



EPIC COG230 Revenue Data Model

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Accounts Receivable	Outstanding money we expect to receive in the future
Three Transaction Types:	Charges Payments Adjustments
Charges occur as a result of:	Performing services
Payments are a result of:	Receiving money
What are adjustments?	Anything that changes AR (Credit Adjustments or Debit Adjustments)
An example of a credit adjustment is:	Contractual write-offs
An example of a debit adjustment is:	A refund
Debits _____ AR	Increase (Charges and Debit Adjustments)
Credits _____ AR	Decrease (Payments and Credit Adjustments)
What is the function of a Hospital Account (HAR)?	Collects transactions related to an encounter and centralizes encounters, transactions, insurance, etc.
Insurance coverage, is a unique combination of what 3 things?	Payer Plan Subscriber
What is an insurance payer?	The insurance company
What is an insurance plan?	The set of benefits a patient receives
What is an insurance subscriber?	The policy holder
What is a guarantor?	The person ultimately responsible for payment. This could be the patient or someone else (ie. the subscriber)
Who is the insurance member?	The member is who the insurance coverage is for. For example, if a subscriber has children. The children are members of the subscriber's plan.
If a patient has multiple coverages, the order in which they are billed is called the:	Filing Order
True or False Every Hospital Account must be connected to a guarantor	True
True or False Every PB Transaction must be connected to a guarantor	True
What are the two hospital applications used to track billing?	1. Resolute Professional Billing 2. Resolute Hospital Billing
What services do Professional Billing cover?	Services performed by clinicians in inpatient or outpatient settings
What services do Hospital Billing cover?	Services and supplies related to hospital encounters, including: medications, lab charges, imaging, room and bed charges and more.
True or False Hospital Billing doesn't need to achieve the level of granularity that Professional Billing needs and does not need to match every payment to each charge	True
PB transactions are stored in the ____ master file	ETR
HB transactions are stored in the ____ master file	HTR
Which system did EPIC have early on in its' development, Professional or Hospital Billing?	Professional Billing
What is the purpose of a Single Billing Office (SBO)?	SBO is a billing mode that combines HB and PB balances into a single guarantor statement. Thus, creating simpler statements for easier management for guarantors.

Diakeishaye goes to the doctor for a physical. This generates one charge for \$50. A claim is sent to Aetna, which sends a check for \$35, saying there is a \$5 patient portion. \$10 gets written off, and



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the rest is sent to Diakeishaye's mother, Leslie, who sends in a check two days later	One charge, two payments, one credit adjustment
Which transactions occurred?	
Diakeishaye goes to the doctor for a physical. This generates one charge for \$50. A claim is sent to Aetna, which sends a check for \$35, saying there is a \$5 patient portion. \$10 gets written off, and the rest is sent to Diakeishaye's mother, Leslie, who sends in a check two days later	Professional
Which billing system is this likely being tracked in?	
Diakeishaye goes to the doctor for a physical. This generates one charge for \$50. A claim is sent to Aetna, which sends a check for \$35, saying there is a \$5 patient portion. \$10 gets written off, and the rest is sent to Diakeishaye's mother, Leslie, who sends in a check two days later	Leslie
Who is the guarantor?	
Diakeishaye goes to the doctor for a physical. This generates one charge for \$50. A claim is sent to Aetna, which sends a check for \$35, saying there is a \$5 patient portion. \$10 gets written off, and the rest is sent to Diakeishaye's mother, Leslie, who sends in a check two days later	Leslie
Who is likely the subscriber of the coverage?	
Which tables contain guarantor information in Caboodle and in Clarity?	Clarity: ACCOUNT Caboodle: GuarantorDim
What are the four separate guarantor balances?	Total Balance Insurance balance Self-Pay Balance Bad Debt
In the guarantor table (ACCOUNT), columns TOTAL_BALANCE, INSURANCE_BALANCE, PATIENT_BALANCE and BAD_DEBT_BALANCE all refer to which billing system (Hospital v. Professional)?	Professional. This is due to professional billing originally being the only billing type tracked
What are the main Clarity and Caboodle tables for Coverages?	Clarity: COVERAGE and V_COVERAGE_PAYOR_PLAN Caboodle: CoverageDim
What is a claim?	A bill for payment sent to insurance for the services provided to the patient
Is it best to track the coverage filing order at the HAR/encounter lever or the patient level?	HAR/encounter. This can change frequently so it is best to keep specific to an encounter.
What is the granularity of HSP_ACCT_CVG_LIST?	One row for each coverage on the hospital account, with a LINE column representing the filing order.
True or false There must be at least one coverage for every encounter/HAR?	False. If there is no coverage, the visit is said to have a self pay financial class, and the guarantor is responsible for the entire balance of the visit.
Which of the following summarizes the purpose of Single Billing Office? A. To remove the need to have both a Professional Billing system and a Hospital Billing System B. To store both PB and HB charges on the same hospital account C. To send one statement to guarantors with their portion for both PB and HB charges D. To make follow up with payers easier for billing office workers E. All of the above	C. To send one statement to guarantors with their portion for both PB and HB charges



