
InSyst 8.14

Reports Manual



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Introduction

InSyst stores data in a large number of interrelated tables. Reports are programs that find, format, and print this data in useful ways.

There are three types of InSyst reports:

- **Standard Reports:** Standard reports are provided with InSyst. Standard Reports are numbered 100-399.
- **Custom Reports:** The ECHO Group creates custom reports for counties or the InSyst User Group. Custom reports are numbered 400-599. They are not covered in this manual.
- **Locally Written Reports:** Some counties have developed reports locally. We have requested counties to give these reports numbers above 600, but there are also some with numbers in the 500s. Some of these reports have been shared among counties through the InSyst User Group. These reports are not covered by this manual and are not supported by ECHO.

Standard reports all have numbers that begin with the letters “MHS”, “DAS” or “PSP”. MHS reports are designed for mental health programs. DAS reports are designed for drug and alcohol programs. PSP reports are designed for both mental health and drug and alcohol programs.

How New Reports Are Added

The ECHO GROUP releases new reports regularly as upgrades to InSyst. The InSyst User Group asks for new reports. Administrators and MIS Directors from the counties using InSyst meet regularly as a User Group. The group’s technical review subcommittee decides on upgrades that the counties help pay the cost of implementing. If your county wants a specialized report that it thinks will benefit all the counties, it should take it to a User Group subcommittee for discussion.

Running a Report

Most reports are run by users, who select them from the Report menu. Some are created regularly by local county operations staff. Some are created automatically as a result of background processing by the system.

When you select a report from the menu, the system usually asks you for the print destination. Enter the name of your printer.

Some reports are set up so they are routed to your printer automatically when you request them, and they will not ask you for a printer destination.

Some reports that are produced by operations staff or by the system are divided into sections, and each section is sent to the printer of the Reporting Unit that needs them.

To run a report:

1. Choose REPORTS from the Main Menu.

2. Choose one of the submenu options of the Report Menu (Figure 1). As you can see, this menu lets you choose submenus with reports that are used for different purposes.
3. Choose the report from the submenu.

Your local Operations Staff controls how these submenus are organized, and you should ask them which menus you should have and where specific reports are.

Selection	Description
ACCOUNT	Account Reports
CASELOAD	Caseload Reports
CLINICAL	Clinical Reports
INSURANCE	Insurance Reports
OPERATIONS	Special Reports For Operations
REVENUE	Revenue Reports
SERVICE	Service Reports

Figure 1: A Typical Report Menu

4. The system displays a dialog asking you for information needed to produce the report. First the dialog asks you questions about run requirements, such as when the report should be created, and where it should be printed. Then it may ask you questions that control the content of the report, such as the client number, reporting unit number, or date range that it will report on. Figure 2 shows a typical report dialogue.
5. After you finished entering run requirements, the dialog lists all the options you have chosen, and displays the prompt: OK to continue. Enter "Y" to continue with the dialog, or if an option is incorrect, enter "N" to begin the dialog again.

You can terminate your report request at any time by typing Control/Z. The report dialogue will terminate itself if you do not respond after a short time.

```

Report Generation
      REPORT_PSP118
This report may only be run in "BATCH" mode
Specify when the report generation should start up:
time      = hold until specified date/time (DD-MMM-YYYY:HH:MM)
<RETURN> = start up immediately
?
Specify print destination
NOPRINT   = do not print report (save as disk file)
queue name = name of printer queue (e.g.. COMMON)
<RETURN>  = print on the default printer: pq_myprinter
?
Specify number of copies
number    = number of times to print this report
<RETURN>  = 1 copy
?
Specify print setup/form
examples:
CONDENSE  = print 132 columns on 80 column paper
DRAFT     = print in normal 'FAST' mode
LETTER    = print in slower 'LETTER QUALITY' mode
<RETURN>  = print using the default
?
Send mail notification when report has completed?:
YES/NO    = send mail/do not send mail
<RETURN>  = do not send mail
?
Parameters selected:
Send to batch (release terminal)
, start report generation immediately
, use printer: CHANATE
, print 1 copy of report
, default printer form/setup
, no mail notification
OK to continue? <Y/N> Y
Enter Case Number for Episode History Report
? 10000015
Submitting report REPORT_PSP118 to run in batch mode on REPORT_MHS$BATCH
Job REPORT_PSP118 SMITH (queue REPORT_MHS$BATCH, entry 1) started on
REPORT_MHS$BATCH
  Jobname      Username      Entry  Blocks  Status
  -----      -
  REPORT_PSP118 SMITH
                   SP_SNMHS_RPT    1      Executing
  On batch queue REPORT_MHS$BATCH
***** all done *****
press <RETURN> to return to Menu
    
```

Figure 2: Sample Report Dialogue

The report dialog may include the following prompts:

- **Specify when the report generation should start up:** Enter a date and time, using the format DD-MMM-YYYY:HH:MM. Times use a 24 hour clock. For example, enter "19-

SEP-1997:18” to specify September 19th at 6:00 PM. You can also enter just a time to run the report today; for example, enter “18:30” to run the report today, at 6:30 PM. Some reports can be run at any time. Some reports can only be run in the evening or weekends, because they use system resources heavily: if you enter an invalid time for one of these reports, the system will display a message saying when you can run it.

- **Allow report to automatically resubmit itself?:** Some reports can be resubmitted by authorized users (usually Operations Staff). If you select this option, the report will automatically run again at the specified time: one day, one week or one month later.
- **Automatically distribute reports to program printers?:** Some reports are produced for the entire agency, and their dialogs include this prompt instead of the printer section of the dialog shown above. If you enter yes, the report section that each reporting unit needs is automatically sent to that unit’s printer.
- **Specify print destination:** Enter a printer name, or enter NOPRINT if you do not want to print the report immediately. If the report is set up to print at your printer, its name will be displayed as the default. If the report is set up so it always print at a specific printer, this prompt is omitted.
- **Specify number of copies:** Enter a number to print multiple copies of the report.
- **Specify print setup/form:** Specify whether the report is to be printed in Draft, Letter, Condensed type, or on some specialized paper form. Usually, you should accept the default.
- **Send mail notification when report has completed?:** Enter Yes to have the system send you e-mail message when the report is completed and ready for printing. Because you generally are notified of mail messages only when you log on, this option this option will not notify you immediately.

Most dialog prompts are self-explanatory. The documentation for each report in this manual explains them when necessary.

The Output File

As you have seen, most reports display a dialog that let you specify a printer, or they are automatically sent to the appropriate printers. Reports also produce an output file (or files) with the extension LIS, which you can use to print the output of the report at any time. For example, you may specify NOPRINT in the report dialog and print the LIS file at your convenience. LIS files are also useful as backups of printed output.

Many report names include a client number, account number, Reporting Unit number, or other identifying number. These numbers are represented by asterisks in this manual. For example, if an output file name in this manual ends with *****_LIS, the report’s actual output files end with a Reporting Unit number followed by LIS. Some report names include a date, represented as DDMMYYYY_LIS in this manual.

A few reports produce electronic data files rather than printed output, which have a different extension from LIS.

This manual includes the name of the output files for all reports. For instructions on how to print a file, see Chapter 15 of the User Manual.

Report PSP 100 - Primary Staff Caseload Report

Report Description:

This report shows all clients currently assigned to each clinician in a reporting unit. It lists client name and number, episode opening date, age, primary diagnosis, last service date, and primary physician if one has been assigned. It also lists other reporting unit and staff who have open episodes for each client. It provides a total count for each staff member.

Running the Report:

Operations Staff should use the Report menu to run this report regularly—monthly or more frequently as needed—and to send the output to each Reporting Unit's printer. If you do not receive this report regularly, contact your local Operations Staff.

Using the Report:

This report gives clinicians a list of all clients for whom they are primary therapist, with basic information on each client.

Review it for accuracy. It is very important to keep the clients' Primary Therapist up to date, so reports go to the correct staff person.

Output File:

MHS_OUTPUT_REPORT:

STAFF_CASELOAD_PSP100.*****_LIS.

Report PSP 100
 Vineland County Mental Health
 VLD OUTPATIENT (89027)

Caseload for: AGUILAR ADELIA
 Cases active as of: 3-Jan-1993

Client Name	Client Number	Opening Date	A G E	Primary Diagnosis	Last Service Date	Physician	Other RU Staff
RHONDA BARILETT	000987605	2/08/85	39	308.30	9/29/92	BRYSO	
PAULINE BERGGREN	009876284	5/27/92	64	295.62	2/04/93	DAVIS	
Also Open At: VLD CMT		5/20/92		295.62	11/03/92		AGUILAR
Also Open At: VLD ADT		6/04/92		295.62	1/28/93		MERCADO
LINDA BOEDING	000987787	8/18/92	53	295.92	9/18/92	BRYSO	
LOUISE BORDEN	000988871	5/07/91	25	296.60	1/22/93	STAFF	
Also Open At: VLD CMT		12/07/92		296.60	2/04/93		AGUILAR
ELLA BRINKLEY	000656648	10/06/92	47	296.60	1/20/93	BRYSO	
THOMAS BUTTERFIELD	000656614	7/02/92	45	296.45	2/24/93	BRYSO	
Also Open At: VLD CMT		11/01/92		296.45	11/02/92		AGUILAR
CHRIS CARADCHECK	006566642	10/01/90	25	295.32	7/09/92	WILLIAMS	
Also Open At: VLD CMT		1/03/91		295.32	1/04/93		AGUILAR
MARY COX	000656689	9/05/90	23	300.40	12/15/92	BRYSO	
FRANK EDDINGION	000656566	8/11/92	32	295.32	1/13/93	BRYSO	
GARY FOWLER	007878003	3/06/90	30	295.30		DAVIS	
Also Open At: WSCP		3/18/92		296.44	9/11/92		NOLAN
JENNIFER GERBIL	000788534	2/04/92	25	295.90	1/18/93	STAFF	
MARY HARDESTY	008775670	12/06/90	42	295.70	2/09/93	WILLIAMS	
Also Open At: VLD CMT		12/06/90		295.70			AGUILAR
Also Open At: VLD ADT		1/28/91		295.32	1/25/93		MERCADO
IRIS HARRIS	000788895	8/31/90	77	290.20	11/17/92	STAFF	
Also Open At: CMT-SUPPORT		11/02/90		290.20			AGUILAR
Also Open At: VLD CMT		6/05/90		290.20	1/13/93		AGUILAR
JESUS HERRERA	008788254	9/08/92	35	295.92	2/18/93	BRYSO	
KIMBERLY HILLEY	008788083	6/29/92	30	296.46	2/11/93	DAVIS	
DAVID HUMPHRIES	000878833	3/01/89	51	296.40	1/12/93	STAFF	
Also Open At: VLD CMT		6/27/91		296.70	7/13/92		AGUILAR
Also Open At: VLD ADT		10/13/92		296.70	1/12/93		MERCADO

 Confidential Information

Report PSP 101 - Service Detail Report

Report Description:

This report shows the services that each clinician provided during the specified time period. It lists clinician, clients served, client's address, Axis I, II and III diagnoses, procedures, service date, service date, service cost and treatment location.

It is formatted differently for outpatient programs and inpatient programs.

Running the Report:

Operations Staff runs this report regularly, usually monthly, and enters the starting and ending dates that the report covers. The output for each Reporting Unit is sent to that Unit's printer.

Using the Report:

Review the report for accuracy, and make needed corrections. For example, update or enter new services if necessary.

This report can also be used by contract programs as a basis for tracking services and submitting monthly claims.

Output File:

MHS_OUTPUT_REPORT:

SERVICE_DETAIL_PSP101A.*****_LIS

(for Outpatient and Case Management programs)

SERVICE_DETAIL_PSP101B.*****_LIS

(for Day Treatment, Residential and Inpatient programs)

Service Detail Report For Mode 15, 50, and 60 Programs

21-Mar-1994
Page 1

Report PSP101A
PSP Outpatient (99991)
From: 1-Jan-1993
To: 31-Dec-1993

Primary Therapist: ARNOLD SMITH

Client Name: RUIH TESTA Birth Date: 12-Dec-1935 Sex: F Ethnicity: White
Case #: 1000013 SSN: 113456789 Account Number: 0
Medicaid : Address: 1700 BROADWAY #800 OAKLAND, CA 94612-2116

Diagnosis codes for the following services: Dx I: 296.44 Bipolar Disorder, Manic w/Psych
Dx II: V71.09 No current diagnosis Dx III: A Unknown label

Service Date	Proc code	Service Procedure	Primary Staff	Primary Staff Time	Co - Staff	Co Staff Time	Cost of Service	Time Loc
10/19/93	351	CM Monitoring w/Cbll	SMITH (55555)	03:00	(0)	00:00	96.00	1
Sub Total For RUIH TESTA = 1							96.00	

Client Name: RYDER TESTB Birth Date: 15-Aug-1948 Sex: M Ethnicity: Other Spanish
Case #: 1000018 SSN: 118901234 Account Number: 0
Medicaid : Address: 1700 BROADWAY #800 OAKLAND, CA 94612-2116

Diagnosis codes for the following services: Dx I: 307.60 functional enuresis
Dx II: 315.90 SPECIFIC DEV'TAL DISORDER NOS Dx III: Unknown label

Service Date	Proc code	Service Procedure	Primary Staff	Primary Staff Time	Co - Staff	Co Staff Time	Cost of Service	Time Loc
10/19/93	351	CM Monitoring w/Cbll	SMITH (55555)	03:00	(0)	00:00	96.00	1
Sub Total For RYDER TESTB = 1							96.00	

Client Name: ELABBER TESTC Birth Date: 16-Aug-1942 Sex: M Ethnicity: White
Case #: 1000020 SSN: 111569841 Account Number: 0
Medicaid : Address: 1700 BROADWAY #800 OAKLAND, CA 94612-2116

Diagnosis codes for the following services: Dx I: 307.23 movement disorder - Tourette's
Dx II: 315.90 SPECIFIC DEV'TAL DISORDER NOS Dx III: Unknown label

Service Date	Proc code	Service Procedure	Primary Staff	Primary Staff Time	Co - Staff	Co Staff Time	Cost of Service	Time Loc
10/19/93	351	CM Monitoring w/Cbll	SMITH (55555)	03:00	(0)	00:00	96.00	1
Sub Total For ELABBER TESTC = 1							96.00	

Confidential Information

Report PSP 102 - Daily Service Audit Report

Report Description:

This report shows the services that each clinician performed on the specified day. It lists clinician, run date, clients served, procedures, service date and service cost.

Running the Report:

Use the Report menu to request this report as needed. You are prompted to enter the Reporting Unit and Service Date. The report is directed to that Reporting Unit's printer.

Using the Report:

This report is used to as a management tool to check on data entry. If too few services have been entered, data is not being entered in a timely manner.

Output File:

MHS_OUTPUT_REPORT:

DAILY_AUDIT_PSP102.*****_LIS

REPORT PSP102A
 Vineland County Mental Health
 VLD DAY TREATMENT (89125)
 Primary Therapist: GENERAL STAFF (0)
 Audit Date: Sunday January 3, 1993

Client Name: DIANA CROWDELL Birth Date: 6-Jul-1958 Sex: F Ethnicity: White
 Case #: 10884 SSN: 550287884 Account Number: 4497

Service Date	Procedure	Duration	Staff	Co-Staff	Location	# Group	Billing Rate
1/03/93	291	6:0	STAFF		1	1	75.00

Sub Total For DIANA CROWDELL = 1

Client Name: DAVID HOLDEN Birth Date: 6-Jul-1950 Sex: M Ethnicity: White
 Case #: 588288 SSN: 305767774 Account Number: 13296

Service Date	Procedure	Duration	Staff	Co-Staff	Location	# Group	Billing Rate
1/03/93	291	6:0	STAFF		1	1	75.00

Sub Total For DAVID HOLDEN = 1

Client Name: DANIEL SCHULTZ Birth Date: 26-Feb-1950 Sex: F Ethnicity: White
 Case #: 571388 SSN: 590997120 Account Number: 13364

Service Date	Procedure	Duration	Staff	Co-Staff	Location	# Group	Billing Rate
1/03/93	291	6:0	STAFF		1	1	75.00

Sub Total For DANIEL SCHULTZ = 1

Client Name: JAMES SMITH Birth Date: 17-Dec-1948 Sex: M Ethnicity: White
 Case #: 599339 SSN: 587899168 Account Number: 13365

Service Date	Procedure	Duration	Staff	Co-Staff	Location	# Group	Billing Rate
1/03/93	291	6:0	STAFF		1	1	75.00

Sub Total For JAMES SMITH = 1

Client Name: CASEY WILLIAMS Birth Date: 1-May-1958 Sex: M Ethnicity: White
 Case #: 579890 SSN: 468743824 Account Number: 13366

Service Date	Procedure	Duration	Staff	Co-Staff	Location	# Group	Billing Rate
1/03/93	291	6:0	STAFF		1	1	75.00

Sub Total For CASEY WILLIAMS = 1

 Summary for Staff: GENERAL STAFF

Total Contacts: 6
 Total Time: 36.00

 Confidential Information

Report PSP 103 - Lost Revenue Due to POEs in Error

Report Description:

The POE (Proof of Eligibility) posting program usually runs nightly. This report lists POEs that the posting program gave Error Status and shows their effect on revenue.

For each POE in error status, it lists the client name, client number, Medicaid number, Eligibility month and year, the method of determination (hand-entered POE, automated match, etc.), the total cost of unbilled services, the date the POE was entered, and the error message.

Running the Report:

Use the Report menu to request this report. It prompts you to enter the reports start date and end date. Normally, the report covers one month. You should run this report before the month's Medicaid claim.

Using the Report:

This report should be used by a centralized staff person to correct POEs with Error status. After correcting the errors, use the POE Update screen to enter the Reprocess POE adjustment for these records, which moves them from Error status back to Pending status, so they will be processed and will generate claims to Medicaid.

Error messages, and actions to correct them, are listed below:

- **Episodes needing UC processing found:** This is the most common cause of POE error status. It means there was no UC Authorization for a Medicaid eligible program for the POE month/year. POEs with this error are also listed in Report PSP162, which runs automatically after POE processing and is distributed to all Reporting Units. To correct this error, use the Utilization Control Maintenance screen to find the episode without a UC authorization, and enter a UC authorization for it.
- **M/C Number conflict found:** Two clients in the database have the same Medicaid number. To correct this error, determine which client the number actually belongs to, and use the Eligibility Maintenance screen to delete the POE number from the incorrect client. If the POE with the incorrect number has already been processed, you cannot delete it, but you can deny it. Use the Deny Medicaid Eligibility adjustment to prevent the automated match program from writing this Medicaid number for this client again in the future, and to eliminate any services that have used the incorrect number and have not yet been claimed to Medicaid. Then, reprocess the correct eligibility record.
- **MCN does not override good MCN:** A user-entered POE with a 14 digit Medicaid number has been processed successfully. Later, a second POE with a different 14 digit Medicaid number was entered for the same client/month/year. The second POE is processed with this error message. To correct this error, determine which number is valid, and delete the incorrect POE record. If the POE with the incorrect number

has already been processed, you cannot delete it, but you can deny it. Use the Deny Medicaid Eligibility adjustment to prevent the automated match program from writing this Medicaid number for this client again in the future, and to eliminate any services that have used the incorrect number and have not yet been claimed to Medicaid. Then, reprocess the correct eligibility record.

- **Questionable SSN does not override good SSN:** A user-entered Social Security Number type POE has been processed successfully. Later, a second SSN type POE with a different SSN was entered for the same client/month/year. The second POE is processed with this error message. To correct this error, find the client's Social Security Number using the Client Maintenance screen, and use the Eligibility Maintenance screen to delete the incorrect POE record. If the POE with the incorrect number has already been processed, you cannot delete it, but you can deny it. If the services have not yet been claimed to Medicaid, enter "Y" in the Deny POE field of the Eligibility Update screen. If the services have been claimed to Medicaid, use the Deny Medicaid Eligibility adjustment.

See Also:

User Manual, Chapter 10, section on Medicaid Eligibility Records. Operations Manual, Chapter 4, Medicaid Eligibility Menu. Reports Manual, Report MHS162.

Output File:

MHS_OUTPUT_REPORT:

LOST_MEDICAID_REVENUE_PSP103.LIS

Report PSP 103

Start Date: 1-Oct-1991

End Date: 31-Oct-1991

Reporting Unit: TRI-CITY OUTPATIENT ADULT (01221)

Client Name	Client Number	Medicaid Number	POE MM-YY	Method of Det	Total Cost of Unbilled Services	POE Entry Date	Text of Message
MONROSE JOSIE	99989801	59609558388850	10-91	P	\$130.00	21-Nov-1991	MCN does not override good MCN

Reporting Unit TRI-CITY OUTPATIENT ADULT Summary:

Count of Clients = 1 Count of POE's = 1 Total Cost = \$130.00

Report MHS 103

Start Date: 1-Jul-1991

End Date: 18-Nov-1991

Reporting Unit: HIGHLAND PSYCH SVS OP EMERG (01012)

Client Name	Client Number	Medical Number	POE MM-YY	Method of Det	Total Cost of Unbilled Services	POE Entry Date	Text of Message
HEWITT ANGEL	79999501	99820059994011	11-91	P	\$335.00	13-Nov-1991	M/C Number conflict found

Reporting Unit HIGHLAND PSYCH SVS OP EMERG Summary:

Count of Clients = 1 Count of POE's = 1 Total Cost = \$335.00

Report MHS 103

Start Date: 1-Jul-1991

End Date: 18-Nov-1991

Reporting Unit: EAST OAKLAND OUTPATIENT ADULT (01081)

Client Name	Client Number	Medical Number	POE MM-YY	Method of Det	Total Cost of Unbilled Services	POE Entry Date	Text of Message
STANLEY SUSAN	9975701	99609569999901	09-91	A	\$230.00	16-Nov-1991	M/C Number conflict found
WHITE BILL	44964501	01609571117683	09-91	A	\$503.00	16-Nov-1991	M/C Number conflict found

Reporting Unit EAST OAKLAND OUTPATIENT ADULT Summary:

Count of Clients = 2 Count of POE's = 2 Total Cost = \$733.00

Report summary: Count of Clients = 4 Count of POE's = 4 Total Cost = \$1,198.00

Confidential Information

Report PSP 104 - Indirect Services

Report Description:

This report lists detail Indirect Services or Overhead services for each staff member for each reporting unit. It includes the procedure, the recipient, the service date, and the time spent. It calculates total number of services and total time for each staff member and for each Reporting Unit.

Running the Report:

Operations Staff should use the Report menu to run this report regularly—usually once a month—and to send the output to each Reporting Unit's printer. If you do not receive this report regularly, contact your local Operations Staff.

Using the Report:

The report is a management tool used to monitor the delivery and entry of detail Indirect Services. If services for the Reporting Unit or for specific staff members seem low, better service entry may be needed.

Output File:

MHS_OUTPUT_REPORT:

INDIRECT_SERVICES_PSP104.*****_LIS.

Report PSP 104

Reporting period: 1-Nov-1987 to 30-Nov-1987

Reporting Unit: VALLEY OPT CENTER (99991)

WILSON ANDREA

Procedure		Recipient	Service Date	Time	Cost
401 Community Client Contact	00002	County Resident	16-Nov-1987	02.00	\$.00
401 Community Client Contact	00002	County Resident	25-Nov-1987	01.00	\$.00
401 Community Client Contact	00002	County Resident	23-Nov-1987	06.00	\$.00
402 Mental Health Promotion	33231	Ellossom Community Club	25-Nov-1987	03.50	\$.00
402 Mental Health Promotion	24244	Wilson Senior Center	18-Nov-1987	03.00	\$.00
405 Training	43241	VALLEY MH CENTER	19-Nov-1987	01.00	\$.00
405 Training	43241	VALLEY MH CENTER	19-Nov-1987	06.00	\$.00
Total Indirect Services for WILSON ANDREA:			7	Total Hours:	22.50
					\$.00

ELERBE LINDA

Procedure		Recipient	Service Date	Time	Cost
401 Community Client Contact	00002	County Resident	12-Nov-1987	01.50	\$.00
405 Training	43241	VALLEY MH CENTER	12-Nov-1987	01.00	\$.00
Total Indirect Services for ELERBE LINDA:			2	Total Hours:	02.50
					\$.00

FORSETH DONNA

Procedure		Recipient	Service Date	Time	Cost
401 Community Client Contact	00002	County Resident	13-Nov-1987	00.50	\$.00
401 Community Client Contact	00002	County Resident	16-Nov-1987	02.00	\$.00
401 Community Client Contact	00002	County Resident	25-Nov-1987	01.00	\$.00
401 Community Client Contact	00002	County Resident	23-Nov-1987	06.00	\$.00
403 Standby	43241	VALLEY MH CENTER	17-Nov-1987	07.00	\$.00
403 Standby	43241	VALLEY MH CENTER	10-Nov-1987	02.00	\$.00
403 Standby	43241	VALLEY MH CENTER	3-Nov-1987	04.00	\$.00
403 Standby	43241	VALLEY MH CENTER	2-Nov-1987	03.00	\$.00
Total Indirect Services for FORSETH DONNA :			8	Total Hours:	25.50
					\$.00

GARSON ANNA

Procedure		Recipient	Service Date	Time	Cost
401 Community Client Contact	00002	County Resident	23-Nov-1987	02.00	\$.00
401 Community Client Contact	00002	County Resident	16-Nov-1987	02.00	\$.00
402 Mental Health Promotion	11111	Lincoln Elementary School	3-Nov-1987	03.00	\$.00
402 Mental Health Promotion	22222	Noriega Senior Center	25-Nov-1987	04.50	\$.00
405 Training	43241	VALLEY MH CENTER	5-Nov-1987	01.00	\$.00
405 Training	43241	VALLEY MH CENTER	3-Nov-1987	01.00	\$.00
Total Indirect Services for GARSON ANNA :			7	Total Hours:	19.50
					\$.00

Total Indirect Services for VALLEY OPT CENTER for period 1-Nov-1987 to 30-Nov-1987 : 57

Report PSP 105 - Client Registrations Report

Report Description:

This report lists all newly registered clients who are pending approval. It is used by the system Registrar. After the report has run, all new clients are moved from Pending to Reported status.

