

## NextGen Report Request Instructions

In an effort to manage the process of data mining in the NextGen database, client report requests, tracking source code queries, and report distribution to authorized persons, COMMUNITY PRACTICE SERVICES has created a report request policy, process and request form available to the clients. The report request form provides the request specifications for authorized clients to identify when requesting a data mining report. This document describes the report request process and information required on the new form to enable the technician to generate the report output requested.

All completed reports should be faxed to (513) 636-0504, Attention: Community practice Services Support

**Practice Name** – Practice Name is the name of your practice, you may abbreviate to the three or four letters commonly used to identify your practice, for example, CHSN, PFL, PPNKY, etc. Practice Number is internal to Community Practice Services.

**Date Submitted** – The date the request was completed and faxed.

**Priority** – This field allows you to notify COMMUNITY PRACTICE SERVICES when the report requested is critical (High) to your office's operation, or when the report requested will enhance some aspect of your office's operation. The priority field is not used to determine which reports are completed first. The priority field is used as a measure of determining the importance of certain types of data reports that can potentially be offered to all COMMUNITY PRACTICE SERVICES practices for use.

**Date Needed** – This is the date requested that the report be completed. Please allow at least 2 weeks for all report requests to be completed. Some will take longer, some will not take that long. There are many factors that determine how long it will take to complete a report request. Complexity of the report, backlog of reports to be written, and resource requirements to name a few. Report requests are reviewed on a first come-first serve basis. You will be notified of an anticipated completion date after your report request has been reviewed and approved. There is no guarantee that your request will be completed by the date you enter, but we will make every attempt to satisfy reasonable requests. ***Please do not enter "ASAP", always enter a date. Blank entries will default to 2 weeks from the date submitted.***

**Requestor's Name** – This is the name of the individual submitting the report request and who may be contacted for clarification.

**Period / Data Range of Information Requested** – Data in the report should be specified by limiting the records considered for selection. Examples: "01/01/2006 – 12/31/2006, DOS" (Only select records where the date of service is between January 1, 2006 and December 31, 2006); "314.00 – 314.01, Diagnosis Code" (Only select records where the Diagnosis code is 314.00 – 314.01).

**Graphic Description Area** – The first step in requesting any report should be to picture in your mind (and transfer this to the form) what the completed report should look like. You should have an idea as to what information you want to have in each column on the final report. Here is your chance to set up that report exactly like you pictured it. Use the box like it is the top of your report, and draw out what columns should be on the report and in what order. Be as descriptive as possible when naming each column heading, this will help to expedite completion of your approved report request.

**Filter / Sort Order** – Filtering data is helpful to identify what you are looking for in the report and can be done by sort order. More than likely you have put the column headings in order from left to right

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with respect to how the report should be sorted. In fact, this is the default sort order for any report unless specified here. Enter the column heading of each field you want your report to be sorted by on the appropriate line. Line 1 is the primary sort field, line 2 is the secondary sort field, line 3 is the next column used to sort the report...and the pattern repeats.

**Total/Subtotal information** – identify what columns should be subtotaled and grand-totaled.

**Description of Report** – Describe the report that you drew in the box above. Be as descriptive as possible, this will help to expedite the completion of your report and also ensure that the report you receive is the report that you were thinking of when you first decided to fill out a report request. Include any and all information that will communicate exactly what you want. Do not assume that the report writer will include information that you have not asked for.

**Reason for Request** – The information you enter here will help the report writer understand your perspective on the report request which helps ensure that you get the information you need to address your current situation. Feel free to attach supporting documents (such as a form that you need to fill out) which led to the current report request. The reason you requested the report will also help Community Practice Services determine if the requested report might be useful to other offices in a similar situation. It is also possible that a similar request has been made by another client and the report code already exists that can simply be modified for your practice.

**COMMUNITY PRACTICE SERVICES USE ONLY** – Please do not mark in this area. This area is reserved for Community Practice Services employees to mark important information about your report request.

Note: Report data is not shared with other practices, Cincinnati Children's Hospital, the PHO or other entities unless authorized by your practice.