



## eServices Customer Reporting

version 6.07 for Select/Expanded Services

# Frequently Asked Questions (FAQs)

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## Access to the System, Policy Numbers, and Reports

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**What are the minimum requirements to use eServices Customer Reporting?**

- **Hardware:** Pentium class processor or equivalent with 64 MB RAM.
- **Browsers:** IE 6.0 and Netscape 7.2.
- **Browser Settings:** Cookies and 128-bit encryption enabled. DHTML recommended for optimal performance.
- **Internet Connection:** High-speed LAN/T1, cable, or DSL connection with support for SSL.

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**What level of access do I have?**

You can determine your access level by answering the following questions based upon content visible on the **Reports Home** screen:

1. Do you see a section labeled **Run Custom Reports**?
  - If this section appears, click the **Medical** folder under **Run Custom Reports** and go to Question 2.
  - If the section does not appear, you have **Standard** access.
2. Which report is listed first under the **Medical** folder?
  - If “Claim Experience Report” is listed first, you have **Select** access.
  - If “Bill Count by Month” is listed first, you have **Expanded** access.

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**How do I change my access level?**

Contact your representative for more information about buy-ups to higher levels of reporting or switching your security level (i.e. confidential vs. non-confidential).

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**What should I do if I have access to the wrong policy?**

Please contact eServices Customer Reporting End User Support immediately if you have unauthorized access to a policy.

All individuals using the eServices Customer Reporting application are legally obligated to refrain from using the reporting application for abusive, fraudulent or otherwise illegal purposes—including, but not limited to, viewing information obtained via unauthorized access to a customer policy.

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## Access to the System, Policy Numbers, and Reports continued

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**Why do I have access to multiple policies?**

There are a few legitimate reasons why you would have access to multiple policies. First, your role may require you to access information for different customers. Brokers are a common example.

Second, a parent company may identify its distinct business divisions by assigning each to a different policy. By doing so, the parent company is able to perform a company-wide analysis by selecting all the policy numbers, or perform a targeted-study by selecting the number of specific division. UnitedHealth Group is a real world example of a parent company. It is comprised of several divisions including UnitedHealthcare, Uniprise, Ingenix, among others. To simplify reporting, UnitedHealth Group assigns a separate policy number to each of these divisions.

Finally, a company may identify the different products within its plan design by assigning each to a different policy. For example, you could have one policy number assigned to your Definity® health care plan and another to your PPO.

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**Can I pick and choose which reports I get?**

No. The reports contained at each of the 3 main service levels (Standard, Select and Expanded) were identified in conjunction with representatives from the business community. If the information found in your set of reports does not address a specific need, please contact your representative for other reporting options.

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**Why don't I have access to confidential reports?**

First, only self-funded (ASO) customers have access to confidential reports. Customers with a fully insured funding arrangement are legally barred from viewing the Protected Health Information (PHI) contained in confidential reports.

Second, ASO customers must request confidential access; so, if you are an ASO customer and do not have access to confidential reports, you or someone else in your group has not requested confidential access.

Contact your representative for more information about your security level.

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## Access to the System, Policy Numbers, and Reports continued

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**Where can I get a census report?**

Please contact your representative for assistance in obtaining the information you need.

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**Where can I find membership/eligibility information?**

eServices Customer Reporting contains three reports that summarize your membership within a selected time frame. Membership reports are not the same as the eligibility reports available through Employer eServices. Membership reports do not provide information regarding a particular member's eligibility status.

Eligibility information is available via the **Enrollment** portion of the Employer eServices site. Enrollment services let you add new, term or reinstate enrollees, as well as view and modify an individual's existing enrollment information.

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**Whom should I contact if the report I need is not available to me?**

Contact your representative and inform him/her of your need, including the topic and conditions you want to investigate.

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## Timing/Availability of Data and Reports

**When is the latest data available?**

Typically, all data from the prior month is added to the reporting system by the 10th workday of the current month. For example, May's data is added in June, June's is added in July, and so on. Once a new month of data is available, you can use it to run your custom reports.

Note: Weekends and holidays are not working days; therefore, the 10th workday can come as early as the 12th or as late as the 15th day of the month.

**When are my automated reports delivered?**

Each report in your automated reporting package is delivered in a batch process that begins shortly after the latest data is added and ends on or before the 20th workday of the month. Since reports are systematically produced and delivered over several days, you are encouraged to routinely check the Automated Reports section of the Reports Home screen for delivery updates throughout this time period.