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Which of the following are database objects that store hospital accounts? Select ALL that apply. A. BillingAccountFact B. ACCOUNT C. HSP_ACCOUNT D. HSP_TRANSACTIONS E. GuarantorDim F. None of these	A. BillingAccountFact C. HSP_ACCOUNT
Associating a payment with at least one charge is also called _____.	Distributing the payment
When a debit and a credit are connected, this is called _____.	Matching
True/False. All ETR (Professional billing) records are stored on a hospital account.	False. All HRT (Hospital billing) records are stored on a hospital account
All ETR (Professional) records are stored on what type of account (Hospital v Guarantor)?	Guarantor
ETR (professional) records can be connected to a HAR if the organization has a ____ or a ____.	SBO or VFO
All transactions contain which which 5 basic characteristics:	Service/deposit date Post Date Procedure Code Guarantor account Hospital Account
A refund in EPIC is a _____ adjustment	Debit
True/False. Debit adjustments do not get a new transaction ID.	False.
When a transaction is posted in error, a _____ is posted to undo the previously posted transaction	Reversal
True/False Only professional billing uses reversals	False. Both systems use reversals but only PB uses them for credits (p.40).
BillingTransactionFact contains transactions from: a. Hospital Billing b. Professional Billing C. Both	C. Both
To group charge transactions by facilities/service areas, professional billing uses _____ and hospital billing uses _____.	Bill areas and cost centers
Which three components make up an RVU:	Work, overhead, malpractice
Which two clarity tables contain cost transaction information?	ARPB_TX_COST and HSP_TX_COST
If you are looking to display the date a payment was deposited, but cannot find any column for the deposit date, what column should you investigate next? A. Post Date B. Service Date C. Procedure Date D. Payments do not have deposit dates	B. Service Date
2. To find the total amount of all HB and PB payment transactions, what column should you sum? A. BillingTransactionFact.Amount B. BillingTransactionFact.PaymentAmount C. BillingTransactionFact.OutstandingAmount D. BillingAccountFact.TotalSelfPayPaymentAmount	B.BillingTransactionFact.PaymentAmount
3. Which of the following may your organization use to organize Hospital Billing transactions? >Select all that apply? A. Bill Area B. Financial Division	D. Cost Center



