OPIE Reports
User Guide
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1. Each day, upon logging into OPIE Reports, if any reports have been updated, or if any new reports have been added, a window will appear. The window will list the fields added or changed on existing reports or will identify new reports that were added.

2. One of three categories of reports can be selected, if the onsite administrator has given access to all of them. They are:
   a. List Reports
   b. Financial Reports
   c. Specialty Reports
   d. Selecting All as the category will show every report available

3. As a report name is selected, many reports will display selection criteria that will allow users to limit the data displayed. Typically this is done by date range or status which can be entered before the report is generated. These fields can be left blank to see all data.

4. When a report is generated, it will open with a certain preset list of fields. Click on the Choose Fields button to select which fields to appear on the report by checking (to add) or unchecking (to remove) them. Clicking on the Show All Fields button will display all fields. Remove a field from the displayed report by clicking on the column title and dragging it up until an X appears. The column will disappear from the display.

5. Sort any column in ascending order by clicking on the column title. Click on the column title again and it will sort in descending order.

6. Add a total to any column by clicking on the \( \sum \) symbol to the right of the column title. Totals include: Average, Count, Maximum, Minimum and Sum. The Average and Sum totals can only be used on numeric fields. If the field is non-numeric, Average and Sum will be grayed out.

7. Filter any column by clicking on the Funnel - shaped icon for that column and selecting a choice, or by selecting Custom and setting up one or a series of Custom selections. The funnel will turn Blue in that column. To turn off the filter, click on the funnel again and select All from the drop down list.

8. If a custom filter is selected with several choices to include, for example, three specific values that should equal that column title, field, make sure to change the “Filter based on” setting from All to Any or the report will be blank. To exclude choices (for example, setting a value or series of value to Does not equal) leave the “Filter based on” setting at All.

9. The push pin icon will move that column to be the first or left-most column on the report. It will also keep that column in that position while scrolling to the right in the report. For example, if this is done with the Patient Name column, the patient’s name will be next to all fields while scrolling. This can be very helpful in especially wide reports.

10. Dragging one or more column titles into the grey area above the column headers and releasing them will organize (group) the data by those titles and provide totals of any columns totaled or counted. Click on the plus (+) signs to open the lists to view detailed data.

11. Any column can be made narrower or wider by clicking on the line between the column headings and dragging the line right or left.
12. Save the report layout and name it (using the Save As button) after selecting columns as described above. That layout can then be applied the next time the report is run to see only those columns. To do this, generate the report and then click the drop down where it says “Select a Layout” and find the one just named. Then click on Apply Layout. All report users will be able to see and access all layouts.

13. Saving the report layout will include the width and position of each column. It will not save filtering of columns.

14. To delete a previously created layout, first apply it and the Delete button will appear. Then click on Delete.

15. Click on any line in the report, and if the Patient’s ID is part of that report, the “Jump to Patient” button at the bottom right of the window, will change to Bold. Clicking on “Jump to Patient” will go directly to that patient’s chart in OPIE.

16. There are three options for output from OPIE Reports.
   a. Export to Excel will open a “Save Report As” window. Save the report in a folder where it can be easily found. Then go to that folder and double click on the file to open it in Excel. Excel is recommended because using Excel makes it easy to manipulate and/or modify the report fonts, columns, etc. to make printing easier.
   b. Export to PDF will also open a “Save Report As” window. Save the report in a folder where it can be easily found. Wait a few seconds and the PDF will open. Print the report, if desired. Caution: a very wide report may result in a very small font size. Select Actual Size under page Sizing and Handling, and Landscape under Orientation to prevent this. However, on a very wide report this may cut off some of your columns when printing.

17. Print Report will open a print window. First, select the printer. If the report is very wide, print it in Landscape by clicking on the Properties button. Find the option for the printer that allows the Landscape selection. Click on OK.

Financial Reports

Adjustments

Why to Run: To see a list of all adjustments made, by Adjustment Type, for monthly accounting totals. Totals can also be pulled by Branch, Provider or Treating Practitioner. Also, use it to research adjustments done on a particular claim.

When to Run: Monthly or as needed

Fields included by Default: Claim Number, Patient Name, Branch, Location, Payor, Date Entered, Payor Type, Amount, and Adjustment Type

Available Selection: By the Date that the Adjustment was entered.

Level of Data: By line item/Code of each line on the claim.

Special Note 1: Remember that refunds processed by editing unapplied payments can be found on the Refunds report.

Special Note 2: If a contractual adjustment is done as part of a payment, the amount of that payment that was applied to that line item can also be displayed.
Special Note 3: The GL Code and Description will appear only if GL Codes by LCode were input by OPIE Support via request.

Special Note 4: The branch filter uses the Branch column which is the claim branch as shown in Billing. Summary reports are available.

Special Note 5 - To see total adjustments by Adjustment Type:
1. Go to the Amount column, click on the Sigma \( \Sigma \) symbol and select Sum and Count.
2. Drag the heading, Adjustment Type, into the grey area at the top of the display where it says “Drag a column header here” and release it.
3. To remove the grouping, drag the Adjustment Type header back down into the body of the report.

Special Note 6 - To see totals by Claim Number:
1. Go to the Amount column, click on the Sigma \( \Sigma \) symbol and select Sum and Count.
2. Drag the heading, Claim Number, into the grey area at the top of the display where it says “Drag a column header here” and release it.
3. To remove the grouping, drag the Claim Number header back down into the body of the report.

Allowable Variances

Why to Run: To see a record of variances in contractual adjustments. The estimated and actual adjustments are shown with a variance if there is any. There will be a list of all claims on which contractual adjustments were taken as part of payments, or which were resolved (zeroed) without an adjustment being taken. Claims reopened after being resolved will also appear.

Who Should Run: Managers or accounting staff of practices who book and balance to allowables rather than to current balances.

When to Run: Monthly or as needed

Fields included by Default: Branch, Claim Number, Patient ID, Patient Name, Estimated and Actual Adjustments, Variance, Date (of Action), GL Code and GL Code Description

Available Selection: By Date of Action, that is, by the payment applied date, the date the claim was resolved, or the date the claim was reopened.

Level of Data: By line item/Code of each line on the claim

Special Note 1: The negative or positive sign on amounts in the allowable variance column is reversed. Therefore, if there is a positive number, post it as a subtraction from the GL account balance. If there is a negative number, post it as an addition to your GL account balance.
**Special Note 2:** The GL Code and Description will appear only if GL Codes by LCode were input by OPIE Support via request.

**Special Note 3:** The branch filter uses the Branch column which is the claim branch as shown in Billing.

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**Charges Billed (by Date Billed)**

**Why to Run:** To see a list of billed claims and accompanying dollar totals. This is often considered a Sales Report.

**Who Should Run:** Managers or accounting staff who need total number and dollars of billed claims by date, or by practitioner, referring physician, device type, etc.

**When to Run:** Monthly or as needed

**Fields included by Default:** Branch, Claim Number, Patient ID, Patient Name, Date of Service (DOS), Date Billed, Cost of Goods, Billed Amount, Allowable, Allowable (Claim Submission), Total Payments, Total Adjustments, Balance, Device Type, Treating Practitioner, Primary Insurance, Referring Physician and Status (of Claim). The total sum of Billed Amount, Allowable and Allowable (Claim Submission) are also shown. The Count under Allowable (Claim Submission) is the count of total rows on the report.

**Available Selection:** By Date Billed

**Level of Data:** By claim

**Special Note 1:** There are two allowables saved in the system, the allowable at claim submission and the allowable at first insurance payment. The Allowable field will show whichever is most recent. To see Allowable (Claim Submission) and Allowable (Payment Posting) you can add these two fields to the report by clicking on Choose Fields and checking the boxes next to those fields.

**Special Note 2:** The charges billed for a particular date range should match the charges billed on the OPIE Billing Activity report for the same date range.

**Special Note 3:** The branch filter uses the Branch (Claim) column. Other branches on the report are Branch which is Visit Branch and Branch (Pt Primary). Summary Reports are available.

**Special Note 4:** Patient Home Address fields were added to the reports in late 2016. They include: Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, and Pt Country. Also included is the Pt Email address.

**Special Note 5:** Column titles can be dragged to the grey area above the column headers to get totals by, for example, Treating Practitioner (name on Rx), by Provider (practitioner on delivery appointment), Primary Insurance, Referring Physician, Device Type, etc. Review the Choose Fields list carefully to see all available fields.

**Special Note 6 - To see total billed by Referring Physician:**
1. Go to the Billed Amount column, click on the Sigma \( \Sigma \) symbol and select Count.
2. Drag the heading, Referring Physician into the grey area at the top of the display where it says “Drag a column header here” and release it.
3. To remove the grouping, drag the Referring Physician header back down into the body of the report.
4. **Note:** The charges billed for a particular date range should match the charges billed on the OPIE Billing Activity report for the same date range.

### Charges Billed (by Date Billed) L-Code detail

**Why to Run:** To see a list of billed claims by Codes (LCodes) with accompanying dollar totals. This is often considered a Sales Report.

**Who Should Run:** Managers or accounting staff who need total number and dollars of billed claims detailed at the Code (LCode) level

**When to Run:** Monthly or as needed

**Fields included by Default:** Code, Quantity, Billed Amount, Allowable, Allowable (Claim Submission), Total Payments, Total Adjustments, Balance, Branch, Device Type, Treating Practitioner, Primary Insurance, Referring Physician, DOS (Date of Service), Date Billed, Claim Number, Patient Name. The total sum of Billed Amount, Allowable and Allowable (Claim Submission) are also shown. The Count under Allowable (Claim Submission) is the count of total rows on the report.

**Available Selection:** By Date Billed

**Level of Data:** By Code (LCode) within claim

**Special Note 1:** There are two allowables saved in the system, the allowable at claim submission and the allowable at first insurance payment. The Allowable field will show whichever is most recent. To see Allowable (Claim Submission) and Allowable (Payment Posting) you can add these two fields to the report by clicking on Choose Fields and checking the boxes next to those fields.

**Special Note 2:** The charges billed for a particular date range should match the charges billed on the OPIE Billing Activity report for the same date range.

**Special Note 3:** Column titles can be dragged to the grey area above the column headers to get totals by, for example, Treating Practitioner (name on Rx), by Provider (practitioner on delivery appointment), Primary Insurance, Referring Physician, Device Type, etc. Review the Choose Fields list carefully to see all available fields.

**Special Note 4:** Patient Home Address fields were added to the reports in late 2016. They include: Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, and Pt Country. Also included is the Pt Email address.

**Special Note 5:** The branch filter uses Branch (Claim). Other branches on the report are Branch which is Visit Branch and Branch (Pt Primary). Summary Reports are available.
Special Note 4 - To see total billed by LCode:

1. Go to the Billed Amount column, click on the Sigma $\Sigma$ symbol and select Count.
2. Drag the heading, Code, into the grey area at the top of the display where it says “Drag a column header here” and release it.
3. To remove the grouping, drag the Code header back down into the body of the report.
4. Note: The charges billed for a particular date range should match the charges billed on the OPIE Billing Activity report for the same date range.

Charges Billed or Sent to Bill (by DOS)

**Why to Run:** To see a list of claims and accompanying dollar totals by delivery date which is the Date of Service (DOS). This is a second, optional Sales Report. Claims appear whether they have been billed or not.

**Who Should Run:** Managers or accounting staff who need total number and dollars of delivered claims whether they were billed or not.

**When to Run:** Monthly or as needed

**Fields included by Default:** Branch, Claim number, Patient ID, Patient Name, Date of Service (DOS), Date Billed, Cost of Goods, Billed Amount, Allowable, Allowable (Claim Submission), Total Payments, Total Adjustments, Balance, Device Type, Treating Practitioner, Primary Insurance, Referring Physician and Status (of Claim). Claims delivered but not billed will show a blank Date Billed and a zero (0.00) Billed Amount. The total sum of Billed Amount, Allowable and Allowable (Claim Submission) are also shown. The Count under Allowable (Claim Submission) is the count of total rows on the report.

**Available Selection:** By Date of Service

**Level of Data:** By claim

**Special Note 1:** There are two allowables saved in the system: the allowable at claim submission and the allowable at first insurance payment. The Allowable field will show whichever is most recent. To see Allowable (Claim Submission) and Allowable (Payment Posting), add these two fields to the report by clicking on Choose Fields and checking the boxes next to those fields.

**Special Note 2:** Column titles can be dragged to the grey area above the column headers to get totals by, for example, Treating Practitioner (name on Rx), by Provider (practitioner on delivery appointment), Primary Insurance, Referring Physician, Device Type, etc. Review the Choose Fields list carefully to see all available fields.

**Special Note 3:** Patient Home Address fields were added to the reports in late 2016. They include: Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, and Pt Country. Also included is the Pt Email address.

**Special Note 4:** The branch filter uses the Branch column which is the Visit branch. Branch (Pt Primary) is also on this report. Summary Reports are available.
Special Note 5 - To see total number and allowable for unbilled claims:

1. Go to the Allowable column, click on the Sigma $\sum$ symbol and select Sum and Count.
2. Go to the Date Billed column, click on the funnel-shaped icon which is the filter and select Blanks. (Note that the funnel-shaped icon will turn blue.)
3. Note: To remove the filter, click on the funnel-shaped icon again and select All.

Charges Billed or Sent to Bill (by DOS) L-code detail

**Why to Run:** To see a list of claims and accompanying dollar totals, at the line item level, by delivery date which is the Date of Service (DOS). This is a second, optional Sales Report. Claims appear whether they have been billed or not.

**Who Should Run:** Managers or accounting staff who need total number and dollars of delivered claims at the LCode level.