This report is used only with Centralized Client Registration. For information about Client Registration, see Chapter 2 of the User Manual.

Running the Report:

Operations Staff should use the Report menu to run this report daily or twice daily. It prompts you to enter where it should be printed. Send it to the printer of staff who monitors the accuracy of client registrations.

Using the Report:

Use the Client Locator to make sure that no client is being registered twice and that there are no duplicate Client Numbers. Delete any incorrectly assigned Client Numbers and give the correct client number to the reporting unit that registered the client.

After reviewing this report, run Report PSP108, which moves Client Numbers from Reported to Authorized status, so they are fully operational for service entry.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_REGISTRATIONS_PSP105.LIS

Report PSP105

Registrar Pending Numbers Report

Accurate as of: 11-Jan-1991 13:00:45.24

Client Name	Client Number	Client Birthdate	Client Sex	Client Ethnicity	Username	Date Issued
ADULT AND CHILD GUIDANCE						
ENOCH	HEATHER	576777710	20-Jun-1985	F	A	LEE5 10-Jan-1991
LOZERY	RAMONA	507676704	6-Jan-1976	F	D	LEE5 10-Jan-1991
MONROSE	DANIEL	988765100	10-May-1976	M	D	LEE5 10-Jan-1991
MONROSE	GABRIEL	909895101	6-Aug-1976	M	D	LEE5 10-Jan-1991
SHAPIRO	JOSHUA	509899102	22-Oct-1979	M	A	LEE5 10-Jan-1991
VICTORY	STEVEN	509899903	25-Feb-1986	M	A	LEE5 10-Jan-1991
ASIAN AMERICAN OUTPATIENT						
LUM	RA	989945096	1-Nov-1934	F	M	TE 10-Jan-1991
PHOM	DE	989945097	15-Mar-1959	M	H	TE 10-Jan-1991
THE NEWWORD						
FARFELLS	MARIHA	989045132	24-Sep-1966	F	D	ARMAS 11-Jan-1991
FARFELLS	PERRY	989045131	27-Feb-1970	M	A	ARMAS ± 11-Jan-1991

 Confidential Information

Report DAS 106 - Indirect Services Report

Report Description:

This monthly report lists indirect services by Reporting Unit. It includes target group, agency served, service date, type of service, group size, age of group, event length, staff name, staff preparation time, and staff service length.

Running the Report:

Operations Staff should use the Report menu to run this report regularly—usually once a month—and to send the output to each Reporting Unit's printer. If you do not receive this report regularly, contact your local Operations Staff.

Using the Report:

Management of drug and alcohol programs uses this report to track summary indirect services, prevention services and other community outreach services provided by staff. It can be distributed to staff to verify accuracy for billing of these services.

Output File:

MHS_OUTPUT_REPORT:

INDIRECT_PREVENTION_DAS106.*****_LIS

INDIRECT_SERVICE_DAS106.*****_LIS

Report DAS 106

Provider: Pacific Rim Outpatient (99992)

Service Month: January, 1993

Target Group	Agency Served	Date of Service	Type of Service	Group Size	Age Group	Event Length	Staff Name	Staff Involvement Length	Prep Time
Gen. Pop/Individual	Generic	1/26/93	DROP-IN	4	(11 - 14)	6:00	VOSE	6:00	:00
Gen. Pop/Individual	Generic	1/14/93	PHONE	1	(11 - 14)	1:00	BURNS	1:00	:00
Gen. Pop/Individual	Generic	1/10/93	DROP-IN	1	Not Applic.	:30	PINSON	:30	:00
Gen. Pop/Individual	Generic	1/28/93	DROP-IN	7	(11 - 14)	1:00	VOSE	1:00	:30
Gen. Pop/Individual	Generic	1/10/93	POLICE (647FF)	1	(11 - 14)	4:00	VOSE	4:00	:30
Gen. Pop/Individual	Generic	1/07/93	POLICE (647FF)	1	Not Applic.	4:00	BRONSON	4:00	:00
Gen. Pop/Individual	Generic	1/07/93	DROP-IN	2	(11 - 14)	1:00	VOSE	1:00	:30
Gen. Pop/Individual	Generic	1/22/93	DROP-IN	3	(11 - 14)	1:00	VOSE	1:00	:30
Gen. Pop/Individual	Generic	1/19/93	DROP-IN	1	Not Applic.	1:00	PINSON	1:00	:00
Gen. Pop/Individual	Generic	1/05/93	DROP-IN	1	Not Applic.	4:00	PINSON	4:00	:00
Gen. Pop/Individual	Generic	1/14/93	DROP-IN	1	(11 - 14)	1:00	VOSE	1:00	:30
Gen. Pop/Individual	Generic	1/14/93	DROP-IN	3	(11 - 14)	1:00	VOSE	1:00	:00
Totals for Pacific Rim Outpatient (9999-2)						25:30		25:30	2:30

Report PSP 107 - 24-Hour Program Statistics Report

Report Description:

This monthly statistical report lists total number of beds available, total admissions and discharges, total bed days, daily bed usage average, and bed occupancy percentage for the month. It also lists average and median lengths of stay for the month. It is used by for inpatient and residential treatment programs.

Running the Report:

Use the Report menu to run this report as needed. It prompts you to enter the Reporting Unit and the month and year for the report, and to specify where it is printed.

Using the Report:

Use as a management tool, to see if beds are over- or under-supplied.

Technical Notes:

Operations Staff may modify the DAT file to automatically exclude certain types of procedure codes, or to request excluded procedure codes. For example, in recording the number of beds in use, you might not want to include AWOL procedures or other direct service procedures apart from the daily service. ECHO GROUP Customer Support can help your staff to set up the DAT file.

Services such as No Show or AWOL should not be counted on the report, and you should modify the DAT file to exclude them.

The report is based on the field PROVIDER_CAPACITY, shown on the Provider Master Screen as RU Capacity.

Output File:

MHS_OUTPUT_REPORT:

24_HOUR_PROGRAM_STATS_PSP107.*****_LIS

24-Hour Program Statistics

20-May-1993

Page 1

Report PSP107

Vineland County Mental Health

Reporting Unit: PSYCHIATRIC HEALTH FACILITY 890311

Month: January, 1993

Total Beds:	16
Admissions:	8
Discharges:	7
Bed Days:	516
Daily Average:	16.65
Bed Occupancy %:	4.06
Length of Stay: (For Clients Discharged During This Period)	
Average:	45.71
Median:	47.00

Report PSP 108 - Registrar Release

Report Description:

This report is used by counties with Centralized Registration to finalize pending registrations. It does not produce printed output.

Running the Report:

Use the Report menu to run this report.

Using the Report:

In systems with centralized registration, Operations Staff runs report PSP 105 daily or twice daily, to produce a list of pending client registrations. After reviewing this report and correcting any errors, run report PSP 108 to change the status of these clients records to Authorized status, completing their registration.

After running it, check the file MHS_OUTPUT_REPORT:REPORT_PSP108.LOG to make sure that the job completed successfully.

Technical Notes:

This report finds all NEW_CLIENT_NUMBERS with a record status of PSP\$_NCN_REPORTED, and moves them to status PSP\$NCN_AUDITED

Output File:

(Does not produce printed output)

Report PSP 109 - Referral Completed Report

Report Description:

This report lists, by provider, clients who have been closed and referred to another provider within the specified time period.

Running the Report:

You can run this report using the Report menu, or Operations Staff can submit it to run automatically at the end of each month, quarter or other period. By default, it is distributed to providers' printers.

Using the Report:

Use this report to track client referrals. If the admitting provider and admit date columns are blank, the client did not complete the referral.

Output File:

```
MHS_OUTPUT_REPORT
REFERRAL_COMPLETED_PSP109.*****_LIS
```

Referral Completed Report

3-May-1993

Page 1

Report PSP 109

Discharging Provider: Pacific Rim Outpatient (999991)

Period Covered: 2/01/93 through 4/30/93

Client Name	Client No.	Discharge Date	Referral Destination	Admitting Provider	Admission Date	Referred By (Client Rpt)
TEST1	JOHNNY 2605627	3/12/93	NORTH COUNTY	NORTH COUNTY REC	3/12/93	PACIFIC RIM
TEST2	MILDRED 2607220	3/27/93	NORTH COUNTY			
TEST3	MITCH 2606915	3/04/93	NORTH COUNTY	NORTH COUNTY REC	3/29/93	ALCOHOL RES/OPT
TEST4	JAMES 2602886	3/19/93	NORTH COUNTY			

Report PSP 111 - Referral Source Report

Report Description:

This report shows the number of referrals by referral source for all open episodes, in order to give the Clinic Manager an overview of how clients are being referred to a clinic. It provides a count and percentage rate for each referral source.

Running the Report:

Use the Report menu to run this report for one reporting unit: you are prompted to enter the reporting unit, and printer. Operations Staff can also run this report for all reporting units and distribute it to their printers.

Using the Report:

The report can help clinic managers allocate staff resources. For example, if a large number of referrals are coming from one agency, this might be a place where staff support could be useful; similarly, if major local agencies are not referring clients, this might be an area where mental health promotion might be useful.

Output File:

MHS_OUTPUT_REPORT:

REFFERAL_SOURCE_PSP111.*****_LIS

Referral Source of Current Open Cases

18-Jan-1992

Page 1

Report PSP111
 Vineland County Mental Health
 VLD OUTPATIENT (890121)

Referral Source	Count	Percent
ALCOHOL ABUSE PROGRAM (46)	1	0.10
ALTERNATIVE TO HOSPITAL (14)	2	0.19
CHANATE OTPT-OLDER ADULTS PROG (93266)	1	0.10
CONTINUING CARE SERVICES CMGT (93413)	1	0.10
CONTINUING CARE SERVICES OPT (93411)	6	0.58
CRIMINAL JUSTICE SYSTEM (44)	8	0.77
DEPT SOCIAL SERVICES (43)	2	0.19
EMPLOYER (4)	1	0.10
FAMILY (2)	15	1.45
FORENSIC SERVICES (93421)	1	0.10
FRIENDS (3)	3	0.29
ROSENBERG OUTREACH (93301)	2	0.19
MEDICAL INPATIENT (40)	1	0.10
Missing (0)	485	46.86
OTHER (5)	14	1.35
OTHER HUMAN SERVICE (51)	16	1.55
OTHER PSYCHIATRIC HOSPITAL (12)	3	0.29
Older Adult Services-OP (93601)	1	0.10
PETALUMA OUTREACH (93281)	2	0.19
PRIVATE MENTAL HEALTH PRACTICE (33)	5	0.48
PSYCHIATRIC EMERGENCY (30)	6	0.58
PSYCHIATRIC EMERGENCY SERVICES (93251)	63	6.09
PSYCHIATRIC OUTPATIENT (32)	6	0.58
SCHOOL OR COLLEGE (47)	2	0.19
SELF (1)	354	34.20
VINELAND COUNTY INPATIENT (93004)	24	2.32
VINELAND OUTREACH (93291)	4	0.39
VETERANS ADMINISTRATION (93)	2	0.19
VOCATIONAL REHAB PROGRAM (48)	4	0.39
Total	1035	100.00

Report PSP 113 - Acute Services Age Statistics Report

Report Description:

This report analyzes hospital use for the Inpatient program and the time period you specify. It shows the Beginning and Ending Census, Number of Admissions and Discharges, and total number of Patient Days for three age groups: 0-17, 18-59, and 60 and over.

Running the Report:

Program staff use the Report menu to request this report as needed. It prompts you to enter:

- the RU number of an inpatient program.
- the start and end date for the report in DD-MMM-YYYY format.
- the ceiling service procedure code. (The report includes procedures less than the number entered, so you should enter a number one greater than the highest procedure code that you want to be counted. For example, if you want to report on procedures 111, 112, and 113, you should enter 114.)
- procedure codes to block. (For example, you would not want AWOL or No Show type procedures to be counted.)

Using the Report:

This report may be helpful in program planning and resource allocation for Acute Inpatient program management.

Output File:

MHS_OUTPUT_REPORT:

INPATIENT_AGE_STATS_PSP113.*****_LIS

Inpatient Usage by Age Group

8-Dec-1992
Page 1

REPORT MHS 113
ACUTE SERVICES INPATIENT (993091)
Beginning Date: 1-Jul-1992
Ending Date: 30-Sep-1992
Reporting Date: 8-Dec-1992 9:06:51.42

Beginning Census	Admissions	Discharges	Ending Census	Client Days
0-17	1	37	30	8
18-59	49	473	479	51
60 +	4	21	22	4
Total	<u>54</u>	<u>531</u>	<u>531</u>	<u>63</u>

Report PSP 114 - Registrar Review Report

Report Description:

This report shows all new clients registered during the last 24 hours. It reports demographic information on clients, sorted by Reporting Unit. It also shows the name of the person who registered the client.

Running the Report:

Local Operations Staff sets up this report so it runs automatically each day and is sent to the printer of staff that reviews new Client Registrations.

Using the Report:

Use this report to check for duplicate Client Numbers. If the report includes a client who already has a Client Number, correct the error by performing a Client Merge. The staff member who registered the client should be told the correct client number.

This report is only for organizations using Decentralized Registration. For information on Decentralized Registration, see the section on Registering a New Client in the User Manual, Chapter 2.

Technical Notes:

This report is based on the NEW_CLIENT_NUMBERS relation in the database. When a Client Numbers is assigned to a client, it is given the status of Pending. This report moves the new number to a status of Audited.

Output File:

MHS_OUTPUT_REPORT:

REGISTRATION_REVIEW_PSP114.LIS

Recent Decentralized Registrations
For Review Only

5-Sep-1989
Page 1

Report PSP114
Vineland County Mental Health
Registrar Decentralized Registration Review Report
Accurate as of: 5-Sep-1989 01:00:21.74

		Client Number	Client Birthdate	Social Security Number	Client Sex	Username	Number Issued
MARTINSVILLE CRISIS CLINIC OP							
BAELE	DAVID	10447836	7-Sep-1946	564 99 9608	F	LORENS	4-Sep-1989 20:00:20
CARP	JOHN	20451616	2-Jan-1962	569 99 5381	M	SPRUYT	4-Sep-1989 14:37:10
EASY	RIDER	30329630	30-Sep-1963	563 99 1158	F	LORENS	4-Sep-1989 09:57:21
LAVAN	MIRANDA	40425264	6-Jul-1968	571 99 1251	F	SPRUYT	4-Sep-1989 22:24:30
SUETT	MICHAEL	50469034	25-May-1952	560 99 8180	M	LORENS	4-Sep-1989 10:03:53
TAILOR	PAISY	60509679	27-Dec-1944	266 99 2728	F	LORENS	4-Sep-1989 20:01:57
WEST 57TH ST CRISIS CLINIC							
RUSSEL	MICHAEL	70287790	10-Aug-1956	549 99 3631	M	CROWDER	4-Sep-1989 22:24:13
CORBETT	WALLY	80476761	5-Apr-1944	572 99 2162	M	WALKER	4-Sep-1989 15:24:25
HANNAH	BARBARA	90290256	8-Mar-1942	432 99 6026	F	WALKER	4-Sep-1989 15:22:29
JOHNSON	JOHNNY	00361397	17-Nov-1959	568 99 7391	M	WALKER	4-Sep-1989 15:28:47
CENTRAL COUNTY CLINIC ADULT OP							
LANG	RD	10486074	15-Apr-1931	567 99 1478	F	ANDERS	4-Sep-1989 08:38:54
CENTRAL COUNTY CLINIC CHILD OP							
BARREAS	LOR	20370147	20-Apr-1977	608 99 8649	F	TENNES	4-Sep-1989 16:50:21
SONABULIST CLINIC ADULT OP							
BENNETT	WILLIAM	30480745	26-Feb-1953	463 99 7975	F	LOUCEL	4-Sep-1989 09:01:28
JOSE	GRECO	40308459	10-Nov-1933	570 99 3916	F	LYNCH	4-Sep-1989 15:12:19

Confidential Information

Report MHS 115 - Insurance and Medicare Receivables Summary

Report Description:

This report lists receivables from one or more insurance companies. It includes four aging categories, such as 0-30 days, 31-60 days, 61-90 days, 91-120 days, which local Operations Staff can modify. It lists the total dollar amount (rounded to the nearest dollar) and number of claims in each aging category for each insurance company name. It also summarizes the total dollar amount and number of claims for each company and for all companies.

It includes up to two lines for each insurance company. The first lists the unresolved claims for that company. If some clients are Medicaid eligible, the second line, with a * in the Crossover column, lists the total amount of claims in the first line that are also eligible for Medicaid.

Running the Report:

Use the Report menu to request this report. It prompts you to enter provider subset selection, reporting unit (or * for all), and insurance company list (or * for all). You can specify up to ten insurance companies by listing their identification numbers followed by a backslashes, as follows: 101\500\786\1000\

You can also run this report for Medicaid by entering its identification number. For example, enter “32766\” for Medicaid in California, or “32759\” for Medicaid in Texas.

Using the Report:

Use this report to decide where aggressive collection efforts are needed, which receivables should be written off, and so on. This Summary report is used with Report 116, the Detail report on receivables, which lets you create form letters, write off receivables, and so on. Reports 115 and 116 must use the same Aging categories.

These reports display crossover claims separately from non-crossover claims. California counties must collect payments from Medicare or Insurance before billing Medi-Cal. There is a one-year time limit for submitting claims to Medi-Cal. These reports let California users focus on crossover claims, so they can bill the residual amount to Medi-Cal in time.

Technical Notes:

The Report includes insurance and Medicare claims in all statuses except pending and paid. Its standard aging categories (0-30 days, 31-60, 61-90, 91-120) may be changed in the DAT file; this file includes instructions and examples. It calculates age of receivables by comparing the report run date with claim submitted date.

For Reports MHS 115 and 116, a claim is considered a crossover claim if the client has a Medicaid eligibility record with status of "P" (processed) for the same month and year. These reports do not verify that the services are Medicaid billable: they assume that if the service was billed to Medicare or insurance, it is also billable to Medicaid.

Reports MHS115 and MHS116 use the Provider Subset to determine which reporting units to include. All reporting units for which you produce claims must have some value in the PROVIDER_MASTER:PROVIDER_SUBSET_MASK field. Otherwise, no receivables are reported for the provider. For more information, see the section on Provider Subset Maintenance in the Operations Manual, Chapter 7.

Output File:

MHS_OUTPUT_REPORT:

AR_INSMDC_SUMMARY_MHS115.LIS

Accounts Receivable Report
Insurance & Medicare
Aged Receivables Summary

Report MHS115 Page 1
Run Date: 3-DEC-1996
Subsets: All Providers
All Insurance Companies

Cross Insurance Company Over ID Name	4-DEC-1996	3-NOV-1996	4-OCT-1996	4-SEP-1996	Open	Total Claimed Amount (count)
	0-30 Days Amount (count)	31-60 Days Amount (count)	61-90 Days Amount (count)	91+ Days Amount (count)		
09999 MEDICARE PART B-BLUE SHIE	\$0 (0)	\$0 (0)	\$73 (14)	\$26 (5)	\$99 (19)	
* 09999 MEDICARE PART B-BLUE SHIE	\$0 (0)	\$0 (0)	\$0 (0)	\$10 (2)	\$10 (2)	
01095 PACIFIC COAST ADMINISIRAT	\$0 (0)	\$0 (0)	\$0 (0)	\$21 (4)	\$21 (4)	
01104 PRUDENTIAL INSURANCE	\$0 (0)	\$0 (0)	\$0 (0)	\$5 (1)	\$5 (1)	
01130 VALLEY CLERKS TRUST FUND	\$0 (0)	\$0 (0)	\$0 (0)	\$5 (1)	\$5 (1)	
Grand Total: 4 companies	\$0 (0)	\$0 (0)	\$73 (14)	\$57 (11)	\$131 (25)	
* Grand Total: 2 companies	\$0 (0)	\$0 (0)	\$0 (0)	\$10 (2)	\$10 (2)	

Report MHS 116 - Insurance and Medicare Receivables Detail

Report Description:

This report gives more detailed information on the receivables listed in Report MHS 116. For each claim, it shows whether the client is a crossover, and it lists client number, client name, group and policy number, reporting unit, program name, service month and year, total amount claimed, and date submitted.

The report also lets you take actions on these claims, such as writing off receivables and producing form letters and producing tracer claims. The actions and form letters are described in detail below.

Running the Report:

Use the Report menu to run this report. You are prompted to enter the aging category, enter the Provider subset, enter the Reporting Unit (or * for all), enter the insurance company list (or * for all), enter the Action, and enter two types of sort order, by crossover status and by highest dollar claimed.

Enter the last day of the aging category: for example, if you want a report of all outstanding claims from 91 to 120 days old, enter 120 as the aging category. Enter up to ten insurance companies by listing their identification numbers followed by backslashes, as follows: 101\500\786\1000\

As the Action, enter 0 = report, 1 = write off, 2 =letter, 3 =long form, or 4= tracer.

Using the Report:

Use this report to produce inquiry letters, tracer claims, or write offs for a set of claims, rather than handling them individually.

Report Actions:

The report dialog lets you choose the following actions:

- **Report:** Choose 0-Report to run the detail report shown below.
- **Write-off:** Choose 1-Write Off to write a zero payment in To Post status with denial code "Z" and the Username "SYSTEM_85." Then, the Insurance Payment Posting routine will post this payment and close the claims. You can request Write-offs for up to ten companies. (You cannot use "*" for all companies.) Use automatic write-offs with extreme caution, because they are not easily reversed.
- **Letter:** Choose 2-Letter to create form letters based on the template in the file MHS_MANAGER:AR_INSMDC_LETTER_MHS116.TXT. The next section has instructions on modifying this template.

- **Long Form:** Choose 3-Long Form to change the status of the claims to Resubmit Long. You can run Report MHS169 to get an itemized listing of all claims with Resubmit Long status.
- **Tracer:** Choose 4-Tracer to change the status of the claims to Resubmit Tracer. The next Insurance or Medicare claim run will create tracer claim forms for them.

When you take these actions, the report prints a list of claims that were affected.

Modifying the Form Letters:

This report uses the file MHS_MANAGER:AR_INSMDC_LETTER_MHS116.TXT to generate form letters. You can use the EVE editor to modify this file.

Table 1 lists the tokens that you can use in this file to represent data. For example, where you use the token \INSNAME\, each letter will include the Insurance Company name for the current claim. The token must include the backslashes.

