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| **REPORT NAME:** |  |
| **REPORT DESCRIPTION:** | **(EXPLAIN THE REPORT)** |
| **PURPOSE OF THE REPORT** | **(GIVE AN IN-DEPTH EXPLANATION OF WHAT THE OBJECTIVE OF THE REPORT IS)** |
| **REPORT POPULATION** | **(MEDICARE OR COMMERCIAL)** |
| **REPORT LEVEL OF SPECIFICITY** | **(PATIENT OR PROVIDER)** |

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| MEDICARE REPORT PARAMETERS  | SELECTION |
| TIME | Time Period of Report | DATE RANGE or YEAR OF SERVICE(To/From date or year selection) |  |
| PART A |  Part A – Medicare | YES or NO |  |
| PART B PHY |  Part B Physician – Medicare | YES or NO |  |
| PART B DME |  Part B – Durable Medical Equipment – Medicare | YES or NO |  |
| PART D |  Part D – Medicare | YES or NO |  |

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| **ADDITIONAL REPORT FILTERS**Report interface to include standard filters:MEDICARE: Effective Period, Patient Attribution, Time (Selected Above), Deceased Status, Division, TIN Name, SubGroup Name, and NPI NumberCOMMERCIAL: Time (Selected Above), Deceased Status, Population, Division, TIN Name, SubGroup Name, NPI NumberInclude any additional filters needed for the report such as DRG or Place of Service |
| **Filter Header** | **Description** |
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| PATIENT LEVEL GENERAL REPORT OUTPUT COLUMNS (Mandatory Columns-on every patient report by default)MEDICARE ONLYCOMMERCIAL ONLY |
| Division | Facility Number | Primary Practice | TIN Subgroup | Population | Population Grouping | Assigned NPI | NPI | Attributed | Deceased |
| HICNO | MBI | MRN | Last Name | First Name | Gender | DOB |  |  |  |

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| PROVIDER GENERAL REPORT OUTPUT COLUMNS (Mandatory Columns-on every provider report by default) |
| Division | Facility Number | Primary Practice | TIN Subgroup | Assigned NPI | NPI |  |  |  |  |
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| **ADDITIONAL REPORT OUTPUT COLUMNS**(Include any data points that the report output should show and a description of the column) |
| **Column Header** | **Description** |
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| **INCLUDED CPT/HCPCS CODES**(Include any specific CPT/HCPCS codes that should be used to define the report) |
| **Column Header** | **Description** |
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| **EXCLUDED CPT/HCPCS CODES**(Include any specific CPT/HCPCS codes that should be excluded from the report) |
| **Column Header** | **Description** |
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| **INCLUDED ICD-10 CODES**(Include any specific ICD-10 codes that should be used to define the report) |
| **Codes** | **Description** |
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| **EXCLUDED ICD-10 CODES**(Include any specific ICD-10 codes that should be excluded from the report) |
| **Codes** | **Description** |
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|  OTHER COMMENTS, CONSIDERATIONS, AND DOCUMENTATION  |
| **Reference Documentation** | (Include and documents or links that will help to clarify the specifications of the report). |
| **Comments and Notes** | (Explain your request in as much additional detail as possible.) |