**When to Run:** Monthly or as needed

**Fields included by Default:** Code, Quantity, Billed Amount, Allowable, Allowable (Claim Submission), Total Payments, Total Adjustments, Balance, Branch, Device Type, Treating Practitioner, Primary Insurance, Referring Physician, DOS (Date of Service), Date Billed, Claim Number, Patient Name, Status (of Claim). Claims delivered but not billed will shows a blank Date Billed and a zero (0.00) Billed Amount for each line item. The total sum of Billed Amount, Allowable and Allowable (Claim Submission) are also shown. The Count under Allowable (Claim Submission) is the count of total rows on the report.

**Available Selection:** By Date of Service

**Level of Data:** By Code (LCode) within claim

**Special Note 1:** There are two allowables saved in the system: the allowable at claim submission and the allowable at first insurance payment. The Allowable field will show whichever is most recent. To see Allowable (Claim Submission) and Allowable (Payment Posting), add these two fields to the report by clicking on Choose Fields and checking the boxes next to those fields.

**Special Note 2:** Column titles can be dragged to the grey area above the column headers to get totals by, for example, Treating Practitioner (name on Rx), by Provider (practitioner on delivery appointment), Primary Insurance, Referring Physician, Device Type, etc. Review the Choose Fields list carefully to see all available fields.

**Special Note 3:** Patient Home Address fields were added to the reports in late 2016. They include: Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, and Pt Country. Also included is the Pt Email address.

**Special Note 4:** The branch filter uses the Branch column which is the Visit branch. Branch (Pt Primary) is also on this report. Summary Reports are available.
Special Note 5: To see total number and allowable by LCode:

1. Go to the Billed Amount column, click on the Sigma $\sum$ symbol and select Sum and Count.
2. Drag the heading, Code, into the grey area at the top of the display where it says “Drag a column header here” and release it.

Charges Sent to Bill (by DOS) (OPIE)

**Why to Run:** To see a list of delivered claims and the projected R & C (reasonable and customary charge) and Allowable (Medicare) for those claims. This is a report used by clients who do not use OPIE Billing.

**Who Should Run:** Managers or accounting staff who need an estimated total number and dollars of delivered claims

**When to Run:** Monthly or as needed

**Fields included by Default:** Branch, Patient Name, Date of Service (DOS), Allowable (Medicare), Device Type, Treating Practitioner, Primary Ins and Referring Physician

**Available Selection:** By Date of Service

**Level of Data:** By claim

**Special Note 1:** There is a Date Billed on the report but it comes from the information entered manually using the Admin Compliance screen in OPIE. Apply the “with Date Billed (from Admin Compliance)” layout to quickly see this additional field.

**Special Note 2:** Patient Home Address fields were added to the reports in late 2016. They include: Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, and Pt Country. Also included is the Pt Email address.

**Special Note 3:** The branch filter uses the Branch column which is the Visit branch. Branch (Pt Primary) is also on this report. Summary Reports are available.

**Special Note 4 - To see total number and allowable for all claims on the report:**

1. Go to the Allowable column, click on the Sigma $\sum$ symbol and select Sum and Count.
2. A total count and total allowable will display at the bottom of the allowable column.

Charges Sent to Bill (by DOS), L-code detail (OPIE)

**Why to Run:** To see a list of delivered claims at the LCode (Code) level and the projected R & C (reasonable and customary charge) and Allowable (Medicare) for those claims. This is a report used by clients who do not use OPIE Billing.
Who Should Run: Managers or accounting staff who need an estimated total number and dollars of delivered claims at the LCode (Code) level

When to Run: Monthly or as needed

Fields included by Default: Code, Quantity, Allowable (Medicare), Branch, Device Type, Treating Practitioner, Primary Insurance, Referring Physician, Date of Service (DOS), and Patient Name

Available Selection: By Date of Service

Level of Data: By Code (LCode) within claim

Special Note 1: There is a Date Billed on the report but it comes from the information entered manually using the Admin Compliance screen in OPIE. Apply the “with Date Billed (from Admin Compliance)” layout to quickly see this additional field.

Special Note 2: Patient Home Address fields were added to the reports in late 2016. They include: Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, and Pt Country. Also included is the Pt Email address.

Special Note 3: The branch filter uses the Branch column which is the Visit branch. Branch (Pt Primary) is also on this report. Summary Reports are available.

Special Note 4 - To see total number and allowable for each LCode on the report:
1. Go to the Allowable column, click on the Sigma Σ symbol and select Sum and Count.
2. Drag the heading, Code, into the grey area at the top of the display where it says “Drag a column header here” and release it.
3. Note: To remove the grouping, drag the Code header back down into the body of the report.

Collections Activity (Task Notes)

Why to Run: To see what Collections work has been done on claims by each biller. You can review a list of task items created or resolved and any notes created in a selected time frame.

Who Should Run: Managers who need to monitor collections activity.

When to Run: Monthly or as needed

Fields included by Default: Action Date (when the Task or Note was created), Note Created By, Note, Task Type, Task Due Date, Task Status, Claim Num, Name (Last, First), Total Charges, Unresolved Balance, Assigned To (Claim), Branch (Claim), and Insurance Primary (Claim)

Available Selection: By Action Date (that is, by the date the note or the task was created)
Level of Data: By Task within Claim

Special Note 1: Until a Claim is Submitted or Saved, many of the available fields on the report, such as financial details and submission information will be blank.

Special Note 2: The branch filter uses the Branch (Claim) column as shown in Billing.

Special Note 3 - To see total actions by User:

1. Go to the Note Created By, click on the Sigma \( \sum \) symbol and select Count.
2. Then, drag the heading, Note Created By, into the grey area at the top of the display where it says “Drag a column header here” and release it. There is an item count for each employee who created a note.
3. To remove the grouping, drag the Note Created By header back down into the body of the report.

Special Note 4 - To see the unresolved balance on the claims touched by each staff member:

1. Go to the Unresolved Balance column, and drag that heading into the grey area at the top of the display where it says “Drag a column header here” to the right of the Note Created by heading.
2. Click on the + sign to the left of each staff member’s name to see the balances of the claims they have worked.
3. To remove the grouping, drag the Claim Number header back down into the body of the report.

Financial Responsibility by Appt Date

Why to Run: To see a list of all Financial Responsibility (FR) forms, copays, payments and balances by Appointment Date. Both active and inactive FR forms will appear.

Who Should Run: Managers who need to monitor appointments scheduled for each week and whether co-pays were successfully collected.

When to Run: Weekly or as needed

Fields included by Default: Appt Date, Appt Type, Appt Status, Patient Name and ID, Device Type, Branch (Pt Primary), Primary Insurance, Original Pt Responsibility, Pt Percent and Dollar of Copay, Payment Date, Type, Amount and Balance and the Status of the FR form, Active or Inactive

Available Selection: By Appt Date

Level of Data: By Appt within Prescription for patients with FR forms

Special Note 1: If a payment is made by a patient and applied to an FR form on a day no appointment was made, the payment cannot be found either by running the Financial Responsibility Payments report or by setting the date range on this report to include appointments before and after the suspected payment date.
Special Note 2: Inactive forms can be filtered out after the report generates.

Special Note 3: The branch filter uses the Branch (Pt Primary) column.

Financial Responsibility by Payment Date

**Why to Run:** To see a list of all payments, credits, and debits entered into the Financial Responsibility (FR) forms in your OPIE patient records by the date of the payment (transaction).

**Who Should Run:** Managers or billers who need to match payments received to payments that appear in billing. Or, to research payments made into FR forms.

**When to Run:** Weekly or as needed.

**Fields included by Default:** FR Form Status, Branch (Pt Primary), Patient Name and ID, Payment Date, Primary Insurance, Original Pt Responsibility, PT Percent and Dollar of Copay, Payment Type, Amount, Description and Balance and whether the payment was Copied to Billing

**Available Selection:** By Payment (Transaction) Date

**Level of Data:** By Payment (Transaction)

Special Note 1: This report is similar to the Financial Responsibility Payments report, but this report has more complex field selections and displays the Patient’s Name as one field.

Special Note 2: The branch filter uses the Branch (Pt Primary) column.

Financial Responsibility by Visit Date

**Why to Run:** To see a list of all Financial Responsibility (FR) forms in the OPIE patient records selected by the date of the visit under which the form was created.

**Who Should Run:** Managers or billers who need to see what FR forms have been created in a specific date range. (See Special Note below.)

**When to Run:** Weekly or as needed

**Fields included by Default:** Patient Name and ID, Rx Date, Device Type, Visit Date Where Form Created, # Financial Resp Forms, Branch (Pt Primary), Form Label, Primary Insurance, Current Balance, FR Form Status, Type (O vs. P)

**Available Selection:** By the Visit Date under which the Form was created
**Level of Data:**  By FR Form

**Special Note:** If an appointment is created on 3/1/2015 and the appointment is marked as Showed Up, the system creates an Administrative Documents folder and a Clinical Appointment folder which both display the date of the appointment. On the next day, 3/2/2015, if a Service Estimate, Insurance Verification form and a Financial Responsibility form are added under the Administrative Documents folder of 3/1/2015, the Financial Responsibility form will be dated 3/1/2015.

**Special Note 2:** The branch filter uses the Branch (Pt Primary) column.

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**Financial Responsibility Payments**

**Why to Run:** To see a list of all transactions on Financial Responsibility (FR) forms in the OPIE patient records by transaction date.

**Who Should Run:** Managers or billers who need to match payments received to payments that appear in billing. Or, to research payments or other transactions made into FR forms.

**When to Run:** Weekly or as needed

**Fields included by Default:** Patient’s First Name, Middle Name, Last Name, Patient ID, Branch (Pt Primary), Payment Date, Payment Type, Payment Amount, Payment Description, and Payment Balance

**Available Selection:**  By Payment (Transaction) Date

**Level of Data:**  By FR Form Payment (transaction)

**Special Note 1:** This report is similar to the Financial Responsibility by Payment Date report, but this report is simpler and has patient’s first, middle and last name as separate fields.

**Special Note 2:** The branch filter uses the Branch (Pt Primary) column.

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**Payment Applications (by Date Applied)**

**Why to Run:** To see a list of all Payments Applied to Claims in OPIE Billing by the date they were applied. This report lists every line item on every applied payment.

**Who Should Run:** Managers or billers who need to match payments received to payments applied; or to see line item projected and actual allowables and their differentials. Sometimes this report is also used to determine commissions for practitioners.

**When to Run:** Weekly or as needed
Fields included by Default: Claim number, Code (LCode), Patient Name, Branch, Location, Payor, Payment Date, Date Applied, Applied Amount, and Payment Amount. (Payment Amount equals the total of the EOB/Check/Credit Card/Cash Entry.)

Available Selection: By Date the Payment was applied

Level of Data: Line item of claim

Special Note 1: Both the Payment Date (the date the new payment was entered) and the Date Applied appear on this report and on the Payment Applications (by Payment Date) report. Make sure to understand the difference between the two reports. Call OPIE Support for further assistance.

Special Note 2: Click on the Sigma symbol $\sum$ in the Applied Amount column and select Sum to get a total dollar amount of payments applied in the date range selected.

Special Note 3: The Year-Month field can be used for easier sorting by Date Applied.

Special Note 4: The branch filter uses the Branch column which is the claim branch as shown in billing. Summary Reports are available.

Payment Applications (by Payment Date)

Why to Run: To see a list of all Payments Applied to Claims in OPIE Billing by the Payment Date (the date the new payment was entered). This report lists every line item on every applied payment.

Who Should Run: Managers or billers who need to match payments received to payments applied.

When to Run: Weekly or as needed

Fields included by Default: Claim number, Code (LCode), Patient Name, Branch, Location, Payor, Payment Date, Date Applied, Applied Amount, Payment Amount. (Payment Amount equals the total of the EOB/Check/Credit Card/Cash Entry.)

Level of Data: This report lists every line item on every applied payment.

Available Selection: By Payment Date

Special Note 1: Both the Payment Date (the date the new payment was entered) and the Date Applied (the date the payment was actually applied to the patient’s claim) appear on this report and on the Payment Applications (by Payment Date) report. Make sure you understand the difference between the two reports. Call OPIE Support for further assistance.
Special Note 2: Click on the Sigma symbol \( \sum \) in the Applied Amount column and select Sum to get a total dollar amount of payments applied in the payment date range you selected.

Special Note 3: The Year-Month field can be used for easier sorting by Date Applied.

Special Note 4: The branch filter uses the Branch column which is the claim branch as shown in billing. Summary Reports are available.

Payment Applications (by Payment)

Why to Run: To see a list of all Payments Applied to Claims in OPIE Billing by the Payment Date (the date the new payment was entered). This report is at the payment level instead of the line item level as are the other two Payment Applications reports. Some clients also use this report to determine commissions for practitioners.

Who Should Run: Managers or billers who need to match payments received to payments applied.

When to Run: Weekly or as needed

Fields included by Default: Claim number, Patient ID, Patient Name, Branch, Payor, Payment Date, Amount (Applied Sum), Amount (Payment), Applied Date, and Payment Type

Available Selection: By Payment Date

Level of Data: This report lists every applied payment in the Payment Date range selected.

Special Note 1: Click on the Sigma symbol \( \sum \) in the Amount (Applied Sum) column and select Sum and Count to get a total count and dollar amount of payments applied in the payment date range you selected.

Special Note 2: The Year-Month field can be used for easier sorting by Date Applied.

Special Note 3: Amount (Applied Sum) is the portion of the total payment applied to one claim. Amount (Payment) is the total amount of the payment received from the payor. Payment ID is an internal ID for use by OPIE Support, Cost of Goods is the total cost of items requested, and not returned, in the patient’s chart for this Rx, and EOB Path is the location where the EOB is stored in the folder OPIE\Database\SupportFiles.