Tokens	Description of the Field	Size to allow
\INSNAME\	Insurance Company Name	40 characters
\INSADDRESS\	Insurance Company Address, 2 or 3 lines.	30 characters
\INSCONTACT\	Insurance Company Contact person	20 characters
\INSID\	Insurance Company ID number (county-defined)	5 characters
\INSPOLICY\	Insured's Policy Number	14 characters
\INSGROUP\	Insured's Group Number	10 characters
\PROVNAME\	Reporting Unit Name	30 characters
\PROVID\	Reporting Unit, in format xxxxxx	6 characters
\PROVLICENSE\	Provider's license number (Blue Cross, CSC)	14 characters
\CLIENTNAME\	Client Name (recipient of services)	13 characters
\CLIENTID\	Client Number (county defined)	10 characters
\AMOUNT\	Total Claim Amount	10 characters
\SVCDATE\	Month-name and year of service	15 characters
\SUBDATE\	Claim Submission Date, format dd-mmm-yyyy	11 characters
\RUNDATE\	Current Date, e.g. November 1, 1992	17 characters
\COUNTYREP1\	County's representative field number 1	26 characters
\COUNTYREP2\	County's representative field number 1	26 characters
\COUNTYNAME\	County's name	40 characters
\COUNTYADDRESSES\	County's address, 3 to 4 lines	26 characters
\COUNTY PHONE\	County's phone number	14 characters

Table 1: Tokens for Form Letters

Figure 3 shows a sample Form Letter Template, and Figure 4 shows a sample letter.

<p>\RUNDATE\ \INSNAME\ \INSADDRESS\ Patient Name: \CLIENTNAME\ Policy No: \INSPOLICY\ Group No: \INSGROUP\ Month/Year of Service \SRVDATE\ Total Claim Amount \AMOUNT\ Date Submitted \SUBDATE\ Dear Sir or Madam: We have not received payment on the claim identified above. Please research to determine the cause for the delay. If additional information is required, you may call me at the telephone number shown above. Otherwise, please process this claim for payment as soon as possible. Thank you for your prompt attention to this matter. Sincerely, \COUNTYREP1\ \COUNTYREP2\ \COUNTYPHONE\</p>

Figure 3: A Form Letter Template

<p>November 1, 1997 Active Duty Claims Riverside, CA 92503-0000 Patient Name: Jeffrey Cornwell Policy No: 483661277 Group No: G387575 Month/Year of Service: December, 1990 Total Claim Amount: \$114.00 Date Submitted: 14-JAN-1991 Dear Sir or Madam: We have not received payment on the claim identified above. Please research to determine the cause for the delay. If additional information is required, you may call me at the telephone number shown above. Otherwise, please process this claim for payment as soon as possible. Thank you for your prompt attention to this matter. Sincerely, N. Nelson, Princ. Acct. (714) 358-4500</p>

Figure 4: A Form Letter

Output File:

MHS_OUTPUT_REPORT:

AR_INSMDC_DETAIL_MHS116.LIS

AR_INSMDC_LETTER_MHS116.LIS (form letters)

Accounts Receivable Report
Insurance & Medicare
Aged Receivables Detail

Report MHS116

Page 1

Run Date: 10-OCT-1997

Subsets: Contract Programs

Companies: 9997, 9999, 1749, 1721, 1244, 1583

Sort Order: Crossover = N ; Highest \$ = N.

Action: Generate Tracer Forms

Insurance Company: MEDICARE PART B (9999)
GENERAL ASSIGNED
P.O. BOX 2006
CHICO, CA 95927-2006

Contact:
Phone: () -

Age Category: 61-90 Days Between 12-JUL-1997 and 11-AUG-1997

Cross Over	Client Number	Client Name	Group/Policy Number	RU Code	RU Name	Claim Mo/Yr	Total Claim	Date Submitted
	006123701	ATESTTA, D	/546374441A	92134	RGH OP	07/97	\$170.00	08/10/97
	004123401	BTESTL, N	/566444678A	92134	RGH OP	06/97	\$170.00	07/15/97
	123167301	BTEST, R	/541424446A	92134	RGH OP	06/97	\$276.00	07/15/97
	123121801	BALSAMPLE, J	/454445112C7	92131	ITF	06/97	\$460.00	07/15/97
	007372601	BARRRAT, B	/556444445A	92134	RGH OP	07/97	\$276.00	08/10/97
	112310529	BARNTEST, M	/424404543B	92134	RGH OP	06/97	\$170.00	07/15/97
*	123317401	BALES, H	/569809442A	92131	ITF	06/97	\$92.00	07/15/97
*	123317401	BALES, H	/569809442A	92134	RGH OP	06/97	\$340.00	07/15/97
	012366201	BECWITH, M	/416444232A	92134	RGH OP	06/97	\$92.00	07/15/97
	001236201	BECWITH, M	/416444232A	92134	RGH OP	07/97	\$92.00	08/10/97
*	112001650	BRIANS, A	/444782823A	92131	ITF	06/97	\$92.00	07/15/97
*	112308650	BRIANS, A	/444782823A	92134	RGH OP	06/97	\$170.00	07/15/97
	112311649	CARROLL, D	/444201410-CL	92134	RGH OP	07/97	\$170.00	08/10/97
	012371901	CHASTE, D	/548544356A	92134	RGH OP	05/97	\$92.00	07/15/97
*	123697501	DOTES, E	/564449220A	92134	RGH OP	06/97	\$170.00	07/15/97

Grand Total: 2 companies 120 \$44,056.00

(Extracted Sample Data. Totals Not Complete.)

Confidential Information

Report PSP 117 - Provider Staff Activity Analysis Report

Report Description:

This report lists the activity of each staff person, by reporting unit. It shows the total number performed and the total number of hours used for each type of service.

Running the Report:

Operations Staff produces this report each month for all reporting units, and sends it to each Reporting Unit's printer. If you do not receive this report regularly, contact local Operations Staff.

Users can also use the Report menu to run this report. You are prompted for reporting unit, service period start and end date. To specify the reporting unit, enter an RU Number or enter "*" for all reporting units.

Using the Report:

This report is a management tool that helps program managers analyze the use of staff time.

Technical Notes:

This report does count non-standard services, including services with a 00 Service Function Code. Therefore its totals will not match totals in Reports 126, 142, or 206 which do not count services with a 00 Service Function Code.

The report counts the number of group services a staff member provided, regardless of the number of clients in the group.

If a service is provided by two staff people (a primary therapist and a co-therapist), it is counted once for each staff person. Thus, a total of services in this report will not match totals in Reports 130 and 131.

Output File:

MHS_OUTPUT_REPORT:

STAFF_ACTIVITY_PSP117.*****_LIS

Activity Analysis
Staff Hour Detail22-Dec-1987
Page 1

Report PSPL17

Report From: 1-Dec-1987

Report To: 31-Dec-1987

Reporting Date: 22-Jan-1987

WEST COUNTY- OP (993261)

NAME	LAST	INITIALS	CONTACTS	TIME/HOURS
BURTON	LOUISE	(10091)		
	340	Individual	1	1.00
			<hr/> 1	<hr/> 1.00
EVANS	JAMES	(10183)		
	340	Individual	5	6.50
	350	Group	3	5.00
	402	Mental Health Promotion	1	1.00
			<hr/> 9	<hr/> 12.50
HAMILTON	JEAN	(10262)		
	340	Individual	13	14.00
			<hr/> 13	<hr/> 14.00
HASKELL	LINDA	(10269)		
	330	Assessment	5	10.00
	340	Individual	45	36.08
	350	Group	3	11.33
			<hr/> 54	<hr/> 57.42
LETCHWORTH	DIANE	(10352)		
	330	Assessment	1	2.00
	340	Individual	5	5.00
	350	Group	3	5.00
	401	Community Client Contact	1	0.50
	402	Mental Health Promotion	1	1.00
	403	Standby	1	2.00
			<hr/> 12	<hr/> 15.50
LIVINGSTON	JAMES	(10359)		
	330	Assessment	2	4.00
	340	Individual	9	9.00
	402	Mental Health Promotion	1	1.00
	403	Standby	1	2.00
	405	Training	1	4.00
			<hr/> 14	<hr/> 20.00

Report PSP 118 - Client Episode History Report

Report Description:

This report lists all episodes for a client during the past year. It shows the Reporting Unit, Admission Date, Closing Date, Primary Diagnosis, Primary Therapist, Physician, last service date, and total units provided by the RU.

Running the Report:

Program staff uses the Report menu to run this report and specify where it will be printed. It prompts you to enter a client number.

Using the Report:

This report helps program staff develop a clinical profile for a client by letting you quickly review the client's recent episode history.

Output File:

MHS_OUTPUT_REPORT:

EPISODE_HISTORY_PSP118.*****_LIS

Report PSP 119 - Absence of Service Report

Report Description:

This report lists clients with open episodes who have not received any services within the specified time period.

Running the Report:

Clinic staff use the Report menu to run this report. Generally, the report is run in the last week of each month to monitor caseloads.

You are prompted to enter a single Reporting Unit number or enter "*" for all reporting units, and to enter the threshold date for the last service.

Using the Report:

If clients have had no services in a specified time, for example, over 90 days, you may need to learn why they are not receiving services or re-evaluate whether their Episodes should be closed.

Output File:

MHS_OUTPUT_REPORT:

ABSENCE_OF_SERVICE_PSP119.*****_LIS

Absence of Service Report

23-Aug-1993
Page 1

Report PSP 119
HILDALE OUTREACH (99911)
Clients without service since: 1-Jul-1993

Client Name	Client Number	Episode Opening Date	Last Service Date	Primary Staff Name	Primary Staff Number	
CLIENTA	SERENA	0999255	29-Apr-1992	25-Jun-1993	HIRSCH RICHARD	2015
CLIENTA	JENNIFER	0880485	2-Dec-1992	30-Jun-1993	HIRSCH RICHARD	2015
CLIENTB	NANCY	0881329	14-May-1993	25-Jun-1993	HIRSCH RICHARD	2015
CLIENTB	KAIRINA	0880544	27-Apr-1993	30-Jun-1993	STEWART LAURA	2163
CLIENTC	JOSE	0992579	23-Nov-1992	30-Jun-1993	HIRSCH RICHARD	2015
CLIENTC	JOHN	422442	2-Jun-1993	30-Jun-1993	STEWART LAURA	2163
CLIENTC	MAYA	0880987	17-Mar-1993	25-Jun-1993	HIRSCH RICHARD	2015
CLIENTD	MICHAEL	255949	21-Apr-1993	30-Jun-1993	STEWART LAURA	2163
CLIENTD	JEFF	1009925	3-May-1993	30-Jun-1993	STEWART LAURA	2163
CLIENTD	RAMONA	247782	11-May-1993	30-Jun-1993	STEWART LAURA	2163
CLIENTD	CAMERON	0997494	26-Jun-1991	30-Jun-1993	HIRSCH RICHARD	2015
CLIENTE	JANE	0880531	31-Mar-1993	30-Jun-1993	STEWART LAURA	2163
CLIENTE	KEVIN	1009906	15-Sep-1992	24-Sep-1992	RAMSEY ADELALDA	3825
CLIENTE	JOSEPH	0997121	28-Apr-1993	30-Jun-1993	HIRSCH RICHARD	2015
CLIENTE	GEORGE	0999044	7-Dec-1992	12-Apr-1993	DAHL TERRY	6405
CLIENTG	SHAMAR	0880201	21-Oct-1992	24-Jun-1993	HIRSCH RICHARD	2015
CLIENTG	ROBERT	0999850	6-Aug-1992	25-Jun-1993	HIRSCH RICHARD	2015
CLIENTG	CYNTHA	1009913	21-Sep-1992	25-Jun-1993	HIRSCH RICHARD	2015
CLIENTG	ANDREA	0881083	1-Apr-1993	30-Jun-1993	HIRSCH RICHARD	2015
CLIENTG	JOSELYN	0881242	30-Apr-1993	25-Jun-1993	HIRSCH RICHARD	2015
ROLAND	BILL	291577	16-Mar-1993	30-Jun-1993	STEWART LAURA	2163
SMITH	LEE	0998623	20-Feb-1992	25-Jun-1993	HIRSCH RICHARD	2015
TAYLOR	DARRELL	469477	3-May-1993	30-Jun-1993	STEWART LAURA	2163
UNDERWOOD	TRAVIS	451507	9-Mar-1992	30-Jun-1993	HIRSCH RICHARD	2015
VINCENT	ROBERT	0998045	17-Jun-1993	30-Jun-1993	HIRSCH RICHARD	2015
WALKER	JANET	0999934	17-Aug-1992	4-Jan-1993	DAHL TERRY	6405
WILSON	ALAN	0880837	22-Feb-1993	7-Jun-1993	DAHL TERRY	6405
XAVIER	LEONARD	0997183	2-Jun-1993	30-Jun-1993	STEWART LAURA	2163
YELLIN	RONALD	0881051	29-Mar-1993	10-May-1993	DAHL TERRY	6405
ZOBAR	MAURICE	0999778	1-Jun-1993	30-Jun-1993	MACDONALD MARY	0881

Confidential Information

Report MHS 120 - Morning Report

Report Description:

This report lists all clients who have received services from specified programs during the last 24 hours. It is usually used to list clients who have received Emergency Services, or clients who have been admitted to or discharged from an inpatient facility.

Running the Report:

Operations Staff set up this report to run automatically each day. The report is sent to the printer of all reporting units that have an open case for the client.

Using the Report:

The report is used to coordinate treatment of mental health clients. The staff person assigned to the case might want to contact the emergency services or inpatient program to discuss the client's treatment.

Technical Notes:

The report can be modified to show admissions or discharges from any program and to specify which programs receive it. See the Operations Manual, Chapter 24, for information on setting up Morning Report parameters.

Output File:

MHS_OUTPUT_REPORT:

MORNING_REPORT_MHS120.*****_LIS

Morning Report
Please Distribute

Report MHS 120
Central Adult Outpatient (99211)

Page 1
Run Date: 7-NOV-1991

Please distribute this report to ED BIGGS (03830)

The following message(s) have been entered into the system.

Client: GEORGE FRANKLIN (999209)

Entered by: BLANKENSHIP on 06-NOV-1991 10:33 for GRIMM
Header: SPECIAL MEDICATION PROTOCOL

This client is on a special medication management protocol. Study #3404. Please contact Dr. Grimm if the patient inquiries about any medication changes. (Beeper #34545).

Client: MARK OSTRANDER (10678998)

Entered by: SHARP on 09-OCT-1991 11:30 for WILLIAMS
Header: PAROLE OFFICER CONCERNS

DISCUSSION WITH MARK'S PAROLE OFFICER REVEALED A NUMBER OF CONCERNS - MARK TENDS TO BE UNREALISTIC ABOUT WHAT IS ACHIEVABLE IN A SHORT TIME AND WHEN HE DOESN'T SUCCEED, GETS EXTREMELY AGITATED AND OCCASIONALLY HAS ACTED OUT BY THROWING THINGS. HASN'T HURT ANYBODY TO DATE, BUT WE SHOULD FOCUS HIM ON GOALS AND PLANS THAT ARE REALISTIC. HE HAS INDICATED A DESIRE TO WORK BUT LACKS WORK SKILLS. HE DOESN'T SEE THIS AS A PROBLEM AND NEEDS SOME HELP IN THIS AREA. WE SHOULD PLAN SOME INTENSIVE TRAINING FOR HIM BUT FIRST NEED TO ASSESS MIKE'S INTERESTS AND CAPABILITIES.

Confidential Information

Morning Report
Please Distribute

Report MHS 120
Central Adult Outpatient (99211)

Page 1
Run Date: 7-NOV-1991

Please distribute this report to ENID RIVERS (93316)

Between 09-DEC-91 00:00 AM and 10-DEC-91 00:00 AM the following activity has occurred for your client(s). You may contact the indicated therapists/providers for additional information.

Client	:	STEVEN BAUMAN	(489995)	
Reporting Unit	:	VINELAND COUNTY INPATIENT	(99504)	Telephone:
Admission Date	:	08-DEC-1991		
Primary Therapist	:	RICHARD HIRE	(05203)	
Physician	:	MARTY BERNE	(01033)	
Diagnosis	:	Bipolar Disorder, Manic	(296.40)	
Admission Legal Status	:	72 Hour Hold	(W51500)	
Current Legal Status	:	72 Hour Hold	(W51500)	

Client	:	ARNOLD UPKEEP	(567768)	
Reporting Unit	:	VINELAND COUNTY INPATIENT	(99504)	Telephone:
Admission Date	:	08-DEC-1991		
Primary Therapist	:	DOUG WILLIAMS	(01028)	
Physician	:	MARTY BERNE	(01033)	
Diagnosis	:	Bipolar Disorder, Manic	(296.40)	
Admission Legal Status	:	Voluntary	(W60000)	
Current Legal Status	:	Voluntary	(W60000)	

Client	:	RUTH CARIWRIGHT	(999528)	
Reporting Unit	:	VINELAND COUNTY INPATIENT	(99504)	Telephone:
Admission Date	:	05-DEC-1991		
Primary Therapist	:	ANITA WEBB	(89014)	
Physician	:	PAUL SMITH	(98023)	
Diagnosis	:	Schizoaffective Disorder	(295.70)	
Admission Legal Status	:	72 Hour Hold	(W51500)	
Current Legal Status	:	72 Hour Hold	(W51500)	

Confidential Information

Report PSP 121 - Program Caseload Report

Report Description:

This report lists all the clients with open cases for each reporting unit. It includes client number, name, opening date, age, primary diagnosis, and primary staff.

Running the Report:

Operations Staff runs this report monthly or more frequently if needed. It is routed to each Reporting Unit's printer. If you do not receive this report, contact local Operations Staff.

Users can also run this report using the Report menu.

It prompts you to enter a Reporting Unit (or enter "*" for all units) and to enter a target date. The report finds all clients open on the target date.

Using the Report:

The report is used as a management tool by program managers, to balance the work among staff or to quickly review the types of client being served. It is also used to direct the distribution of other reports, such as the Utilization Review reports.

The report might also show that it is necessary to improve the data entry process. Any duplicate clients should be reported to Operations Staff.

Output File:

MHS_OUTPUT_REPORT:

PROGRAM_CASELOAD_PSP121.*****_LIS

Report RSP121
 Day Treatment (99433)
 Cases active as of: 25-Dec-1992

Client Name	Client Number	Opening Date	A G E	Primary Diagnosis	Primary Staff	Physician	Account Status
SHEILA A CLIENT	90200122	7/24/92	21	295.92	ANDERSON	MILLER	748828
PHILLIP B CLIENT	90200192	12/01/86	21	296.70	ARGOUNT	ROBERTSON	752885
JAMES C CLIENT	90000015	7/01/92	26	295.40	ARGOUNT	ROBERTSON	756104
MICHAEL D CLIENT	90000001	9/01/92	31	295.35	ANDERSON	MILLER	1029321
MAXINE CLIENT	95700048	9/11/92	28	295.92	ANDERSON	MILLER	1033654
IRENE CLIENT	90000045	9/01/92	22	295.40	ANDERSON	STAFF	1038133
BERNADETTE CLIENT	91900031	9/01/86	38	295.90	ARGOUNT	ROBERTSON	1010425
ANDREW CLIENT	90000070	9/24/92	55	296.60	ANDERSON	MILLER	756612
MIKE CLIENT	02390198	7/10/92	22	302.20	ARGOUNT	STAFF	0
JOSEPH CLIENT	00390027	4/10/86	57	295.92	ARGOUNT	MILLER	320539
LESTER CLIENT	00290094	9/01/92	31	V71.09	ANDERSON	ROBERTSON	0
JAMES CLIENT	00390044	2/03/86	28	309.00	ARGOUNT	MILLER	1041720
JENNIFER CLIENT	00190684	11/09/92	22	V71.09	ANDERSON	ROBERTSON	0
BEVERLEY CLIENT	01890045	10/23/85	43	309.00	ARGOUNT	MILLER	279031
JULIE CLIENT	05490041	9/15/92	18	296.30	ANDERSON	MILLER	1022032
SAMUEL CLIENT	00290089	6/01/92	42	V71.09	ARGOUNT	MILLER	545379
JAMIE CLIENT	50090051	9/15/92	22	295.33	ANDERSON	STAFF	278568
ESTHER CLIENT	02190047	7/01/86	52	296.34	ARGOUNT	ROBERTSON	272225
THOMAS CLIENT	00290184	10/29/92	35	V71.09	ANDERSON	STAFF	275543
PHILLIP CLIENT	07990051	10/20/92	25	V71.09	ANDERSON	ROBERTSON	1026089
DANIEL CLIENT	90200012	9/01/92	30	295.70	ANDERSON	STAFF	1026950
DORIS CLIENT	90000014	8/28/85	51	295.92	ARGOUNT	MILLER	434453
ISMAEL CLIENT	90100188	10/23/85	35	295.32	ARGOUNT	MILLER	419336
LAWRENCE CLIENT	92300056	3/02/92	31	295.92	ARGOUNT	ROBERTSON	726227
RICK CLIENT	90000047	8/05/92	31	295.90	ANDERSON	MILLER	1021222
GARY CLIENT	96000080	8/06/92	20	309.00	ANDERSON	ROBERTSON	0
JEFFREY CLIENT	90200094	9/11/92	27	V71.09	ANDERSON	MILLER	728083
ARTURO CLIENT	93400082	10/23/92	24	V71.09	ANDERSON	MILLER	733184
JOANNE CLIENT	90200199	7/01/86	44	295.70	ARGOUNT	ROBERTSON	647054
STEFANIE CLIENT	90900015	4/01/92	21	799.90	ARGOUNT	MILLER	1000268
ROSEMARY CLIENT	90200060	7/15/86	45	295.62	ARGOUNT	ROBERTSON	459088
LINDA CLIENT	97400024	3/01/92	38	295.95	ARGOUNT	STAFF	0
ROGER CLIENT	90200070	6/01/92	22	296.60	ARGOUNT	STAFF	455572
PAULINE CLIENT	90000073	12/10/92	51	V71.09	ANDERSON	ROBERTSON	1012258
DONNA CLIENT	95700065	9/11/92	30	295.70	ANDERSON	ROBERTSON	1026356
HORTENSIA CLIENT	90100185	4/30/92	57	295.32	ARGOUNT	STAFF	604091
SAMUEL CLIENT	90300033	5/22/86	32	295.32	ARGOUNT	MILLER	1016237
MANUEL CLIENT	90000032	7/29/92	21	295.40	ANDERSON	MILLER	463778
DENNIS CLIENT	00100691	8/07/92	36	295.30	ANDERSON	ROBERTSON	1007220

TOTAL OPEN CASES FOR Day Treatment

39

 Confidential Information

Report MHS 122 - Morning Report Setups

Report Description:

This report shows the current settings for the Morning Report, Report MHS 120.

Report MHS 120 can be set to report admissions and discharges for specified providers, to block specified providers from receiving the report, and to report selected types (or all types) of client messages.

Running the Report:

Use the Report menu to run this report, as needed.

Using the Report:

This report is used by Operations Staff, who adjust these settings. For more information, see Operations Manual, Chapter 24.

Output File:

MHS_OUTPUT_REPORT:

MORNING_REPORT_SETUP_MHS122.LIS

Activity Provider Table

4-Jun-1993

Page 1

Episode activity to be reported on the Morning Report:

Reporting Unit	Report Admission?	Report Discharge?
33011	YES	YES
33131	YES	YES
33134	YES	YES

Message class Table

4-Jun-1993

Page 1

Classes of messages to be reported on the Morning Report:

Reporting Unit	Message Class	Report message class?
	00010	YES

Disregard Reporting Unit Table

4-Jun-1993

Page 1

Reporting unit receiving Morning report	Activity reporting unit	Disregard Admission?	Disregard Discharge?
99999	99999	YES	YES

Report PSP 123 - 24-Hour Daily Attendance Log

Report Description:

The report shows all clients open in the specified residential or inpatient program on a given day.

Running the Report:

All reporting units for 24-hour programs should use the Report menu to request this report each day. You are prompted for the reporting unit and the service date. The report is routed to this reporting unit's printer.

Using the Report:

This report is an attendance roster, used for service data entry. It includes spaces where you can enter a service procedure for each client. Then this sheet is used to enter these services in the Daily Service Entry Screen (User Manual, Chapter 5).

Output File:

MHS_OUTPUT_REPORT:

DAILY_ATTEND_24HR_PSP123.*****_LIS

24 Hour Census Log

20-May-1993

Report PSP123
 County Inpatient Service 89011
 Services for: Sunday 10-Jan-1993
 Actual Run Time: 20-May-1993 09:13

Client Name	Client Number	Opening Date	Service Procedure	Entered
CLIENT JAMES	599903015	28-Apr-1992	_____	_____
CLIENT JOSE	073990039	7-May-1992	_____	_____
CLIENT DARRYL	083992290	4-May-1992	_____	_____
CLIENT DEAN	001045025	24-Apr-1992	_____	_____
CLIENT ELIZABETH	073990822	17-Feb-1992	_____	_____
CLIENT DAVE	034012307	7-May-1992	_____	_____
CLIENT CHI	990091231	5-May-1992	_____	_____
CLIENT KAREN	599903363	5-May-1992	_____	_____
CLIENT DANIEL	599903248	6-May-1992	_____	_____
CLIENT SAMUEL	002999389	23-Apr-1992	_____	_____
CLIENT MARK	599902606	23-Apr-1992	_____	_____
CLIENT MONA	001010342	8-Apr-1992	_____	_____
CLIENT ARMANDO	083995764	29-Apr-1992	_____	_____

 Confidential Information

Report PSP 124 - Day Treatment Daily Attendance Log

Report Description:

The report shows all clients open in the specified day treatment program on a given day.

