

Sales and Revenue Reports

Report: Gross Sales By Month

Purpose: This report uses a best case scenario to determine gross sales based on the claim type. Gross sales would be defined as what will be billed, which generally is much different than what is collected in the medical industry due to different insurance payer schedules and rules. It is important to note that the report uses service date to determine when the sale takes place, even though the claims are most likely to be billed in a future month. If sales are not assigned, we use the default schedule (usually based on Medicare allowable) to determine a price with the claim CPT information we have at the time. Report does not take into account PPS or facility billed discounts.

Report: PPS Revenue Detail by Facility

Purpose: Actual charges that were sent to a facility and payments made broken down by month. Charges are based on the invoice dates. Payments are calculated and based on the payment date(s).

Report: Contract Revenue Detail by Facility

Purpose: Actual charges that were sent to a contract facility and payments made broken down by month. Charges are based on the invoice dates. Payments are calculated and based on the payment date(s).

Report: Responsible Party Revenue Detail

Purpose: Actual charges that were sent to a responsible party and payments made broken down by month. Charges are based on the invoice dates. Payments are calculated and based on the payment date(s).

Report: Revenue Summary for Non-Contract Facilities

Purpose: PPS, Insurance, and Resp. Party revenue listed by month/year for each facility. Does not include revenue for Contract type facilities.



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Report: Insurance Transaction Report by Payer

Purpose: Billed/Paid/Adjustments for Primary, Secondary, or Ternary payers that have been reported (or posted) into the system. Important concepts:

- The timing (month/year column) of this report is based on the posting transaction date the payers check (check date that is entered when you put in a check). The "billed amounts" in each row are the actual dollar billed amounts for the payments that have been posted.
- The claim "billed amounts" may have been submitted to payers in a prior month. This report shows providers "Payments/Cash" in the month that it was received and has nothing to do when the claims were billed.
- Claims that have been submitted, but not posted (Floating Claims) will not show up on this report.
- For example, let's say you run the report the day after you billed out some Medicare claims. The recently billed Medicare claims will not be on this report until you post transaction for them. When you post the claim transactions, the date of the check is used as the transaction date. (ie. The billed amounts and revenue amounts will be reflected in the month/year of the check).
- Use the Billing Insurance Aging Report to see a summary of Floating Claim totals which are claims that have been submitted, but not showing up on the revenue report because they have not been paid/posted.

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