Special Note 4: Both the Payment Date (the date the new payment was entered) and the Date Applied (the date the payment was actually applied to the patient’s claim) appear on this report and on the Payment Applications (by Payment Date) report. Make sure you understand the difference between the two reports. Call OPIE Support for further assistance.

Special Note 5: The branch filter uses the Branch column which is the claim branch as shown in billing.
**Why to Run:** To see a list of all Payments by the Payment Date (the date the new payment was entered). It will show the total of a payment from each payer as opposed to the amount which may have been applied to a specific claim.

**Who Should Run:** Managers or billers who need to see all payments entered showing payment amount, credit amount, refund amount and total.

**When to Run:** Weekly or as needed

**Fields included by Default:** Payment Type, Payor, Claim Num, Payment Date, Refund Date, Check Number, Credit Amount, Payment Amount, Refund Amount, Total Amount, Description, Unapplied Balance

**Available Selection:** By Payment Date

**Level of Data:** This report lists all payments in the Payment Date range selected.

**Special Note 1:** The Payment Amount is the total amount of money in the payment from that EOB/Payor. The Total Amount will include any Credit Amounts (for example, claims paid by take backs or recoupments) which may be part of that payment.

**Special Note 2:** Payment totals will match those on the OPIE Billing activity report for the same date range. The report will also show the unapplied balance so that a list of unapplied payments can be identified.

**Special Note 3:** The Year-Month field is for easier sorting by Payment Date. The EOB Path field is the location where the EOB is stored in the folder OPIE\Database\SupportFiles.

**Special Note 4:** Because the Claim Num comes from the New Payment screen, the Claim Num should appear only on a patient payment on which that original payment was assigned to a claim number.

**Special Note 5:** The branch filter uses Branch (From Batch). The report contains three branches: Branch (From Batch), Branch (From Payment) and Branch (Pt Primary).

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**Referred to Collections**

**Why to Run:** To create a report or text file for the Collections Agency of all claims which have a current, active task of Referred to Collections.

**Who Should Run:** Managers or billers who need to see all claims in collections.

**When to Run:** Weekly or as needed

**Fields included by Default:** Claim No., Task Due Date, DOS, Patient ID, Patient Last Name, Patient First Name, Patient Middle Name, Billed Amount, Total Payments, Total Adjustments, Balance, Branch, Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip, Pt Country, Guardian Type, Guardian Name, Guardian Address 1, Guardian Address 2, Guardian City, Guardian State, Guardian Zip, Guardian Country, Device Type. There are 24 others fields, all of which can be exported to an Excel file.
Available Selection: By Task Due Date

Level of Data: Claim level

Special Note 1: A layout of the fields needed can be created and then quickly applied. Export the file and then send to the Collections Agency.

Special Note 2: The branch filter uses the Branch column which is the claim branch as shown in billing.

Refunds

Why to Run: To create a list of all refunds of unapplied payments by the date of the refund. These are typically patient deposits that are returned prior to delivery, when the device is refused or the patient changes their mind.

Who Should Run: Managers or billers who need to see all refunds processed on unapplied payments.

When to Run: Weekly or as needed

Fields included by Default: Refund Date, Refund Amount, Original Payor, Original Payment Type, Original Payment Date, Original Check Number, Original Payment Amount, Original Credit Amount, and Original Total Amount.

Available Selection: By Date of the Refund of an Unapplied Payment.

Level of Data: Refund level

Special Note 1: This Refund report shows only Refunds processed by editing an unapplied payment. Refunds processed on applied payments via adjustments can be found on the Adjustments report.

Special Note 2: The branch filter uses Branch (From Batch). The report contains three branches: Branch (From Batch), Branch (From Payment) and Branch (Pt Primary).

Submissions

Why to Run: To create a list of all submissions processed by the date of the submission. This can show work done by a specific biller (Submitted by) in a specific date range. Also, it can show the Days to First Payment for each submission.

Who Should Run: Managers or billers who need to see all submissions processed on a single claim or on all claims by date submitted.

When to Run: Weekly or as needed

Fields included by Default: Claim Number, Branch, Location, Patient ID, Patient Name, Submission ID, Submission Date, Submission Method, Submitted To, Insurance Type (Primary, Secondary, etc.) Submitted By, Submission Batch No.,
Submission Status, AR Charge Amount, TotalPayments (Submission), Total Adjustments (Submission), and Days to First Payment

**Available Selection:** By Submission Date

**Level of Data:** Submission level

**Special Note 1:** The Submission Status field will include information on claims submitted and then cancelled. The All Codes Included field will indicate if only certain codes on a claim were submitted to the payer.

**Special Note 2:** The AR Charge Amount field will only contain an amount if that submission was the first submission on the claim. Subsequent submissions do not affect the AR balance.

**Special Note 3:** The branch filter uses the Branch column which is the claim branch as shown in billing.

### Task Items

**Why to Run:** To create a list of specific kinds of task items on all claims, or, to see all tasks on one claim. Users can filter by Task Status (Active, Inactive (Auto) or Resolved), by Task Type, by the task’s Entry Date, and by claim number or patient name. In addition, users can filter by many other fields. For example, you might want to have a listing that you can export, of all Verify Claim Receipt tasks created at submission.

**Who Should Run:** Managers or billers who need to see how efficiently tasks are being added and closed.

**When to Run:** Weekly or as needed

**Fields included by Default:** Task Status, Task Type, Entry Date, Entered By, Due Date, Claim Num, First Name, Last Name, Patient ID, Claim Branch, Insurance Primary (Claim), Unresolved Balance, and Assigned To

**Available Selection:** By Task Status, Task Due Date or Date of Service. You can leave all selections blank or select only one of the three options. You can also combine the Task Status selection with either of the date selections. However, you cannot use both Task Due Date and Date of Service in your selection. This will cause the report not to run.

**Level of Data:** Task level

**Special Note 1:** Keep in mind that certain fields will be blank on this report if the claim has never been saved or submitted. These would include: Claim Branch, Insurance Primary (Claim), Unresolved Balance, etc.

**Special Note 2:** This report includes the Primary and Secondary Insurance ID for the patient.

**Special Note 3:** Task statuses shown on this report include Active (a current or pending task), Resolved (Inactive), a task that you or another user marked as complete, and Inactive (Auto). An example of Inactive (Auto) would be a Bill Claim task Resolved automatically when the claim is submitted.

**Special Note 4:** The branch filter uses the Branch (Pt Primary) column. The report also contains the Claim Branch.
Work in Progress (Financial) (Billing)

**Why to Run:** To create a list of claims on which the LCode Selection was Sent to Auth but the claim has not yet been billed. (Claims drop off this report once billed.) The claim must also be active in WIP. This is an important report to be used for Projecting Upcoming Sales. Also, the report will show claims that may have been missed, or on which the patient decided against the device but on which the claim has not been deleted.

**Who Should Run:** Managers or billers who need to see future sales or claims that need to be deleted.

**When to Run:** Weekly or as needed

**Fields included by Default:** Branch, Patient Name, Patient ID, Device Type, Status, Sent to Auth Date, Scheduled Delivery, Allowable, Primary Insurance, Referring Physician, Treating Practitioner, and Rx Custom 1

**Available Selection:** By Task Status, Task Due Date or Date of Service. You can leave all selections blank or select only one of the three options. You can also combine the Task Status selection with either of the date selections. However, you cannot use both Task Due Date and Date of Service in your selection. This will cause the report to not run.

**Level of Data:** Task level

**Special Note 1:** This report has many other fields which can help you in detecting stale dated claims. For example, you can add the Most Recent Task Type. You can also add the R&C (Usual and Customary Charge) and a Service Estimate amount if there was one done on this claim. This report includes the PECOS status on the referring physician.

**Special Note 2:** Because a scheduled appointment belongs to a prescription and not a claim, the scheduled delivery date may be the same for several claims under one prescription.

**Special Note 3:** The branch filter uses the Branch column which is from the visit when the Lcode selection was created.

Work in Progress (Financial) (OPIE)

**Why to Run:** To create a list of LCode Selections that were Sent to Auth. By adding such fields as the Date Billed the report can also show claims that may not have been billed promptly. Filtering for a status of < 5- Billed, will display all unbilled claims and therefore a future projection of sales. This report is intended for clients who do not use OPIE Billing. The Status 5 – Billed on this report is obtained from a manual entry on the OPIE Compliance screen.

**Who Should Run:** Managers or billers who need to see a listing of past, current and future sales.

**When to Run:** Weekly or as needed

**Fields included by Default:** Branch, Patient Name, Patient ID, Device Type, Status, Sent to Auth Date, Allowable, Primary Insurance, Referring Physician, Treating Practitioner, and Rx Custom 1

**Available Selection:** None. All claims Sent to Admin but unbilled will appear.
Level of Data: Claim level

Special Note 1: Review the other fields available. You can also add the R&C (Usual and Customary Charge) and a Service Estimate amount if there was one done on this claim. This report includes the PECOS.

Special Note 2: The branch filter uses the Branch column which is from the visit when the Lcode selection was created.

List Reports

Appointments

Why to Run: This should be a Weekly Meeting Report:
1. To follow-up on rescheduled, cancelled and no call/no show appointments.
2. Since wait times are included in the report you can calculate and display average wait times for appointments.

Who Should Run: Administrators or managers needing a list of past or upcoming appointments or researching patient appointments.

When to Run: Weekly or as needed

Available Selection: Appt Date, Include Recurring? The second selection will allow you to view all appointments, recurring appointments only or non-recurring appointments only.

Fields included by Default: Patient Name, Patient ID, Appt Date, Start Time, End Time. Location, Branch, Room, Appt For, Appt Type, Device Type, Comments, Walk-in, Status, Showed Up, In Room, Checked Out, (these three fields are Date/Time) Created By, Created Date, Modified By, Modified Date, Wait Time (min) Time in Room (min), Total Time (min)

Level of Data: Appt Date

Special Note 1: This report can include the patient’s home address, and home, cell and work numbers if desired.

Special Note 2: The branch filter uses the Branch column which is the branch from the appointment in the scheduler.

The Appointments Report allows the user to list and filter all appointments in OPIE. It is typically used as a reference for the upcoming day’s appointments as well as a tool to follow-up on no show and cancelled appointments.

Prior to generating the report an appointment date range may be entered allowing for a specific date or range of dates to be displayed.
The user can filter by many fields including created by and created date as well as listing current and future appointments for any patient.

There are 48 fields on the report, 24 are shown on the defaulted layout. Please click on Choose Fields to review options and select the fields you need.

To see cancelled or no show appointments only:

1. Go to the Status column, click on the Funnel Icon.
2. Select Custom Filter.
3. Change the “Filter based on” from All too Any (because in this example we are looking to display 2 separate statuses).
4. In the middle box on this entry line, use the drop down selection and choose ‘= Equals’.
5. In the next box on the same line use the drop down and select the first status you which to include.
6. Now select the + Add button and an additional filter line will appear. Repeat steps 4 and 5.
   a. Your Custom filter box will look similar to below:

This will provide a listing of all appointments that have a status of Cancelled or NC/NS for the date range selected.

**Common Procedures**

**Why to Run:** To create a list of all common procedures created by staff and the LCodes, quantities and prices they include.

**Who Should Run:** Practitioners or managers needing a list of common procedures for review or modification.

**When to Run:** As needed

**Available Selection:** None. All common procedures will be displayed.

**Fields included by Default:** User Name (the person who created the procedure), Procedure No., Common Procedure Name, LCode, Qty, Variable? (That is, is the LCode variable), Medicare Fee
Level of Data: LCode with procedure

Diagnosis Codes

Why to Run: To create a list of all diagnosis codes in the system.

Who Should Run: Any staff member needing a list of diagnosis codes and descriptions

When to Run: As needed

Available Selection: Active. Users can select All codes, only Active codes or only Inactive codes.

Fields included by Default: ICD-9 (code), Diagnosis (description), Active (Yes or No)

Level of Data: Code level

The Diagnosis Codes Report gives a listing of all ICD-9 codes and corresponding description.

Before generating the report a parameter is available allowing the user to include Active codes only, Inactive codes only, or all codes.

This report is typically used to verify inactive codes vs. active codes in the OPIE System.

There are 3 fields on the report and all 3 are shown on the defaulted layout.

To see all codes that are set to inactive after running the report for all codes:

1. Go to the Active column and click on the funnel icon
2. Select No
3. This will now display only inactive ICD-9 codes in your OPIE System.

General Contacts

Why to Run: To create a list of all General Contacts saved in OPIE-Dex

Who Should Run: Administrators or managers needing a list of all General Contacts

When to Run: As needed

Available Selection: None. All general contacts will be listed.
Fields included by Default: Contact Type, Company, Name, Job Title, Email, Web Page, Address Type, Address 1, Address 2, City, State, Zip, Country, Phone 1 Type, Phone 1, Phone 2 Type, Phone 2, Phone 3 Type, Phone 3

Level of Data: Contact

The General Contacts Report is a list of all the General Contacts entered in the OPIE system in OPIE-Dex under the General Contacts Tab. The contacts are categorized by contact type and this report provides for easy reference for any of the practice’s contacts, for example Physical Therapists or Occupational Therapists. These practice contacts can be added to the patients contacts tab by using the import button.

This report can be run to provide a practice with a listing of contacts and their address which can be used for mass mailings.

There are 22 fields on the report and all 22 are shown on the defaulted layout. To change the columns displayed, click on Choose Fields and check or uncheck to select the fields you need to see on the report.

To obtain a listing of all Physical Therapists in OPIE General Contacts Report:

1. Navigate to the Contact Type column and click on the funnel icon.
2. Select Physical Therapists in the drop down list.

This will filter the list showing only the contacts set to the type of Physical Therapist.