Running the Report:

All reporting units for day-treatment programs should use the Report menu to run this report each day. You are prompted for the reporting unit and the service date. The report is routed to this reporting unit's printer.

Using the Report:

This report is an attendance roster, used for service data entry. It includes spaces where you can enter a service procedure for each client, and the time the procedure took. Then this sheet is used to enter these services in the Single Service Entry Screen (covered in the User Manual, Chapter 5).

Output File:

MHS_OUTPUT_REPORT:

DAILY_ATTEND_DTR_PSP124.*****_LIS.

Day Treatment Log

4-Jan-1988

Page 1

Report PSP124

EAST COUNTY DAY TREATMENT

930662

Services for: Monday 4-Jan-1988

Client Name	Client Number	Opening Date	Service Procedure	Duration	Entered
CLIENT DONALD	129990089	22-Dec-1987	___	__:__	__
CLIENT AMON	999007516	3-Sep-1987	___	__:__	__
CLIENT RICARDO	239998939	23-Sep-1985	___	__:__	__
CLIENT JAMES	659990108	1-Sep-1986	___	__:__	__
CLIENT CARLOS	659990117	1-Sep-1986	___	__:__	__
CLIENT MATTHEW	999002409	11-Mar-1987	___	__:__	__
CLIENT JENNIFER	359990128	31-Jul-1984	___	__:__	__
CLIENT BRIAN	999008164	3-Sep-1987	___	__:__	__
CLIENT CHRISTOPHER	239999402	3-Sep-1987	___	__:__	__
CLIENT NICHOLAS	989990024	15-Oct-1986	___	__:__	__
CLIENT EUGENE	659990114	1-Sep-1986	___	__:__	__
CLIENT RICHARD	699993710	17-Sep-1986	___	__:__	__
CLIENT CURTIS	999002137	3-Sep-1987	___	__:__	__
CLIENT JENNIFER	340010583	3-Sep-1985	___	__:__	__
CLIENT TINA	999008061	3-Sep-1987	___	__:__	__
CLIENT ROSIEO	999001205	14-Jan-1987	___	__:__	__
CLIENT MARCUS	659990118	1-Sep-1986	___	__:__	__
CLIENT TONY	999004048	4-May-1987	___	__:__	__
CLIENT DAWUD	819990593	1-Sep-1986	___	__:__	__

 Confidential Information

Report PSP 125 - Weekly Processing Report

Report Description:

The report shows all clients open in a specified program during a specified week. It is used by programs who use the Weekly Service Entry Screen, typically Day Treatment programs.

Running the Report:

All reporting units that use weekly service entry should use the Report menu to request this report at the beginning of each week (either Sunday or Monday, depending on local policy). You are prompted for the reporting unit and the date of the first day of the week. The report is routed to this reporting unit's printer.

Using the Report:

This report is an attendance roster, used for service data entry. It includes spaces where you can enter a service procedure for each client for each day. Then this sheet is used to enter these services in the Weekly Service Entry Screen (covered in the User Manual, Chapter 5).

Technical Notes:

The report must be run for a specific week before data entry can be done for that week. It includes two Command Procedures used to maintain the Weekly Service Entry Screen for each reporting unit using the screen.

One procedure creates entries in a WEEKLY_LOGS Relation that is used by the Weekly Service Entry screen to display clients open in the program during that week.

The second procedure evaluates old entries in the WEEKLY_LOGS Relation. If the entries have been processed, they are deleted from the table. If the entries were not processed, they are listed in a second report, Weekly Log Cleanup.

Output File:

MHS_OUTPUT_REPORT:

WEEKLY_LOG_ROSTER_PSP125.*****_LIS

WEEKLY_LOG_CLEANUP_PSP125.*****_LIS

Weekly Attendance Report

20-May-1993

Page 1

Report PSP 125A

Report for : Horizon House (89031)

			14-Feb-1993	15-Feb-1993	16-Feb-1993	17-Feb-1993	18-Feb-1993	19-Feb-1993	20-Feb-1993	
			Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
CLIENT_A	CERRIDWEN	577779	161	161	161	161	161	161	161	[]
CLIENT_B	JEFF	18889	161	161	161	161	161	161	161	[]
CLIENT_C	PRISCILLA	1277	161	161	161	161	161	161	161	[]
CLIENT_D	VIRGINA	28881	161	161	161	161	161	161	161	[]
CLIENT_M	FRANCES	99995	161	161	161	161	161	161	161	[]
CLIENT_S	DARLEN	599990	161	161	161	161	161	161	161	[]
CLIENT_W	MARK	577771	161	161	161	161	161	161	161	[]

 Confidential Information

Report PSP 126 - Monthly Units of Service Report

Report Description:

This reports lists monthly service unit totals for all providers, sorted by region, for the specified fiscal year.

Running the Report:

Operations Staff can set up this report to run automatically each month.

Individual users can also select this report from the Report menu. You are prompted for the beginning date of the fiscal year.

Using the Report:

Managers and administrators use this report to monitor service delivery for all programs. Because the report shows service totals for all months in the fiscal year, it is easy to see trends. For example, if a program's productivity is dropping, this is apparent from this report.

Technical Notes:

This report uses the Provider Balances relation of the database. Its service totals are for *posted* services only. The report does not include Indirect Services.

This report does not count services with a 00 Service Function Code, representing No Shows or other non-standard services. Therefore its totals will not match totals in Reports 117, 130, 131.

This report does not count 900 series procedures, system-defined procedures.

This report will not match totals with Report PSP 117. Report PSP 117 counts the services and/or groups provided by each staff person. This report counts total client services for the reporting unit.

Output File:

MHS_OUTPUT_REPORT:

MONTHLY_SERVICE_UNITS_PSP126.LIS

Report PSP 126
Fiscal Year: 1992-1993

Region: Desert (1)

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
ARCHES INT	440181	68	107	111	81	132	90	79	42	97	76	0	0
INDIO CM	330185	368	252	192	193	283	292	316	261	290	168	0	0
INDIO IP	330181	284	301	239	258	245	166	144	189	227	132	0	0
INDIO OP	330184	813	843	622	921	851	838	780	671	799	307	0	0
INDIO HAB	330183	349	403	307	396	375	342	360	335	487	194	0	0
INDIO INT	330182	313	358	333	202	241	121	139	167	213	161	0	0
P.S. CM	337685	321	322	256	184	256	241	247	187	232	116	0	0
P.S. OP	337684	867	843	744	897	973	856	1040	788	940	512	0	0
MH SYS SOC	339483	59	0	54	64	53	103	201	230	238	0	0	0
MH SYS CM	339485	64	34	38	63	53	28	64	116	98	8	0	0
MH SYS OP	339484	298	292	237	299	213	148	239	250	321	18	0	0

Mid County (2)

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
BANNING CM	338585	256	419	215	332	250	265	243	214	267	173	0	0
BANNING OP	338584	379	447	414	463	466	425	475	453	532	248	0	0
HEMET CM	337785	701	814	738	505	399	303	375	285	356	152	0	0
HEMET OP	337784	753	654	737	738	638	570	820	826	960	441	0	0
HEMET HAB	337783	233	259	194	212	216	237	207	138	142	81	0	0
HEMET INT	337782	99	116	111	118	80	92	118	115	188	39	0	0
MID CO SOC	337983	335	388	359	244	327	387	317	333	385	0	0	0
FERRIS CM	338385	721	743	979	89	145	124	123	137	173	79	0	0
FERRIS OP	338384	437	513	481	438	539	562	686	566	654	350	0	0
FERRIS INT	338382	108	156	127	153	159	170	188	166	209	76	0	0
FERRIS SOC	338383	0	0	0	24	4	11	81	138	131	101	0	0
Phoenix IP	337881	541	552	588	617	598	612	587	579	612	130	0	0
Phoenix PD	337883	0	0	0	0	0	0	0	0	0	0	0	0

Western (3)

		JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CCC C-CM	331785	639	675	528	267	347	203	451	356	345	246	0	0
CCC C-OP	331784	165	255	270	287	248	285	377	246	297	151	0	0
CCC C HAB	331783	463	441	397	436	352	354	373	255	325	201	0	0
CCC S-CM	334785	1078	1314	1394	1275	969	770	955	855	930	375	0	0
CCC S-OP	334784	131	172	130	146	125	135	136	140	161	94	0	0
CCC S HAB	334783	461	519	461	495	393	388	406	350	472	251	0	0
CCC S VOC	334788	122	131	105	187	95	145	161	95	0	0	0	0
CHILD TRMT	335783	0	0	0	35	42	33	50	59	61	37	0	0
CLD TX-OP	335784	488	462	557	683	706	466	796	726	905	269	0	0
CLD TX IN	335782	284	318	267	173	211	145	206	152	154	106	0	0
Family Svcs	330584	431	439	420	526	497	410	582	360	369	58	0	0
JEFF SOCIAL	337363	804	829	716	847	769	770	876	705	847	535	0	0
JEFF VOCAT	337358	0	0	0	0	0	0	0	0	149	46	0	0
CLDR ADLT	338035	472	417	383	113	193	125	158	114	176	19	0	0
RUSD C/OP	331544	1115	1296	1183	1096	1090	1092	1314	1192	1363	595	0	0

Report MHS 127 - Provider Balances Attributes Report

Report Description:

This reports includes information on each reporting unit's operations and on the type of services that each can provide.

Running the Report:

Operations Staff or Fiscal Staff can use the Report menu to run this report as needed.

Report Prompts:

You are prompted to enter a two-digit month and the four-digit year to be reported.

Using the Report:

Operations staff uses this report to check for compliance with data entry rules. Fiscal staff uses it to check for compliance with the agency budget, and for compatibility with data entry rules. (For more information, see the INSYST Operations Manual, sections 170 and 180, Provider Master and Provider Balances Maintenance.)

Output File:

MHS_OUTPUT_REPORT:PROVIDER_REPORT_MHS127.LIS

Reporting Unit Balances Attributes Listing

7-Mar-2001

Page 1

Report MHS 127
 "DDP Hospital" (26013)
 190 S MONTEREY
 SAN FRANCISCO, CA 94131
 Type: M
 Service Mode/Medicaid Mode/Code: 05/07/01
 Type of Utilization Control: Inpatient, UC/MC Claim Link: On
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens:

RJ Records for 2/2001
 Region: Missing
 Umbrella: Groovy
 Bureau: 0
 Reporting to CDS as: 9999
 Medicare License Number: CA123456
 UC For All Clients
 Program Physician: 0

Default Procedure Code: 111	Alt. Billing		Unit	Days of Operation: Y Y Y Y Y Y						UC	Duration		Special Rates
	Rate	Rate		FRC Mode	SFC/CDS	Mask	Location	Staff	Def/Min/Max		Pop	App	
111 LOCAL INPATIENT DAY	0.00		15 MIN	28	15		0	1	32767		-1/1/1440		

Reporting Unit Balances Attributes Listing

7-Mar-2001

Page 2

Report MHS 127
 Coordinating Program (7777CS)
 1700 BROADWAY
 OAKLAND, CA 94612
 Type: M
 Service Mode/Medicaid Mode/Code: 14/18/
 Type of Utilization Control: Coordinated Services, UC/MC Claim Link: On
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens: Single

RJ Records for 2/2001
 Region: Missing
 Umbrella: Missing
 Bureau: 1
 Reporting to CDS as: 0000
 Medicare License Number:
 UC For All Clients
 Program Physician: 0

Default Procedure Code: 0	Alt. Billing		Unit	Days of Operation: Y Y Y Y Y Y						UC	Duration		Special Rates
	Rate	Rate		FRC Mode	SFC/CDS	Mask	Location	Staff	Def/Min/Max		Pop	App	
331 ASSESSMENT		1.50	MINUTES	31	14	30 30	114	31	1147		1/1/480	Y	

Reporting Unit Balances Attributes Listing

7-Mar-2001

Page 3

Report MHS 127
 Day Treatment Program (7777DT)
 12 N 17TH
 OAKLAND, CA 0
 Type: M
 Service Mode/Medicaid Mode/Code: 10/18/
 Type of Utilization Control: Coordinated Services, UC/MC Claim Link: On
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens: Single/Daily with Time

RJ Records for 2/2001
 Region: Missing
 Umbrella: Missing
 Bureau: 1
 Reporting to CDS as: 0000
 Medicare License Number:
 UC For All Clients
 Program Physician: 0

Default Procedure Code: 285	Alt. Billing		Unit	Days of Operation: Y Y Y Y Y Y						UC	Duration		Special Rates
	Rate	Rate		FRC Mode	SFC/CDS	Mask	Location	Staff	Def/Min/Max		Pop	App	
285 DAY TX INDIENS FULL DAY	70.00		PROGRAM	31	10	85 85	23	1	0		240/240/480	N	

Reporting Unit Balances Attributes Listing

7-Mar-2001

Page 4

Report MHS 127
 Outpatient Mental Health (7777MH)
 115 N FRANKLIN
 OAKLAND, CA 94591
 Type: M
 Service Mode/Medicaid Mode/Code: 15/18/01
 Type of Utilization Control: Coordinated Services, UC/MC Claim Link: On
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens: Single

RJ Records for 2/2001
 Region: Unknown
 Umbrella: Unknown
 Bureau:
 Reporting to CDS as: 0000
 Medicare License Number:
 UC For All Clients
 Program Physician: 0

Procedure	Alt. Rate	Billing Rate	Unit Type	Days of Operation:					UC	Location	Staff	Duration Def/Min/Max	Special Rates	
				Sun	Mon	Tue	Wed	Thur					Fri	Sat
111 LOCAL INPATIENT DAY	1.50		MINUTES	31	15	10	10	23	63	27775	1/1/480		N	
331 ASSESSMENT	1.50		MINUTES	31	15	30	30	23	11	115	1/1/480		Y	
341 INDIVIDUAL	1.50		MINUTES	31	15	40	40	23	63	27775	1/1/480		Y	
351 GROUP	1.50		MINUTES	31	15	50	50	23	27	27775	1/1/480		Y	
361 MEDICATION	1.50		MINUTES	31	15	60	60	0	31	11	1/1/480		Y	
371 CRISIS INTERVENTION	1.65		MINUTES	31	15	70	70	0	31	27775	1/1/480		Y	

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 Marina School (88871)
 114 S WATERFRONT
 SAN FRANCISCO, CA 94108
 Type: M
 Service Mode/Medicaid Mode/Code: 10/00/01
 Type of Utilization Control: None, UC/MC Claim Link: Not Applicable
 FRC:(1) Agency
 Data Entry Screens: Single/Daily No Time/Indirect

RJ Records for 2/2001
 Region: Unknown
 Umbrella: Unknown
 Bureau:
 Reporting to CDS as: 0000
 Medicare License Number:
 Program Physician: 0

Procedure	Alt. Rate	Billing Rate	Unit Type	Days of Operation:					UC	Location	Staff	Duration Def/Min/Max	Special Rates		
				Sun	Mon	Tue	Wed	Thur					Fri	Sat	Pop
281 DAY TX															
INTEHS HALF DAY	99.00	99.00	MINUTE10					81	81	0	1	0	-8/8/240		N

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 Westside House (88881)
 876 W SUNSET
 SAN FRANCISCO, CA 94112
 Type: M
 Service Mode/Medicaid Mode/Code: 05/00/01
 Type of Utilization Control: None, UC/MC Claim Link: Not Applicable
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens: Single/Weekly/Daily No Time/Indirect

RJ Records for 2/2001
 Region: Unknown
 Umbrella: Unknown
 Bureau:
 Reporting to CDS as: 0000
 Medicare License Number: ZZZL23999
 Program Physician: 0

Procedure	Alt. Rate	Billing Rate	Unit Type	Days of Operation:					UC	Location	Staff	Duration Def/Min/Max	Special Rates	
				Sun	Mon	Tue	Wed	Thur					Fri	Sat
291 DAY TX														
REHAB HALF DAY	80.00	80.00	PROGRAM	3	10	91	91	0	1	0	0	-8/8/240		Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 PSP Outpatient (99991)
 116 NEW MONIGMERY
 SAN FRANCISCO, CA 94105
 Type: M
 Service Mode/Medicaid Mode/Code: 15/18/01
 Type of Utilization Control: Outpatient, UC/MC Claim Link: Off
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens: Single/Indirect/Oneshot/Roster

RJ Records for 2/2001
 Region: Missing
 Umbrella: Groovy
 Bureau:
 Reporting to CDS as: 9999
 Medicare License Number: ZZZL23999
 UC For All Clients
 Program Physician: 0

Procedure	Alt. Rate	Billing Rate	Unit Type	Days of Operation:					UC	Location	Staff	Duration Def/Min/Max	Special Rates	
				Sun	Mon	Tue	Wed	Thur					Fri	Sat
311														

311 COLLATERAL	45.00	45.00	15 MIN	31	14	10	10	479	443	25727	8/8/480		Y
312 COLLATERAL AB3	45.00	45.00	15 MIN	15	14	10	10	479	1	17531	8/8/480	C	Y
331 ASSESSMENT	45.00	45.00	MINUTES	31	15	30	30	415	127	16507	8/8/480		Y
332 ASSESSMENT AB3645	45.00	45.00	15 MIN	15	14	30	30	415	1	17531	8/8/480	C	Y
341 INDIVIDUAL	45.00	45.00	15 MIN	31	15	41	41	415	59	29823	8/8/480		Y
342 INDIVIDUAL A	45.00	45.00	15 MIN	31				0	1	31743	8/8/480		Y
350 Urine Test		0.00	FLAT RT	1	15			0	1	32767	1/1/15		Y
351 GROUP	45.00	1.60	MINUTES	31	14	50	50	415	3	27775	8/8/480		Y
352 GROUP AB3632	45.00	45.00	15 MIN	15	14	50	50	415	1	27771	8/8/480	C	Y
361 MEDICATION	25.00	25.00	15 MIN	31	14	60	60	0	1	11	8/8/30		Y
362 MEDICATION	25.00	25.00	15 MIN	15	14	60	60	0	1	3	8/8/30	C	Y
411 MENTAL HEALTH PR		25.00	HOUR	1	45	10	10	0	15	32767	8/8/480		
421 COMMUNITY CLIENT CNTA25		25.00	HOUR	1	45	20	20	0	11	32767	8/8/480		
771 No Label					350.00	FLAT RT		31		32767	60/8/600		Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 PSP DAY TREATMENT (99992)
 116 NEW MONTGOMERY
 SAN FRANCISCO, CA 94105
 Type: M

RJ Records for 2/2001
 Region: Unknown
 Umbrella: Groovy
 Bureau:
 Reporting to CDS as: 0000
 Medicare License Number:
 Type of Utilization Control: Methadone Maintenance, UC/MC Claim Link: Off UC For Medicaid Clients Only
 FRC:(27) Agency, Medicaid, Insurance, Client
 Program Physician: 0

Service Mode/Medicaid Mode/Code: 10/18/01

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 295

Days of Operation: Y Y Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Staff	Duration Def/Min/Max	Special Rates	
				FRC Mode	SFC/CDS	Mask	Location			Pop	App

291 DAY TX													
REHAB HALF DAY	48.00	48.00	FLAT RT	31	10	91	91	0	63	0	-480/8/480		N
341 INDIVIDUAL	45.00	45.00	15 MIN	15				0	1	32767	8/8/480		Y
342 INDIVIDUAL AB3632	45.00	45.00	15 MIN	0				0	0	31743	8/8/480		Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 Full Time Case Management (99993)
 116 NEW MONTGOMERY
 SAN FRANCISCO, CA 94105
 Type: M

RJ Records for 2/2001
 Region: Missing
 Umbrella: Groovy
 Bureau:
 Reporting to CDS as: 9999
 Medicare License Number:
 Type of Utilization Control: Case Management, UC/MC Claim Link: On
 FRC:(27) Agency, Medicaid, Insurance, Client
 Program Physician: 0

Service Mode/Medicaid Mode/Code: 50/50/01

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0

Days of Operation: Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Staff	Duration Def/Min/Max	Special Rates	
				FRC Mode	SFC/CDS	Mask	Location			Pop	App

341 INDIVIDUAL		45.00	15 MIN	0				0	0	0	8/8/480		Y
342 INDIVIDUAL													
AB3632	45.00	45.00	15 MIN	11				0	1	31743	8/8/480		Y
510 Case Management	13.00	13.00	15 MIN	27	50	10	10	31	63	25723	8/8/480		
511 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480		
512 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480	C	
520 Meth Dosing	13.00		15 MIN	17	50	10	10	31	63	25723	8/8/480		
521 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480		
522 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480	C	
530 No Label		13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480		
531 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480		
532 No Label	1	3.00	15 MIN	3	50	10	10	31	63	25723	8/8/480	C	

540 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
541 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
542 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
550 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
551 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
552 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
560 No Label	13.00	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480
561 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
562 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
710 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
711 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
712 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
720 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
721 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
722 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
730 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
731 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
732 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
740 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
741 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
742 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
750 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
751 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480
752 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480 C
760 No Label	13.00	15 MIN	17	50	10	10	31	63	25723	8/8/480	
761 No Label	13.00	13.00	15 MIN	19	50	10	10	31	63	25723	8/8/480

Reporting Unit Balances Attributes Listing

7-Mar-2001
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Report MHS 127

RJ Records for 2/2001

Full Time Case Management (99993)
116 NEW MONTGOMERY
SAN FRANCISCO, CA 94105
Type: M
Service Mode/Medicaid Mode/Code: 50/50/01
Type of Utilization Control: Case Management, UC/MC Claim Link: On
FRC:(27) Agency, Medicaid, Insurance, Client
Data Entry Screens: Single/Indirect/Oneshot/Roster

Region: Missing
Umbrella: Groovy
Bureau:
Reporting to CDS as: 9999
Medicare License Number:
UC For All Clients
Program Physician: 0

Procedure	Alt. Rate	Billing Rate	Unit Type	Days of Operation:					UC Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
				Sun	Mon	Tue	Wed	Thur						
762 No Label	13.00	13.00	15 MIN	3	50	10	10	31	63	25723	8/8/480	C		

Reporting Unit Balances Attributes Listing

7-Mar-2001
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Report MHS 127

RJ Records for 2/2001

Overburdened Crisis Clinic (99994)
9000 E REGION
SAN FRANCISCO, CA 99999
Type: M
Service Mode/Medicaid Mode/Code: 15/17/01
Type of Utilization Control: Outpatient, UC/MC Claim Link: On
FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
Data Entry Screens: Single/Weekly/Daily No Time/Indirect/Ancillary/Oneshot/Roster/Component

Region: Unknown
Umbrella: Unknown
Bureau:
Reporting to CDS as: 9999
Medicare License Number: ZZZ999999
UC For All Clients
Program Physician: 0

Procedure	Alt. Rate	Billing Rate	Unit Type	Days of Operation:					UC Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
				Sun	Mon	Tue	Wed	Thur						
341 INDIVIDUAL	45.00	45.00	15 MIN	27				0	1	31743	8/8/480	Y		
342 INDIVIDUAL														
AB3632	45.00	45.00	15 MIN	27				0	1	31743	8/8/480	Y		
371 CRISIS														

INTERVENTION 75.00 75.00 15 MIN 31 15 70 70 927 11 17531 8/8/1439 Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127

RJ Records for 2/2001

Take Care Conservators (99995)

Region: Unknown

116 OLD WILSON

Umbrella: Unknown

SAN FRANCISCO, CA 94105

Bureau:

Type: M

Reporting to CDS as: 9999

Service Mode/Medicaid Mode/Code: 60/00/01

Medicare License Number:

Type of Utilization Control: None, UC/MC Claim Link: Not Applicable

Program Physician: 0

ERC:(1) Agency

Data Entry Screens: Single/Weekly/Daily No Time/Indirect/Ancillary/Oneshot/Roster/Component

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0

Days of Operation: Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates	
				ERC Mode	SFC/CDS	Mask	Pop				App	
341 INDIVIDUAL		45.00	15 MIN	1		0	1	31743	8/8/480		Y	
342 INDIVIDUAL AB3632		45.00	15 MIN	1		0	1	31743	8/8/480		Y	
621 CONSERVATORSHIP												
INV		10.00	15 MIN	1	60	20	20	0	15	19579	8/8/480	
661 CASE MGMT SUPPORT		15.00	15 MIN	1	60	60	60	0	15	19707	8/8/480	Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127

