 2007
 Revision #2: August 2007

Proprietary

Notice of Selection of Medical
 Records for Offsite Review
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End of HSI Provider General Web Reports

HSI PROVIDER SUMMARY WEB REPORTS

RPT: 50

HealthSystems of Illinois Summary of Review Volume and Physician Referrals

Provider: 99999999901

Happy Hospital

Chicago IL

Print Date: 99/99/9999

Completion Date Time Period (s): _____ - _____

Print Time: 99:99

	Total Completed Reviews	URC Approved Reviews	% URC Approved of all Reviews	# Days Approved at URC	# 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
	B	C	D	E	F	G	H	I	J	K
RETRO PREPAY REVIEWS										
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			%			%			%	

RPT: 51

HealthSystems of Illinois Summary of Denials and Recon Outcomes

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Time Period (s): _____ - _____

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
	B	C	D	E	F	G	H	I	J	K	L	M
RETRO PREPAY REVIEWS												
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				%		%		%	%	%	%	

RPT: 52

HealthSystems of Illinois

Summary of DRG Changes and Reassessment Outcomes

Provider: 99999999901 Happy Hospital Chicago IL

Print Date: 99/99/9999

Completion Date Time Period(s): _____ - _____

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

RPT: 53

HealthSystems of Illinois

Summary of Retrospective 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:	9999	