Insurance Addresses

Why to Run: To create a list of all justifications in the system for all LCodes

Who Should Run: Administrators or managers needing to research or list Insurance Company addresses

When to Run: As needed

Available Selection: None. All companies and their addresses will be listed.

Fields included by Default: Company Name, Street 1, Street 2, City, State, Zip, Country, Phone, Phone Ext

Level of Data: Company Address

The Insurance Address Report will list all addresses for all insurance companies that are entered into OPIE.

This report will allow a practice the ability to review and verify all address in the system for their insurance companies.
There are 10 fields on the report and 9 are shown on the defaulted layout. To add or remove columns, click on Choose Fields and check or uncheck to select the fields you want to see on the report.

To locate all addresses for one insurance company:

1. Navigate to the Company Name column and click on the funnel icon ✓.
2. Select the desired company in the drop down list.

The report will now display a listing of all addresses that are associated to the selected insurance company.

**Justifications**

**Why to Run:** To create a list of all LCode justifications entered into OPIE by practitioners.

**Who Should Run:** Administrators or managers needing to research or list justifications

**When to Run:** As needed

**Available Selection:** None. All codes and their justifications will be listed.

**Fields included by Default:** Code, Friendly Description, Active, Variable, User, Justification, Default

**Level of Data:** Code

**LCodes and Fees**

**Why to Run:** To create a list of the practice’s LCodes, descriptions, fees, and fee schedules in OPIE.

**Who Should Run:** Administrators, billers or managers needing to research or view LCodes and fees

**When to Run:** As needed

**Available Selection:** LCode status. Users can select All codes, only Active codes or only Inactive codes.

**Fields included by Default:** L Code, Fee Schedule, Price, Formal Desc, Friendly Desc

**Level of Data:** Code

**Special Note 1:** By adding the Taxable field users can also see which LCodes in the system are set to be automatically taxable.
Locations

**Why to Run:** To create a list of all Locations, such as nursing facilities and hospitals, at which practitioners may have appointments. The list will include the default, *In Office*, location.

**Who Should Run:** Administrators or managers needing to research or view Locations in OPIE

**When to Run:** As needed

**Available Selection:** None. All locations will be listed.

**Fields included by Default:** Location, Address 1, Address 2, City, State, Zip, Country, Phone Type 1, Phone 1, Phone Type 2, Phone 2, Other ID, NPI, Active

**Level of Data:** Location

Patient Birthday Report

**Why to Run:** To create a name and address list of patients to send them birthday greetings.

**Who Should Run:** Administrators or managers needing a list of patient birthdays for an upcoming month

**When to Run:** Monthly

**Available Selection:** Birth Month. Users can also select all months if preferred.

**Fields included by Default:** First Name, Middle Name, Last Name, Address 1, Address 2, City, State, Zip, DOB, Day, Month, Year, Last Visit Date, Next Appt Date

**Level of Data:** Patient’s Address

**Special Note 1:** All addresses for each patient will be shown. You will then need to determine if you want to send your greeting to the *Mailing or Home* address if the patient has both. Add the Address Type field to the report to see the address types for multiple addresses.

**Special Note 2:** The Last Visit Date on this report is for the patient, not the last visit for a specific Rx.

**Special Note 3:** The selection can be exported to Excel and then pulled into Word via a Mail merge to create a mailing label list.

**Special Note 4:** The branch filter uses the Primary Branch column.
Patient Contacts

Why to Run: To create a name and address list of all patients and their personal contacts.

Who Should Run: Administrators or managers needing a list of patients’ personal contacts

When to Run: As needed

Available Selection: None. Users will receive a list of all patients’ personal contacts.

Fields included by Default: Patient ID, Patient Status, Last Name, First Name, Middle Name (of patient), Contact Type, Contact Name, Same Address as PT?, Contact Address 1, Contact Address 2, Contact City, Contact State, Contact Zip, Contact Phone 1, Contact Phone 1 Ext, Phone 1 Type, Contact Phone 2, Contact Phone 2 Ext, Phone 2 Type, Contact Email

Level of Data: Patient’s Contact

Patient Insurance

Why to Run: To create a list of all insurances for all patients in OPIE data. Patient insurance IDs and subscriber information are also part of this report.

Who Should Run: Administrators or managers needing a list of patients’ insurances.

When to Run: As needed

Available Selection: None. You will receive a list of all patients’ insurances for all patients in OPIE data.

Fields included by Default: Patient ID, Patient Name, Type, Company Name, Street 1, Street 2, City, State, Zip, Phone, ID Num, Group Num, Plan Num, Contact Info

Level of Data: Patient’s Insurance

Patient Prescriptions

Why to Run: This should be a Weekly Meeting Report.
1. It can be used to locate Rx data missing or incorrectly entered.
2. It will create a list of all details on all prescriptions in OPIE data.
3. Patient’s name, home address, phone and email data is also part of this report for use in creating mailings to patients by selected device type, DOB, Referring Physician, etc.

Who Should Run: Administrators or managers needing to verify accuracy of Rx input.

When to Run: Weekly
Available Selection: Users can select by Category (Orthotic vs. Prosthetic), Rx Date, Patient Status and/or Rx Status or leave all selection fields blank to see all prescriptions.

Fields included by Default: Patient ID, Patient Name, Age, DOB, Treating Practitioner, Primary Practitioner, Rx Date, Type, Device Type, Referring Physician, Primary Dx Code, Primary Dx Type, Primary Insurance, Secondary Insurance

Level of Data: Patient’s Prescription

Special Note 1: After the report is generated, use the Select a Layout feature to quickly see a display of your prescriptions by one of these parameters:

<table>
<thead>
<tr>
<th>Select a Layout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Default</td>
</tr>
<tr>
<td>By Orthotic vs. Prosthetic</td>
</tr>
<tr>
<td>By Device Type</td>
</tr>
<tr>
<td>By Referring Physician</td>
</tr>
<tr>
<td>By ICD9 code</td>
</tr>
<tr>
<td>By Primary Insurance</td>
</tr>
<tr>
<td>By Device Type, Practitioner</td>
</tr>
<tr>
<td>By Referring Physician, Device Type</td>
</tr>
<tr>
<td>By Device Type, Referring Physician</td>
</tr>
<tr>
<td>By Primary Practitioner</td>
</tr>
<tr>
<td>By Treating Practitioner</td>
</tr>
<tr>
<td>By Primary Practitioner, Device Type</td>
</tr>
<tr>
<td>By Treating Practitioner, Device Type</td>
</tr>
<tr>
<td>By Device Type, Primary Practitioner</td>
</tr>
<tr>
<td>By Device Type, Treating Practitioner</td>
</tr>
</tbody>
</table>

Special Note 2: Both the patient’s and the referring physician’s complete contact information are included in this report. If you choose to add either address to the report, you can export your selection to Excel and then pull the Excel file into Word to create a mailing label list.

Special Note 3: The AGE on this report will be understated by one year if today is the patient’s birthday. If you are searching for a special subset of patients by Age, for example, patients 18 or under, sort the report my DOB to find those patients whose DOB is today. You can then decide if they should be included in your age grouping.

Special Note 4: The branch filter uses Branch column which is the Patient’s Primary Branch.

Patient Recalls

Why to Run: Patients’ suggested recall dates can be entered into OPIE on the delivery receipt or on the prescription. This report can be run monthly to find and schedule recall appointments for the following month.

Who Should Run: Administrators needing to contact patients for future appointments

When to Run: Monthly
Available Selection: By Recall Date

Fields included by Default: Type, Branch (Pt Primary), Device Type, Primary Practitioner, Recall Date, Recall Reason, Patient ID, Patient Name, Home Phone, Mobile/Cell Phone, Work Phone, Pt Address 1, Pt Address 2, Pt City, Pt State, Pt Zip. The address information shown is for the Patient’s Home Address.

Level of Data: Patient’s Prescription Recall Date.

Special Note 1: The branch filter uses the Branch column which is the Patient’s Primary Branch.

Patients

Why to Run: To select a listing of all patients and important patient information including name, address, email and phone data.

Who Should Run: Administrators needing to display a list of patients with important patient information

When to Run: As needed

Available Selection: By Patient Status

Fields included by Default: Patient ID, Last Name, First Name, Middle Name, Address 1, Address 2, City, State, Zip, Home Phone, Mobile/Cell, Work Phone, Other Phone

Level of Data: Patient ID, Last Name, First Name, Middle Name, Address 1, Address 2, City, State, Zip, Home Phone, Mobile/Cell, Work Phone, Other Phone. The Last Visit Date on this report is for the patient, not the last visit for a specific Rx.

Special Note 1: Users can export a patient report as an Excel file and then use Word to create a mailing label list.

Special Note 2: The Last Visit Date on this report is for the patient, not the last visit for a specific Rx.

Special Note 3: The branch filter uses the Primary Branch column which is the Patient’s Primary Branch.

Special Note 4: The AGE on this report will be understated by one year if today is the patient’s birthday. If searching for a special subset of patients by Age, for example, patients 18 or under, sort the report by DOB to find those patients whose DOB is today. Then decide if they should be included in the age grouping.

Patients by Category, Visit Date

Why to Run: To select a listing of patients and important patient information including name, address, email and phone data by Patient Status, Category of Rx (Orthotic Vs. Prosthetic), and/or Last Visit Date.
Who Should Run: Administrators needing to display a list of patients by Last Visit Date

When to Run: As needed

Available Selection: By Patient Status, Category (Orthotic vs. Prosthetic), Last Visit Date

Fields included by Default: Patient ID, Last Name, First Name, Middle Name, Category (O vs. P), City, State, Zip, Home Phone, Mobile/Cell, Work Phone, Other Phone. The Last Visit Date on this report is for the patient, not the last visit for a specific Rx.

Level of Data: Patient’s Address. If a patient has multiple addresses the name will appear multiple times on the report. Add the Address Type field to the report to see which address types are displayed for a particular patient. You can export a patient report as an Excel file and then use Word to create a mailing label list.

Special Note 1: The Last Visit Date on this report is for the patient, not the last visit for a specific Rx.

Special Note 2: The report selection can be done by Category of device type even though neither Device Type nor Category appear on the report itself. To see the Device Type, run the report titled Patients by Category, Visit Date w Device Type.

Special Note 3: The branch filter uses the Primary Branch column which is the Patient’s Primary Branch.

Special Note 4: To see the Device Type, run the report titled Patients by Category, Visit Date w Device Type.

Patients by Category, Visit Date w Device Type

Why to Run: To select a listing of patients and important patient information including Device Type for patients with visits in a specific date range.

Who Should Run: Administrators needing to display a list of patients who visited in a specific date range

When to Run: As needed

Available Selection: By Patient Status, Category (Orthotic vs. Prosthetic), Visit Date

Fields included by Default: Patient ID, Device Type, Last Name, First Name, Middle Name, Street 1, Street 2, City, State, Zip, Home Phone, Mobile/Cell, Work Phone, Other Phone. The Last Visit Date on this report is for the patient, not for a specific Rx.

Level of Data: Patient’s Address. If a patient has multiple addresses the name will appear multiple times on the report. Add the Address Type field to the report to see which address types are displayed for a particular patient. You can export a patient report as an Excel file and then use Word to create a mailing label list.
Special Note 1: Although this report searches for all visits, the visit date does not appear on the report. Only the last visit date appears.

Special Note 2: The Last Visit Date on this report is for the patient, not for a specific Rx.

Special Note 3: The branch filter uses the Primary Branch column which is the Patient’s Primary Branch.

Physicians

Why to Run: To see a listing of all referring and/or primary care physicians in OPIE including their NPI numbers and PECOS status.

Who Should Run: Administrators needing a list of physicians and their contact information

When to Run: As needed

Available Selection: By Physician Type

Fields included by Default: Name, Street 1, Street 2, City, State, Zip, Phone Type 1, Phone 1, Phone 1 Ext, Phone Type 2, Phone 2, Phone 2 Ext, Type (of physician)

Level of Data: Physician

Special Note 1: Note the default layouts which will allow easy creation of an address, phone, email or NPI number list.

Special Note 2: Users can export a Physicians report as an Excel file and then use Word to create a mailing label list.

Variable LCodes and Fees

Why to Run: To see a listing of Variable LCodes with prices including their descriptions and whether those descriptions are active or inactive.

Who Should Run: Administrators and managers needing a list of variable codes

When to Run: As needed

Available Selection: None. There list includes all variable codes and their descriptions.

Fields included by Default: L Code, Price, Formal Description, Friendly Description

Level of Data: L Code Description
Visits

Why to Run: This should be a Weekly Meeting Report:
1. To follow-up on rescheduled, cancelled and no call/no show appointments.
2. To see a listing of all visits or contacts, clinical or non-clinical by a selected date range regardless of visit status.
3. To review the number of visits completed by each practitioner.

Who Should Run: Administrators and managers needing a list of patient visits

When to Run: Weekly or as needed

Available Selection: Visit Date and Patient Status

Fields included by Default: Patient Status, Branch, Patient ID, Patient Name, Device Type, Visit Date, Visit Type, Status (of visit), Practitioner, Billable

Level of Data: Patient Visit within prescription

Special Note 1: Because the report was intended to display face to face patient contacts, it will exclude these visit types: Phone Conversation, No Call/No Show, Cancelled/Rescheduled, Consumables Delivery, Drop-Off, Pick-Up, Parts Requested, Administrative Documentation, Left Message, Consumable Request, Email Exchange, Shipped Supplies, Fax, Letter Sent, Stock and Bill

Special Note 2: Users can add numerous fields to the report including wait time and time in room and with practitioner calculations, who created the visit and when, if and by whom it was modified and Next Appt Date.

Special Note 3: The branch filter uses the Branch column which is the branch of the patient visit. Summary reports are available for this report.

Visits Clinical and non-Clinical

Why to Run: To see a listing of all patient contacts or visits, including such contact types as Email Exchange, Left Message, Parts Requested, and Phone Conversation.