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C. Financial Subdivision D. Cost Center	
4. You are working in a billing office and receive and post a payment from a guarantor. Later, you realize that the guarantor was charged wrong and did not need to pay us at all. What do you do to the payment to fix the mistake? A. Send a refund B. Post a reversal C. Write off the amount of the check D. None of these	A. Send a refund
What is the purpose of matching and which billing system does it apply to?	Matching is unique to PB, and allows payments from guarantors and insurance companies to be connected to the providers who performed the services
What is the granularity of ARPB_TRANSACTIONS?	one row per PB transaction >ETR)
Historical tracking of transactions is found in which Clarity table?	CLARITY_TDL_TRAN
A guarantor accrues individual charges of \$60, then \$100, then \$40. She sends in a check for \$100. Which account receives the payment first?	The oldest one gets paid first (\$60)
What is the granularity of CLARITY_CDL_TRAN?	One row for every PB transaction and everything that happens to those transactions: their details
True/False. Each row added to CLARITY_CDL_TRAN represents either a newly posted transaction or a modification/action on a previously posted transaction	True
What are the two ways to document payment reversals in Professional Billing?	Positive payments or debit adjustments
What filter could make a CLARITY_TDL_TRAN report more efficient by getting rid of the detail types that are not typically used?	WHERE DETAIL_TYPE < 40
What represents the ORIG_SERVICE_DATE for a payment?	The deposit date. Payments are a new transaction with a new transaction ID and its own post/service dates.
Detail type 20 (Charge matched Payment) will take the MATCHED transaction ID of which original transaction: A. Charge B. Payment	B. Payment
Detail type 20 (Charge matched Payment) will take the transaction ID of which original transaction: A. Charge B. Payment	A. Charge
What is bad debt?	Bad debt occurs when guarantors are unable or unwilling to pay and the organization has stopped trying to collect the balance.
Which three columns make up the ACCOUNT.AMOUNT total when summed?	ACTIVE_AR_AMOUNT, EXTERNAL_AR_AMOUNT AND BAD_DEBT_AR_AMOUNT
What is the difference between running a query on CLARITY_TDL_TRAN with matching records vs without matching records?	With matching detail types, the department/group/provider earned a significant amount of money. Without matching detail types, the department/group/provider appears to have earned no money at all.
What is the purpose of matching?	Matching detail types attribute dollars earned that the payment stores to the departments, procedures, bill areas, providers, diagnoses, etc. stored on the charge.
True or False: When initially posted, a PB charge is usually a credit and an adjustment is either a debit or a credit.	False
True or False: Details are everything that happens to a transaction in either HB or PB.	False, only PB.



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A payment with an ID of 84884 is posted and then modified over time. Which of the following detail types would have the TX_ID of the payment? >Select all that apply.?

- A. 2
- B. 6
- C. 20
- D. 23
- E. 32
- F. 33

- A. 2 (The payment itself)
- E. 32 (The payment when it is matched to the charge)
- F. 33 (A payment being matched to a debit adjustment)

A PB payment is posted, then voided on the same day. What detail type is the void and what is the ORIG_SERVICE_DATE of the void?

- A. 10, the date the service was performed
- B. 11, the date the service was performed
- C. 5, the date the payment was deposited
- D. 11, the date the payment was deposited

D. The date the payment was deposited.

5. A PB payment with TX_ID 50055 is posted and matched to 2 charges. How many rows will be created in CLARITY_TDL_TRAN with TX_ID of 50055?

- A. 1
- B. 3
- C. 5
- D. 7
- B. 3

B. 3. One for the payment and two for the payments to match the charges (detail type 32)

Which Clarity table holds information for HB transactions?

HSP_TRANSACTIONS

What is the granularity of HSP_TRANSACTIONS?

One row for each HB transaction

On a hospital charge, the financial class is based on the ____ on the hospital account. For payments and adjustments, the financial class is based on the ____ on the bucket.

Primary coverage
Coverage

What are the two methods used to fix a HB transaction posted in error/with mistakes?

Reversals and repost

If a HB transaction has not been reversed and itself is not a reversal, it is considered ____.

Active

True or False. System adjustments almost always come in pairs where the amounts sum to \$0.

True

An HB charge for \$220 is initially posted as \$200. When the user fixes the error, they accidentally fix it for \$2220. Seeing this mistake, the user fixes the transaction one more time for \$220. After all the fixes and reposts, how many transactions have been added to HSP_TRANSACTIONS, and how many are active?

- A. 1, and it is active
- B. 5, and 1 is active
- C. 5, and 3 are active
- D. It is impossible to determine with the information given

B. 5, and 1 is active

An insurance company pays for part of the balance on an HB hospital account, and the remaining balance is moved to the next liable party >liability bucket?. How are the balances moved?

- A. Using detail type 40s.
- B. Using system adjustments.
- C. Using one credit adjustment to subtract the balance and one debit adjustment to add the balance to the next payer.
- D. The balance doesn't "move". The remaining balance stays attached to the original payer and a new, equal balance is added to the next payer.