End of HSI Provider Summary Web Reports

HSI PROVIDER GRAPH WEB REPORTS

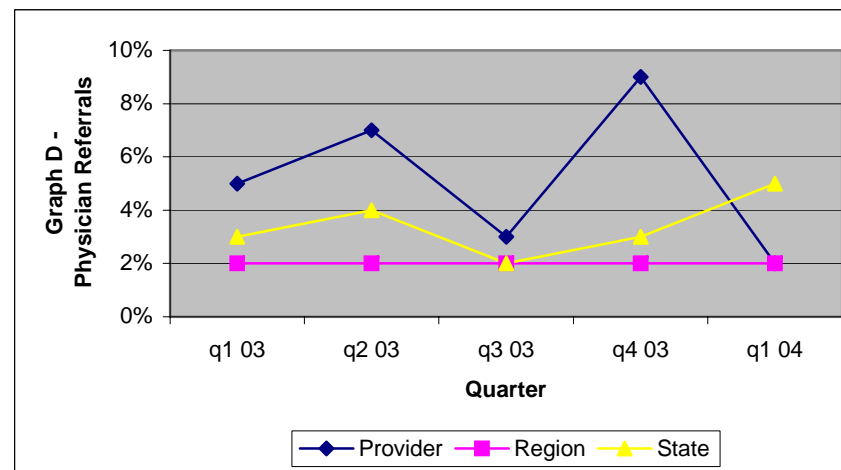
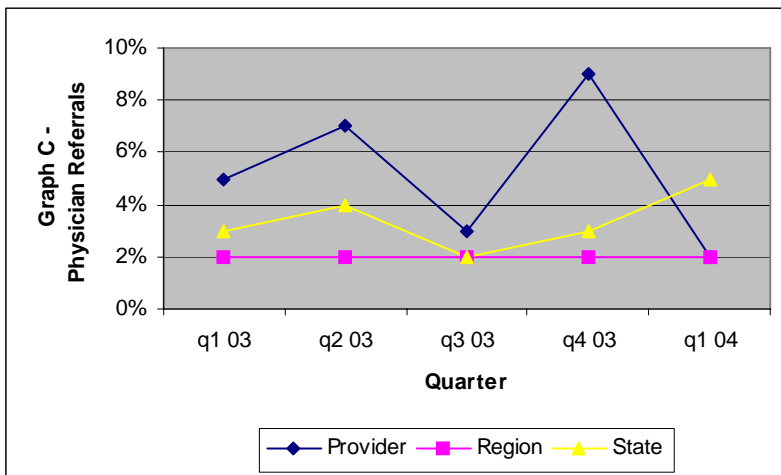
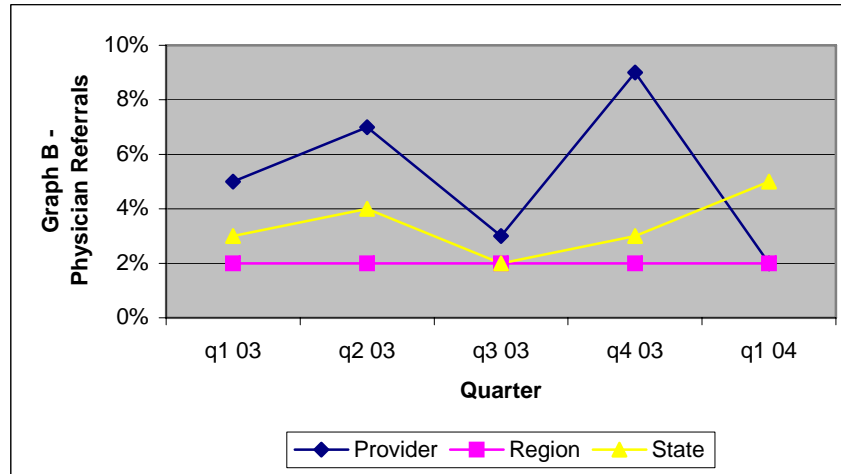
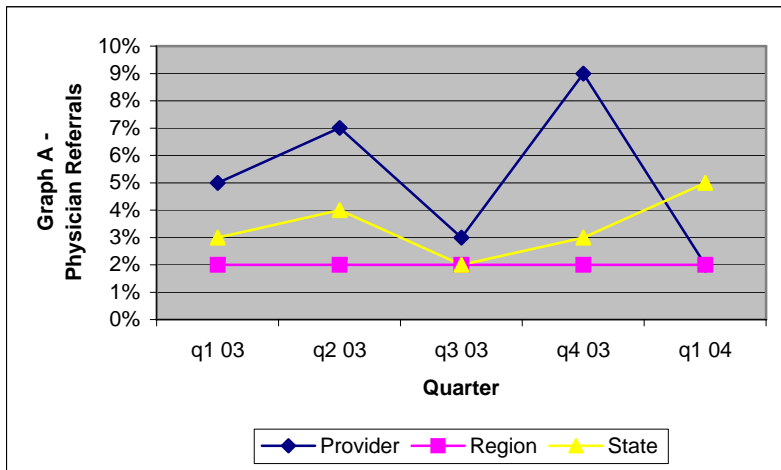
RPT: 70