Who Should Run: Administrators and managers needing a complete list of patient contacts

When to Run: Weekly or as needed

Available Selection: Visit Date and Patient Status
**Fields included by Default:** Patient Status, Branch, Patient ID, Patient Name, Device Type, Visit Date, Visit Type, Status (of visit), Practitioner, Billable

**Level of Data:** Patient Visit within prescription

**Special Note 1:** Unlike the Visits report, which excludes visit types that are not face to face, this report shows all visits, regardless of type.

**Special Note 2:** The branch filter uses the Branch column which is the branch of the Patient visit.

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**Specialty Reports**

**Admin Notes**

**Why to Run:** To see a listing of special categories of patient-practice interactions. In OPIE, you can create Administrative Notes to which custom categories can be attached. For example, you might have categories such as Patient Complaints, After Hours Calls, or Mileage. You can add these notes with categories to the patients’ charts and then run reports to locate those categories of interactions and read the notes entered.

**Who Should Run:** Administrators and managers needing a complete list of special types of patient-practice interactions.

**When to Run:** As needed

**Available Selection:** Modified Date (This will also be the date the note was originally created.)

**Fields included by Default:** Patient ID, Patient Name, Category, Admin Note, Visit Date, Visit Type, Rx Date, Type, Device Type, Treating Practitioner, Branch, Primary Insurance

**Level of Data:** Admin Note

**Special Note 1:** The branch filter uses the Branch column which is the Patient Primary Branch.

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**Administrative Entry Validation**

**Why to Run:** To verify the accuracy and completeness of patient data entered on a specific date or range of dates.

**Who Should Run:** Administrators and managers who need to see what patient data was originally entered on a specific date range

**When to Run:** Daily or as needed

**Available Selection:** Rx Date
Fields included by Default: Patient ID, Patient Name, Gender, Patient Entry Date, Created By, Created Date, Rx Date, Rx Scanned, Last Visit Date, Home Phone, Patient Email, Primary Practitioner, Treating Practitioner, Device Type, Type, Device Type Side, Device Type Upper/Lower, Referring Physician, Primary Insurance, Primary Ins Card Scanned, Secondary Insurance, Secondary Ins Card Scanned, Primary Dx Code, Primary Dx Type

Level of Data: Patient Rx

Special Note 1: Keep in mind that the data you see on this report may or may not have been entered by the employee listed under Created By and on the Created Date. Data missing on original input may have been added later and by another individual. Also, because Created By and Created Date were added as a later addition to OPIE, not all claims will have this data and will show a blank in Created By and in Created Date will have the date 12/30/1899.

Special Note 2: The branch filter uses the Primary Branch column which is the Patient Primary Branch.

Administrative WIP

Why to Run: This should be a Weekly Meeting Report. To review and identify the correctness of data in the WIP; to research missing data.

Who Should Run: Administrators and managers who need to see what data is currently in the WIP

When to Run: Weekly or as needed

Available Selection: By the status of WIP entries, Active, Inactive or All

Fields included by Default: Rx Date, Patient Name, Patient ID, Primary Insurance, Device Type, Dispensing Order HIPAA Sigs, Medicare Supplier Standards, Ins Verification, LCodes Selected, Financial Counseling, ABN, Authorization, Detailed Rx, Diabetic Verification, LMN, Physician Notes, Paper Work Complete, Device Delivered, Notes

Level of Data: Patient Rx

Special Note 1: It is recommended that this report be used at weekly meetings to ensure that all paperwork has been completed properly.

Special Note 2: The branch filter uses the Primary Branch column which is the Patient Primary Branch.

Clinical Track Data Usage
Why to Run: This should be a weekly meeting report. It is used to track how well your practice is using the clinical forms.

Who Should Run: Managers who need to track effective use of the clinical forms

When to Run: Weekly or as needed

Available Selection: By Visit Date range

Fields included by Default: Patient ID, Patient Name, Branch (Visit), Practitioner (Visit), Rx Date, Device Type, Type, Visit Date, Visit Type, Appointment Status, Outcomes Entered, Goals Entered, Measurement/Casting/Scanning, Measurement, Initial Evaluation, Follow-Up, Fabrication, Diagnostic Assessment, Delivery Assessment, Safety and Quality Checkout, Repair Form, Pre-Amputation Consultation, Post-Operative, Goals and Outcomes

Level of Data: By Visit Date within prescription

Special Note 1: It is recommended that this report be used at weekly meetings to track and encourage the use of the new forms and data to ensure appropriate and necessary documentation for all clinical work.

Special Note 2: The branch filter uses the Primary Branch column which is the Patient Primary Branch.

Special Note 3: This report will capture data only on these device types:
- Left Ankle Foot Orthosis
- Left Hip Disarticulation
- Left Hip Knee Ankle Foot Orthosis
- Left Knee Ankle Foot Orthosis
- Left Knee disartic
- Left Knee Orthosis
- Left Syme
- Left Transfemoral
- Left Transtibial
- Right Ankle Foot Orthosis
- Right Foot Orthosis
- Right Hip Abduction Orthosis
- Right Hip Disarticulation
- Right Hip Knee Ankle Foot Orthosis
- Right Knee Ankle Foot Orthosis
- Right Knee disartic
- Right Knee Orthosis
- Right Syme
- Right Transfemoral
- Right Transtibial
- Bilateral Ankle Foot Orthoses
- Bilateral Hip Knee Ankle Foot Orthoses
Complaint Logs

**Why to Run:** This should be a Weekly Meeting Report. It is used to create a list of complaints lodged by patients using the Patient Complaint Log form in OPIE. The report will indicate whether or not the patient was marked as a Medicare beneficiary on the form.

**Who Should Run:** Managers who need to track, investigate, and act on patient complaints

**When to Run:** Weekly or as needed

**Available Selection:** By Visit Date range

**Fields included by Default:** Patient ID, Patient Name, Patient Status, Rx Date, Visit Date, Visit Type, Insurance and Treating Practitioner

**Level of Data:** By complaint within prescription

**Special Note 1:** It is recommended that this report be used at weekly meetings to make sure that all complaints are addressed and resolved. This log has been an ABC certification requirement.

**Special Note 2:** The branch filter uses the Primary Branch column which is the Patient Primary Branch.

Delivery Receipts

**Why to Run:** To create a list of delivery receipts completed in a specified date range, especially to ensure that they have been sent to billing. This list can be grouped by location, branch, insurance and/or stock and bill indicator.

**Who Should Run:** Billers or managers who need to track or investigate device deliveries
When to Run: Weekly or as needed

Available Selection: By Visit Date range

Fields included by Default: Claim No., Patient Name, Patient ID, Email Address, Rx Date, Delivery Date, Form Label, Note to Biller, # of Deliveries for Rx, Branch (Pt Primary), Visit Type, Sent to Bill (Date), Visit User, Location, Branch (Visit)

Level of Data: By delivery receipt within prescription

Special Note: The branch filter uses the Primary Branch column which is the Patient Primary Branch.

Delivery Receipts NOT Sent to Bill

Why to Run: This should be a Weekly Meeting report. This report is used to create a list of delivery receipts completed in a specified date range but not sent to billing.

Who Should Run: Billers or managers who need to track or investigate unbilled device deliveries

When to Run: Weekly or as needed

Available Selection: By Visit Date range

Fields included by Default: Claim No., Patient ID, Patient Name, Rx Date, Delivery Date, # of Deliveries for Rx

Level of Data: By delivery receipt within prescription

Special Note 1: There is a setting within OPIE that will automatically send a saved delivery receipt to billing.

Special Note 2: Click on the Choose Fields button to add a label on the Delivery Receipt to the report. This will show you if a Delivery Receipt is already labeled Canceled or Error and has already been reviewed and taken care of.

Special Note 3: If the L-code selection for a particular delivery receipt was not sent to admin, there will be no claim number and therefore no allowable. If the claim is marked Self-pay, the allowable will be based on Medicare, which is the default fee schedule.

Special Note 4: The branch filter uses the Branch column which is the Patient's Primary Branch.

Detailed Prescriptions
Why to Run: To create a list of detailed prescriptions created in a specific date range including the K-level that was set on each one.

Who Should Run: Managers or administrators who need to track or investigate detailed prescriptions and K-level information

When to Run: As needed

Available Selection: By Visit Date range

Fields included by Default: Patient ID, Patient Name, Rx Date, Device Type, Visit Date, Visit Type, K-Level

Level of Data: By detailed prescription

Special Note 1: The branch filter uses the Branch (Pt Primary) column.

Device Types

Why to Run: To create a list of all device types set up in the system for review and correction.

Who Should Run: Managers or administrators who need to verify and revise device type information

When to Run: As needed

Available Selection: None. All device types will be listed.

Fields included by Default: Device Type Name, Type (Orthotic vs. Prosthetic), Device Type Side, Device Type Upper/Lower

Level of Data: By Device Type

Special Note 1: Click on Show All Fields to include the Device Type ID and then click on the Device Type ID header to sort by that field. All Device types in the range of ID number 49 through 192 are automatically installed with OPIE. None of these device types can be deleted. Device types added after installation can be deleted and re-added if they contain errors. Search for ‘Data to clean based on this report’ or use this link for more information.


Dictations
**Why to Run**: To create a list of all visit notes dictated/recorded in a specific date range, including the note and dictation status and who recorded the note.

**Who Should Run**: Practitioners or managers who need to verify status of note dictations

**When to Run**: As needed

**Available Selection**: By Dictation Date

**Fields included by Default**: Visit Date, Branch (Visit), Patient Name, Dictation Status, Dictation Date, User (Recorded By), Note Status

**Level of Data**: By Dictation Date

**Special Note 1**: Note Statuses include:

- Dictated
- Complete
- Uploaded
- Imported Needs Review
- In Progress
- Needs Review
- Uploaded

**Special Note 2**: Only practices that have auto dictation activated in their system will see this report.

**Special Note 3**: The branch filter uses the Branch (Visit) column.

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**Fab Tracking**

**Why to Run**: This should be a Weekly Meeting Report used to create a list of all fabrication work orders in process.

**Who Should Run**: Managers or administrators who need to verify that fabrication processing is up to date

**When to Run**: Weekly

**Available Selection**: None. All open fabrication work orders will be listed.

**Fields included by Default**: Item (work order type), Patient ID, Patient Name, Visit Date, Due Date, Priority, Status, Assigned to, Notes
Level of Data: By work order

Special Note 1: Use this report as part of your weekly meetings to track satisfactory preparation of devices for upcoming patient appointments.

Special Note 2: Adding the Fab History field to the report will give you details on status changes on each work order.

Special Note 3: The branch filter uses the Branch (Pt Primary) column.

Fab Tracking (CFab w/ Completed)

Why to Run: To create a list of all CFab work orders both complete and in process.

Who Should Run: Managers or administrators who need to research current and past CFab work orders

When to Run: As needed

Available Selection: None. All CFab work orders will be listed.

Fields included by Default: Patient ID, Patient Name, Device Type, Category (O vs. P), Rx Date, Visit Date, Due Date, Next Appt Date, Sent Date, PO Num, Status, Supplier, Supplier Acct Num, Priority, Notes, Fab History

Level of Data: By work order

Special Note 1: To see only open CFab work orders, run the Fab Tracking (CFab) report.

Special Note 2: The branch filter uses the Branch (Pt Primary) column.

Fab Tracking (CFab)

Why to Run: This should be a Weekly Meeting Report used to create a list of all CFab work in process.

Who Should Run: Managers or administrators who need to ensure that current CFab work is up to date

When to Run: Weekly

Available Selection: None. All incomplete CFab work will be listed.
Fields included by Default: Patient ID, Patient Name, Device Type, Category (O vs. P), Rx Date, Visit Date, Due Date, Next Appt Date, Sent Date, PO Num, Status, Supplier, Supplier Acct Num, Priority, Notes, Fab History

Level of Data: By work order

Special Note 1: Use this report in weekly meetings to track satisfactory preparation of devices for upcoming patient appointments.

Special Note 2: The branch filter uses the Branch (Pt Primary) column.

Fab Tracking w/ Completed

Why to Run: To create a list of all fabrication work orders both complete and in process.

Who Should Run: Managers or administrators who need to research current and past fabrication work orders

When to Run: As needed

Available Selection: None. All fabrication work orders will be listed.

Fields included by Default: Item (work order type), Patient ID, Patient Name, Visit Date, Due Date, Priority, Status, Assigned to, Notes

Level of Data: By work order

Special Note 1: To see only open work orders, run the Fab Tracking report.

Special Note 2: Adding the Fab History field to the report will give details on status changes on each work order.

Special Note 3: The branch filter uses the Branch (Pt Primary) column.

Fab Tracking w Device Points

(Created for Texas Scottish Rite for Children- 2015)

Why to Run: This should be a Weekly Meeting Report used to create a list of all fabrication work orders in process with assigned points for orthotist, prosthetist and technician.
Who Should Run: Managers or administrators who need to verify that fabrication processing is up to date and to see points earned for each.

When to Run: Weekly.

Available Selection: None. All open fabrication work orders will be listed.

Fields included by Default: Item (work order type), Patient ID, Patient Name, Visit Date, Due Date, Priority, Status, Orthotist Points, Prosthetist Points, Technician Points, Assigned to, Notes.

Level of Data: By work order.

Special Note 1: Use this report as part of your weekly meetings to track satisfactory preparation of devices for upcoming patient appointments.

Special Note 2: Adding the Fab History field to the report will give you details on status changes on each work order.

Special Note 3: The branch filter uses the Branch (Pt Primary) column.

Fab Tracking w Device Points (w/ Completed)

(Created for Texas Scottish Rite for Children- 2015)

Why to Run: To create a list of all fabrication work orders, both completed and in process, with assigned points for orthotist, prosthetist and technician.