Note: Weekends and holidays are not working days; therefore, the 20th workday can come as early as the 26th or as late as the 31st day of the month.

**How often are my automated reports delivered?**

Two factors dictate how often you will receive automated reports:

- your funding arrangement, and
- the number of subscribers in your plan

Funding Arrangement	Subscriber Count	Frequency
ASO	Any Number	Monthly
Mixed*		
Fully Insured	200 or more	Quarterly
	100—199	Annually*
* Frequency may increase for customers affiliated with broker incentive programs.		
<b>Note:</b> Frequency does not change with periodic fluctuation to your subscriber count.		

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## Timing/Availability of Data and Reports continued

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**Can I have my automated reported delivered more often?**

The frequency with which automated reports are delivered is pre-defined based on a combination of customer size and funding. These pre-defined standards were established with input from members of the business community. However, if you need these reports produced on a more regular basis, please contact your representative for other reporting options.

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## Report Results

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**Why are some results negative dollar amounts?**

Typically, negative dollar amounts reflect adjustments made for claims paid during a prior period. If you have questions about the negative dollar amounts that appear on your report, contact your representative for more information.

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**Why is there a Subscriber Number of "9999999999"?**

A Subscriber Number of "9999999999" is the default value for all "unknown" subscribers, and is typically used when a transaction is processed for multiple subscribers. Examples of situations where this might occur are bulk adjustments and recoveries, capitated payments, and NYHCRA surcharges.

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**Why do I see claims with structure I don't have?**

There are occasions when a financial report may contain an unfamiliar structure value. These values may appear when manual adjustments are made to the claim. Manual adjustments occur outside the normal controls set in place for financial accounting.

If you are unfamiliar with the business structure applied to your organization, please contact your representative for more information.

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**Why do the results of financial reports differ from Medical and Managed Pharmacy reports?**

The results of financial reports differ from Medical and Managed Pharmacy reports for two predominant reasons:

1. Dates – there is an average delay of 2.5 days between the date a claim is processed for payment and the date the processed claim is booked to the financial accounting system.
  2. Data – there are different sets of information used to produce a financial report versus a Medical or Managed Pharmacy report.
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## Report Results continued

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### Why do the results of financial reports differ from Medical and Managed Pharmacy reports? (continued)

#### Dates

Dates reference a point in time during which a particular set of activities took place. Medical and Managed Pharmacy reports are based on the dates information derived from claims were entered into the claim payment system – process dates. Financial reports, on the other hand, are based on the dates processed claims were logged into the financial accounting system – book dates.

Since there is a couple days delay between the date a claim is processed and the date the claim is booked to the financial accounting system, there will inevitably be some claims processed at the end of one month that are not booked until the start of the next one.

Therefore, any claims processed at month's end are not reported in that month's financial reports, while claims booked at the beginning of the month are not reported in that month's Medical and Managed Pharmacy reports.

For Managed Pharmacy reports, the timing in the receipt of records from Medco® (the vendor for Managed Pharmacy benefits) may further compound the difference in results. Medco supplies a bulk of data, on average, twice per month; however, there will be two months a year when there will be three feeds processed which will cause higher than normal Managed Pharmacy Claims for the month.

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## Report Results continued

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### Why do the results of financial reports differ from Medical and Managed Pharmacy reports? (continued)

#### Data

Another factor that may be driving the differences you are seeing is the actual content data itself. Financial data is streamlined to contain only information about transaction related activity for claim payments. This includes special transactions such as manual adjustments, bulk refunds, and reversals—items not considered with Medical and Managed Pharmacy reports. Furthermore, whereas Medical reports are limited to medical coverage, and Managed Pharmacy reports to Managed Pharmacy coverage, many financial reports include data for multiple lines of coverage (e.g., medical, Managed Pharmacy, dental, vision, etc.).

However, financial data does not include details for ineligible charges, discounts, cost sharing, coordination of benefits and other provisions of your plan design. Those details are found in the statistical claim data used to generate Medical and Managed Pharmacy reports—making these sets of reports ideal for tracking the utilization and performance of your plan.

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### Why do the results of financial reports differ from billing and banking reports?

Billing reports do not include information for self-funded (ASO) customers. Therefore, if your benefit program includes an ASO portion, those dollars appear in your financial reports, but do not appear in your billing reports.

