	The Johns Hopkins Health System	<i>Policy Number</i>	SYS008
	PFS Policies and Procedures Manual	<i>Effective Date</i>	12/1/99
	<i>Subject</i>	<i>Page</i>	1 of 2
	CUSTOM REPORT REQUEST	<i>Revised</i>	04/17/06

POLICY

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

GENERAL DESCRIPTION:

The purpose of this policy is to define and clarify the process JHHS PFS will use to process Custom reports.

This policy and procedure will ensure prompt response to requests. PFS Application Support will be responsible for processing all Custom request that require an advanced level of technical understanding. Those who have been through the basic report writer training will be expected to run less complex reports.

PROCEDURES:

1. If you need a Custom report, complete the attached request form. Be sure to provide adequate details of the desired results that are needed from the report. The director of the requestor must sign this form.
2. Give the completed form to the Project Leader.
3. The request will be prioritized according to the nature of the task, how critical it is to everyday workflow, and resources required. Emergency requests will be reviewed on a case-by-case basis.
4. Notification will be given to the requestor at the start of the project. Depending on the complexity of the task, the analyst may require further information from the requestor or end-user.
5. The requestor will receive an E-mail with the appropriate manager copied upon completion of the task. The e-mail 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: E-mail, network printer, or by fax. Note: if the requestor is located out of the Alpha Commons building, please be sure to place a fax number on the request.
6. If the report needs to go into production, the requestor will need to sign off on the report. If the report needs to be executed before it is placed into production, the requestor simply needs to call the analyst and ask for an updated report.

SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years


APPROVAL

Senior Director, JHHS

Date

Director, PFS Systems Support, JHHS

Date

	The Johns Hopkins Health System PFS Policies and Procedures Manual	<i>Policy Number</i>	SYS008
	<i>Subject</i>	<i>Effective Date</i>	12/1/99
	CUSTOM REPORT REQUEST	<i>Page</i>	1 of 2
		<i>Revised</i>	04/17/06

Requestor's Name: _____ 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 _____

** Re-run _____

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

Report for: JHH KEANE JHB MEDITECH HCGH MEDITECH ALL

Frequency of Request: One-Time _____

Monthly _____

Weekly _____

Daily _____

On Demand _____ (Estimation of 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 report or a summary report? Would a separate summary report be necessary?

Would a paper print out be sufficient for the report? _____ (If not, please specify: _____)

(NOTE: If a flat data file—no headers and totals—or an Excel file is required, it must be requested 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: ___/___/___

(Some **HINTS** for request: 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 insurance bucket sufficient?)