Who Should Run: Managers or administrators who need to research current and past fabrication work orders and to see points earned for each.

When to Run: As needed.

Available Selection: None. All open fabrication work orders, both completed and in process, will be listed.

Fields included by Default: Item (work order type), Patient ID, Patient Name, Visit Date, Due Date, Priority, Status, Orthotist Points, Prosthetist Points, Technician Points, Assigned to, Notes.

Level of Data: By work order.

Special Note 1: If you only wish to see open work orders, run the Fab Tracking w Device Points report.
Special Note 2: Adding the Fab History field to the report will give you details on status changes on each work order.

Special Note 3: The branch filter uses the Branch (Pt Primary) column.

**Fab Tracking (CFab) w Device Points**

(Created for Texas Scottish Rite for Children- 2015)

**Why to Run:** This should be a Weekly Meeting Report used to create a list of all CFab work in process, with assigned points for orthotist, prosthetist and technician.

**Who Should Run:** Managers or administrators who need to ensure that current CFab work is up to date.

**When to Run:** Weekly.

**Available Selection:** None. All incomplete CFab work will be listed.

**Fields included by Default:** Patient ID, Patient Name, Rx Date, Device Type, Category (O vs. P), Orthotist Points, Prosthetist Points, Technician Points, Due Date, Next Appt Date, Sent Date, PO Num, Status, Supplier, Supplier Acct Num, Priority, Notes, Fab History.

**Level of Data:** By work order.

**Special Note 1:** Use this report as part of your weekly meetings to track satisfactory preparation of devices for upcoming patient appointments.

**Special Note 2:** The branch filter uses the Branch (Pt Primary) column.

**Fab Tracking (Cfab) w Device Points (w/ Completed)**

(Created for Texas Scottish Rite for Children- 2015)

**Why to Run:** To create a list of all CFab work orders both complete and in process, with assigned points for orthotist, prosthetist and technician.

**Who Should Run:** Managers or administrators who need to research current and past CFab work orders.

**When to Run:** As needed.
Available Selection: None. All CFab work orders will be listed.

Fields included by Default: Patient ID, Patient Name, Rx Date, Device Type, Category (O vs. P), Orthotist Points, Prosthetist Points, Technician Points, Due Date, Next Appt Date, Sent Date, PO Num, Status, Supplier, Supplier Acct Num, Priority, Notes, Fab History.

Level of Data: By work order.

Special Note 1: If you only want to see open CFab work orders, run the Fab Tracking (CFab) report.

Special Note 2: The branch filter uses the Branch (Pt Primary) column.

Fee Schedule by Insurance Company

Why to Run: To verify the default allowable and billing fee schedules that you have set for each of the insurance companies that are listed in OPIE.

Who Should Run: Managers, billers or administrators who need to research fee schedules used by each of your insurance companies

When to Run: As needed

Available Selection: None. All insurance company and fee schedules will appear.

Fields included by Default: Ins. Co. ID, Insurance Company Name, Fee Schedule Type, Fee Code No., Fee Schedule Name

Level of Data: By Fee Schedule within Insurance company

Special Note 1: OPIE automatically defaults newly added insurance companies’ Billing Fee Schedules to U&C and Allowable Fee Schedules to Medicare. To modify these defaults, a user must have permissions to enter and make changes in OPIE Billing.

Goals and Outcomes

Why to Run: To see a report of every visit for every patient:

1. To determine if the (B) Goals and Outcomes form or the Goals and Outcomes tabs in the newer clinical forms were used and used properly by practitioners.
2. To see detailed results of Outcomes vs. Goals for each patient. On the 10 Meter Walk test, the Timed Up and Go and Other Measures that might be used for that patient.
3. To see whether a Quality Outcomes (QO) survey was sent, returned and scored. Score only appears for Premium QO sites.

**Who Should Run:** Managers and practitioners who need to review and analyze the use and success of goals and outcomes by practitioner and device type

**When to Run:** Weekly

**Available Selection:** By Visit Date

**Fields included by Default:** Patient ID, Last Name, First Name, Middle Name, Patient Custom 1, Patient Custom 2, Age, DOB, Type, Device Type, Side, Device Type Upper/Lower, Rx Date, Rx Label, Visit Type, Visit Date, Visit Label, Branch (Visit), Branch (Pt. Primary), Report Group (Pt Primary), Primary Practitioner, Treating Practitioner, Primary Insurance, Secondary Insurance, Primary Dx Code, Primary Dx Name, Primary Dx Type, Amputation?, Amputation Level, Amputation Cause, Amputation Date, General Physical Condition, Activity Level, Height, Weight, Outcome Measure, Scores, Notes, QO Survey Provided?, QO Survey Returned?, QO Survey Score, Outcome Measure Used?

**Level of Data:** By Visit Date

**Special Note 1:** You may wish to filter the report based on the type of analysis you are doing. For example, you may wish to filter by a device type to determine in how many visits practitioners did or did not set Goals and Outcomes and then filter again by non-blank in Outcomes and view the patients Scores. You can also filter by Patient ID to see all Visits and Scores for one patient.

**Special Note 2:** Only the Outcomes, Scores and Notes field come from the Goals and Outcomes form or tabs themselves. Other field data comes from other forms as outlined below:

- The amputation level pulls from the medical history form.
- The amputation cause and date, general health, activity level all pull from either the TT or TF initial evaluation, detailed Rx, or medical history (B or Beta) forms.

**Special Note 3:** The branch filter uses the Branch (Pt Primary) column. The report also contains the Branch (Visit).

**Insurance Authorizations by Expiration Date**

**Why to Run:** To create a list of insurance authorizations, especially those that are expired, incomplete or unapproved.

**Who Should Run:** Managers or administrators who need to research expired, incomplete or unapproved insurance authorizations

**When to Run:** Weekly
Available Selection: By Expiration Date

Fields included by Default: Patient Name, Rx Date, Visit Date, Approval Status, Auth. No., Auth. Complete, Date Complete, Expiration Date, Days to Complete, Ins. Co. Name. Date Approved

Level of Data: By Insurance Authorization

Special Note 1: Days to Complete is the number of days between the creation of the form (the Visit Date) and the date the authorization was approved.

Special Note 2: The branch filter uses the Branch (Visit) column of when the Insurance Authorization was created. The report also contains the Branch (Pt Primary).

Insurance Authorizations by Visit Date

Why to Run: To create a list of insurance authorizations, especially those that are expired, incomplete or unapproved.

Who Should Run: Managers or administrators who need to research expired, incomplete or unapproved insurance authorizations

When to Run: Weekly

Available Selection: By Visit Date

Fields included by Default: Patient Name, Rx Date, Visit Date, Approval Status, Auth. No., Auth. Complete, Date Complete, Expiration Date, Days to Complete, Ins. Co. Name. Date Approved

Level of Data: By Insurance Authorization

Special Note 1: Days to Complete is the number of days between the creation of the form (the Visit Date) and the date the authorization was approved.

Special Note 2: The branch filter uses the Branch (Visit) column of when the Insurance Authorization was created. The report also contains the Branch (Pt Primary).

L-Code Selections
**Why to Run:** To create a list of all L-code selections created with their current status.

**Who Should Run:** Managers or administrators who need to research LCode selections which were not sent to auth, not sent to billing or never billed

**When to Run:** Weekly

**Available Selection:** By Visit Date

**Fields included by Default:** Claim No., Patient ID, Patient Name, Rx Date, Visit Date, Visit Type, Date Sent for Auth, and Date Sent to Bill, Date Billed, and Practitioner from Visit

**Level of Data:** By LCode selection

**Special Note 1:** Adding the LCode Label to the report will indicate if this LCode selection might already be recorded as an error or cancelled. This report also includes a Stock and Bill indicator.

**Special Note 2:** If the LCode selection has not been sent to admin, the claim number will appear as -1.

**Special Note 3:** The branch filter uses the Branch (Pt Primary) column.

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**L-Code Selections, L-Code Detail**

**Why to Run:** To create a list of all L-code selections, including the LCodes and quantities on each one created, with their current status.

**Who Should Run:** Managers or administrators who need to research LCode selections which were not sent to auth, not sent to billing or never billed. Also, to research the number and quantity of LCodes used during a selected date range.

**When to Run:** Weekly

**Available Selection:** By Visit Date

**Fields included by Default:** Claim No., Code, Patient Name, Patient ID, Rx Date, Visit Date, Visit Type, Date Sent for Auth, Date Sent to Bill, Date Billed, Qty, Practitioner from Visit, Rx Custom1, Rx Custom2

**Level of Data:** By LCode within LCode selection

**Special Note 1:** Adding the LCode Label to the report will indicate if this LCode selection might already be recorded as an error or cancelled. This report also includes a Stock and Bill indicator.
Special Note 2: If the LCode selection has not been sent to admin, the claim number will appear as -1.

Special Note 3: The branch filter uses the Branch (Pt Primary) column.

New Patient Prescriptions

Why to Run: To create a list of all new patients entered to OPIE in a selected date range with their initial prescription information.

Who Should Run: Managers or sales staffs who want to identify patients new to the practice, their Rx and device type and their referring physician

When to Run: As needed

Available Selection: By patient entry date

Fields included by Default: Patient ID, Patient Name, Primary Practitioner, Rx Date, Type (O vs. P), Device Type, Referring Physician, Primary Dx Code, Primary Dx Type, Primary Insurance, Secondary Insurance

Level of Data: By first Rx for each patient entered to OPIE within the date range

Special Note 1: This report includes fields: Patient Created By, Patient Created Date, and Pt Entry Date. The ‘created’ information is the date and person who entered and saved the patient information the first time. The Pt Entry Date is part of the initial patient information and can be changed on entry. For example, you might create the patient information today in OPIE but the patient actually came in yesterday so you might change your entry date to yesterday’s date.

Special Note 2: This report also includes the patients name and address for use in creation of mailing labels to contact those new patients.

Special Note 3: After the report is generated, use the Select a Layout feature to quickly see a display of your prescriptions by one of these parameters:
OPIE User List

**Why to Run:** To create a list of all OPIE users including their status, whether they are Administrators, and if they can have appointments.

**Who Should Run:** Managers who want to review their current list of OPIE users

**When to Run:** As needed

**Available Selection:** None. All users will be displayed.

**Fields included by Default:** Group Name, Last Name, First Name, Middle Name, Administrator?, Active?, Can User Have Appointments?

**Level of Data:** By User

**Special Note 1:** This report includes fields: Other ID 1 and Other ID 2 which can be used to further identify a user.

Patient DX Codes by Prescription

**Why to Run:** To list and analyze Dx codes for a particular patient or for all patients. Patient’s name, home address, phone and email data is also part of this report for use in creating mailings to patients.

**Who Should Run:** Staff members needing to review and research Dx codes on existing prescriptions

**When to Run:** As needed

**Available Selection:** By Category (Orthotic vs. Prosthetic), Rx Date, Patient Status and/or Rx Status or leave all selection fields blank to see all prescriptions.

**Fields included by Default:** Patient ID, Patient Name, Rx Date, Device Type, Dx Code(s) (listed in order as they appear on the Rx in OPIE.) Dx Name, Dx Type, Primary Practitioner, Referring Physician, Primary Insurance, Secondary Insurance
Level of Data: All Diagnosis Codes associated to the Prescription

Special Notes:
1. The report will display one line for each diagnosis listed on the prescription displayed on this report.
2. If you choose to add the patient’s address to the report, you can export your selection to Excel and then pull the Excel file into Word to create a mailing label list.

Patient Satisfaction

Why to Run:
Who Should Run: Managers or practitioners who want to review patient satisfaction scores and comments so that action may be taken to improve in areas that need improving based on reviews. This report is also useful to see what percentage of clients returned a survey and to do an average score based on the scores during that timeframe.

When to Run: Weekly

Available Selection: By Visit Date

Fields included by Default: Patient ID, Patient Name, Rx Date, Visit User, Branch (Visit), QO Survey Provided?, QO Survey Type, QO Survey Short Code, QO Survey Email Address, QO Survey Returned?m QO Survey Response Comments, QO Survey Score, QO Survey Response Contact

Level of Data: All Patient Satisfaction surveys by Visit Date

Pedorthic Work Orders

Why to Run: To create a list of all pedorthic work orders created in a specific date range.

Who Should Run: Managers or practitioners who want to review their current list of Pedorthic work orders.

When to Run: As needed

Available Selection: By Visit Date

Fields included by Default: Last Name, First Name, Middle Name, Assigned ID (of Patient), Device Type (Rx), Rx Date, Rx Label, Visit Date, Visit Label, Visit type, Shoe Size, Shoe Style, Will bring to appointment, Must Order, Order Date, Ordered, Patient dropped off, Side (Form), Return Casts, Requires Modifications, Quantity, Device Type (Form), Plastic
Practitioner Compliance

Why to Run: This should be a Weekly Meeting Report. To create a list of the status of practitioner note compliance within a specific date range.

Who Should Run: Managers or practitioners who want to identify the status of the compliance of themselves or others

When to Run: Weekly

Available Selection: By Visit Date

Fields included by Default: Practitioner, Patient Name, Device Type, Visit Date, Visit Type, Note Status (red, yellow or green)

Level of Data: By visit

Special Note 1: This report will also show the Note Author and the Note Date of any notes on this visit. The number of days can also be viewed from the visit to the date of the note entry.

Prescription Timelines

Why to Run: To see a snapshot of the number of days from first visit, initial evaluation, and measurement until delivery for recently delivered devices.