The results of your banking reports are subject to the time lapses typical of the check clearing process. Therefore, funds that have yet to clear may not show-up on your banking report, but those same dollars would appear in your financial reports regardless of whether the check cleared or not.

Billing reports are available via the "Billing" portion of Employer eServices. Financial reports are available via the "Reporting" portion of Employer eServices.

## Report Results continued

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**Why do the results of my report differ from the one my representative gave me?**

There are a number of valid reasons why your report's results might not match the ones your representative gave you. Before you contact your representative about the discrepancy, please ask yourself the following questions:

1. Were identical parameters used to create the reports? If any of the parameters (e.g., population, dates, etc.) used to create one of the reports differ from the other, it is more than likely the results of those reports will also differ.
2. Was data added to the reporting system between the times the two reports were run? Each month, all 36-months inpatient and outpatient event data is refreshed, along with the past 12-months of membership, 11-months of COSMOS, and 6-months of UNet capitation data. Therefore, even if the parameters are identical, the results of one of your reports may reflect more current information than the other report.

If you are unable to determine the cause of the disparity, please contact the representative that supplied you with the report for assistance.

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## Data

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### How many months of data are available?

eServices Customer Reporting maintains a rolling 36-months of book, process and membership data. As the most recent month of data becomes available, the oldest month of data is removed from the system. For example, when January's data was added during February 2006, the data for January 2003 was removed.

Since a claim can be booked or processed one or more months after a service was provided, the list of service dates will include months that precede the 36-months of book and process dates. For example, if the current 36-months of book dates extend back to February 2003, the data from that timeframe will likely contain claims for services provided during January 2003 and prior.

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### Why are there more than 36-months of service dates?

Since a claim can be booked or processed months after a service was provided, the list of service dates will include months that precede the 36-months of book and process dates. For example, if the current 36-months of book dates extend back to February 2003, the data from that timeframe will likely contain claims for services provided during January 2003 and prior.

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### What are the various date parameter definitions?

- **Membership Dates** – a point in time in which an individual participated in a given benefit.
- **Service Dates** – a point in time in which a benefit was used (i.e., a service was rendered/claim was incurred).
- **Process Dates** – a point in time in which information derived from a claim was entered into the claim payment system.
- **Book Dates** – a point in time in which a carrier's payment for a claim was registered to the financial accounting system.
- **Bill Dates** – a point in time in which an invoice was distributed to a customer for payment of an insurance premium.

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**Data** continued

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**How do I view information about a specific claimant?**

UnitedHealth Group values customer/patient confidentiality; therefore, health care and benefit information for specific claimants is not readily available via eServices Customer Reporting.

While the “confidential” versions of the Detail Payment and Large Loss Claim Payment reports do contain Protected Health Information (PHI), the information conveyed in these reports is primarily tied to payment details – not diagnosis related information. And, because they do contain PHI, security requirements make these two reports available to self-funded (ASO) customers only.

If you have questions about PHI or the need for claimant-specific benefit information, please contact your representative.

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**How do I get a copy of business structure used in eServices Customer Reporting?**

Contact your representative and ask for a copy of your plan design. This information is not readily available via the eServices Customer Reporting application.

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## Known Issues

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**What if I have trouble exporting my report?**

If you are having trouble exporting, it is likely your report contains too many rows to export at one time. Try exporting your report in smaller chunks by exporting one page of results at a time.

If you are unable to work around this issue, please contact Customer Reporting End User Support at 1-800-651-5465.

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**Why did I receive an error message "exceeds row limitation" when I ran my report?**

This error message appears if your report contains more than 60,000 rows. Your report will not run unless you break it into smaller segments that will bring back less data, such as limiting it on structure. For example, instead of running one report for Suffixes A, B, C, D; run one report for Suffixes A & B and another for C & D.

If you are unable to work around this issue, please contact Customer Reporting End User Support at 1-800-651-5465.

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## Training, Help and "How To" Steps

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**What types of training are available?**

Several types of training are available. Employer eServices' online tutorials let you watch, learn and participate in self-guided training exercises that explore various facets of the reporting application.

If you are looking for a little guidance to help you along the way, download and print the Quick Reference Guides. These guides provide a step-by-step walk through for many of the most common reporting tasks.