RJ Records for 2/2001

Harbor View Day Care Center (99996)

Region: Unknown

117 EMBARCADERO

Umbrella: Unknown

SAN FRANCISCO, CA 99999

Bureau:

Type: M

Reporting to CDS as: 9999

Service Mode/Medicaid Mode/Code: 10/17/01

Medicare License Number: ZZZ888888

Type of Utilization Control: Rehab Day Treatment, UC/MC Claim Link: On

UC For All Clients

ERC:(31) Agency, Medicaid, Medicare, Insurance, Client

Program Physician: 0

Data Entry Screens: Single/Weekly/Daily No Time/Indirect/Ancillary/Oneshot/Roster/Component

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 291

Days of Operation: Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates	
				ERC Mode	SFC/CDS	Mask	Pop				App	
291 DAY TX												
REHAB HALF DAY	75.00	75.00	FLAT RT	31	10	91	91	31	1	32767	8/8/480	Y
341 INDIVIDUAL		45.00	15 MIN	0		0	1	31743	8/8/480		Y	

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127

RJ Records for 2/2001

PSP Methadone (99997)

Region: Unknown

1700 BROADWAY

Umbrella: Groovy

OAKLAND, CA 94612

Bureau:

Type: M

Reporting to CDS as: 9999

Service Mode/Medicaid Mode/Code: 15/17/01

Medicare License Number:

Type of Utilization Control: Inpatient, UC/MC Claim Link: On

UC For Medicaid Clients Only

ERC:(31) Agency, Medicaid, Medicare, Insurance, Client

Program Physician: 0

Data Entry Screens: Single/Weekly/Daily No Time/Indirect/Roster

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0

Days of Operation: Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates	
				ERC Mode	SFC/CDS	Mask	Pop				App	
200 DAY TREATMENT-NO SHOW	0.00	0.00	NO BILL	0	10	00	00	0	1	32767	0/0/0	Y

281 DAY TX													
INDENS HALF DAY	95.00	95.00	FLAT RT	31	10	81	81	0	1	32767	8/8/480		Y
282 DAY TX INDENS													
HALF DAY AB3632	95.00	95.00	FLAT RT	15	10	81	81	0	1	32767	8/8/480	C	Y
341 INDIVIDUAL	45.00	45.00	15 MIN	3				0	1	31743	8/8/480		Y
342 INDIVIDUAL													
AB3632		45.00	15 MIN	0				0	0	31743	8/8/480		Y
520 Meth Dosing		0.00	UNKNOWN	31	15			0	1	32767	0/1/5		N

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 Horizon House (99998)
 14 W WORKER
 SAN FRANCISCO, CA 99999
 Type: M

RJ Records for 2/2001
 Region: Unknown
 Umbrella: Unknown
 Bureau:
 Reporting to CDS as: 9999
 Medicare License Number:
 UC For All Clients
 Program Physician: 0

Service Mode/Medicaid Mode/Code: 05/07/01
 Type of Utilization Control: Adult Residential, UC/MC Claim Link: Off
 FRC:(19) Agency, Medicaid, Client
 Data Entry Screens: Single/Weekly/Daily No Time/Indirect/Ancillary/Oneshot/Roster/Component

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0 Days of Operation: Y Y Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates		
				FRC	Mode	SFC/CDS	Mask				Pop	App	
152 No Label		95.00	DAY	1	15	50	50	0	1	32767	-1440/1440/1440	C	Y
350 Urine Test		50.00	DAY	17	15	50	50	0	1	32767	-1440/1440/1440		Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 Good View Psychiatric Hospital (99999)
 200 W VALLEY
 SAN FRANCISCO, TX 78981
 Type: M

RJ Records for 2/2001
 Region: Missing
 Umbrella: Groovy
 Bureau:
 Reporting to CDS as: 9999
 Medicare License Number: ZZZ999999
 UC For Medicaid Clients Only
 Program Physician: 0

Service Mode/Medicaid Mode/Code: 05/07/01
 Type of Utilization Control: Inpatient, UC/MC Claim Link: On
 FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry Screens: Single/Daily No Time/Ancillary

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 111 Days of Operation: Y Y Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates		
				FRC	Mode	SFC/CDS	Mask				Pop	App	
110 LOCAL INPATIENT AWOL	0.00		NO BILL	0	05	00	00	0	1	32767	0/0/0		Y
111 LOCAL													
INPATIENT DAY	400.00	400.00	DAY	31	05	10	10	246	257	32767	-1440/1440/1440		Y
341 INDIVIDUAL		45.00	15 MIN	0				0	1	32767	8/8/480		Y
342 INDIVIDUAL													
AB3632		45.00	15 MIN	1				0	1	32767	8/8/480		N
830 PROFESSIONAL													
COMPONENT		50.00	FLAT RT	28	05	00	00	0	1	32767	-15/15/15		Y

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127
 PSP TRAINING OUTPATIENT (999991)
 1700 BROADWAY
 OAKLAND, CA 0
 Type: M

RJ Records for 2/2001
 Region: Missing
 Umbrella: Unknown
 Bureau:
 Reporting to CDS as: 0000
 Medicare License Number: XXXXXXXXX
 Program Physician: 90000

Service Mode/Medicaid Mode/Code: 15/ /01
 Type of Utilization Control: None, UC/MC Claim Link: Not Applicable
 FRC:(1) Agency
 Data Entry Screens: Single/Indirect/Ancillary/Oneshot/Roster/Component

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0		Days of Operation: Y Y Y Y Y									
Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	UC Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
341 INDIVIDUAL		2.25	MINUTES 1	15	00 00	0	127	32767	8/8/480		N
351 GROUP		75.00	MINUTES 5	15	00 00	0	127	32767	8/8/480		Y
411 MENTAL HEALTH PROMOTION		0.00	MINUTES 1	45	00 00	0	127	0	8/8/1440		N
421 COMMUNITY CLIENT CONTACT		0.00	MINUTES 1	45	00 00	0	127	32767	8/8/1440		N

Reporting Unit Balances Attributes Listing

7-Mar-2001
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Report MHS 127
PSP TRAINING DAY (999992)
1700 BROADWAY
OAKLAND, CA 0
Type: M
Service Mode/Medicaid Mode/Code: 10/ /01
Type of Utilization Control: None, UC/MC Claim Link: Not Applicable
FRC: (1) Agency

RU Records for 2/2001
Region: Missing
Umbrella: Unknown
Bureau:
Reporting to CDS as: 0000
Medicare License Number:
Program Physician: 90000

Data Entry Screens: Single/Daily with Time

Default Procedure Code: 291		Days of Operation: Sun Mon Tue Wed Thr Fri Sat Y Y Y Y Y Y Y									
Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	UC Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
291 DAY TX REHAB HALF DAY		400.00	PROGRAM 1	10	00 00	0	127	0	8/8/480		N

Reporting Unit Balances Attributes Listing

7-Mar-2001
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Report MHS 127
PSP TRAINING INPATIENT (999993)
1400 S CLEARPORT
, 0
Type: M
Service Mode/Medicaid Mode/Code: 05/ /02
Type of Utilization Control: Inpatient, UC/MC Claim Link: On
FRC: (1) Agency
Data Entry Screens: Single/Weekly/Daily No Time/Component

RU Records for 2/2001
Region: Missing
Umbrella: Unknown
Bureau:
Reporting to CDS as: 1212
Medicare License Number:
UC For Medicaid Clients Only
Program Physician: 90000

Default Procedure Code: 111		Days of Operation: Sun Mon Tue Wed Thr Fri Sat Y Y Y Y Y Y Y									
Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	UC Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
111 LOCAL INPATIENT DAY		230.00	PROGRAM 1	05	00 00	0	63	32767	-1440/1440/1440		N

Reporting Unit Balances Attributes Listing

7-Mar-2001
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Report MHS 127
PSP ODF (999999)
1700 BROADWAY
OAKLAND, CA 94612
Type: M
Service Mode/Medicaid Mode/Code: 15/ /
Type of Utilization Control: Case Management, UC/MC Claim Link: On
FRC: (31) Agency, Medicaid, Medicare, Insurance, Client
Data Entry Screens: Single/Weekly/Daily No Time/Indirect/Ancillary/Oneshot/Roster/Component

RU Records for 2/2001
Region: Unknown
Umbrella: Unknown
Bureau:
Reporting to CDS as: 0000
Medicare License Number:
UC For All Clients
Program Physician: 0

Default Procedure Code: 0		Days of Operation: Sun Mon Tue Wed Thr Fri Sat Y Y Y Y Y Y Y									
Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	UC Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App

351 GROUP 4.56 MINUTES 1 15 0 127 32767 8/8/480 N

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127

RU Records for 2/2001

PSP Mental Health Services (9999CS)

Region: Unknown

0

Umbrella: Unknown

, 0

Bureau:

Type: M

Reporting to CDS as: 0401

Service Mode/Medicaid Mode/Code: 15/17/01

Medicare License Number:

Type of Utilization Control: Coordinated Services, UC/MC Claim Link: Off UC For All Clients

FRC:(31) Agency, Medicaid, Medicare, Insurance, Client

Program Physician: 99999

Data Entry Screens: Single/Component

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0

Days of Operation: Y Y Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates		
				FRC Mode	SFC/CDS	Mask	UC				Pop	App	
341 INDIVIDUAL	2.98		MINUTES	31	15	41	41	119	63	27775	5/5/480		Y
351 GROUP	0.66		MINUTES	31	15	51	51	119	63	27775	5/5/480		N
361 MEDICATION	2.67		MINUTES	31	15	61	61	0	31	143	5/5/240		N

Reporting Unit Balances Attributes Listing

7-Mar-2001

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Report MHS 127

RU Records for 2/2001

Day Treatment (9999DT)

Region: Unknown

0

Umbrella: Unknown

0

Bureau:

Type: M

Reporting to CDS as: 0000

Service Mode/Medicaid Mode/Code: 10/17/01

Medicare License Number:

Type of Utilization Control: Coordinated Services, UC/MC Claim Link: Off UC For All Clients

FRC:(31) Agency, Medicaid, Medicare, Insurance, Client

Program Physician: 0

Data Entry Screens: Single/Daily with Time

Sun Mon Tue Wed Thr Fri Sat

Default Procedure Code: 0

Days of Operation: Y Y Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	UC				Location	Staff	Duration Def/Min/Max	Special Rates		
				FRC Mode	SFC/CDS	Mask	UC				Pop	App	
200 DAY TREATMENT-NO SHOW	0.00		MINUTES	1	10	10	10	0	1	0	-240/8/240	n	Y
281 DAY TX INTENS HALF DAY	0.00		FLAT RT	1	10	81	81	119	1	32767	-480/1/480		Y
291 DAY TX REHAB HALF DAY	0.00		FLAT RT	31	10	91	91	119	1	0	8/8/480		N

Report MHS 128 - Provider Balances FRC Report

Report Description:

This report lists all services done by each reporting unit, with the potential payor sources for each service.

Running the Report:

Use the Report menu to run this report as needed. You are prompted to enter the month and year to be reported.

Using the Report:

The report can be used to help manage billing for services and review setups of new services and programs.

Output File:

MHS_OUTPUT_REPORT:

RU_RECORDS_FRC_REPORT_MHS128.LIS

Reporting Unit Balances Financial Responsibility Listing

7-Oct-1997
Page 1

Report MHS 128

Coordinating Program (7777CS)

Balances for 7/1996

Procedure	Billing Rate	Unit Type	No Bill Agency	Medicaid	Medicare	Insurance	Client
331 ASSESSMENT		1.50 Minutes	Y	Y	Y	Y	Y

Reporting Unit Balances Financial Responsibility Listing

7-Oct-1997
Page 2

Report MHS 128

Day Treatment Program (7777DT)

Balances for 7/1996

Procedure	Billing Rate	Unit Type	No Bill Agency	Medicaid	Medicare	Insurance	Client
285 DAY TX INTRNS FULL DAY		70.00 Program	Y	Y	Y	Y	Y

Reporting Unit Balances Financial Responsibility Listing

7-Oct-1997
Page 3

Report MHS 128

Outpatient Mental Health (7777MH)

Balances for 7/1996

Procedure	Billing Rate	Unit Type	No Bill Agency	Medicaid	Medicare	Insurance	Client
111 LOCAL INPATIENT DAY		1.50 Minutes	Y	Y	Y	Y	Y
331 ASSESSMENT		1.50 Minutes	Y	Y	Y	Y	Y
341 INDIVIDUAL		1.50 Minutes	Y	Y	Y	Y	Y
351 GROUP		1.50 Minutes	Y	Y	Y	Y	Y
361 MEDICATION		1.50 Minutes	Y	Y	Y	Y	Y
371 CRISIS INTERVENTION		1.65 Minutes	Y	Y	Y	Y	Y

Report PSP 129 - Reporting Unit Master Listings Report

Report Description:

This report creates four output files with information about each reporting unit.

Running the Report:

Operations Staff should use the Report menu to run this report regularly to monitor program setups in the system.

Using the Report:

This report gives general information on reporting units and how they have been set up in the system. Review for accuracy, and change the Provider Master table if necessary.

Output File:

MHS_OUTPUT_REPORT:

REPORTING_UNIT_ADDRESS_PSP129.LIS

REPORTING_UNIT_ALPHA_PSP129.LIS

REPORTING_UNIT_GL_ACCOUNT_PSP129.LIS

REPORTING_UNIT_NUMERIC_PSP129.LIS

REPORTING_UNIT_UMBRELLA_PSP129.LIS

Reporting Unit Master Address List

24-Dec-1990

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Report PSP129
Address Listing

Reporting Unit Name	Reporting Unit	Street Address	City and State	Phone Number
ACCOUNTING BUSINESS OFFICE	330051	4095 COUNTY CIRCLE DR	RIVERSIDE,CA 92503	(714) 358-4580
Acute Day Treatment - OP	337234	9851 MAGNOLIA AV	RIVERSIDE,CA 92503	(714) 351-7253
Acute Day Treatment - PD Inten	337252	9851 MAGNOLIA AV	RIVERSIDE,CA 92503	(714) 351-7253
Arches III	440171	82013 MILES AV	INDIO,CA 92201	(619) 347-8095
Banning - Case Management	338585	3090 W RAMSEY ST	BANNING,CA 92220	(714) 849-7142
Banning - Outpatient	338524	3090 W RAMSEY ST	BANNING,CA 92220	(714) 849-7142
Banning - Supportive Services	338569	3090 W RAMSEY ST	BANNING,CA 92220	(714) 849-7142
DOMHC Indio - Outpatient	330114	82485 MILES AV	INDIO,CA 92201	(619) 342-8455
DOMHC Indio - PD Habilitative	330193	82485 MILES AV	INDIO,CA 92201	(619) 342-8455
DOMHC Indio - PD Intensive	330152	82485 MILES AV	INDIO,CA 92201	(619) 342-8455
DOMHC Indio - Support Services	330149	82485 MILES AV	INDIO,CA 92201	(619) 342-8455
DOMHC Palm Springs - Case Mgmt	337635	2150 TAHQUITZ-MCCALLUM	PALM SPRINGS,CA 92262	(619) 320-0063
DOMHC Palm Springs - OP	337644	2150 TAHQUITZ-MCCALLUM	PALM SPRINGS,CA 92262	(619) 320-0063
DOMHC Palm Springs - PD Habil	337623	2150 TAHQUITZ-MCCALLUM	PALM SPRINGS,CA 92262	(619) 320-0063
DOMHC Palm Springs - PD Intens	337672	2150 TAHQUITZ-MCCALLUM	PALM SPRINGS,CA 92262	(619) 320-0063
DOMHC Palm Springs - Supp Svcs	337649	2150 TAHQUITZ-MCCALLUM	PALM SPRINGS,CA 92262	(619) 320-0063
Elsinore - Case Management	338377	510 W 4TH ST	FERRIS,CA 92370	(714) 657-0626
Elsinore - Outpatient	338306	510 W 4TH ST	FERRIS,CA 92370	(714) 657-0626
Elsinore - Supportive Services	338368	510 W 4TH ST	FERRIS,CA 92370	(714) 657-0626
Family Services	330524	6927 BROCKTON AV	RIVERSIDE,CA 92506	(714) 686-3706
Forensics - CM - Riverside	333615	4050 MAIN ST	RIVERSIDE,CA 92501	(714) 275-4624

Reporting Unit Master Alpha Listing

20-May-1993

Page 1

Report PSP129
Alpha Listing

Provider Name	RU #
INPATIENT FACILITY	89311
VLD ADULT DAY TREATMENT	89025
VLD ADULT DAY TREATMENT	89022
VLD CASE MANAGEMENT	89023
VLD CASE MANAGEMENT SUPPORT	89024
VLD OUTPATIENT	89021
WS DAY TREATMENT	89125
WS CASE MANAGEMENT	89123
WS CASE MANAGEMENT SUPPORT	89124
WS DAY TREATMENT	89122
WS OUTPATIENT	89121

Reporting Unit Master G/L Account Listing

20-May-1993

Page 1

Report PSP129
GL Account Code Listing

Provider Name	RU #	G/L Account Number
VLD OUTPATIENT	89021	A1908
VLD ADULT DAY TREATMENT	89022	A1908
VLD CASE MANAGEMENT	89023	A1908
VLD CASE MANAGEMENT SUPPORT	89024	A1908
VLD ADULT DAY TREATMENT	89025	A1908
WS OUTPATIENT	89121	A1909
WS DAY TREATMENT	89122	A1909
WS CASE MANAGEMENT	89123	A1909
WS CASE MANAGEMENT SUPPORT	89124	A1909
WS DAY TREATMENT	89125	A1909
INPATIENT FACILITY	89311	A1910

Reporting Unit Master Numeric Listing

20-May-1993

Page 1

Report PSP129
Numeric Listing

RU #	Provider Name
89021	VLD OUTPATIENT
89022	VLD ADULT DAY TREATMENT
89023	VLD CASE MANAGEMENT
89024	VLD CASE MANAGEMENT SUPPORT
89025	VLD ADULT DAY TREATMENT
89121	WS OUTPATIENT
89122	WS DAY TREATMENT
89123	WS CASE MANAGEMENT
89124	WS CASE MANAGEMENT SUPPORT
89125	WS DAY TREATMENT
89311	INPATIENT FACILITY

Reporting Unit Master Umbrella Code Listing

20-May-1993

Page 1

Report PSP129
Umbrella Organization Listing

Provider Name	RU #	Sub Bureau	Umbrella Organization	Umbrella Organization
VLD OUTPATIENT	89021	1	01	County
VLD ADULT DAY TREATMENT	89022	1	01	County
VLD CASE MANAGEMENT	89023	1	01	County
VLD CASE MANAGEMENT SUPPORT	89024	1	01	County
VLD ADULT DAYTREATMENT	89025	1	01	County
INPATIENT FACILITY	89311	1	01	County
WS OUTPATIENT	89121	1	02	Contractor
WS DAY TREATMENT	89122	1	02	Contractor
WS CASE MANAGEMENT	89123	1	02	Contractor
WS CASE MANAGEMENT SUPPORT	89124	1	02	Contractor
WS DAY TREATMENT	89125	1	02	Contractor

Report PSP 130 - Provider Service Summary Report

Report Description:

This report shows the total services, direct and indirect, for all reporting units during the specified time period. RUs are sorted by region. This is a agency-wide version of Report PSP 131.

Running the Report:

Use the Report menu to run this report as needed. You are prompted to enter the time period and the region to be reported. (If it is customized by Operations Staff, you will be prompted for sub-bureau instead of region.)

Using the Report:

Administrative staff uses this report as a planning tool, to audit service entry before claiming, and to monitor program productivity.

Technical Notes:

This report does count services with a 00 Service Function Code, representing No Shows and other non-standard services. Therefore the total of services in this report will not match totals in Reports 126, 142, or 206, which do not count services with a 00 Service Function Code.

This report will not match totals with Report PSP 117. Report PSP 117 counts the services and/or groups provided by each staff person. This report counts total client services for the reporting unit.

This report does not count 900 series procedures, system-defined procedures.

Output File:

MHS_OUTPUT_REPORT:

RU_SERVICE_SUMMARY_PSP130.LIS

Reporting Unit Service Summary

10-Dec-1990

Page 1

Report PSP 130
 Region: Desert
 Reporting Period: From 1-Nov-1990 to 30-Nov-1990

Reporting Unit	Service Total	Total Hours
DCMHC Indio - PD Intensive (330142)		
280 Day Treatment Intensive	109	545.00
282 Day Trtmt Intens (Homlss)	83	415.00
Sub Total for Direct Services	192	960.00
Total Services for 330142	199	963.50
DCMHC Indio - Outpatient (330174)		
310 Assessment, Individual	67	91.42
311 Assessment, Individual IEP	4	4.50
312 Assessment, Individual HMLS	12	17.50
313 Assessment (Supplement)	7	8.50
333 Psych Testing (Supplment)	5	6.25
340 Clinical Evaluation	38	38.00
461 Medications MD IEP	9	4.50
469 Missed Medication Visit	35	0.00
470 Group	122	221.50
471 Group IEP	30	60.50
Sub Total for Direct Services	937	908.52
610 Mental Health Promotion	16	28.25
620 Community Client Contact	470	211.42
760 Staff Training	85	159.50
770 Conservatorship Report	1	6.00
Sub Total for Indirect Services	797	608.58
Total Services for 330174	1734	1517.10
DCMHC Palm Springs - Case Mgmt (337655)		
530 EVALUATION, DIRECT CONTACT	1	1.75
532 EVALUATION, DIR CONT, HOMELESS	1	3.50
670 ASSIST DAILY LVG, NON-DIRECT	5	2.60
680 LINKAGE-ADVOCACY, NON-DIRECT	1	1.00
Sub Total for Direct Services	265	243.80
Total Services for 337655	265	243.80
Total Services for Region: Desert	5521	16196.35
Grand Total Services for All Reporting Units	5521	

(Extracted Data. Totals not Complete.)

Report PSP 131 - Reporting Unit Service Summary by Provider

Report Description:

This report shows the total services by type for the specified reporting unit during the specified time period. This is a single-reporting-unit version of Report PSP 130. It generates a comma-delimited file as well as a printed report.

Running the Report:

Use the Report menu to run this report as needed. You are prompted to enter the reporting unit, time period, and printer. Enter Reporting Unit number or "*" for all Reporting Units.

Using the Report:

Use this report as a planning tool, to audit service entry and program productivity. If your county uses Management by Objectives, it can use this as a monthly report of how the program is meeting its objectives. You can download the comma-delimited file to a PC for further analysis.

Technical Notes:

This report does count services with a 00 Service Function Code, representing No Shows and other non-standard services. Therefore the total of services in this report will not match totals in Reports 126, 142, or 206, which do not count services with a 00 Service Function Code.

This report will not match totals with Report PSP 117. Report PSP 117 counts the services and/or groups provided by each staff person. This report counts total client services for the reporting unit.

This report does not count 900 series adjustment procedures.

Output File:

MHS_OUTPUT_REPORT:

```
RU_SERVICE_SUMMARY_PSP131.*****_LIS  
REPORT_PSP131_FILE.LIS
```

Service Summary
Direct and Indirect Services16-Dec-1992
Page 1

Report PSPL31

Reporting Period: From 01-Nov-1992 to 30-Nov-1992

Service Site	Service Total	Total Hours
WESTSIDE OUTPATIENT (832021)		
310 Collateral	10	13.80
330 Assessment	84	123.40
340 Individual	318	330.50
350 Group	176	581.50
360 Medication	218	102.80
Sub Total for Direct Services	806	1152.10
421 Community Client Contact	3	3.33
Sub Total for Indirect Services	3	3.33
Total Services for 832021	809	1155.43

Report PSP 132 - Emergency Services Utilization Control Report

Report Description:

This report lists clients who have over-used crisis services during a specified time period.

Running the Report:

Use the Report menu to run the report as needed. You are prompted to specify the Reporting Unit, the service period start and end dates, and the selection criterion. The report is routed to the printer of the specified provider.

The selection criterion you enter is a number of crisis visits, such as “6”. The report lists all clients who had more crisis visits than this number during the time period.

Using the Report:

This report is used to identify and track clients who receive crisis services, which should not be authorized for billing to Medicaid.