B. Using system adjustments.

A charge is posted to an HB hospital account, then a payment is posted to the same hospital



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account. How many lines in HSP_TRANSACTIONS will this generate? A. 2 B. 3 C. 4 D. 6	A. 2
_____ is the hub of billing activity and provides a central location to find the outstanding AR for any encounter, the kind of encounter it was, and who is responsible for the current balance.	HAR (Hospital Account)
What differences do you notice between the PB buckets and the HB buckets?	PB buckets dont really store information
What is the main Clarity table for HAR-level data?	HSP_ACCOUNT
What is a VFO HAR?	These hospital accounts are generated to track Professional Billing transactions when a service area is not using Single Billing Office but is using Visit Level Filing Order. All organizations will be using Visit Level Filing Order as of Epic 2018. If a PB SBO HAR is not generated, then a VFO HAR will be generated
True/False. All Resolute Professional Billing transactions, regardless of VFO and SBO status, appear in the ARPB_FILING_ORDER table in Clarity	True. But only use if there is not a HAR.
What does a HARs billing status?	A HARs billing status identifies the stage of the revenue cycle the HAR is currently in.
True or False. PB HARs are created with a billing status of Closed. Once PB charges are posted, the status changes to Billed. Finally, after the HAR has been paid off, the status returns to Closed	True
What are the 4 billing statuses, in order, for HB? (HSP_ACCOUNT.ACCT_BILLSTS_HA_C)	Open (Patient is In-House), DNB (Prepare for Billing), Billed (Send Claims and Statements), Closed (All Follow-Up Completed)
As a HAR move through the revenue cycle, its balance is managed through a series of _____ which are stored in the HLB master file.	Liability buckets
What are the three bucket types?	Prebilled, Insurance and Self-Pay. The bucket type tells you the specific purpose it fulfills on the HAR.
True/False. A HAR can have more that one prebilled bucket?	False. There is always exactly one prebilled bucket per HAR.
Each insurance coverage on a HAR is represented by its own bucket and the buckets are numbered according to their _____.	Filing order
Financial class on the hospital account >HAR 310? comes from the?	The primary payer on the HAR
Financial class on a charge transaction >HTR 190? comes from the?	The primary payer on the HAR
Financial class on a payment transaction >HTR 190? comes from the?	Coverage on the liability bucket
Account financial class on any transaction >HTR 196? comes from the?	The primary payer on the HAR
The financial class comes from the primary payer on the HAR for all of the following entities except for one of the following. Select the one in which financial class comes from the liability bucket. A. Financial Class on the Charge Transaction B. Financial Class on the Payment Transaction C. Account Financial class on any Transaction D. Financial Class on the Hospital Account	B. Financial Class on the Payment Transaction