Finally, do not forget to consult Online Help at any time for a full and detailed explanation of the terminology, procedures, and reports when using the eServices Customer Reporting application.

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**How do I run a custom report?**

Custom reports are run interactively via the eServices Customer Reporting application. This interactive process lets you set the conditions you want to investigate. These conditions are established via the answers you supply to a series of questions, called "options."

Options vary from one report to the next, but there are at least two conditions that must be set for all reports—the population, and time period you want to investigate. The remaining options let you limit the results of your report and add details to it. To minimize confusion, the processes of limiting results and adding details are explored and explained as independently.

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## Training, Help and "How To" Steps continued

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### How do I run a custom report? (continued)

#### Select a Report

Before you can set your reporting conditions, you have to pick the report that will help you to achieve the goal of your study. If you are wondering which report will help you achieve your goal, Online Help contains a full description of each one.

Once you know which report you want to run, the Reports Home screen provides an easy way begin:

1. Locate the Run Custom Reports section of the "Reports Home" screen.
2. Click the "Report Category" folder containing the report you want to run.
  - Opens a list of reports by category.
3. Click the link to the report you want to run.
  - After you select a report, the "Option" screen appears.

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## Training, Help and "How To" Steps continued

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### How do I run a custom report? (continued)

#### Select a Population

The first option of any report sets the population you want to investigate. Your population is the pool of individuals associated with your Policy Number. You can investigate the population in full or a predefined segment of it.

#### *~Investigate the Full Population~*

You can put your entire population under the microscope by selecting your Policy Number from the option screens. To do this, you must first clarify that you do not want to run the report with a pre-defined filter, and then select your Policy Number.

From the option screen:

1. Select 1. Policy Number.
2. Follow the onscreen instructions for the remaining steps.
3. Click Next.

From the next option screen:

1. From the "Available" field select your Policy Number.
2. Follow the onscreen instructions for any remaining options.
3. Click Next.

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## Training, Help and "How To" Steps continued

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### How do I run a custom report? (continued)

#### Select a Population (Continued)

~Investigate a Predefined Segment of the Population~

Suppose you want to target salaried employees in your study, or exclude non-union members from another. In cases where you need to run reports on targeted segments of your organization, you can leverage the business units you defined during case installation to create a Group Segment Filter that identifies one or more of these units. You can then use the filters to create the focused reports you need.

From the option screen:

1. Select a Group Segment Filter from the "Available" box.
2. Follow the onscreen instructions for the remaining steps.
3. Click Next.

#### Select a Time Period

When investigating benefits, time is truly relative. The dates you choose always reference a point in time during which a particular set of activities took place. These activities occur within the population you identify and in relation to one or more benefits.

To select a time period, from the option screen:

1. Click the radio button for the type of activity you want to investigate.
2. Follow the onscreen instructions for the remaining steps.
3. Click Next.

From the next option screen:

1. Select the dates you want to investigate.
2. Follow the onscreen instructions for any remaining options.
3. Click Next.

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## Training, Help and "How To" Steps continued

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### How do I run a custom report? (continued)

#### Select a Time Period (Continued)

There are several sets of activities you can track via eServices Customer Reporting. The most common activities are:

- **Membership** – participation in a given benefit.
- **Service** – use of a benefit for which a claim is incurred.
- **Process** – entry into a payment system of information derived from a claim.
- **Book** – entry into a financial accounting system of payment by a carrier for a claim.
- **Bill** – distribution of an invoice to a customer for payment of an insurance premium.

The activities you can track differ by report. In fact, this is one of the primary differences between the four report categories.

- **Financial reports** – track "service" and/or "book" activity (unless premiums are referenced in the report; then track "service" and/or "bill/book").
- **Managed Pharmacy reports** – track "service" and/or "process" activity of Managed Pharmacy claims.
- **Medical reports** – track "service" and/or "process" activity of medical benefit claims.
- **Membership reports** – track "membership" activity. (Since membership is the only activity tracked for these reports, you only need to select the time frame you want to investigate.)

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## Training, Help and "How To" Steps continued

### What is a compound report and how does it differ from other reports?

A compound report is comprised of two or more sections. Each section is actually an individual report that can be opened separately via a link located below it. When you open a section, the system automatically reproduces the report that was used to create it -- a copy of which is accessible via your list of "Recent Reports."

The full compound report only offers a limited set of reporting features. However, once a section is opened, it can be formatted and manipulated like any other report.