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

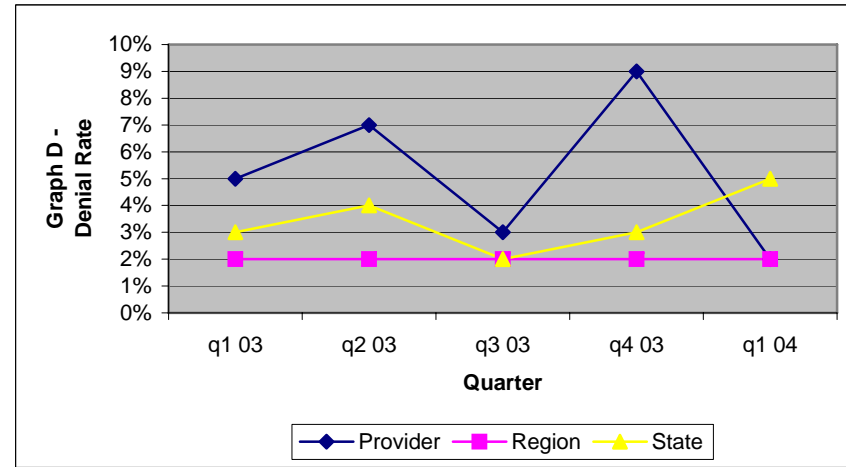
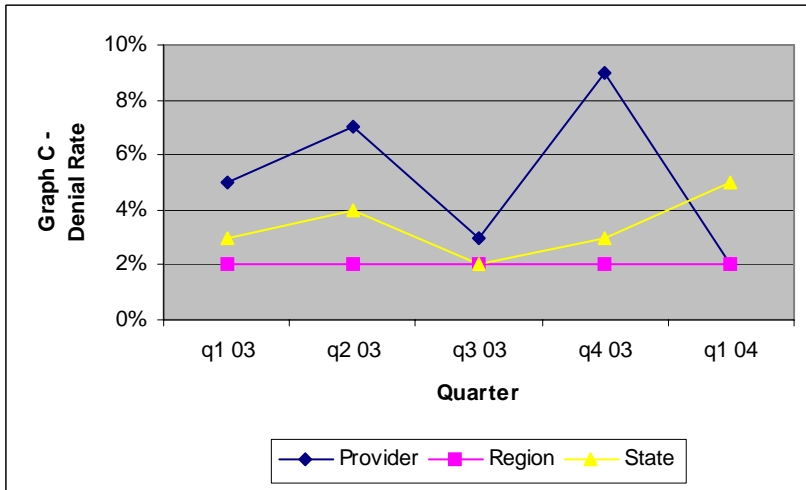
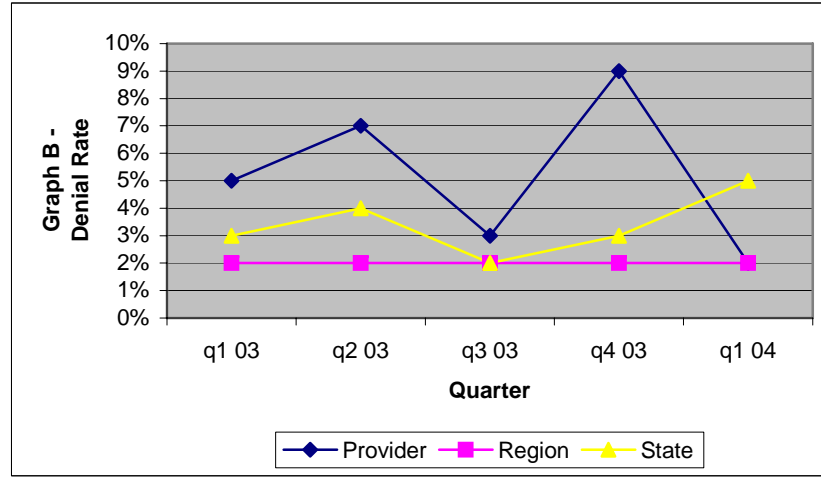
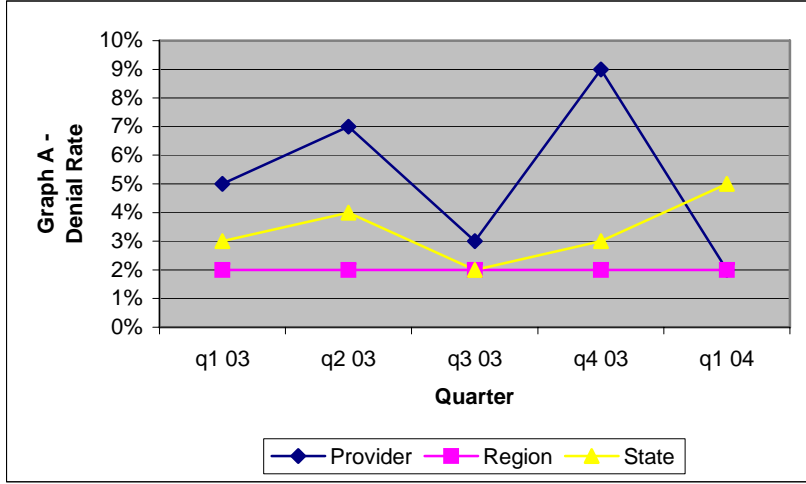
Graph D = SELECTION for all Review Types