Who Should Run: Managers or practitioners who want to compare elapsed time on the successful delivery of a device by practitioner

When to Run: Monthly

Available Selection: By Delivery Date

Fields included by Default: Branch, Patient ID, Patient Name, Device Type, Primary Practitioner, Rx Date, Delivery Date, Total # Clinical Visits, and the Number of Days from:
- First Visit to Delivery
- Initial Eval to Delivery
- Measurement/Casting To Delivery

**Level of Data:** By visit

**Special Note 1:** The Primary Practitioner is the practitioner name listed on the Patient Contacts tab for that patient in OPIE. Depending on the procedures in your practice, you may want to see the report by the Treating Practitioner, whose name is on the Rx itself.

**Repairs**

**Why to Run:** To see a list of all repairs done in a particular date range using the new (B) Repair Form. This form includes the ability to record labor time and materials costs.

**Who Should Run:** Managers or practitioners who need to review and determine the time and cost of repairs

**When to Run:** Monthly

**Available Selection:** By Visit Date

**Fields included by Default:** Patient ID, Patient Name, Visit Date, Type, Device Type, Repair Item, Visit Type, Branch, Treating Practitioner, Repair?, Replace Parts?, Refabrication?, Refurbish?, Replace Padding?, Padding Location, Padding Type, Replace Velcro?, Velcro Color, Velcro Width, Problem Description, Repair Instructions, Total Work Time, Total Materials Price

**Level of Data:** By Repair within prescription

**Transcriptions**

**Why to Run:** To see a list of all transcriptions imported in a specific date range including line and character counts and fees.

**Who Should Run:** Managers or practitioners who want to investigate transcription charges or other issues

**When to Run:** As needed

**Available Selection:** By Transcription Date
Excel Template for Merging Detail & Summary Reports from OPIE Reports

Using the Summary Reports in OPIE Reports, users can easily hone in on a list of Referring Physicians that meet just about any criteria. For example, use the New Patient Prescriptions option to find all Physicians who have referred at least one patient in the past year, or use the Charges Billed report to find the top 50 physicians by the dollar amount of their referrals in the past year. However, once a user obtains that list of physicians, there is no easy way in OPIE Reports to combine that with the address information for those same physicians to do a mailing. This page provides step by step instructions for combining those reports using a template we have created in Excel. This method can also be adapted to merge other reports together.

1. First, download, open and save the merge template: OPIE_Report_Merge_Template.xls. There will be two sheets in that file. The second sheet is called Master List and this will be where the full list of Referring Physicians is pasted. The first sheet is called Mailing List and this is where users will paste in the list of physician names that are obtained from running a summary report with the criteria needed.

2. Now open OPIE Reports and run the Physicians Report (under List Reports), selecting Referring as the type. Once the report is on the screen, keep the default layout and Export it to Excel using the button on the bottom. Then open the Excel file, select all of the rows with physician information on them (skip the header row), and copy those to the clipboard using Control-C or Right-Click > Copy.

3. Now go to the second sheet in the template file, Master List, and paste the physician info that was copied from the report in below the sample physician that is already listed there.

4. Go back to OPIE Reports and run the Summary Report to obtain the list of physicians needed to do a mailing. For example, choose the New Patient Prescriptions report, then Referring Physician for the rows, anything for the columns, and then a date range of last year (the resulting report will contain all physicians who sent at least one patient last year). Once the report is on the screen, export it to Excel and open the Excel file. This time, copy only the list of physician names from the first column of the report, and paste this into the first column in the Mailing List sheet in the template file.

5. The last thing to do is fill down the formulas that are in the Mailing List sheet in the template file in columns B through F. The easiest way to do this is to click and hold in cell B2, drag across to cell F2, then drag down the full length of the list of names that were pasted in. The idea is to draw a box that spans columns B through F, includes the sample row, and goes all the way down to the bottom of the list. Once the box is drawn, press Control-D (Fill Down) and that will fill the formulas down. The addresses for all of those
physicians will now appear in the boxes. This happens because a VLOOKUP function has been filled in that looks up the name in the second sheet and then copies the address information over to the first sheet.

6. This list of physician names and addresses can be mail merged to create labels for a mailing, or used in any other way. Note that the physician names may need to be reformatte due to the way the names are stored in OPIE. This problem will be fixed in a new OPIE version that will be released in the next few months.

Data Cleanup Training Outline

Cleaning up data for the entire year may take a lot of effort, but device types and referring physician lists will be cleaned at the same time. We recommend doing this regularly (weekly or monthly) going forward so it does not build up.

- The primary report to use for cleaning data is the Patient Prescriptions report (under List Reports). The first step is to determine what range of data to clean. All of last year? Only active patients in that time period? Only active prescriptions? Note that certain combinations of parameters will not work correctly (known issue with OPIE Reports) but the same thing can be accomplished using filters on the Pt Status and Rx Status columns (which are available in the field chooser).

Data to clean based on this report

- Referring physicians: Use merge tool (under settings in OPIE Reports) to combine two similar entries. Remove the incorrect option by renaming with ZZZ for now (deactivate option coming in a future OPIE version).
- Device Types: Use merge tool to combine similar entries. Take special care to deal with Left/Right and other options correctly. In some cases a new device type may need to be created to get the name just right, then merge from the old one to the new one. After performing a merge or series of merges, use the Remove Unused Device Types button to clean up the list of device types (this will not remove the preloaded ones provided with OPIE even if they have no patients assigned).

View the Device Type Cleanup Help Topic Video

- How to fix incorrect device types
  1. Go into OPIE Reports and select Specialty reports and run the report called Device Types.
  2. When the report opens, click the button that says Show All Fields. This will add the Device Type ID as the first column of the report.
  3. Click on the Device Type ID title and it will sort the report in that order. The items with a Device Type ID numbered from 49 to 192 are device types that are part of the OPIE software when it is installed. This is important to know because these device types can't be deleted or edited.
  4. Now review the other device types, the ones just entered, and use the report to identify which ones need to be merged. For example:
a. If there are duplicate device types, all of the RXs using Device Type 2 (the duplicate) should be moved to Device Type 1 with that same name.
b. There might also be some misspellings. In that case, just add a correctly spelled device type to the system under a sample RX and then make a note on the report to move the misspelled ones to the correctly spelled one.
c. Anything that should be deleted from the list must first have all RXs detached from it so it is UNUSED. Again, decide if they can be moved all at once to a new device type or if they have to be fixed individually in OPIE.

5. Once proposed changes have been identified, and any new correct device types have been added, go into OPIE Reports, click on Settings at the top and click on Merge Data.
6. Go to the bottom selection area where it says Merge prescription device types.
   a. Select each device type moving RXs FROM and then the device type to move them TO.
   b. Click on Move after each set of entries.
   c. When finished, click on the Remove Unused Device Types button at the bottom.
      i. **NOTE:** Review the list carefully before clicking OK. This will Delete everything on the list, including any Device Types that should stay on the list but haven’t used yet. If they are deleted, they will have to be added again.
      ii. To capture the list, click on the Alt and Print Screen buttons and then paste it into a Word document for printing if necessary. If there are any questions, call OPIE Support, 800-876-7740, options 3, 2.

**IMPORTANT:** If Remove Unused Device Types is clicked part way through the process, just remember to close Reports and reopen before doing any further moves.

- **Primary and/or Treating Practitioner:** Find entries that are blank and use Jump to Patient to go in and fill them in, or print a report for staff to do this.
- **Primary ICD-9:** Look for blanks. This is less important for reporting but good for ensuring that staff are keeping up on entering the diagnosis codes. Fix using Jump to Patient or a report given to staff.
- **City:** To look at reports by City, clean up the cities by looking for cases where they were not spelled or capitalized consistently. Fix the individual records with Jump to Patient or a report given to staff.

**Additional Reports to look at**

- **Visits (under List Reports):** Look at visit type and make sure these are being used consistently.
- **Tracking referrals:** In addition to cleaning up the Referring Physicians list, consider using Rx Custom fields to track other referral sources. A user can build their own list and then have staff select this when entering prescriptions. An option can be included called something like "Unable to Determine" or "N/A" to distinguish between cases where there is no relevant entry versus cases where the field was simply not filled out.

To obtain the new version of OPIE Reports that includes the data merging tool, send an email to opiesupport@oandp.com and include the name of the computer that this should be installed on.
How to Calculate your Days Sales Outstanding (DSO)

Days Sales Outstanding (DSO)

DSO can be calculated monthly, quarterly and yearly.

DSO = Total Receivables (billed charges)/Total net payments X # of AVG days in month (on average there are 30 days in a month).

Informational: Average DSO for choice clients is around 63 days. For a point of reference, average DSO for physician practices reaches “unacceptable” at 45 days.

Net Collection Rate:

Net collection rate is how much you collected of your allowable amount. Thus, take a given month and sum your payments, then divide that # by your allowables-this will give you the percentage your billers are collecting.

Net Collection rate - % collected of ALLOWED charges

*Formula: Total collected/total allowed charges for a given time period.

Medical specialties like cardiology, for example, collect about 97% if not more.

Evaluating your net collection rate will give you a clear snapshot of how healthy your billing and collections process is.

Note:

- You may find more information about this online through Google.
- Please see updates with OPIE about NCR becoming part of our reports at some point as well.
- Charges billed by date billed and date of service will be key as well as payments reports for getting totals and date range information.

Gross Collection Rate:
Gross Collection rate = % collected of BILLED charges

*Formula: Total collected/total charges.

Difference between NCR and GCR:

Gross collection rate (GCR) allows you to take a “big picture” look at what percentage of total billed charges you are collecting.

GCR ultimately measures how well your practice has negotiated their fee schedules overall.

Example: Practice A has a GCR of 60% whereas Practice B has a gross rate of 80%. Therefore, it appears that Practice B is collecting 20% more of billed charges. However, this does not mean that Practice B has better financial health than Practice A! It could mean that Practice B charges close to their allowables (as their U&C rate). It could also mean that Practice B has higher fee schedules in place than Practice A.

Net Collection rate (NCR) measures how much you collected of the total amount you are contractually/legally ALLOWED to collect.

NCR ultimately measures your true collection health. Are you collecting all the dollars you are ALLOWED to collect?

Example: Practice A and Practice B have the same Blue Cross fee schedules, but Practice A has a NCR of 60% whereas Practice B has a NCR of 80%. Practice B is truly collecting 20% more, and is more secure financially.

KNOW YOUR NET COLLECTION RATE! It’s the first step to dramatically improving your collections.

<table>
<thead>
<tr>
<th>Gross Collection Rate (GCR)</th>
<th>Net Collection Rate (NCR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measures % collected of billed charges</td>
<td>Measures % collected of allowed charges</td>
</tr>
<tr>
<td>Indicator of low or high fee schedules, and/or charging close to allowable as U&amp;C rate.</td>
<td>Indicator of true collection health (We should ideally collect 100% of our allowed charges, but industry surveys show O&amp;P falling between 80%-90% NCR. A 95% NCR is considered healthy.)</td>
</tr>
</tbody>
</table>
Measuring your A/R Buckets:

The industry standard is to measure in 30-day “buckets” as follows:

0-30 Days: 53%
31-60 Days: 17%
61-90 Days: 9%
91-120 Days: 18%

Bucket Formula

1. Run an A/R Aging report.
2. Divide the total for each bucket by the total amount outstanding and then multiply that number by 100. This will give you the percentage of outstanding receivables.

Formula example:

0-30 Days: Total # in 0-30/total A/R x 100
31-60 Days: Total # in 31-60/total A/R x 100
61-90 Days: Total # in 61-90/total A/R x 100
91-120 Days: Total # in 91-120/total A/R x 100

Excel A/R Template-Identify Slow Payers

Formula for each payer line:

Total/total A/R x 100

Using this tool will:

1. Speed up the A/R clean-up process by allowing for easier delegation of priorities.
3. Identify slow/problem payers so that you can seek immediate solutions with your provider liaison.
How do you improve your A/R?

A/R Damage Control

Looking for an immediate cash flow injection for your business?

The answer is PATIENT COLLECTIONS.

How many of you collect payments from patients before delivery?

Discuss financial responsibility up front, and collect from your patients. (note: the financial responsibility form within OPIE allows you to track all payments and copy them into OPIE billing.)

Due to industry-wide audits and takebacks, patient payments are essentially mandatory to achieve financial success.

**Use upfront communication and OPIE tools to assist you in successful collections:**

Communicate all financial responsibility to your patients UP FRONT. Consider requiring 50% up front (at a minimum) with the remainder due before delivery.

For jobs over $1000, you can offer outside financing options like CARECREDIT. [http://www.carecredit.com/](http://www.carecredit.com/)

If you must set up payment arrangements consider using a service like “Zirmed Patient Tools” or “Cayan’s Merchantware” tool. Both of these tools automatically debit the patient’s account via EFT once monthly, which takes the work out of patient billing.

Let your vendor do it for you!
[www.zirmed.com](http://www.zirmed.com) (Patient tools)
[www.merchantware.com](http://www.merchantware.com) (Cayan portal)

**Documents provided:**

[AR Aging Template](#)  
[AR Aging Example](#)  
[DSO PDF](#)

**How to Run a Report of Top Referrals**

1. Open OPIE Reports and click on the Summary Reports tab.  
2. Click the Create a Summary Report button.  
3. In the Choose the report to Summarize drop-down, select the Charges Billed (by Date Billed) report.  
4. Click Next  
5. Select Referring Physician as your first parameter in the Choose parameter drop-down.
6. Click Next
7. Select Type O vs. P as your second parameter in the Choose parameter drop-down.
8. Click Next
9. In the Choose the data value drop-down, you can decide which value you want to use to select your top referrals sources. For example, you can do it by # of Claims, or by Total $ Billed, Allowable or Payments. Total $ (Billed Amount) is the usual selection.
10. Click Next
11. Finally, select the date range and branch you wish to pull the data for and then click Finish.
12. The referring physicians will be listed with the greatest amount of referrals first.