Feature	Reports	Compound Reports
Small Icon		
Large Icon		
Sections of Output	One	Two or more
Menus	File, View, Data, and Format	File
Toolbar	Numerous items appear in the toolbar.	
Attribute Forms	Yes	No
Banding	Yes	No
Drill*	Yes	No
Export	Yes, with exporting options	Yes, without exporting options
Filter on Selections*	Yes	No
Graph	Yes	No
Grid and Graph	Yes	No
Lock Headers	Yes	No
Merge Headers	Yes	No
Move	Yes	No
Outline	Yes	No
Page-by	Yes	No
PDF	Yes	No
Pivot	Yes	No

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## Training, Help and "How To" Steps continued

What is a compound report and how does it differ from other reports? (continued)

Feature	Reports	Compound Reports
Print	Yes, with printing options	Yes, without printing options
Report Filter	Yes	No
Save as Template	Yes	No
Sort	Yes	No
Style	Yes	No
Toggle Thresholds	Yes	No
Totals	Yes	No

\* Only available to customers with Expanded services

### Differences between Reports and Compound Reports

The following are compound reports:

- Claim Experience
- Cost and Utilization by Procedure
- Cost and Utilization Summary
- Health Care Cost Management Summary
- Inpatient Utilization and Costs by Admission Type
- Managed Pharmacy Plan Performance
- Managed Pharmacy Critical Indicators
- Managed Pharmacy Utilization by Age Group
- Membership with Demographic and Geographic Factors
- Outpatient Utilization by Diagnosis
- Premium vs. Claims – Paid
- Top Drug Utilization Ranked by Total Net Paid
- Top Drug Utilization Ranked by Volume
- Top Hospitals Ranked by Total Net Paid
- Top Physicians Ranked by Total Net Paid
- Top Therapeutic Class Utilization Ranked by Total Net Paid
- Top Therapeutic Class Utilization Ranked by Volume
- Utilization and Costs by Provider Type
- Utilization by Age Group

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## Training, Help and "How To" Steps continued

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**Where are my automated reports?**

Automated reports are sorted into folders and housed on a separate page within eServices Customer Reporting. This page is accessible via a link toward the upper-left of the Summary screen.

For most customers, automated reports are placed in a folder that corresponds to the month in which the reports were produced. However, if you have access to multiple groups, a separate folder exists for each group. Within each group's folder are the monthly folders, and within the monthly folders – your automated reports.

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**How do I define a specific segment of my population?**

In cases where you need to run reports on targeted segments of your organization, you can leverage the business units you defined during case installation to create a Group Segment Filter that identifies one or more of those business units. You can then use the filters to create the focused reports you need.

For example, suppose you want to run two sets of reports—one for salaried and another for hourly employees. The only way to identify these two distinct business segments is to assign a code to individuals in one group, and another code to those in the other. This coding takes place during your case installation in consult with your representative. (Contact your representative for more details about your business structure.)

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## Training, Help and "How To" Steps continued

### How do I define a specific segment of my population? (continued)

Task	Step	Action
Create a Group Segment Filter	1	Go to the <b>Reports Home</b> screen or click <b>Tools</b> .
	2	Under <b>Reporting Tools</b> click <b>Create and Modify Group Segment Filters</b> .
When the Group Segment Filter screen opens:	1	In the <b>Name</b> field, type a name for your filter.
	2	[Optional] In the <b>Description</b> field, type a description for your filter.
	3	Click the <b>Create</b> button.
When the next screen opens, select a Policy Number:	1	In the <b>Elements</b> field, select a <b>Policy Number</b> .
	2	Click [ <b>Move to Selected</b> ].
	3	Click the <b>Append</b> button.
To narrow the filter to a specific group of members [optional]:	1	In <b>Expression group 1 of 1</b> , under Policy Numbers, click <b>Add Attribute</b> .
Add Attribute- In the Attributes list:	1	<ul style="list-style-type: none"> <li>• To <b>narrow by Suffix</b> values select Suffix.</li> <li>• To <b>narrow by Account</b> values select Account.</li> <li>• To <b>narrow by Plan Variation</b> values select Plan Variation.</li> <li>• To <b>narrow by Report Code</b> values select Report Code.</li> <li>• To <b>narrow by Franchise Code 1</b> values select Franchise Code 1.</li> <li>• To <b>narrow by Franchise Code 2</b> values select Franchise Code 2.</li> <li>• Select the codes from the <b>Elements</b> field.</li> </ul>