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

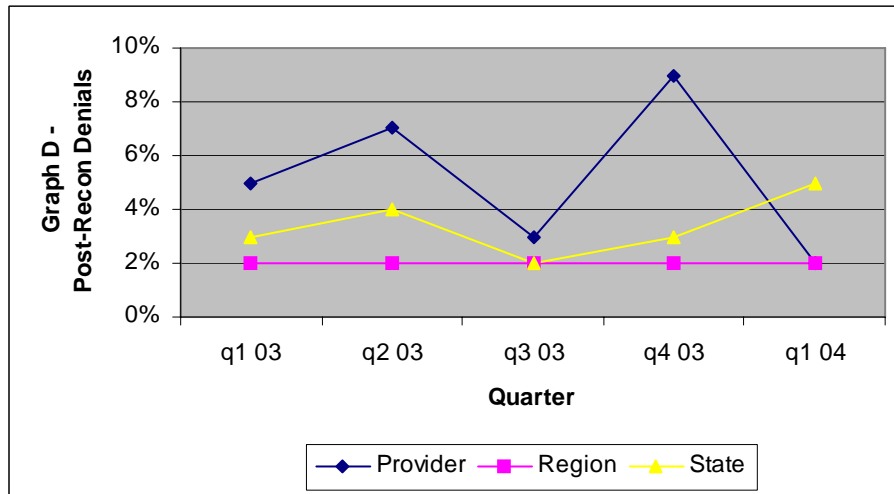
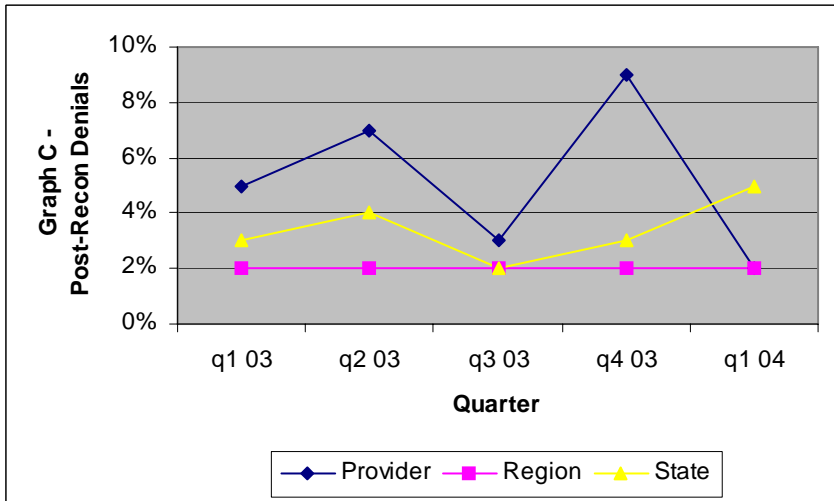
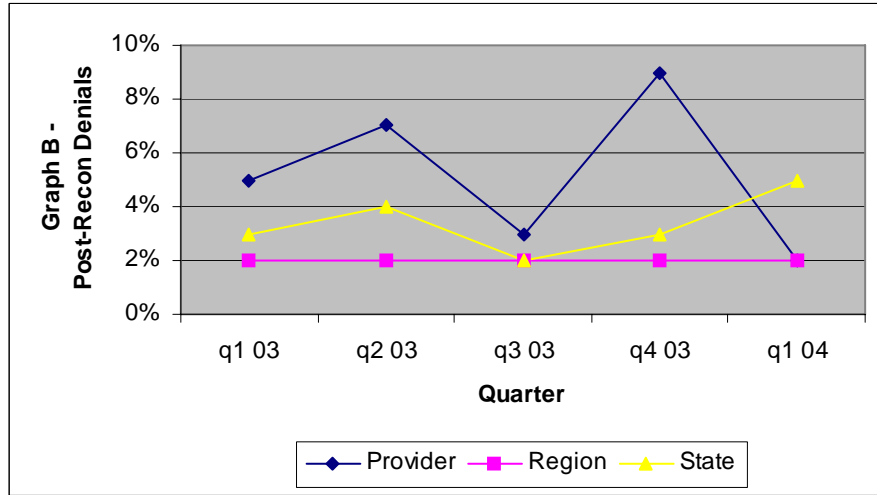
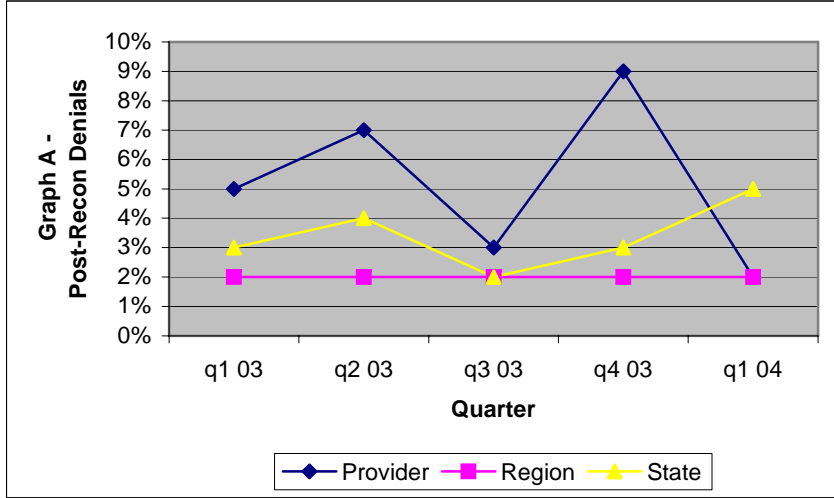
Graph D = SELECTION for all Review Types