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Do transactions inherit their account class, financial class, payer, and other financial characteristics, at the time of service or at the time of posting?	At the time of Posting.
What is the purpose of a stop bill?	To prevent claims and statements from being processed. They serve to inform users to correct an error or review the HAR prior to billing
A _____ is an extension used to verify that the HAR billing has been documented properly.	DNB Check
HSP_ACCT_DNB_SB_HX in Clarity stores a full history for which of the following (select all that apply): A. Filing Order B. Stop Bills C. DNB Checks D. Matching PB transactions E. Billing indicators	B. Stop Bills C. DNB Checks E. Billing indicators
HSP_HAR_SNAPSHOT in Clarity is useful for reporting on _____ HAR data.	Historical
What is the add-type and response type for HSP_ACCOUNT?	No-Add , Single
The first entry for a hospital account will have a SNAP_START_DATE of _____, and a SNAP_END_DATE of _____.	Start = the date the account was created End = 12/31/2099
When any of the items included in the snapshot are subsequently updated, the original entry will have the SNAP_END_DATE of _____ and the new row will have a SNAP_START_DATE of _____.	SED = The day before the change occurred SSD = The day the change occurred.
What is the appropriate date filter for finding a snapshot of a HAR in HSP_HAR_SNAPSHOT?	SNAP_START_DATE <= report date <= SNAP_END_DATE.
A patient has a clinic visit that involves a stop by the lab. This visit generates one professional charge and one hospital charge. If the organization is using both VFO and SBO in the clinic's service area, what HARs will be generated? A. One PB SBO HAR with both charges B. One VFO HAR with the PB charge and one HB SBO HAR with the HB charge C. One VFO HAR with the filing order, one PB SBO HAR with the PB charge, and one HB SBO HAR with the HB charge D. none of the above	D. None of the above. One PB SBO HAR and one HB SBO HAR.
You need to report on the filing orders that are used on each encounter. What database objects could you use? Select ALL that apply. A. HSP_ACCT_CVG_LIST B. HSP_ACCOUNT C. COVERAGE_MEMBER_LIST D. ARPB_FILING_ORDER >for pre Epic 2018 organizations?	A. HSP_ACCT_CVG_LIST D. ARPB_FILING_ORDER >for pre Epic 2018 organizations?
Every hospital account will have: >Select all that apply. A. A bad debt bucket B. A primary insurance bucket C. An interim primary bucket D. No hospital account is guaranteed to have these	D. No hospital account is guaranteed to have these
When is a stop bill added to a hospital account? >Select all that apply. A. When the system finds an error B. When a person finds an error C. When there is additional information to be noted D. When a claim has been denied	A. When the system finds an error B. When a person finds an error
True or False. For a paid off hospital account, HSP_AC-COUNT.TOT_CHGS equals zero.	False. TOT_ACCT_BAL would be zero but TOT_CHGS will still contain the total amount of charges that were ever placed.



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A report requires you to display the financial class and primary payer on hospital accounts as of the day a HAR is closed. Which table would allow you to find this subset of HARs and foreign keys to the required information? A. HSP_HAR_SNAPSHOT B. HSP_ACCOUNT C. HSP_ACCOUNT and ACCOUNT D. none of these	A. HSP_HAR_SNAPSHOT
You want to report on all hospital accounts which are currently discharged/not billed. Which field would you filter on? A. HSP_ACCOUNT.DISCN_DATE_TIME B. HSP_ACCOUNT.ACCT_BILLED_DATE C. HSP_ACCOUNT.PATIENT_STATUS_C D. HSP_BUCKET.BKT_STS_HA_C E. HSP_ACCOUNT.ACCT_BILLSTS_HA_C	E. HSP_ACCOUNT.ACCT_BILLSTS_HA_C
When an insurance company sends a payment, the payer may reimburse services rendered or _____.	Deny Payment
True/False. there are several SlicerDicer data models available, as well as an OLAP Cube and a Clarity based spreadsheet that contain denial information for each billing system	True
What is an EOB?	Explanation of benefits. Every time a payer responds to a claim, they send an EOB explaining what they are paying >or not paying? and why.
What is the term used to describe the reason provided by a payer for why they are not paying a claim/invoice?	Remittance Codes
Denial, remark, correspondence, underpayment, and overpayment records are stored in which masterfile?	DBC. Billing Denial Correspondence.
True/False. One BDC record is created per denial remittance code.	True
True/False. A claim can only have on denial remittance code.	False. A claim can have more than one denial remittance code if there are several reasons for the denials. For example, one claim can have a registration denial and a coding denial, which results in two BDC records.
True/False. Professional Billing only uses BDC for tracking denials, and does not create other types of BDC records.	True
True/False. The granularity in PB for denials reporting is one BDC record for every payment/charge/reason code combination.	True
True/False. The granularity in HB for denials reporting is one BDC record for every payment/charge/reason code combination.	False. The granularity of HB BDCs can be summarized as one BDC for every remittance code on a claim since BDC records are tracked at the bucket level. Because buckets store payer specific information for a hospital account, we can track the denials sent by payers and their reasons.
How many BDC records are created, A PB claim with 2 service lines gets a claim level denial with 1 reason code	2 BDCs (One per each remittance code and Claim combination)
How many BDC records are created, A PB claim with 2 service lines gets 2 reason codes for each service line.	4 BDCs (One per each remittance code and Claim combination)
How many BDC records are created, An HB claim with 4 service lines gets a claim level denial with 2 reason codes.	2 BDCs (One per each remittance code)
How many BDC records are created, An HB claim with 3 service lines gets 1 service line denied with 1 reason code.	1 BDC (One per each remittance code)
A HB claim with 3 service lines gets 2 service lines denied with 1 reason code, how many BDC records are created?	1 BDC (One per each remittance code)
Which two CDW tables are used for denial reporting?	BillingDenialFact BillingDenailLineFace
What is the granularity of BillingDenialFact?	One row per BDC record (each remittance code)