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## Training, Help and "How To" Steps continued

### How do I define a specific segment of my population? (continued)

Task	Step	Action
Add Attribute- In the Operators list:	1	<ul style="list-style-type: none"> <li>To include all values less than a specific value click &lt; then in the Elements list click that value.</li> <li>To include all values greater than a specific value click &gt; then in the Elements list click that value.</li> <li>To exclude one value only click &lt; &gt; then in the Elements list click that value.</li> <li>To include one value only click = then in the Elements list click that value.</li> <li>To include all values greater than or equal to a specific value click &gt;= then in the Elements list click that value.</li> <li>To include all values less than or equal to a specific value click &lt;= then in the Elements list click that value.</li> <li>To include all values between two values click between then in the Elements list click those values.</li> <li>To include a range of values click in then in Elements select those values.</li> <li>To exclude a range of values click not in then in the Elements list click those values.</li> </ul>
	2	Click [ <b>Move to Selected</b> ].
	3	When the values appear in the Selected Elements list, click <b>Append</b> .
	4	[Optional] To further the filter, click [Add Attribute], [Optional] Repeat Steps 2-6.
	5	When you are finished, click <b>Save</b> .

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## Training, Help and "How To" Steps continued

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### How do I add more details to my custom report (Report On)?

Adding details to your report lets you distribute results into new and meaningful areas of study. Attributes are added to reports via the Report On option. The "Report On" option is optional, and each report contains a different set of attributes to pick from.

From the option screen:

1. Click the attribute you want to add to your investigation.
2. Click [Move to Selected arrow].
3. Follow the onscreen instructions for the remaining steps.
4. Click the Next button.

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### How do I limit the information in my custom report (Filter On)?

In addition to setting limits on the population and the time period you want to investigate, each report contains a set of attributes from which you can further refine your results. These attributes are listed within the "Filter On" option. The "Filter On" option is optional, and each report contains a different set of attributes to pick from.

In essence, an attribute is a word or phrase used to categorize a set of related values. A simple example is "gender." Gender categorizes both males and females; hence, males and females are values of gender. If you opt to "filter on" gender, you must decide which gender you want to investigate—males or females.

To filter a value of a simple attribute, like gender, go to a report's option screen:

1. Click the **attribute** containing the values you want to investigate.
2. Click [**Move to Selected** arrow].
3. Click the **Next** button.

From the next set of options:

1. Click the **values** you want to investigate.
2. Click [**Move to Selected** arrow].

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## Training, Help and "How To" Steps continued

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### How do I limit the information in my custom report (Filter On)? (continued)

Some attributes categorize values at multiple levels of detail (from general to specific) called a “hierarchy.” For example, “relationship” is divided into 4 distinct levels—category, summary, group, and detail. Your investigation may warrant a study of all subscribers (category level) or just those identified as a surviving spouse (detail level).

Some reports have additional options that require you to set limits on the data. You must, for example, limit membership reports to one type of coverage (i.e., Medical, Managed Pharmacy, etc.). Therefore, if you select “Managed Pharmacy” coverage when running a membership report, the results will not contain any information for medical, vision or any other type of coverage.

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### Can I save a report and re-run it for a different timeframe (or some other parameter)?

Yes. From the report results screen, click [Save] in the toolbar to open the Save As... dialogue box.

Type a name for the report into the Save As field, and click the Save button. By default, the report is saved to do the following when accessed:

- The option screen will appear.
- Your original selections are retained for all options.

To access your saved report, click Tools from the navigation bar, and then click Manage Your Report Templates.

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## Training, Help and "How To" Steps continued

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**Can I save or change the system's default export and print settings?**

The system's default export and print settings can be adjusted from the "Preferences" screen. To view the "Preferences" screen, click Tools from the main navigation bar, and then click Preferences link.

The left side of the "Preferences" screen contains links to the various topics you can edit, including "Export" and "Print." Each topic contains several settings you can adjust to your liking.

Remember to click Apply to finalize your settings for each topic you modify.

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**Where can I get more information about a specific report?**

Online Help contains details of each report, including a sample report. To get help with a specific report while working within the reporting application:

1. Click the Help link in the Navigation menu.
2. Click the Reports tab.
3. Select the link for the report you want to learn more about.