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

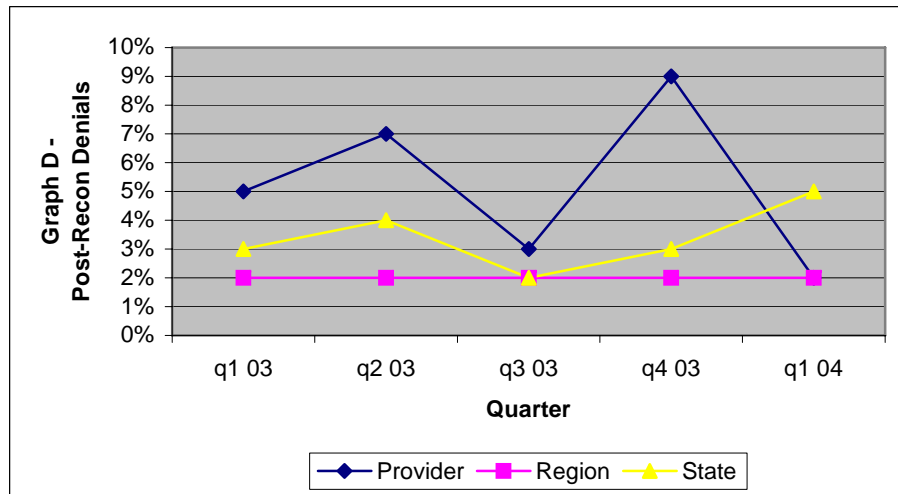
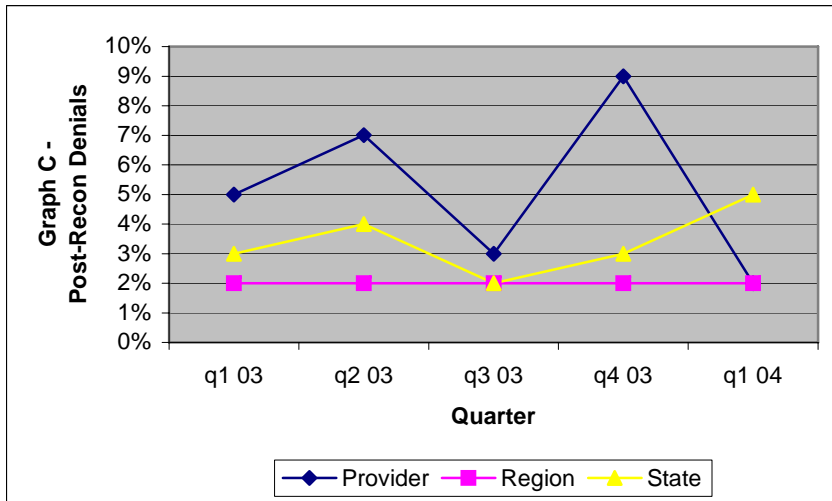