Output File:

MHS_OUTPUT_REPORT:
CRISIS_UR_PSP132.*****_LIS

Listing of Crisis Clients Who Meet UR Selection Criterion

1-Jul-1993

Page 1

Report PSP 132

Program: EPS 63191

Crisis UR Selection Criterion: 003 Visits/1 Month

From : 01-Jun-1993

To : 30-Jun-1993

	Client Name	Client Number
CHESNUT	JOHN	5555517052
FORBES	STEVE	5525508697
FRANKS	RICHARD	0835511823
LANDIS	JOHN	5525512702
MARKS	LORNA	2555555552
MERCER	EILEEN	0185507681
NU	CHUAN	0345510595
O'DOYLE	SHERRY	0185508317
PEASEM	PATRICIA	5515559794
PENSKE	JON	5555516985
SMITH	AGNES	0725555664
SYBIL	DAVID	5515557949
WALKEN	CHRISTINA	5525515619
WILSON	ANDREW	0255502344

TOTAL COUNT FOR THIS REPORT: 14

Confidential Information

Report PSP 133 - SSN/POE Discrepancy Report

Report Description:

This report lists all clients who have Social Security Numbers in the client record different from the Social Security Numbers entered for Medicaid Eligibility.

Running the Report:

The report is created automatically by the Medicaid Eligibility Processing module of the Posting System, but it is not printed automatically. Operations Staff should print the report after each posting run.

Using the Report:

Update either the Client SSN or the Medicaid Eligibility SSN.

Output File:

MHS_OUTPUT_REPORT:

SSN_POE_DISCREPANCY_PSP133.LIS

Mental Health System
Report MHS 133

22-MAY-1990

This report lists clients who have Social Security Numbers different than active Medi-Cal eligibility records entered by Social Security Number.

Client Number	Client Name	SSN in CLIENTS	SSN in MEDICAL_ELIGIBILITY
010006763	TESTUK, CHHOEUN	452-51-9313	452-51-9213
010006270	TESTS, JOHN	566-32-9139	566-23-9139
010005969	TEST, KATHERINE	550-15-8062	550-15-8026
010005956	TESTK, JEREMY	555-51-6992	555-45-6992
010005921	TESTY, DEVIER	558-49-9655	558-49-3755
010005828	TESTK, KEMYATTA	550-29-8019	572-29-8079

Confidential Information

Report PSP 134 - Medicaid Eligibility Collection Form

This report shows all open clients who are known to have Medicaid on the specified date. It shows client name, client number, Medicaid number, and the most current month and year of eligibility.

Running the Report:

Operations Staff uses the Report menu to run this report monthly or more frequently if needed. It prompts you to enter a report date. The report is automatically sent to each reporting unit's printer.

Using the Report:

In the past, the report was used to collect POE stickers. Now, with automated electronic eligibility processing, this report can be used to monitor clients with eligibility at the beginning of each month, after electronic eligibility processing.

Output File:

MHS_OUTPUT_REPORT:

MC_ELIGIBILITY_COLLECTION_FORM_PSP134.*****_LIS

Medicaid Eligibility Sticker Roster

20-May-1993
Page 1

Report PSP134
Collection Form for May 1993
Current Medicaid Information for: VLD OUTPATIENT 89021 as of 20-May-1993

Collect current sticker for each client, and attach them to this form. All stickers must be entered into the computer using the MC Eligibility Screen. At the end of the month, after all stickers have been entered into the screen, send this form with the stickers attached to the Business Office.

Client Name	Number	Medicaid Number	Last POE		OK
FRED CLIENT	500001967	43-60-1456789-1-23	10/1992	***** * Attach POE Label Here * *****	()
FRED CLIENT	500001954	34-53-4534534-5-34	4/1993	***** * Attach POE Label Here * *****	()
FRED CLIENT	500001952	22-22-2222333-3-33	3/1993	***** * Attach POE Label Here * *****	()
FRED CLIENT	500001922	43-01-1111111-1-11	4/1993	***** * Attach POE Label Here * *****	()
FRED CLIENT	500001944	11-12-2233344-4-55	4/1993	***** * Attach POE Label Here * *****	()
FRED CLIENT	500002001	22-22-2222222-2-21	4/1993	***** * Attach POE Label Here * *****	()
FRED CLIENT	500001952	22-22-2222333-3-33	3/1993	***** * Attach POE Label Here * *****	()
FRED CLIENT	001001882	43-63-0343971-0-01	12/1992	***** * Attach POE Label Here * *****	()

Confidential Information

Report PSP 135 - Unique Count of Open Episodes

Report Description:

This report lists the number of clients with open episodes in each reporting unit, and provides an unduplicated count by Reporting Unit, Region, System.

Running the Report:

Operations or Management Staff uses the Report menu to run this report and specify where it is printed.

Using the Report:

The report can be used for internal management and for state reporting, when a unique count of open clients is needed.

Output File:

MHS_OUTPUT_REPORT:

UNIQUE_CLIENT_COUNT_PSP135.LIS

Unduplicated Count of Open Episodes

20-Sep-1989

Page 1

Report MHS 135

Region: Acute Services

Cases active as of: 20-Sep-1989 10:53:35.90

		Open Cases
Good View Psychiatric Hospital	999911	30
Overburdened Crisis Clinic	999912	10
Total Open Cases for Region Acute Services		40
Total Unduplicated Open Cases for Acute Services		40

Region: North County Outpatient Services

Cases active as of: 20-Sep-1989 10:53:35.90

		Open Cases
Homeless Services	999814	50
North County Adult Case Management	999811	60
North County Adult Day Treatment	999812	50
North County Adult Outpatient	999813	200
Stoney Brook High	999711	25
Homeless Services	999814	50
Total Open Cases for North County Outpatient Services		435
Total Unduplicated Open Cases for North County Outpatient Services		415

Region: South County Outpatient Services

Cases active as of: 20-Sep-1989 10:53:35.90

		Open Cases
PSP Day Treatment	999917	55
PSP Outpatient	999919	115
South County Case Management	999918	100
Total Open Cases for South County Outpatient Services		270
Total Unduplicated Open Cases for South County Outpatient Services		250

Total Unduplicated Open Cases for Entire County

675

Report MHS 136A - Target Groups Report

Report Description:

This report show service patterns in mental health clinics by targeted client groups. For each group, it totals units of service and dollars by Reporting Unit, mode of service, Procedure Code, and Service Function Code (SFC). It includes the following target groups:

- **Target Group 1:** clients age 18 and over with an Axis 1 Diagnosis in DSM IV Classes Schizophrenic, Paranoid, Psychotic, Mood Disorder (Excluding Dysthymic), Organic (including only 293.XX), or with Diagnosis, 309.89, and a GAF level of 50 or below.
- **Target Group 2:** clients age 18 and over not in Target Group 1, but who have two Axis 1's and a GAF level of 50 or below.
- **Target Group 3:** clients age 17 and under with any of the diagnoses in Target Group 1, or Disruptive Disorders, Tic Disorders, Elimination Disorders, Other Disorders of Childhood, or who have any AB3632 service in the time period.
- **Target Group 4:** any client not included in Target Groups 1-3.

Running the Report:

Use the Report menu to run this report as needed. You are prompted to enter a period start and end date, and whether you want the detail report, MHS 136B.

Using the Report:

This report was designed by the InSyst User Group Clinical Sub-Committee to use as a clinical management tool. Increasingly, mental health services are available only to clients with severe illnesses, identified by this report.

Technical Notes:

This report depends on the DIAGNOSES Relation of the database. Each diagnosis in this Relation is assigned a Diagnostic Class. As installed, the Relation contains all DSM III-R diagnoses with their classes in the DSM IV Manual. The classes are the major sub-headings in the manual: for example, Schizophrenic, Paranoid, Psychotic, Mood Disorder, etc. If you have changed this Relation, the report may not be accurate. For more information, see the section on Diagnoses in Chapter 12 of the Operations Manual. The report calculates age based on its Ending Date.

Output File:

MHS_OUTPUT_REPORT:
TARGET_GROUPS_MHS136A.LIS

Target Groups Report

21-Nov-1991

Page 1

Report MHS 136A

Report period : 1-Jul-1991 to 30-Sep-1991

Reporting Unit: VINELAND COUNTY INPATIENT (94001)

Mode : 05

Procedure code/name	SFC	Target Group 1		Target Group 2		Target Group 3		Target Group 4	
		Units	Dollars	Units	Dollars	Units	Dollars	Units	Dollars
111 LOCAL INPATIENT	10	1458	\$765,450	122	\$64,050	0	\$0	317	\$166,425
Provider Total		1458	\$765,450	122	\$64,050	0	\$0	317	\$166,425

Page 3

Report MHS 136A

Report period : 1-Jul-1991 to 30-Sep-1991

Reporting Unit: PSYCHIATRIC EMERGENCY SERVICES (94002)

Mode : 15

Procedure code/name	SFC	Target Group 1		Target Group 2		Target Group 3		Target Group 4	
		Units	Dollars	Units	Dollars	Units	Dollars	Units	Dollars
331 ASSESSMENT	30	4	\$240	3	\$96	0	\$0	4	\$264
333 ASSESSMENT HMLSS	30	1	\$48	0	\$0	0	\$0	2	\$96
361 MEDICATION	60	40	\$3,465	5	\$440	0	\$0	70	\$6,875
363 MEDICATION HMLSS	60	4	\$330	1	\$110	0	\$0	6	\$605
371 CRISIS	70	126	\$17,200	56	\$9,240	12	\$2,480	298	\$42,960
373 CRISIS	70	26	\$3,560	5	\$640	0	\$0	38	\$5,640
381 CRISIS/ADMIT	70	145	\$23,760	33	\$5,640	0	\$0	37	\$6,600
383 CRISIS/ADMIT HMLSS	70	26	\$4,200	4	\$880	0	\$0	9	\$2,040
Provider Total :		372	\$52,803	107	\$17,046	12	\$2,480	464	\$65,080

Page 4

Report MHS 136A

Report period : 1-Jul-1991 to 30-Sep-1991

Reporting Unit: ADULT OUTPATIENT SERVICES (94411)

Mode : 15

Procedure code/name	SFC	Target Group 1		Target Group 2		Target Group 3		Target Group 4	
		Units	Dollars	Units	Dollars	Units	Dollars	Units	Dollars
300 NO SHOW	00	130	\$0	44	\$0	0	\$0	650	\$0
311 COLLATERAL	10	1	\$48	0	\$0	0	\$0	8	\$504
331 ASSESSMENT	30	27	\$2,232	3	\$432	0	\$0	124	\$13,704
341 INDIVIDUAL	40	61	\$5,520	35	\$3,288	0	\$0	573	\$52,848
351 GROUP	50	69	\$5,940	36	\$3,142	0	\$0	481	\$40,296
361 MEDICATION	60	248	\$18,920	33	\$2,860	0	\$0	1076	\$84,040
371 CRISIS	70	0	\$0	0	\$0	0	\$0	2	\$320
Provider Total :		536	\$32,660	151	\$9,722	0	\$0	2914	\$191,712
COUNTY TOTAL:		7104	\$1,053,291	526	\$100,264	5986	\$431,755	12939	\$756,677

Report MHS 136B - Target Groups, Group 4 Detail

Report Description:

This report supplements MHS136A, which shows service patterns in mental health clinics by targeted groups of clients. It provides more detail on clients in Target Group 4, the miscellaneous group made up of clients who do not fall into Target Groups 1 - 3.

This report shows birthdate, episode opening date, diagnostic information, and the total cost of services for each episode in Target Group 4. The diagnostic and cost information is taken from the client's current episode at the time the report is run.

Running the Report:

When you use the Report menu to run Report MHS136, you are asked whether you also want to run this report.

Using the Report:

The report is used as a clinical management tool, and also to see whether clients have been properly assigned to Group 4.

Output File:

MHS_OUTPUT_REPORT:
TARGET_GROUPS_MHS136B.LIS

Target Groups
Group 4 Client Episode Detail

21-Jun-1993

Page 1

Report MHS 136B

Report period : 1-Jul-1992 to 30-Sep-1992

Reporting Unit: PSP Outpatient (99991)

Primary Therapist: SMITH DONLEY (55555)

Client Number	Client Name	Birth Date	Opening Date	Axis I DK	DK Class	Supp Axis I	Opening GAF	Total Cost of Service
001000027	ANDERSON PEA	15-Feb-1945	1-Jan-1990	300.00	H		10	2400.00
001000020	GLASS ELABER	16-Aug-1942	16-Jul-1992	307.23	A		25	350.00
001000010	HENDERSON EUGENE	29-Jan-1935	10-Jan-1992	295.10	D		86	1600.00
001000029	HORTON FLAP	23-Mar-1953	17-Apr-1989	296.31	G		60	1250.00
001000018	JAPHY RYDER	15-Aug-1948	1-Sep-1992	799.90	S		50	950.00

Confidential Information

Report PSP 137 - Report Users/Report Menus Report

Report Description:

This report shows which reports have been installed on the system, which menu each report is on, and who has access to each report.

Running the Report:

Use the Report menu to run this report and specify where it should be printed. You can submit the report to run in batch mode or to run interactively at the terminal.

Using the Report:

This report is used to help set up and maintain the Report menu system.

For more information on installing and assigning reports, see the Operations Manual, Chapter 12, section on Report Menu Maintenance.

Output File:

MHS_OUTPUT_REPORT:

REPORT_LIBRARY_PSP137.LIS

USER_REPORT_LIBRARY_PSP137.LIS

INSYST Report Menu

22-Jun-1993

Page 1

Report: PSPL37

Report Menu Category ACCOUNT

143	Patient Refund Due Report
147	SHORT CLIENT ACCOUNT LEDGER
155	Medi-Cal Clients with UMDAP Liabilities
158	Clients with Services not within an UMDAP Period
160	Bad Address Report
161	Service Ledger for Clients with UMDAPS

Report Menu Category CASELOAD

100	Staff Caseload with Concurrent Providers
118	Client Episode History Report
121	Clinic Caseload Report
206	Caseload Statistics For Providers and Staff
243	Drug Class Caseload Report
251	Staff Appointment Roster Report
253	Unentered Staff Appointment Roster Report

Report Menu Category CLINICAL

111	REFERRAL SOURCE
136	Target Groups Report
140	Single Client Chart Face Sheet
141	Client Chart Face Sheet for Daily Openings
156	TREATMENT PLAN UPDATE
188	Inpatient Disease Index Report (JCAHO)
199	Length of Stay by Diagnostic Class
244	Client Message Report

22-Jun-1993

Page 1

Report: PSPL37
Mythic County

Username	Report Category	Report Number	Report Description
<hr/>			
BORDEN			
	ACCOUNT	8	Account Reports
	ACCOUNT	143	Patient Refund Due Report
	ACCOUNT	155	Medi-Cal Clients with UMDAP Liabilities
	CASELOAD	1	Caseload Reports
	CASELOAD	100	Staff Caseload with Concurrent Providers
	CLINICAL	3	Clinical Reports
	INSURANCE	6	Insurance Reports
	INSURANCE	115	Insurance & Medicare Receivables Summary
	OPERATIONS	2	Special Reports For Operations

Report PSP 138 - Service Entry Performance Report

Report Description:

This report measures the delay from the service date to the data entry date. It shows the number of services entered each day and calculates the average delay for each day's data entry. It is organized by reporting unit.

Running the Report:

Use the Report menu to run this report and specify where it will be printed. It prompts you to enter a start and end date and reporting unit number (or "*" for all reporting units).

Using the Report:

The report is used monitor the timeliness of data entry into the system. Pay special attention to reporting units who tend to do most data entry at the end of the month, or who are routinely late in doing data entry.

Technical Notes:

The report measures the difference between the DIRECT_SERVICES relation fields: SERVICE_DATE and SERVICE_ENTRY_STAMP (the date and time the service was entered into the computer).

Output File:

MHS_OUTPUT_REPORT:

SERVICE_ENTRY_PERFORMANCE_PSP138.*****_LIS

Data Entry Performance Report
Data Entry Volume and Average Delay

9-Oct-1997
Page 1

Report PSP138
Region: County
Reporting Period: From 1-Jan-1994 to 1-Oct-1997

	Data Entry Date	Service Entered	Average Entry Delay
Full Time Case Management	99993		
	19-Jul-1994	2	-12
Total for Reporting Unit: 99993		2	-12
PSP Outpatient	99991		
	21-Jan-1994	18	-8
	25-Jan-1994	18	-13
	8-Mar-1994	3	-53
	21-Mar-1994	3	-12
	25-Jul-1994	3	-117
	31-Aug-1994	1	0
	6-Sep-1994	2	-1
	7-Feb-1996	3	-23
	28-Feb-1996	1	-2
	4-Mar-1996	1	0
	11-Jun-1996	2	0
	25-Jun-1996	2	-1
	26-Jul-1996	1	-133
Total for Reporting Unit: 99991		58	-19
	7-Aug-1996	1	-33
Total for Reporting Unit: 999991		1	-33
	14-Aug-1996	21	-40
	15-Aug-1996	1	0
	4-Sep-1996	1	-51
	1-Oct-1996	1	-78
Total for Reporting Unit: 99991		24	-40
	16-Oct-1996	5	-62
Total for Reporting Unit: 999991		5	-62
	11-Dec-1996	5	-119
	18-Dec-1996	1	-139
	29-Jan-1997	1	0
	26-Mar-1997	4	-53
	6-May-1997	1	0
Total for Reporting Unit: 99991		12	-79
	27-Jun-1997	2	-30

Report MHS 139 - Administrative Days Report

Report Description:

This report lists Short Doyle and Medicaid inpatient administrative days for the time period specified. For each inpatient provider, it lists clients, administrative days during the time period, procedure code, Utilization Review, effective and expiration dates, and Utilization Review Status (Short Doyle or Medicaid Administrative). It also lists the total number of Medicaid administrative days and of Short Doyle administrative days.

Running the Report:

Use the Report menu to run the report. You are prompted to enter the start and end date for the reporting period, and to specify where it will be printed.

Using the Report:

As a result of California DMH letter 92-05, Administrative Days cannot be billed or reported to the state as regular or acute days. This report lets the inpatient or billing office staff identify administrative day services for special handling.

If a service is listed in this report, the Service Maintenance Screen should be used to change the service from an Acute Day (SFC 10) to an Administrative Day (SFC 19).

This report also helps you in selecting charts to review UR authorizations and use of administrative days. You must document efforts to place clients in nursing facilities to get Medicaid reimbursement for inpatient administrative days.

Output File:

MHS_OUTPUT_REPORT:

ADMIN_DAYS_MHS139.*****_LIS

Report MHS 139
 Reporting Unit: 99999
 Report Period: 1-Aug-1992 to 1-Sep-1992

Client Number	Client Name	Procedure Code	Service Date	Effective Date	Expiration Date	
00001899	GRISHAM LINDA	111	21-Aug-1992	20-Aug-1992	26-Aug-1992	Medicaid Administrative Day
		111	22-Aug-1992	20-Aug-1992	26-Aug-1992	Medicaid Administrative Day
		111	23-Aug-1992	20-Aug-1992	26-Aug-1992	Medicaid Administrative Day
		111	24-Aug-1992	20-Aug-1992	26-Aug-1992	Medicaid Administrative Day
		111	25-Aug-1992	20-Aug-1992	26-Aug-1992	Medicaid Administrative Day
		111	26-Aug-1992	20-Aug-1992	26-Aug-1992	Medicaid Administrative Day
		119	27-Aug-1992	27-Aug-1992	2-Sep-1992	SD Administrative Day
		119	28-Aug-1992	27-Aug-1992	2-Sep-1992	SD Administrative Day
		119	29-Aug-1992	27-Aug-1992	2-Sep-1992	SD Administrative Day
		119	30-Aug-1992	27-Aug-1992	2-Sep-1992	SD Administrative Day
		000099473	LEAVITT RICHARD	111	1-Aug-1992	31-Jul-1992
111	2-Aug-1992			31-Jul-1992	6-Aug-1992	Medicaid Administrative Day
111	3-Aug-1992			31-Jul-1992	6-Aug-1992	Medicaid Administrative Day
111	4-Aug-1992			31-Jul-1992	6-Aug-1992	Medicaid Administrative Day
111	5-Aug-1992			31-Jul-1992	6-Aug-1992	Medicaid Administrative Day
111	6-Aug-1992			31-Jul-1992	6-Aug-1992	Medicaid Administrative Day
111	7-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	8-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	9-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	10-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	11-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	12-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	13-Aug-1992			7-Aug-1992	13-Aug-1992	Medicaid Administrative Day
111	14-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	15-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	16-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	17-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	18-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	19-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	20-Aug-1992			14-Aug-1992	20-Aug-1992	Medicaid Administrative Day
111	21-Aug-1992			21-Aug-1992	26-Aug-1992	Medicaid Administrative Day
111	22-Aug-1992			21-Aug-1992	26-Aug-1992	Medicaid Administrative Day
111	23-Aug-1992			21-Aug-1992	26-Aug-1992	Medicaid Administrative Day
111	24-Aug-1992			21-Aug-1992	26-Aug-1992	Medicaid Administrative Day
111	25-Aug-1992			21-Aug-1992	26-Aug-1992	Medicaid Administrative Day
111	26-Aug-1992			21-Aug-1992	26-Aug-1992	Medicaid Administrative Day
119	27-Aug-1992			27-Aug-1992	2-Sep-1992	SD Administrative Day
119	28-Aug-1992			27-Aug-1992	2-Sep-1992	SD Administrative Day
119	29-Aug-1992			27-Aug-1992	2-Sep-1992	SD Administrative Day
119	30-Aug-1992			27-Aug-1992	2-Sep-1992	SD Administrative Day
119	31-Aug-1992			27-Aug-1992	2-Sep-1992	SD Administrative Day
009915167	BRINER LITA	111	1-Aug-1992	30-Jul-1992	5-Aug-1992	Medicaid Administrative Day

Total Medicaid Administrative Days: 33
 Total Short Doyle Administrative Days: 9

 Confidential Information

Reports MHS 140 & 141 - Client Information Face Sheet

Report Description:

This report is a summary description of a client's demographic and clinical history. It can be placed in the chart as a face sheet, if that is local policy.

Running the Report:

There are two versions of the Face Sheet Report:

- **Report 140** is produced by a user through the Report menu. You are prompted to enter a client number. This report can also be produced through some inquiry and data entry screens by pressing Gold-F. For example, when a client is displayed on the Locator Screen, you can press Gold-F to display a Function Key map at the bottom of the screen, and press the function key indicated to run this report for the client.
- **Report 141** runs automatically. Operations Staff may set up the report to resubmit itself one or more times each day. The face sheets are automatically sent to the appropriate printers. When it is first produced, the report asks for a start date and an end date, and it creates a face sheet for every case which has had an episode opening between the two dates. Note that the report looks for cases which have been *entered into the system* between the start and end date, looking at the date of data entry rather than at the episode opening date.

Using the Report:

The first section of the report contains basic client information, such as name, address and birthdate. The next section of the report contains emergency contacts for the client, taken from the client's significant others information. The next section summarizes all the client's open episodes. The final section of the face sheet shows all closed episodes in reverse chronological order. Report 141 also includes legal status in Open and Closed Episodes sections.

This report can be placed on the client's chart as a face sheet and used as a clinical tool for staff.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_FACE_SHEET_MHS140.*****_LIS

CLIENT_FACE_SHEET_MHS141.*****_LIS

Report PSP 142 - Reporting Unit Service Summary Report by SFC

Report Description:

This report lists units of service for each program by Service Function Code. InSyst can create multiple procedures, but at the budget level, all of these services must be reported under a small number of Service Function Codes. This report rolls all services into the appropriate Service Function Codes. It creates a data file as well as a printed report.

Running the Report:

This report is selected from the Report menu by Operations Staff or by individual users. It should be run monthly for all programs.

Using the Report:

This report is used for budget analysis by management staff and program managers, for review before monthly claiming. The data file can be down-loaded to your PC for further analysis.

Technical Notes:

Each service is assigned a Service Function Code through the Provider Balances table. For more information, see Operations Manual, Chapter 7, section on Provider Balances Maintenance.

This report does not count services with a 00 Service Function Code, representing No Shows and other non-standard services. Therefore its totals will not match totals in Reports 117, 130, 131.

This report will not match totals with Report 117. Report 117 counts the services and/or groups provided by each staff person. This report counts total client services for the program.

This report does not count 900 series adjustment procedures.

Output File:

MHS_OUTPUT_REPORT:

SERVICE_SUMMARY_SFC_PSP142.LIS

SERVICE_SUMMARY_SFC_PSP142.DAT

Report PSP 143 - Client Refund Due Report

Report Description:

This report lists all client payments in the system that do not have client receivables to apply against. These payments remain in To Post status.

The report is sorted by responsible party name. For each payment, it shows the RP name, account number, payment amount in To Post status, receipt date of the payment, the most recent Deductible effective date, annual Deductible liability, liability balance, account balance, last service date, last service reporting unit. It also includes summary balances for previous Deductible liability periods.