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What is the granularity of BillingDenialLineFact?	One row per denied line
Would you use BillingDenialFact or BillingDenialLineFact to report on the service that was denied and information like the procedure, providers, service dates, diagnosis, CPT code, revenue code, and line level amounts.	BillingDenialLineFact
What is the granularity of BDC_INFO?	One row per BDC record
What is the granularity of HSP_BDC_DENIAL_DATA?	One row per reason per denied claim line
True/False. You can determine if a HAR has an open denial or not through HSP_ACCOUNT or HSP_BUCKET.	False. You can determine if a HAR has an open denial or not through HSP_ACCOUNT_2 or HSP_BUCKET
If one claim has two denial reasons, ____ BDC records are created.	Two
True/False. BDC_INFO contains PB and HB BDC information and is the best, most efficient, table to use for PB and HB Denials.	Kinda, but False. It does contain data on both but V_ARHB_BDC is the best table for use for HB denials.
The Clarity table HSP_BDC_DENIAL_DATA stores line-level data for both PB and HB data.	True
True/False. For professional billing, BDC_INFO and HSP_BDC_DENIAL_DATA are the same granularity.	True, since the combination of claim and denial reason are stored in both
True/False. For hospital billing, BDC_INFO and HSP_BDC_DENIAL_DATA are the same granularity.	False.
Every denial in HSP_BDC_DENIAL_DATA has a row where LINE_ON_EOB = 1, what is this useful for?	For this row, LINE_DENIED_AMT is the total of all the denial information on the claim: the sum of invoice level and line level amounts.
If an organization is not using August 2019 version, and subsequently not tracking PB denials in BDC records, which two views are useful in reporting PB BDCs?	V_ARPB_REIMBURSEMENT (one row for each payment posting line) V_ARPB_REMIT_CODES (one row for each remittance code of EOB)
True/False. CLARITY_TDL_TRAN contains data to report on denials.	True, Detail type 44 represents one row per denied charge.
BDC records are created for each >select ALL that apply?: A. Reason code on a denied PB claim B. Reason code on a denied PB service line C. Reason code on a denied HB claim D. Reason code on a denied HB service line	B. Reason code on a denied PB service line C. Reason code on a denied HB claim
A PB claim with 5 service lines is denied with 3 reason codes for each service. How many rows will be added to BillingDenialFact as a result? A. 1 B. 3 C. 5 D. 8 E. 15 F. Not enough information to determine	E. 15
A report request requires that you display the billed amount, denied amount, and the service date for the service line for each denied line on HB claims. What expression should you use to filter to the line level information? A. HSP_BDC_DENIAL_DATA.LINE_ON_EOB = 1 B. HSP_BDC_DENIAL_DATA.LINE_ON_EOB > 0 C. HSP_BDC_DENIAL_DATA.LINE_COUNT = 1 D. V_ARHB_BDC.BDC_TYPE = 1	B. HSP_BDC_DENIAL_DATA.LINE_ON_EOB > 0
What is the gross collection ratio?	Sum of all payments (minus refunds) divided by total charges
What is the net collection ratio?	Sum of all payments (minus refunds) divided by total charges (minus contractual write-offs and self-pay discounts)
Suppose you need to find the collection ratio for all transactions in a department. Which would be the correct way to calculate this?	