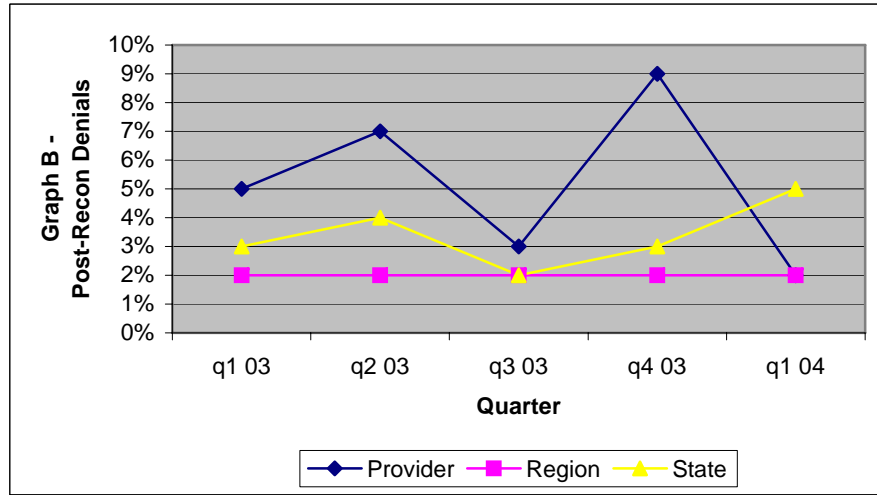
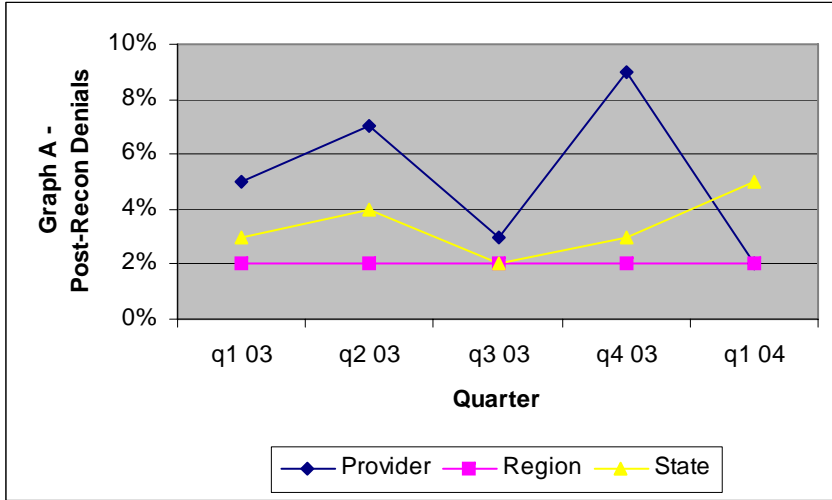
Graph D = SELECTION for all Review Types