If you wish to use the same report in the future, click the Save as Favorite button and name it for use at a later date.

How to Run a Report of all Unapplied Payments

1. Go into Opie Reports, Select Financial Reports, Select the Payments report and generate it without entering any dates.
2. Click on Choose fields and add the Unapplied Balance to the report.
3. Click on the funnel icon in that column, select Custom, and then select Does not Equal in the middle column and type in a zero (0) in the third column. Click OK.
4. The result will be a list of all of your unapplied payments.

How to Remove a Delivery Receipt from the Delivery Receipts NOT Sent to Bill Report

1. Locate the delivery receipt in the Delivery Receipts NOT Sent to Bill report that you want to remove.
2. Locate the delivery receipt in the patient's chart in OPIE.
3. Right-click on the delivery receipt and select Add/Edit Label.
4. Start the label with the word Remove (example: Remove - Patient changed his mind).
5. Run the report again and that delivery receipt will no longer be on the report.

Suggested Reports for Weekly Meetings

**Administrative WIP:** This report provides a listing of all active or completed WIP entries with all of the standard WIP milestones, indicating status. The report includes other valuable fields such as the Patient and RX custom fields and the Last Visit Date, Type and Next Appointment Date.

**Delivery Receipts NOT Sent to Bill:** This report will list all prescriptions on which a Delivery Receipt has been created but has not yet been sent to Billing. Click on the Choose Fields button to add a label on the Delivery Receipt to the report.
This will allow the user to see if a Delivery Receipt labeled Canceled or Error has already been reviewed and taken care of.

**Fab Tracking:** This report will list all open fabrication tracking entries. By clicking on the Choose Fields button the user can add the Next Appt Date, Next Visit Type, Branch, Device Type and other important fields to the report.

**Fab Tracking (CFab):** This report will list all open Central fabrication tracking entries. By Clicking on the Choose Fields button the user can add the Next Appt Date, Next Visit Type, Branch, Device Type and other important fields to the report.

**Patient Prescriptions:** This report will allow you to see details on all prescriptions in your OPIE data. You can select by Category (Orthotic vs. Prosthetic), Rx Date, Patient Status and/or Rx Status or leave all selection fields blank to see all prescriptions. It includes data on Referring Physician, Diagnosis Code, Insurances, Practitioner and Device Type. You can also add such information as Patient and RX Custom fields, Branch, PECOS verification on Referring Physician, Last Visit Date and Type, Next Appt Date and Last Contact Date and Type. Many other fields are included. There are also custom layouts which will allow you to get totals by Practitioner, Orthotic vs. Prosthetic, Referring Physician and other choices. You can also add the patient’s complete name, address and phone information.

This is one of the most-used reports in the system because of the wide variety of data it will allow you to choose. It is recommended that you use this report at weekly meetings to find possible missing or mis-entered information such as primary practitioners, referring physicians, insurances, device types and diagnosis codes.

**Summary Reports**

**Adjustments - Summary**

*Why to Run:* The detail Adjustments report allows you to see adjustments done by line item or LCode on the claim. The summary report gives you a fast and easy way to view adjustment totals only. Two typical ways to run this report are:

- Total adjustments by Claim and Month
- Total adjustments by Adjustment Type by Month or by Branch.

To see other options see Row and Column Selections below.

*Who Should Run:* Managers or accounting staff that need adjustment totals by claim or by other summary fields.

*When to Run:* Monthly or as needed.
Row and/or Column Selections: Adjustment Type, Branch, Claim Number, Code, Month, Payor, Primary Practitioner, Provider, Pt Custom 1, Pt Custom 2, Rx Custom 1, Rx Custom 2, Treating Practitioner.

Data Values Available: The Total Amount of adjustments is the only data value available.

Special Note 1: Remember that each row selection may result in slightly different column selections.

Special Note 2: Positive adjustments, that is, adjustments that will raise the claim balance, appear on the report preceded by a minus sign.

Special Note 3: See the Summary Reports overview for more details of how to run Summary Reports.

Charges Billed (by Date Billed) - Summary

Why to Run: To see a report of totals only of critical data values on billed claims. You can select from several important data values for the rows and columns on your report. Typically, this report is run to determine:

- Your top referring physicians by dollar, number or device type and then by month.

Who Should Run: Managers or accounting staff that need Charge, Allowable or Payment totals on billed claims. If you want totals by a selection with many values, such as L-Codes, make sure that you choose that as a Row value for easier reading and printing of the report.

When to Run: Monthly or as needed.

Row and/or Column Selections: Branch, Device Type, L-Code, Month, Practitioner (Treating), Primary Insurance, Provider, Pt Custom 1, Pt Custom 2, Referring Physician, Rx Custom 1, Rx Custom 2, Type (O vs. P).

Data Values Available:

- # of Claims
- Collections % (Payments/Allowable)
- Collections % (Payments/Billed Amount)
- Sales Tax
- Total $ (Allowable ClaimSubmission)
- Total $ (Allowable)
- Total $ (Billed Amount)
- Total $ (Payments)

Special Note 1: Remember that each row selection may result in slightly different column selections.

Special Note 2: If you want several different data values you will have to create and run separate reports.

Special Note 3: See the Summary Reports overview for more details of how to run Summary Reports.

Special Note 4: A technical issues is currently causing the display of each charges report’s name twice. Select either line.
Charges Billed (by Date Billed) L-Code detail - Summary

Why to Run: To see a list of billed claims by Codes (LCodes) with accompanying dollar totals. This is often considered a Sales Report.

Who Should Run: Managers or accounting staff who need total number and dollars of billed claims detailed at the Code (LCode) level.

When to Run: Monthly or as needed

Fields included by Default: Code, Quantity, Billed Amount, Allowable, Total Payments, Total Adjustments, Balance, Branch, Device Type, Treating Practitioner, Primary Insurance, Referring Physician, DOS (Date of Service), Date Billed, Claim Number, Patient Name.

Available Selection: By Date Billed

Level of Data: By Code (LCode) within claim

Special Note 1: There are two allowables saved in the system, the allowable at claim submission and the allowable at first insurance payment. The Allowable field will show whichever is most recent. To see Allowable (Claim Submission) and Allowable (Payment Posting), these two fields can be added to the report by clicking on Choose Fields and checking the boxes next to those fields.

Special Note 2: The charges billed for a particular date range should match the charges billed on the OPIE Billing Activity report for the same date range.

Special Note 3: Column titles can be dragged to the grey area above the column headers to get totals by, for example, Treating Practitioner (name on Rx), by Provider (practitioner on delivery appointment), Primary Insurance, Referring Physician, Device Type, etc. Review the Choose Fields list carefully to see all available fields.

Special Note 4 - To see total billed by LCode:

1. Go to the Billed Amount column, click on the Sigma $\Sigma$ symbol and select Count.
2. Drag the heading, Code, into the grey area at the top of the display where it says “Drag a column header here” and release it.
3. To remove the grouping, drag the Code header back down into the body of the report.

Note: The charges billed for a particular date range should match the charges billed on the OPIE Billing Activity report for the same date range.

Charges Billed or Sent to Bill (by DOS) - Summary
Why to Run: To see a report of totals only of critical data values on delivered claims. You can select from several important data values for the rows and columns on your report. Typically, this report is run to determine:

- Your top referring physicians by dollar, number or device type and then by month.

Who Should Run: Managers or accounting staff that need Charge, Allowable or Payment totals on delivered claims. If you want totals by criteria with many values, such as Device Type of L-Code, make sure that you choose that as a Row value for easier reading and printing of the report.

When to Run: Monthly or as needed.

Row and/or Column Selections: Branch, Device Type, L-Code, Month, Practitioner (Treating), Primary Insurance, Provider, Pt Custom 1, Pt Custom 2, Referring Physician, Rx Custom 1, Rx Custom 2, Type (O vs. P).

Data Values Available:

- # of Claims
- Collections % (Payments/Allowable)
- Collections % (Payments/Billed Amount)
- Sales Tax
- Total $ (Allowable)
- Total $ (Billed Amount)
- Total $ (Payments)

Special Note 1: Remember that each row selection may result in slightly different column selections.

Special Note 2: If you want several different data values you will have to create and run separate reports.

Special Note 3: See the Summary Reports overview for more details of how to run Summary Reports.

Special Note 4: A technical issues is currently causing the display of each charges report’s name twice. Select either line.

Charges Billed or Sent to Bill (by DOS) L-code detail - Summary

Why to Run: To see a list of claims and accompanying dollar totals, at the line item level, by delivery date which is the Date of Service (DOS). This is a second, optional Sales Report. Claims appear whether they have been billed or not.

Who Should Run: Managers or accounting staff who need total number and dollars of delivered claims at the LCode level.

When to Run: Monthly or as needed

Fields included by Default: Code, Quantity, Billed Amount, Allowable, Total Payments, Total Adjustments, Balance, Branch, Device Type, Treating Practitioner, Primary Insurance, Referring Physician, DOS (Date of Service), Date Billed,
Claim Number, Patient Name, Status (of Claim) Claims delivered but not billed will show a blank Date Billed and a zero (0.00) Billed Amount for each line item.

Available Selection: By Date of Service

Level of Data: By Code (LCode) within claim

Special Note 1: There are two allowables saved in the system: the allowable at claim submission and the allowable at first insurance payment. The Allowable field will show whichever is most recent. To see Allowable (Claim Submission) and Allowable (Payment Posting), add these two fields to the report by clicking on Choose Fields and checking the boxes next to those fields.

Special Note 2: Column titles can be dragged to the grey area above the column headers to get totals by, for example, Treating Practitioner (name on Rx), by Provider (practitioner on delivery appointment), Primary Insurance, Referring Physician, Device Type, etc. Review the Choose Fields list carefully to see all available fields.

Special Note 3: To see total number and allowable by LCode:

3. Go to the Billed Amount column, click on the Sigma \( \Sigma \) symbol and select Sum and Count.
4. Drag the heading, Code, into the grey area at the top of the display where it says “Drag a column header here” and release it.

New Patient Prescriptions – Summary

Why to Run: This report will show you the total number of New Patients (with prescriptions) added to OPIE in the time period selected.

Who Should Run: Managers that need total counts on New Patients by various criteria. If you want totals by criteria with many values, such as Device Type or L-Code, make sure that you choose it as a Row value for easier reading and printing of the report.

When to Run: Monthly or as needed.

Row and/or Column Selections: Branch, Device Type, Month, Practitioner (Treating), Primary Insurance, Referring Physician, Secondary Insurance, Type (O vs. P).

Data Values Available: # of New Patients (with prescriptions)

Special Note 1: Remember that each row selection may result in slightly different column selections.

Special Note 2: See the Summary Reports overview for more details of how to run Summary Reports.
Payment Applications (by Date Applied) - Summary

**Why to Run:** The detail report titled Payment Applications (by Date Applied) shows you payments applied by line item or Code on the claim. This report shows totals only. You can select from several different rows and columns on your report. Typically, this report is run to determine:

- Total payments applied by the date applied by claim number and by month.

**Who Should Run:** Managers or accounting staff that need applied payment totals on claims by date applied. If you want totals by a criterion with many values, such as Code, make sure that you choose that as a Row value for easier reading and printing of the report.

**When to Run:** Monthly or as needed.

**Row and/or Column Selections:** Branch, Claim Number, Code, Month, Payment Type, Payor, Primary Practitioner, Provider, Pt Custom 1, Pt Custom 2, Rx Custom 1, Rx Custom 2, Treating Practitioner.

**Data Values Available:** Total payments applied only.

**Special Note 1:** Remember that each row selection may result in slightly different column selections.

**Special Note 2:** See the Summary Reports overview for more details of how to run Summary Reports.

Payment Applications (by Payment Date) - Summary

**Why to Run:** The detail report titled Payment Applications (by Payment Date) (that is the date the new payment was entered into billing.) shows payments applied at the line item or Code level. Instead, this summary report displays total payment amounts only. You can select from several important rows and columns on your report. Typically, this report is run to determine:

- Total payments applied by the date they were entered into billing by claim number and by month.

**Who Should Run:** Managers or accounting staff that need applied payment totals on claims by payment date. If you want totals by a selection with many values, such as Code, make sure that you choose that as a Row value for easier reading and printing of the report.

**When to Run:** Monthly or as needed.

**Row and/or Column Selections:** Branch, Claim Number, Code, Month, Payment Type, Payor, Primary Practitioner, Provider, Pt Custom 1, Pt Custom 2, Rx Custom 1, Rx Custom 2, Treating Practitioner.

**Data Values Available:** Total payments applied only.

**Special Note 1:** Remember that each row selection may result in slightly different column selections.
Prescriptions Timelines – Summary

**Why to Run:** This report will show you overall averages number of days in which your practice delivers its devices.

**Who Should Run:** Managers that need to know average completion dates over time or by practitioner, device or branch.

**When to Run:** Monthly or as needed.

**Row and/or Column Selections:** Branch, Device Type, Month, Treating Practitioner.

**Data Values Available:**

- Average Days, First Visit to Delivery
- Average Days, Initial Eval to Delivery
- Average Days, Measurement/Casting to Delivery

**Special Note:** See the Summary Reports overview for more details of how to run Summary Reports.

Visits – Summary

**Why to Run:** This report will show you the total number of visits or average wait time on your visits by select criteria.

**Who Should Run:** Managers that analyze number of visits or wait times by device by practitioner or by branch.

**When to Run:** Monthly or as needed.

**Row and/or Column Selections:** Branch, Device Type, Location, Month, Practitioner, Status, Visit Type.

**Data Values Available:**

- # of Visits
- Average Time in Room [min]
- Average Total Time [min]
- Average Wait Time [min]

**Special Note:** See the Summary Reports overview for more details of how to run Summary Reports.