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A. Sum>Payments / Charges? B. Sum>Payments? / Sum>Charges?	B. Sum the numerator and the denominator separately, then divide. The sum of ratios is not a meaningful number.
When a write off is performed, what happens to the remaining balance of a charge or bucket?	It is lowered due to an adjustment
In professional billing, the primary write off is listed on _____ and for hospital billing, it is listed on ____ _.	Each charge The HAR
What are the three typical write-offs?	1. Contractual 2. Self-pay discount/charity 3. Other allowance
What is variance?	The difference between what your organization expected to receive and what you actually received.
What is the formula for variance?	Variance = expected allowed amount - allowed amount
What is AR Valuation?	An organizations most accurate estimate of what payments they actually expect to receive.
Which of the following columns are needed to calculate the net collection ratio by payer appropriately in Professional Billing? >Select ALL that apply? A.ARPB_TX_COLL_RATIO.NET_SP_COLL_RATIO B. ARPB_TRANSACTIONS.PAYOR_ID C. ARPB_TX_COLL_RATIO.ACTUAL_AR_COLLECTIONS D. ARPB_TX_COLL_RATIO.EXPECTED_AR_COLLECTIONS	B. ARPB_TRANSACTIONS.PAYOR_ID C. ARPB_TX_COLL_RATIO.ACTUAL_AR_COLLECTIONS D. ARPB_TX_COLL_RATIO.EXPECTED_AR_COLLECTIONS
Which of the following expressions calculates the variance appropriately in Hospital Billing? A. BDC_INFO.ACTUAL_RECOVERY_AMT_CALC - HSP_BUCKET.CHARGE_TOTAL B. V_ARHB_BDC.BILLED_AMT - BDC_INFO.EXP_ALLOW_AMT C. BDC_INFO.EXP_ALLOW_AMT - V_ARHB_BDC.ALLOWED_AMT D. V_ARHB_BDC.BILLED_AMT - V_ARHB_BDC.PAID_AMT	C. BDC_INFO.EXP_ALLOW_AMT - V_ARHB_BDC.ALLOWED_AMT
Which of the following is Epic's standard definition of variance? A. The difference between the charged amount and the paid amount B. The difference between the paid amount and the allowed amount C. The difference between the charged amount and the expected amount D. The difference between the expected amount and the allowed amount	D. The difference between the expected amount and the allowed amount
How is age calculated?	Using the difference in dates between the starting date and aging date.
True/False. PB tracks age for each transaction & HB tracks age for each bucket	True
What is month-end aging?	Database objects are extracted at the end of each month, including rows for all transactions >ETR? or buckets >HLB? with a non zero balance. New rows are added at the end of each month, and these rows persist over time.
Which Clarity table stores aging data and what is the granularity?	CLARITY_TDL_AGE. It stores one row per transaction with a non-zero balance, per reference date.
What does the post date column represent in CLARITY_TDL_AGE?	The date the rows were extracted to clarity.
As a general rule: ONLY USE SNAP DATES IN FILTERS - not your age formula. Do not use the snapshot tables to calculate age - go back to the original table for transactions or hospital accounts for your age formula.	As a general rule: ONLY USE SNAP DATES IN FILTERS - not your age formula. Do not use the snapshot tables to calculate age - go back to the original table for transactions or hospital accounts for your age formula.



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True or False. The age of a transaction or balance in Clarity will always match the age in Chronicles.

False

How would you determine the age of a record based on service date using CLARITY_TDL_AGE?

- A. `datediff>d,ARPB_TRANSACTIONS.SERVICE_DATE,Current_Timestamp?`
- B. `datediff>d,CLARITY_TDL_AGE.ORIG_SERVICE_DATE,Current_Timestamp?`
- C. `datediff>d,CLARITY_TDL_TRAN.ORIG_SERVICE_DATE,CLARITY_TDL_TRAN.POST_DATE?`
- D. `datediff>d,CLARITY_TDL_AGE.ORIG_SERVICE_DATE,CLARITY_TDL_AGE.POST_DATE?`

D

You want to find all hospital account liability buckets that were outstanding on July 4th, 2018. Which of the following columns do you need in your filter? >Select all that apply.?

- A. `HSP_BKT_SNAPSHOT.SNAP_START_DATE`
- B. `HSP_HAR_SNAPSHOT.SNAP_START_DATE`
- C. `HSP_BKT_SNAPSHOT.SNAP_END_DATE`
- D. `HSP_ACCOUNT.POST_DATE`

A & C