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

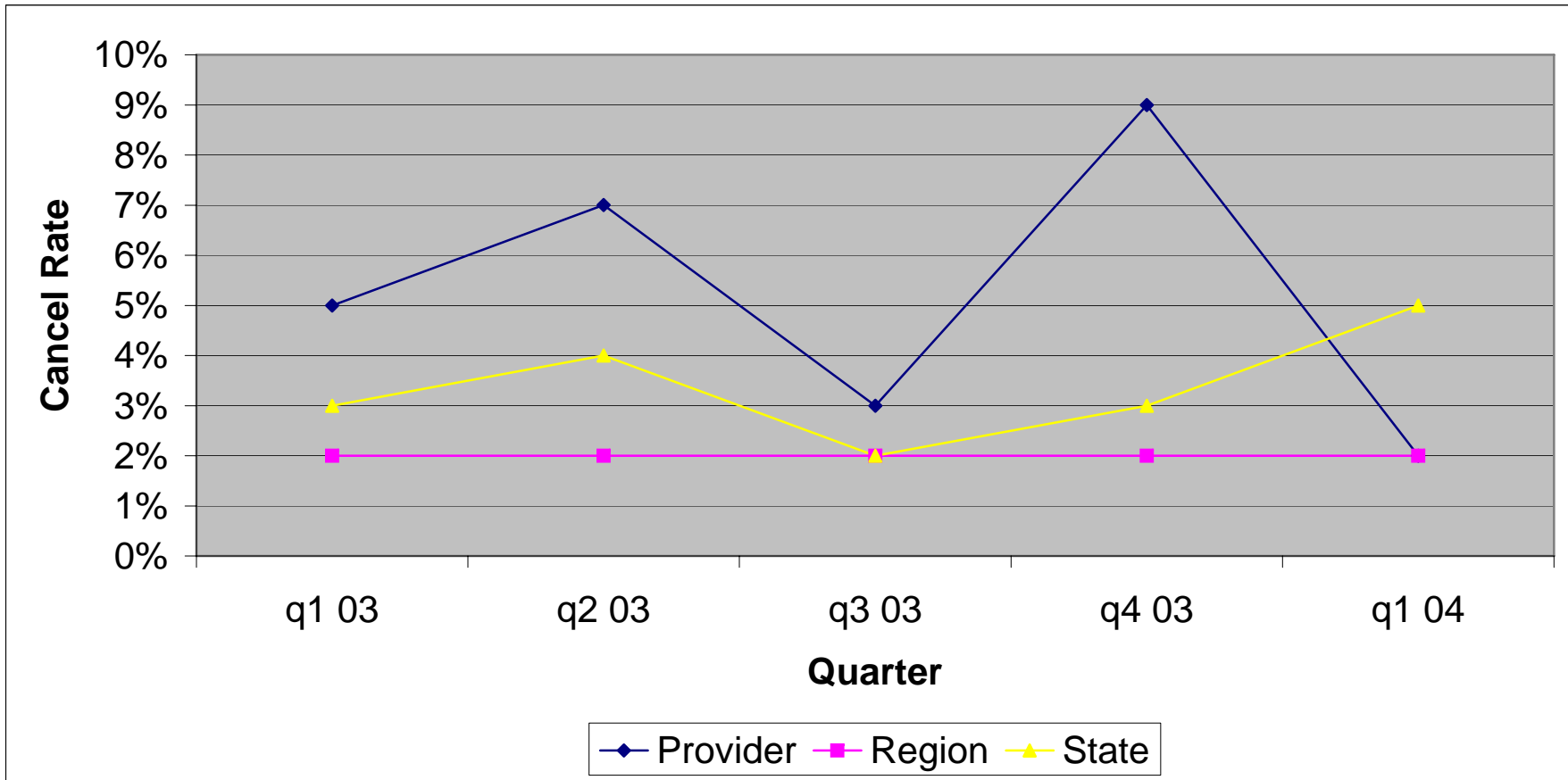
RPT: 74

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