

	<b>The Johns Hopkins Health System</b> PFS Policies and Procedures Manual	<i>Policy Number</i>	SYS008
	<i>Subject</i>	<i>Effective Date</i>	12/1/99
	<b>Custom Report Request</b>	<i>Page</i>	1 of 3
		<i>Revised</i>	12/12/08

**POLICY**

This policy applies to the Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Department.

**PURPOSE**

- To clarify and define the process for requesting Custom Reports
- To ensure prompt response to requests
- To help align completed Custom Reports with user expectations and the business needs of PFS

PFS Application Support will be responsible for reviewing and processing requests for Custom Reports that require a level of expertise beyond that achieved in basic report-writing training.

**PROCEDURES**

1. To request a Custom Report complete the attached form. Be sure to include adequate detail about the purpose, format, and the expected results of the report. The request form requires director-level sign-off.
2. Give the completed form to either PFS Application Support Project Lead: Vince Hilliard or Cheryl Dorr.
3. Each request will be prioritized according to the nature of the task, how critical it is to everyday workflow, and the resources required. Emergency requests will be reviewed on a case-by-case basis.
4. You will be notified when work begins on your project. Depending on the complexity of the task, the analyst may require further information from you or the end-user.
5. When work on your project is complete you (and the appropriate Manager) will be notified by Email. This Email will include when the task was completed, who completed the report, the phone number of the analyst, and the name of the report. The report will then be delivered in one of the following ways: by Email, network printer, or by fax.

**Note:** If you are located outside the Alpha Commons building, please be sure to include a fax number on the request form.

6. If the report needs to go into production, you must first sign off on it. If the report needs to be executed *before* it is placed in production, you must call the analyst and ask for an updated report.

**SPONSOR**

Senior Director, Patient Financial Services, JHHS



**The Johns Hopkins Health System**

**PFS Policies and Procedures Manual**

*Subject*

**Custom Report Request**

*Policy Number*

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*Revised*

12/12/08

**REVIEW CYCLE**

Three (3) years

**APPROVAL**

Senior Director, JHHS

1/19/09

Date

Director, PFS Systems Support, JHHS

1/5/2009

Date

# REPORTS SERVICE REQUEST

Requested by: \_\_\_\_\_ Department \_\_\_\_\_ Phone \_\_\_\_\_ / / \_\_\_\_\_ Date \_\_\_\_\_

Date Report Required By: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Fax Number \_\_\_\_\_

**(NOTE: If this is an emergency request, a written explanation is required:)**

Type of Request: New \_\_\_\_\_  
 Revision\* \_\_\_\_\_ \* (NOTE: For a revision or re-run, a copy of the original request and all related revised requests must be attached to this current request.)  
 Re-run\* \_\_\_\_\_

Report for: **JHH KEANE**    **JHBMC MEDITECH**    **HCGH MEDITECH**    **ALL**

Frequency of Request:     One-time     Monthly     Weekly     Daily     On Demand (Estimate frequency:)     Other (Specify:)

Describe the nature of the request: \_\_\_\_\_

Purpose of Report: \_\_\_\_\_

Selection Criteria (including date ranges and type of date) for Report: \_\_\_\_\_

Fields/Data Items to Show on Report: \_\_\_\_\_

Sort Sequences in Order:                      Subtotals:

1. \_\_\_\_\_ Y / N  
 2. \_\_\_\_\_ Y / N  
 3. \_\_\_\_\_ Y / N  
 4. \_\_\_\_\_ Y / N

Is this a detail or a summary report? \_\_\_\_\_

Would a separate summary report be necessary? \_\_\_\_\_

Would a paper print-out be sufficient for this report? \_\_\_\_\_  
 (If not, please specify:) \_\_\_\_\_

**(NOTE: If a flat data file—no headers and totals—or an Excel file is required, these formats must be specified on this request form before the form is submitted for a director's approval.)**

Director's approval of Request:	Date: ____ / ____ / ____
Assigned to:	Date: ____ / ____ / ____
Received by Assignee:	Date: ____ / ____ / ____
Completed by Assignee:	Date: ____ / ____ / ____
Approved by User:	Date: ____ / ____ / ____

**Hints for completing this form:**

- Are dates admit, discharge, or FB?                      —Is financial class current or FB?                      —Include only open A/R accounts?
- Include credits?    —Include only final bills?    —Is balance due account, insurance, or patient?
- Include A/R and B/D balance due?                                      —Are payments all, insurance, or patient?                                      —
- For insurance information, is the primary beneficiary bucket sufficient?                                      —