Running the Report:

Use the Report menu to run this report monthly, or as needed. Route it to the Business Office printer.

Using the Report:

This report helps determine which accounts have been overpaid. Some of these payments should be refunded, but because of the timing of service entry and payment, and other factors, there are many client payments in To Post status that should not be refunded to clients.

Generally, if an account has an Deductible Balance but no Account Balance, it means that no services have been posted against the account to incur the Deductible. This may mean that services have not been entered on the account yet, or that services entered but have not been posted for some reason.

When there is an Account Balance, but no Deductible Balance, it means either that the client has overpaid and is due a refund or that the Deductible was set too low or has been adjusted off.

If an account is on this report, you may want to:

- Refund the client the amount of the overpayment. Enter a Client Refund Adjustment.
- Adjust the account to cover the Payment Amount on the report. You may use a Therapeutic or Miscellaneous Adjustment. Both the Deductible balance and the Account Balance must be high enough to cover the payment.
- Wait for services to be posted to the account to create client receivables for the payments to be posted against.

Output File:

MHS_OUTPUT_REPORT: ACCOUNT_REFUND_PSP143.LIS

Unapplied Client Payments Report

9-Oct-1997

Page 1

Report PSP143
 Mythic County Mental Health
 Payments as of: 9-Oct-1997 14:49:06.95

Responsible Party Name	Account Number	Original Payment Amount	Receipt Date	Unapplied Payment Amount	Target RU	Account Balance	RP Ows	Last Service Date	Last Service RU	Payment Entry Username
ADESINDER JAN	207	25.00	7-22-93	25.00		0.00	0.00	8-26-93	26011	WHIME_C
			RP Totals:	25.00		0.00	0.00			
EDESITT NEISHA	1174	79.00	8-05-96	79.00	26011	0.00	0.00	2-28-96	26015	WHIME_C
EDESITT NEISHA	1174	79.00	2-10-97	79.00	26011	0.00	0.00	2-28-96	26015	WHIME_C
			RP Totals:	158.00		158.00	0.00			
FDESIRION SHEILAGH	1113	25.00	10-28-96	25.00		0.00	0.00	5-28-96	26011	WHIME_C
FDESIRION SHEILAGH	1113	25.00	2-03-97	25.00	26011	0.00	0.00	5-28-96	26011	WHIME_C
			RP Totals:	50.00		280.00	0.00			
GDESIER LISA	1091	20.00	4-05-96	10.00	26011	0.00	0.00	11-08-94	26011	WHIME_C
			RP Totals:	10.00		50.00	0.00			
HDEST KERSTIN	1127	5.00	11-09-95	5.00		0.00	0.00	2-14-96	26015	WHIME_C
HDEST KERSTIN	1127	5.00	11-16-95	5.00		0.00	0.00	2-14-96	26015	WHIME_C
HDEST KERSTIN	1127	5.00	1-11-96	5.00	26015	0.00	0.00	2-14-96	26015	WHIME_C
			RP Totals:	15.00		0.00	0.00			
VDESIEE ROSE	1190	56.00	9-06-96	56.00	26015	0.00	0.00	1-22-97	26015	WHIME_C
			RP Totals:	56.00		0.00	0.00			

Report Totals: 1,425.24

 Confidential Information

Report PSP 144 - Insurance Refund Due

Report Description:

This report lists all insurance and Medicare payments in the system that are in Refunded status. A payment (or part of a payment) moves into Refunded status when the receivable it paid for is overpaid. This may occur when a client has more than one insurance policy. If the two insurance plans pay more in total for a service than its cost, the difference between the cost and the amount paid moves to Refunded status in order of aging precedence.

The report includes the client name, client number, insurance company, original payment amount, refunded payment amount, receipt date and number, claim month and year, reporting unit and name of user who entered the payment.

Running the Report:

Use the Report menu to run this report monthly or more frequently, as needed.

When it prompts you for “Starting Receipt Date for Report”, enter a date if you want the report to cover recent payments, rather than all the payments in your database.

Using the Report:

At the county’s discretion, overpayments may be returned to the payor.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_INSURANCE_REFUND_PSP144.LIS

Client Insurance Refund Due

21-Dec-1989

Page 1

Report: PSP144

Mythic County

Payments Received Since: 1-SEP-1989

Client Name	Client Number	Ins Comp ID	Original Payment Amount	Refunded Payment Amount	Payment Receipt Date	Payment Receipt Number	Claim Period	RJ	Payment Entry Username
CLIENT FRANK	2222	861	100.00	125.60 125.60	1-Sep-1989	1363E	10/1988	492511	VEAL
CLIENT JOHN	4444	1070	200.00	200.00	12-Oct-1989	1320L	02/1989	492511	VEAL
CLIENT JOHN	4444	1070	830.00	830.00	18-Oct-1989	1326K	03/1989	490014	VEAL
CLIENT JOHN	4444	1070	830.00	830.00	18-Oct-1989	1326K	02/1989	490014	VEAL
				1,860.00					
CLIENT MARY	3333	9999	8.55	8.55	6-Feb-1989	1322	08/1988	492511	VEAL
CLIENT MARY	3333	9999	188.00	89.80 98.35	22-Sep-1989	1389G	09/1988	492611	VEAL
CLIENT SANDRA	1111	1037	28.00	4.00 4.00	5-Jul-1989	1396L	10/1988	496011	CHEN
CLIENT RALPH	5555	1070	150.00	62.40	2-Aug-1989	1336E	02/1989	492511	VEAL
CLIENT RALPH	5555	1070	150.00	60.96 123.36	2-Aug-1989	1336E	02/1989	492511	VEAL
CLIENT RACHEL	6666	1152	260.00	88.00 88.00	6-Jun-1989	1327	07/1988	492611	HAGE
CLIENT SANDRA	7777	9999	52.00	26.00 26.00	23-Feb-1989	1343	07/1988	492511	VEAL
CLIENT PETER	8888	9999	32.00	20.00 20.00	1-Aug-1989	1327S	04/1989	492611	VEAL
CLIENT DAVID	1212	1070	200.00	62.80 62.80	1-Aug-1989	1325A	09/1988	492511	VEAL
CLIENT CURTIS	1313	9999	137.60	49.60 49.60	23-Feb-1989	1341	10/1988	492611	VEAL
CLIENT EDMOND	2121	861	84.00	29.10	21-Apr-1989	1350	10/1988	492616	VEAL
CLIENT EDMOND	2121	9999	50.00	37.55	28-Mar-1989	1312	01/1989	496011	VEAL
CLIENT EDMOND	2121	9999	76.00	15.67 82.32	28-Mar-1989	1312	12/1988	496011	VEAL
CLIENT ALAN	9898	1070	200.00	25.00 25.00	17-Jan-1989	1397	07/1988	492511	VEAL

CONFIDENTIAL INFORMATION

Report PSP 146 - Bill on Hold Report

Report Description:

This report lets users find all accounts that are being suppressed for client billing.

You may request the report for Open accounts only, Closed accounts only, or all accounts. (An Open account has at least one open episode for one client on the account.) You may request the report for specific account hold types, or for all account hold types. You may request that the report is sorted and distributed by reporting unit or by billing group.

The report includes account number, responsible party name, client number for a client on the account, RP Owes, reporting unit for a client on the account, last service date for a client on the account, date hold was entered to the system, who entered the hold adjustment, account hold reason code, adjustment comment.

Running the Report:

Use the Report menu to run this report. You are prompted to enter:

- Account Type: Enter "O" (Open), "C" (Closed), or "*" (All).
- Sort Order: Enter "R" (Reporting Unit) or "B" (Billing Group).
- Account Hold Type: Enter a valid code or "*" (All).

Using the Report:

The report is used for management review of accounts that are on hold.

Output File:

MHS_OUTPUT_REPORT:

BILLS_ON_HOLD_PSP146.*****_LIS

Bill on Hold Report

25-Sep-1996

Page 2

Report PSP146

Report Run Date: 25-Sep-1996

All Accounts -- Closed

Reporting Unit: 49601

Account Hold Type: All

Acct No	Responsible Party	Case No	RP Ows	RU	Last Svc Date	Date Of Hold	Entered By	Reason For Hold/Comment
000018232	APPELION, JOE	001024212	\$300.17	98333	2-Feb-1996	6-May-1997	SYSTEM_14	HPB
000018732	BUELEHER, GEORGE	001013223	\$398.40	98333	31-May-1995	6-May-1997	SYSTEM_14	HPB
000010777	HAGA, HYMAN	000187435	\$89.00	98333	8-Nov-1996	6-May-1997	SYSTEM_14	HPB
000020581	JARAMILLO, PETE	001016493	\$111.00	98333	28-Jun-1996	6-May-1997	SYSTEM_14	HPB
000017634	MILLSTEIN, ROBERT	001014567	\$0.00	98333	10-Aug-1995	6-May-1997	SYSTEM_14	HPB
000004639	NEWSKY, SAMUEL	001000005	\$422.18	98333	2-Feb-1996	6-May-1997	SYSTEM_14	HPB
000016520	CLSON, WILLIAM	001023102	\$423.00	98333	7-Oct-1995	6-May-1997	SYSTEM_14	HPB
000018382	PARKER, EVERETT	001026329	\$624.00	98333	13-Sep-1995	6-May-1997	SYSTEM_14	HPB
000012353	FROKY, LOUISIA	001012548	\$691.20	98333	25-Jan-1997	6-May-1997	SYSTEM_14	HPB
0000142658	ROBERTS, JULES	001005216	\$111.00	98333	30-Jun-1995	6-May-1997	SYSTEM_14	HPB
000018332	SIMONS, SEMOUR	001012539	\$177.00	98333	6-Sep-1995	6-May-1997	SYSTEM_14	HPB
000014743*	SIRCHES, MICHAEL	001013486	\$100.00	98333	2-Sep-1994	6-May-1997	SYSTEM_14	HPB
000013896	WHEELER, EARL	001006431	\$251.00	98333	14-Oct-1994	6-May-1997	SYSTEM_14	HPB

* = Multiple clients on the account

 Confidential Patient Information

Report MHS 147 - Client Account Ledger

Report Description:

This report lists services, payments, and other financial activities on a client account, for the time period you specify. It includes a running balance for the account, and summary totals of the account balance and client liability for the account.

The account history lists:

- Services to the account, including transfer balance services created through account adjustments. Service lines show reporting unit, procedure name, and the cost of the service.
- Payments to the account from all payer sources. Payment lines show payer and amount of payment.
- Payment amounts refunded due to cross-over (marked as Refunds). Refund lines show insurance company refunded and the amount of the refund.
- Medicare and Medicaid write offs. Write-off lines show the insurance company to which the write-off applies, and the amount.

This report differs from the Service Account Ledger, MHS161 because it is a summary that includes less detail. As a result, it runs much more rapidly than MHS161.

Running the Report:

Use the Report menu to run this report as needed. You are prompted to enter the account number, start date, and end date for the report. To produce a full history of the account, enter your system startup date as the Start Date and the current date as the End Date.

The summary displayed at the bottom of the report always shows account information for the full history of the account. It is not limited by the start and end dates.

Using the Report:

Use this report to track clients' financial accounts, as needed.

Output File:

MHS_OUTPUT_REPORT:

ACCOUNT_LEDGER_MHS147.*****_LIS

Client Account Ledger

22-Jun-1995

REPORT MHS147

Organization: San Luis Obispo

Report detail period: 1-Jan-1993 to 31-Jan-1993

Account Number: 920166 LEFTY TESTCASE

Date	Description	Transaction Amount	Account Balance
4-Jan-1993	40121 : Day Treatment Socialization	0.00	0.00
5-Jan-1993	40121 : Day Treatment Socialization	0.00	0.00
6-Jan-1993	40152 : Medication	111.00	111.00
7-Jan-1993	40211 : Day Trmt/Vocational	0.00	111.00
7-Jan-1993	40121 : Day Treatment Socialization	0.00	111.00
8-Jan-1993	40121 : Day Treatment Socialization	0.00	111.00
13-Jan-1993	40152 : Medication	111.00	222.00
15-Jan-1993	PAYMENT - Medi-Cal	111.00CR	111.00
27-Jan-1993	40002 : Medication	111.00	222.00

Grand Total for Account 920166 (Period = All)

Total Charges:	100,000.00	Client Responsibility:	0.00
Total Payments:	27,000.00	Posted Client Pmts:	0.00
Medicare:	0.00	Unposted Client Pmts:	0.00
Medicaid:	27,000.00	Posted Credit Adjmnts:	0.00
Insurance:	0.00	Unposted Credit Adjmnts:	0.00
Total Refunds:	0.00	Client Balance Due:	0.00
Total Write-offs:	0.00		
Account Balance:	73,000.00		

 Confidential Information

Report PSP 148 - Staff Master Reports

Report Description:

This report lists basic information about staff.

Running the Report:

Operations Staff uses the Report menu to run this report as needed, and to specify where it is printed. You also specify whether the report is sorted alphabetically or by staff number.

Using the Report:

The report can be distributed to local reporting units to give them a listing of current staff. Operations Staff can use this report to maintain the Staff Master table.

Output File:

MHS_OUTPUT_REPORT:

STAFF_MASTER_ALPHA_PSP148.LIS (*sorted alphabetically*)

STAFF_MASTER_NUMERIC_PSP148.LIS (*sorted by staff number*)

Staff Master Alpha Listing

20-May-1993

Page 1

Report: PSP148A

Staff Name	Staff Number	Staff SSN	Staff Ethnicity	License Number	License Renewal Date	Staff Discipline Mask	Staff Language Mask	County Class
AG_STAFF	ADELIA	9882 623 58 0700	White	PT12582	CA 98-Jun-1992	4	1	
AH_STAFF	SHARON	7883 523 02 1644	White	PT24902	CA 98-Nov-1992	4	1	
AL_STAFF	STANLEY	6719 884 47 8882	White			8192	1	
AM_STAFF	VIRGINIA	7624 567 23 6272	White	PT18448	CA 76-Oct-1992	4	1	
BA_STAFF	ROBERT	6704 788 64 5139	White			16	1	
BA_STAFF	SANDRA	7626 623 17 9871	White	PSY11992	CA 76-Aug-1992	16	3	
BR_STAFF	LINDA	6716 769 82 9244	White			8192	1	
BR_STAFF	VERNON	3369 769 62 6402	White	CAG23808	CA	3	1	
CL_STAFF	TONI	7649 008 38 7884	White	RN189748	CA 98-Nov-1993	8	1	
CO_STAFF	JENNIFER	6715 041 50 2717	White			9216	3	
CO_STAFF	DARLENE	7697 769 76 9332	White		CA	12	3	
DA_STAFF	GARY	9858 765 68 6272	White	MFC27616	CA 98-Jun-1993	64	1	
E_STAFF	THOMAS	6713 507 88 6819	White			3324	1	
F_STAFF	SHEILA	7693 270 50 0172	White	MS14237	CA 76-May-1992	72	1	
G_STAFF	FRANCES	6712 167 38 2790	White	CAG29496	CA 1-Jul-1993	64	1	
H_STAFF	JAMES	6706 428 70 9472	White	407	AZ	16	1	
I_STAFF	ARLENE	6720 788 76 2694	White			67	1	
J_STAFF	NANCY	7699 573 90 8422	White	MFC24956	CA 76-Oct-1992	64	1	
K_STAFF	PAULA	7889 765 86 4887	White			64	1	
L_STAFF	VINCENT	1133 883 22 7209	White	C15918	CA 98-Apr-1992	2	1	
M_STAFF	TOBY	7886 077 48 1790	White			16	1	
N_STAFF	CAROL	7636 882 27 9519	Other Spanish	MG27033	CA 76-Aug-1993	64	1	
O_STAFF	CHRISTINA	6701 564 80 9884	Mexican American	LCS6486	CA 76-Jan-1993	67	3	
P_STAFF	ARTHUR	9807 571 58 3767	White	PSY04367	CA 98-Sep-1991	16	1	
R_STAFF	DAWN	7695 223 08 0503	White	RN264202	CA 76-Jul-1993	8	1	
S_STAFF	JOHN	7614 769 92 5807	White	MFC19707	CA 76-Mar-1994	64	1	
T_STAFF	CAROLYN	7880 472 64 5835	White	PSY11857	CA 28-Feb-1993	16	1	
U_STAFF	JEFFREY	7887 562 02 8688	White	PSY12445	CA 76-May-1993	16	1	
V_STAFF	JERRI	6733 571 06 9332	White			64	1	
W_STAFF	CHERIE	6707 524 88 4298	White			67	1	
W_STAFF	LESLIE	7605 562 62 0349	White	MFC25190	CA 76-Mar-1993	64	1	
W_STAFF	DEBORAH	7637 086 48 6792	White	MFC23724	CA 98-May-1993	64	1	

Report MHS 150 - Medicaid Claim Analysis

Report Description:

This report accommodates sequential billing, which requires you to bill the primary payer (MediCare or insurance) before billing Medicaid. The Full Units, Full Time, Full Dollars columns include data where Medicaid is being billed at full rate, and there is no payment from primary payers. The Net Units, Net Time, and Net Dollars columns include data where Medicaid is being billed at the net amount, which is the billing rate minus the amount paid by the primary payer. The Total Units, Total Time, Total Dollars columns include the Full plus Net columns, the total amount claimed to Medicaid.

Report 150A displays units and dollars claimed to Medicaid for services, listed by reporting unit, by Medicaid mode of service, by program type, and by state provider number (at this time, MHS program type is 01, and DAS program types are 20 for drug services and 25 for perinatal services.)

Report 150B displays the same information as 150A, broken down by month of service.

Report 150C displays the same information, showing monthly totals for aggregated services.

Running the Report:

This report is created automatically by the Medicaid Claims Module. You can also run it manually using the Report menu, which lets you produce it for previous months as well as the current month.

You can also produce a supplemental claim for prior fiscal years. Enter the year when the fiscal year ends. As the month, enter "101" for the first supplemental claim for the fiscal year, "102" for the second supplemental claim for the prior fiscal year, and so on. For example, if the filename is MHS_MEDICAL_CLAIM_200106_03.TAPE, enter "2001" as the year and "103" as the month.

The TAPE file for a requested claim month and year must still be on your system, since all information in the report comes directly from the TAPE file.

Using the Report:

Use this report to analyze Medicaid claims and to aid in sequential billing. For further analysis this report also produces a comma-delimited data file, which you can import into PC spreadsheets that handle flat-file databases.

Technical Note:

"Batch Number" will only appear for corrected claims.

Output File:

MHS_OUTPUT_MEDICAL:

MHS_MEDICAL_CLAIM_YYYYMM_150.LIS

MHS_MEDICAL_CLAIM_YYYYMM_150.TXT *(the comma-delimited file)*

Analysis of Medicaid Claim

18-Nov-2008

Units, Time, and Charges for All Service Months

Page 1

Report 150A

Report Run Date: 18-Nov-2008

Batch Number:

Medicaid Claim Month: 11/2008

Program	Reporting	Full	Full	Full	Net	Net	Net	Total	Total	Total	
Provider Type	Mode Unit	SFC	Units	Time	Dollars	Units	Time	Dollars	Units	Time	Claim
<hr/>											
2902	20 17 22222										
NPI: 1111111112		80	31	0	\$1,860.00	0	0	\$.00	31	0	\$1,860.00
NPI: 1111111112		82	3	0	\$180.00	0	0	\$.00	3	0	\$180.00
NPI: 1111111112		85	111	0	\$3,207.36	0	0	\$.00	111	0	\$3,207.36
Total RU (22222)			145	0	\$5,247.36	0	0	\$.00	145	0	\$5,247.36
<hr/>											
2902	20 17 222226										
NPI: 1111111122		84	2	0	\$120.00	0	0	\$.00	2	0	\$120.00
NPI: 1111111122		89	8	0	\$240.00	0	0	\$.00	8	0	\$240.00
Total RU (222226)			10	0	\$360.00	0	0	\$.00	10	0	\$360.00
<hr/>											
Total Mode (17)			155	0	\$5,607.36	0	0	\$.00	155	0	\$5,607.36
<hr/>											
Total Program Type (20)			155	0	\$5,607.36	0	0	\$.00	155	0	\$5,607.36
<hr/>											
Total Provider (1234)			155	0	\$5,607.36	0	0	\$.00	155	0	\$5,607.36
<hr/>											
29AA	20 17 00000										
NPI: 1234567890		80	33	0	\$2,474.67	0	0	\$.00	33	0	\$2,474.67
NPI: 1234567890		82	20	0	\$1,499.80	0	0	\$.00	20	0	\$1,499.80
NPI: 1234567890		85	137	0	\$4,308.65	0	0	\$.00	137	0	\$4,308.65
NPI: 1234567890		87	51	0	\$1,603.95	0	0	\$.00	51	0	\$1,603.95
Total RU (00000)			241	0	\$9,887.07	0	0	\$.00	241	0	\$9,887.07
<hr/>											
Total Mode (17)			241	0	\$9,887.07	0	0	\$.00	241	0	\$9,887.07
<hr/>											
Total Program Type (20)			241	0	\$9,887.07	0	0	\$.00	241	0	\$9,887.07
<hr/>											
29AA	25 17 12121										
NPI: 9876543210		30	9	0	\$746.10	0	0	\$.00	9	0	\$746.10
NPI: 9876543210		82	4	0	\$424.32	0	0	\$.00	4	0	\$424.32
NPI: 9876543210		85	25	0	\$1,590.50	0	0	\$.00	25	0	\$1,590.50

(Extracted Data: Totals are not complete)

Report MHS 151 - Medicare/Insurance Claim Analysis

Report Description:

MHS 151 includes four reports: for Medicare Outpatient claims, for CMHC claims, for Outpatient Insurance claims, and for Inpatient Insurance Claims. These four reports have the same format, and each has three parts:

- **Part A** is an analysis of claims by Reporting Unit and claim procedure for the current month.
- **Part B** includes all services from prior months that were not previously claimed and also shows dollar amounts and number of units billed by reporting unit by service month/claim procedure code.
- **Part C** is a summary of all services billed on the claim run, organized by service month. It displays the total dollar amount, time units and units of service for each service month.

Running the Report:

The report runs automatically at the completion of each Medicare, Insurance Outpatient and Inpatient claim run. Information comes directly from the claim file. Operations or Business Office staff can print the file.

Using the Report:

Use the report to track and analyze your Medicare and Insurance claims every month.

Output File:

```
MHS_OUTPUT_MEDICARE
    COUNTY_MHS_MDC_OP_CLAIM_YYYYMMDD.151_LIS
    COUNTY_MHS_MDC_CMHC_CLAIM_YYYYMMDD.151_LIS
MHS_OUTPUT_INSURANCE
    COUNTY_INS_MDC_OP_CLAIM_YYYYMMDD.151_LIS
    COUNTY_INS_MDC_IH_CLAIM_YYYYMMDD.151_LIS
```

REPORT 151 Part A Medicare
 Claim Run Date: 20-Aug-1997
 MHS IH INS Claim: 199707 (REAL)

Reporting Unit: MYTHIC COUNTY INPATIENT (37004)

Procedure Code	Claims	Claim Amount	Time Units	Units
19		\$209.35	96	1
RU Summary	1	\$209.35	96	1

Claim Analysis By Reporting Unit and Procedure 20-Aug-1997
 Page 2

REPORT 151 Part A Medicare
 Claim Run Date: 20-Aug-1997
 MHS IH INS Claim: 199707 (REAL)

Procedure Code	Claims	Claim Amount	Time Units	Units
Medicare Summary		\$209.35	96	1
Total Claim Forms :	1			

Claim Analysis By Reporting Unit and Procedure 20-Aug-1997
 Page 3

REPORT 151 Part A Medicare
 Claim Run Date: 20-Aug-1997
 MHS IH INS Claim: 199707 (REAL)

Procedure Code	Claims	Claim Amount	Time Units	Units
Claim Summary		\$209.35	96	1
Total Claim Forms produced:	1			

Claim Analysis By Reporting Unit and Month 20-Aug-1997
 Page 1

REPORT 151 Part B Medicare

Claim Run Date: 20-Aug-1997
MHS IH INS Claim: 199707 (REAL)

Reporting Unit: MYTHIC COUNTY INPATIENT (49004)

Service Period	Procedure Code	Claim Amount	Time Units	Units
11-1992	19	\$209.35	96	1
11-1992		\$209.35	96	1
All Months		\$209.35	96	1

Claim Analysis By Reporting Unit and Month 20-Aug-1997
Page 2

REPORT 151 Part B Medicare
Claim Run Date: 20-Aug-1997
MHS IH INS Claim: 199707 (REAL)

Service Period	Procedure Code	Claim Amount	Time Units	Units
Medicare Summary		\$209.35	96	1
Total Claim Forms :		1		

Claim Analysis By Reporting Unit and Month 20-Aug-1997
Page 3

REPORT 151 Part B Medicare
Claim Run Date: 20-Aug-1997
MHS IH INS Claim: 199707 (REAL)

Service Period	Procedure Code	Claim Amount	Time Units	Units
Claim Summary		\$209.35	96	1
Total Claim Forms produced: 1				

Claim Analysis By Month Across Reporting Units 20-Aug-1997
Page 1

REPORT 151 Part C Medicare
Claim Run Date: 20-Aug-1997
MHS IH INS Claim: 199707 (REAL)

Service Period	Claims	Claim Amount	Time Units	Units
11-1992	1	\$209.35	96	1
Medicare Summary		\$209.35	96	1
Total Claim Forms :		1		

Claim Analysis By Month Across Reporting Units 20-Aug-1997
Page 2

REPORT 151 Part C Medicare
Claim Run Date: 20-Aug-1997
MHS IH INS Claim: 199707 (REAL)

Service Period	Claims	Claim Amount	Time Units	Units
Claim Summary		\$209.35	96	1
Total Claim Forms produced: 1				

Report PSP 153 - Posting Messages Report

Report Description:

This report lists the previous night's posting activities.

Running the Report:

Operations Staff can run the report daily after each night's posting activities and print it for review.

Using the Report:

This report lets Operations Staff see which modules of the Posting System operated the night before: which claim programs were run, their completion status, etc.

Output File:

MHS_OUTPUT_REPORT:
POSTING_ACTIVITY_PSP153.LIS

Posting Activity Report

10-Oct-1997

Page 1

Report RSP153
 Reporting Date:
 Attention: Business Office

Oct 10 1997

This report shows all system posting activities of the previous 24 hours.
 This report is for informational purposes only. No action is required.

Started	Ended	Processing		Processing Type	Run Description	Completion Status
		Processing Record Count	Rejected Record Count			
19:07 - 19:15		00225	00000	Posting System Run	MHS Nightly Posting (REAL)	%SYSTEM-S-NORMAL, normal succe
19:01 - 19:06		00323	00000	Process FOE's	Eligibility Processing (REAL)	%SYSTEM-S-NORMAL, normal succe
19:16 - 19:16		00000	00008	Post Insurance Brts	MHS Insurance Payment Posting (R	%SYSTEM-S-NORMAL, normal succe
19:00 - 19:00		00005	00000	Process Insurance	MHS Insurance Processing (REAL)	%SYSTEM-S-NORMAL, normal succe
19:07 - 19:07		00001	00000	Adjustments Mod Run	MHS Adjustment Run (REAL)	%SYSTEM-S-NORMAL, normal succe
05:11 - 05:12		00000		Payment Entry Run	Payment Deposit Report: TO_POST	%SYSTEM-S-NORMAL, normal succe
19:17 - 19:17		00189	00000	Post Patient Brts	MHS Account Payment Posting (REA	%SYSTEM-S-NORMAL, normal succe
19:16 - 19:16				Unspecified	MHS Post Payment Staging (REAL)	%SYSTEM-S-NORMAL, normal succe
17:00 - 17:00		00000	00000	Unspecified	Medicaid Eligibility Verification	%SYSTEM-S-NORMAL, normal succe

Report PSP 154 - Concurrent Policies Report

Report Description:

This report lists clients in the database with more than one active insurance policy. It lists clients alphabetically, and policies for each client in billing-precedence order.

Running the Report:

Use the Report menu to run this report. In addition to normal prompts, it asks:

- **Find policies effective on?** The default is today's date, you may substitute a past date.
- **Include Medicare policies?** You may request the report for only non-Medicare policies, or all policies. For more information, see the Technical Notes below.

Using the Report:

Use this report to make sure that policies are set up accurately, with the right policies designated as primary and secondary payor, so payers are billed in the correct order.

Technical Notes:

If the user does not include Medicare policies, the report lists all clients with more than one non-Medicare insurance policy active.

If the user does include Medicare policies, the report lists only clients with two distinct policies. Medicare generally covers clients for both Part A (hospital coverage) and Part B (medical coverage), which requires two policy records in the system but does not represent two distinct insurance policies. To allow for this:

- If client only has Medicare primary policies (one for Part A and one for Part B) and both have same billing precedence, not included in the report.
- If client only has Medicare secondary policies and both have same billing precedence, not included in the report.
- If client has Medicare primary and secondary policies, included in the report.
- If client has any Medicare policy and a non-Medicare policy, included in the report.

The Report looks only at active insurance policies. It ignores policies that have been entered but not yet processed.

Output File:

MHS_OUTPUT_REPORT: CONCURRENT_POLICIES_PSP154.LIS

Concurrent Policies Report

13-May-1993

Page 1

Report PSP154
 Policies Active On: 10-Jan-1993
 Medicare Policies Included

Ins #	Insurance Company Name	Group Number	Policy Number	Effective Date	Expiration Date	Bill Prec	Age Prec	Entered By	Entered On
10772	BA CLIENT, EVELYN								
1003	MEDICARE		663281064A	1-Jul-1992		50	70	WOOLSEY_S	18-Sep-1992
1004	BLUE CROSS	00006W	663281064	1-Jul-1992		50	70	WOOLSEY_S	18-Sep-1992
571071	BA CLIENT, LOUIS A								
1021	BLUE SHIELD OF CALIFORNIA	500913	572010457	1-Nov-1986		50	70	WOOLSEY_S	25-Nov-1992
9996	MEDICARE SECONDARY-PART B		572010457	1-May-1975		67	75	WOOLSEY_S	25-Nov-1992
10424	BR CLIENT, MATHILDE								
1003	MEDICARE	9,398	568168956D	1-Jul-1992		50	70	WOOLSEY_S	21-Sep-1992
1001	KAISER PERMANENTE		156735	1-Jul-1992		50	70	WOOLSEY_S	21-Sep-1992
571380	CL CLIENT DOROTHY								
1003	MEDICARE		67710062L	1-Jan-1974		50	70	HAMMONDS_R	21-Jan-1993
1104	ELECTRICAL WORKERS TRUST	302	672076779	1-Jul-1992		50	70	HAMMONDS_R	21-Jan-1993
10568	CO CLIENT, ARDITH								
1003	MEDICARE		478198969	1-Jul-1992		50	70	WOOLSEY_S	12-Jan-1993
1102	JPA HEALTH BENEFITS PLAN		478198969	1-Jul-1992		50	70	WOOLSEY_S	12-Jan-1993
10777	CR CLIENT, DOROTHY M								
1003	MEDICARE		570676677D	1-Jul-1992		50	70	WOOLSEY_S	21-Sep-1992
1009	LA COUNTY FIRE FIGHTERS	A-1014		1-Jan-1992		50	70	WOOLSEY_S	21-Sep-1992
20923	DA CLIENT, FLORENCE								
1003	MEDICARE		547766691	1-Oct-1987		50	70	WOOLSEY_S	26-Jan-1993
1112	CERTIFIED LIFE INSURANCE		4196751	1-Jul-1992		50	70	MASON_D	4-Feb-1993
7407	DO CLIENT, BILLY A								
1008	VETERANS ADMINISTRATION		312323345	1-Jul-1992		50	70	WOOLSEY_S	21-Sep-1992
1013	CHAMPUS FHFS CALIFORNIA		312323845	1-Jul-1992		50	70	WOOLSEY_S	21-Sep-1992
571351	DJ CLIENT, NAOMI								
1003	MEDICARE		399991606	1-Jul-1992		50	70	WOOLSEY_S	12-Jan-1993
1079	BLUE SHIELD		399991606	1-Jul-1992		50	70	WOOLSEY_S	12-Jan-1993
571031	EM CLIENT, HARRY								
9997	MEDICARE PART A-BLUE CROSS		573122361A	1-Jul-1992		40	60	HAMMONDS_R	22-Sep-1992
1014	FOUNDATION HEALTH PLAN		573122361	1-Jul-1992		50	70	HAMMONDS_R	22-Sep-1992
571279	EV CLIENT, FORD								
1003	MEDICARE		670121952A	1-Jul-1992		50	70	WOOLSEY_S	22-Dec-1992
1001	KAISER PERMANENTE		6069685	1-Jul-1992		50	70	WOOLSEY_S	22-Dec-1992

 Confidential Information

Report MHS 155 - Medicaid Eligible Clients with Deductible Charges

Report Description:

This report lists clients who are eligible for Medicaid but whose account is set to bill at full cost or set to have an UMDAP Deductible Liability. It has two parts: Report 155A, Medicaid Clients with Full Cost, and Report 155B Medicaid Clients with a Deductible Liability.

Running the Report:

Business Office or Operations Staff should use the Report menu to run this report monthly, before generating patient bills, or more frequently as needed.

You are prompted to enter the printer and the month and year of the report.

Using the Report:

Part A: Determine whether the account should be in Full Pay Status. If not, use the Account Maintenance screen to enter a Reverse Full Pay adjustment and set the annual liability.

Part B: If it is appropriate, enter the Write-off UMDAP - Medicaid adjustment in the Account Maintenance screen to reduce the account's Liability Balance to zero.

Output File:

MHS_OUTPUT_REPORT:

DEDUCTIBLE_FULL_COST_MHS155A.LIS

DEDUCTIBLE_SHARE_COST_MHS155B.LIS

Report MHS 155 B
 Report Period: 11/1993
 Reporting Date: 24-Mar-1994 17:51

This report contains the names of clients who are Medicaid eligible for the Report Period and also have an Deductible Liability balance. The system calculates an Deductible liability for all clients according to the DMH Uniform Client Fee Schedule. The liability is automatically reduced to zero if a FOE is entered for any client on the account and the calculated liability falls within the presumed Medicaid eligible area of the Fee Schedule. However, there are still many clients who are Medicaid eligible and have an annual liability. If you determine that the Deductible balance should be reduced, use the Account Maintenance screen to perform such action. This should be done before client bills are generated.

Billing Group	Account Number	Account Name	Annual Liability	Undap Balance	Client Name	Medicaid Number	Method of Determination
173	1053	MYIH DAVID	\$372,314	\$49,823.41	MYIH DAVID	13265423525545	FOE
173	529859	ATEST HERMAN	\$50	\$10.00	TESTS HERMAN	558523720	FOE
173	508182	ATEST TERRY	\$89	\$89.00	TESTS TERRY	39670274829160	System
173	540996	ATESTON NORMAN	\$102	\$10.00	TESTSON WILLIAM	39300035241102	System
173	604248	ESTINCULA KATHI	\$92	\$20.00	TESTINCULA JUNIITO	39300256546102	System
173	604248	ESTINCULA KATHI	\$92	\$20.00	TESTINCULA KATHI	39300256546150	System
173	604248	ESTINCULA KATHI	\$92	\$20.00	TESTINCULA MARCELA	568598032	FOE
173	603254	CTEST DEBORAH	\$30	\$10.00	TESTICK THOMAS	39300222025260	System
173	804757	CTEST EVELYN	\$45	\$10.00	TESTS EVELYN	420388972	FOE
173	602491	DTEST BRENDA	\$52	\$52.00	TESTIN BRENDA	39300237443150	System
173	802278	DTEST STELLA	\$2,089	\$60.00	TESTY DAMIAN	562591525	FOE
173	600331	DTESTADO KAREN	\$45	\$10.00	TESTIRADO KAREN	568808455	FOE
173	608802	ESTESTIL LISA	\$33	\$40.00	TESTIEL DEVA	546296373	FOE
173	608802	ESTESTIL LISA	\$33	\$40.00	TESTY EMMA	39340231028150	System
173	503477	TESTIC ELLA MAE	\$45	\$20.00	TESTIAS ELLA MAE	39609559843462	System & FOE
173	803392	TESTILADE DIANE	\$41	\$10.00	TESTILADE DIANE	559614269	FOE
173	607709	TESTIRSON CARL	\$37	\$10.00	TESTIRSON CARL	552067991	FOE
173	803572	TESTIRSON MICHELLE	\$65	\$10.00	TESTIRSON SHANNON	39300239495101	System
173	802190	TESTIADE INNOCENT	\$37	\$37.00	TESTIADE INNOCENT	39609552203543	System
173	545777	TESTIOM DARLENE	\$50	\$10.00	TESTIOM DARLENE	39609565823455	System
173	552993	TESTIDA ESTHER	\$59	\$10.00	TESTIDA ESTHER	39300215269150	System
173	805900	TESTIEALD ANGELINA	\$37	\$37.00	TESTIEALD ANGELINA	39300287595150	System
173	605816	TESTITT PAMELA	\$51	\$10.00	TESTITT PAMELA	39300038034250	System & FOE
173	533670	TESTIRION DOUG	\$40	\$10.00	TESTIRION DOUG	546643381	FOE
173	530657	TESTINSON VERDELL	\$37	\$10.00	TESTINSON VERDELL	39609570808492	System
173	801993	TEST VANN	\$30	\$30.00	TEST VANN	39350230269150	System
173	603805	TEST MAGGIE	\$40	\$10.00	TEST MAGGIE	39609560137694	System
173	522209	TESTEY MARY	\$45	\$10.00	TESTEY MARY	549029413	FOE

 Confidential Information

Report MHS 156 - Treatment Plan Update

Report Description:

This is a single-client version of Report MHS 195, Part B. It produces a blank service plan for any client, based on information in the client's Episode record.

Running the Report:

Uses the Report menu to run this report. You are prompted for reporting unit and client number. The report is automatically sent to that reporting unit's printer.

Using the Report:

All patients with services billed to Medicaid must have a new or updated service plan every 6 months.

The clinician should fill out this form to complete the service plan, sign and date it, and place it in the client's chart.

Output File:

MHS_OUTPUT_REPORT:

SERVICE_PLAN_MHS156.*****_LIS

Service Plan Update

Client Name: BROWN, DAVID (199904)	Current Diagnoses:	Changes to Diagnoses:
Reporting Unit: Vineland Opt (99299)	I: P 312.90	_____
Therapist: SILVER, WALTER (5101)	ALT-1 S V71.02	_____
Physician: BRANDON, DAVID (6401)	II: V71.09 No Current Diagnosis	_____
Admit Date: 14-NOV-1990	ALT-2	_____
Service Plan Base Date: ___/___/___	III:	_____
Changes to Plan (Date): ___/___/___	IV: 4 Severe	_____
Changes to Last Plan: YES ___ NO ___	V: Current: 35 PAST: 45	_____

Problems resolved and Short Term Goals achieved: _____

PROBLEM # ___ : _____

Short term goal: _____

Measurable Objective: _____

Interventions/Frequency/Disciplines: _____

PROBLEM # ___ : _____

Short term goal: _____

Measurable Objective: _____

Interventions/Frequency/Disciplines: _____

Medication Regimen: YES ___ NO ___ (If YES, see Medication Services)

Long Term Goals: _____

Estimated duration of Treatment: _____

Prognosis: Excellent ___ Good ___ Fair ___ Guarded ___ Poor ___

Tentative Discharge Plan: _____

Clinician's Signature: _____ Date: _____ Physician's Signature: _____ Date: _____

Report PSP 157 - Clients without an Account

Report Description:

This report lists all clients whose services have been suspended by the posting system because they lack accounts.

Running the Report:

This report is set up to run automatically after you run service posting for back months (that is, service posting for states 01 through 12).

Using the Report:

You must create an account so services can be billed. Get client financial information, and use the FI screen to create the account.

Output File:

MHS_OUTPUT_REPORT:

CLIENTS_WITHOUT_ACCOUNTS_PSP157.LIS

Posting Journal Report of
Clients without an Account

13-May-1993

Page 1

Report PSP157

Mountain County Mental Health

Journal: MHS_OUTPUT_MISC:MHS_SERVICE_12_19921125.SEQ

Client Number	Client Name	Reporting Unit	Cost of Service	Service Date	
004688009	REDSON	RONALD	990484	69.00	17-Dec-1991
987112632	WHITESON	DORINDA	980574	130.00	15-Dec-1991
987116678	GREENABLE	SHERMAN	985764	146.00	10-Dec-1991
987116862	BLUEWATER	MARLON	985754	73.00	6-Dec-1991
987116881	ORANGEABLE	KEVIN	985744	73.00	18-Dec-1991
987116894	BROWN	JOHNNY	990434	57.00	13-Dec-1991
987116895	BLACK	RYAN	990454	187.00	6-Dec-1991
987116956	MONEY	PATRICIA	985764	114.00	6-Dec-1991
987117066	BANKER	LUCAS	985734	239.00	3-Dec-1991
987117067	WILSON	CHRIS	980554	73.00	5-Dec-1991
987117068	SPAULDING	MARK	980514	73.00	5-Dec-1991
987117080	PENNYWISE	BRANDY	985784	239.00	3-Dec-1991
987117274	MAKESHIFT	JAHRELL	985744	161.00	13-Dec-1991
987117314	BALANCE	MONTY	985764	161.00	17-Dec-1991
987117326	MARIN	DANNY	990464	57.00	6-Dec-1991
987117327	SONOMA	CHARLES	985724	161.00	18-Dec-1991
987117328	JACKX	DENNIS	990444	187.00	6-Dec-1991
987117329	RANKS	FRANK	990424	57.00	13-Dec-1991
987117331	WIKKES	JACOB	990494	57.00	13-Dec-1991

Confidential Information

Report MHS 158 - Services without Deductible Report

Report Description:

This shows services in billing status 01 through 12 that cannot be processed because:

- Client has no account,
- Client has no Liability, or
- Service is outside existing Liability period.

It can be run for a single year, or for a single month.

Running the Report:

The Business Office or Operations staff should use the Report menu to run this report monthly, before generating patient bills.

Using the Report:

Use the FI screen to establish Liability periods with effective dates that cover services listed in the report.

Output File:

MHS_OUTPUT_REPORT:

MISSING_LIABILITIES_MHS158.LIS

Clients with Services
Outside the Bounds of an UMDAP Period

7-Oct-1993
Page 1

Report MHS158
Reporting Date: 7-Oct-1993
Services for: 7 - 1993

The following clients have had services entered which are not within the boundaries of the client account Liability effective date and expiration date.

To correct this problem, enter a new Liability period to cover the services in question. For example: If the client has received services in July, 1993 and the Liability period does not begin until August, 1993, THEN you must establish a new Liability period which will end July 31, 1993. In this example you must establish a new 1 year period prior to the existing period. You may NOT alter a Liability period's dates once it has been entered.

Corrective action for the records which follow requires use of the FI screen. All services noted on this report will be held until the Liability period is resolved. The services will continue to show on this report until the Liability period is corrected.

Client Name		Client Number	Account Number	First Service Date	Last Service Date	Service Count	Service Dollars	Last UMDAP Date	Last RU	Sts	Comment
FUELLEN	J	459997	16835	7/27/93	7/27/93	1	149.40		99281	C	No UMDAP
GAVAN	A	139992	1189	7/14/93	7/14/93	1	92.40	6/01/91	99411	O	
KESS	E	1001994	7006	7/20/93	7/20/93	1	66.40	4/01/91	99411	O	
LO	L	1010996	15795	7/15/93	7/28/93	3	298.80		99309	O	No UMDAP
MAC	D	1002991	7410	7/20/93	7/20/93	1	49.80	6/01/91	99411	O	
MAR	L	504997	4789	7/20/93	7/20/93	1	24.90	7/01/91	99301	O	
OSKIN	J	1011999	16842	7/27/93	7/27/93	1	149.40		99269	C	No UMDAP
TED	R	1007998	12385	7/21/93	7/21/93	1	74.70	7/01/91	99269	C	

Confidential Information

Report PSP 159 - Posting Status Report

Report Description:

This report lists the number and type of system messages generated by the last posting run.

Running the Report:

Use the Report menu to run this report, or use its DAT file to set it up for automatic resubmission. You are prompted for the month and year, and you can sort the report by Reporting Unit.

Using the Report:

Operations Staff uses this report to help correct posting problems.

Technical Notes:

When posting is run, each posting module produces a SEQ_LIS with information about accounts, adjustments, insurance policies, Medicaid Eligibility, Utilization Control, and services that require staff attention. This report summarizes the messages in the SEQ_LIS file.

Output File:

MHS_OUTPUT_REPORT:
POSTING_STATUS_PSP159.LIS

Current Service Posting Status

20-May-1993

Page 1

Report PSP159
For: 12/1992
Billing Status: 12

Count	Posting Message
9	%PSP\$ _PM-I-ACCOUNT_ON_HOLD, Account on hold
4	%PSP\$ _PM-I-MISSING_INS_PRO, Unable to translate procedure for insurance
110	%PSP\$ _PM-I-POLICY_NOT_READ, Insurance policy not currently ready
12	%PSP\$ _PM-I-SD_COLLECT_WRIT, S/D collection record written
224	%PSP\$ _PM-I-UMDAP_ON_HOLD, UMDAP record is on hold
131	%PSP\$ _PM-I-OTHER_POLICIES, Other policies exist for this service

Total : 490

Report PSP 160 - Bad Address Report

Report Description:

This report lists all accounts with bad addresses, by Responsible Party name. It does not include system generated accounts.

Running the Report:

Use the Report menu to run this report monthly or more frequently, before running patient bills. You are prompted for a printer name.

Using the Report:

Use the Account Maintenance screen to enter the correct Responsible Party address and to remove the Bad Address flag.

Client bills are not produced for accounts with the Bad Address flag set.

Output File:

MHS_OUTPUT_REPORT:

BAD_ACCOUNT_ADDRESS_PSP160.LIS

Accounts With Bad Addresses
Immediate Action Required

23-Mar-1994
Page 1

Report PSP 160

Accounts with incorrect addresses are listed below, sorted by Billing Group, Responsible Party name. Please determine the correct address and update the account address using the Account Maintenance screen. When you enter the correct billing address remember to remove the Bad Address flag. Client bills are not generated for accounts that have Bad Address flag set.

	Existing		New
Account Name/Number:	ANDERSON , PEA (1023)		_____, _____ (____)
Street Address:	112 WILSON ST		____ - _____ - ____
City - State - Zip:	SAN FRANCISCO CA 94999		_____ - _____ - ____
Billing Group:	113		
Account Name/Number:	BROWN , MURPHY (1025)		_____, _____ (____)
Street Address:	123 W ADAMSON		____ - _____ - ____
City - State - Zip:	SAN FRANCISCO CA		_____ - _____ - ____
Billing Group:	113		
Account Name/Number:	BURDEN , MARY (1022)		_____, _____ (____)
Street Address:	6641 N JACARANDA ST		____ - _____ - ____
City - State - Zip:	RANCHO CUCAMONGA CA 96170		_____ - _____ - ____
Billing Group:	101		
Account Name/Number:	CARENDER , JIM (1020)		_____, _____ (____)
Street Address:	10 W ALAMEDA ST 100		____ - _____ - ____
City - State - Zip:	OAKLAND CA 94111		_____ - _____ - ____
Billing Group:	113		
Account Name/Number:	CASADOS , JUDY (1013)		_____, _____ (____)
Street Address:	20 W 20TH ST		____ - _____ - ____
City - State - Zip:	SHASTA CITY CA 54000		_____ - _____ - ____
Billing Group:	113		
Account Name/Number:	DALE , NORMAN (1015)		_____, _____ (____)
Street Address:	111 10TH ST 200		____ - _____ - ____
City - State - Zip:	SAN FRANCISCO CA 94110		_____ - _____ - ____
Billing Group:	101		
Account Name/Number:	FARROW , JACY (1012)		_____, _____ (____)
Street Address:			____ - _____ - ____
City - State - Zip:	LONG BEACH CA		_____ - _____ - ____
Billing Group:	101		

Confidential Information

Report MHS 161 - Account Service Ledger

Report Description:

This report lists all services, bills, payments and adjustments for all clients on an account. It is the most complete and detailed standard report on an account and is restricted by a date range rather than reporting the entire account history.

MHS 161 includes 5 major sections, listed and described below.

1. Account Information
2. UMDAPS and Services
3. Payment Information
4. Claim Information
5. Adjustment Information

1. Account Information

This section lists the account number, responsible party name, date account was initially created, name of user (or process) that created the account, and status of the account. It also displays the Billing Group number and label, information from the most recent client bill, and all clients attached to the account. This section is *not* affected by the date restriction so it is possible for a client to appear on the list but not in the report itself if the client has not received services within the date range selected.

For information on Account Statuses, see the section on Maintaining Accounts in the User Manual, Chapter 9.

UMDAPS and Services

This section lists the UMDAPS information for the UMDAPS records that overlap, even partially, within the date range selected. For example, if the date range selected is 1/1/2000 to 2/31/2000, services rendered on 1/22/2000 to 2/13/2000 will be included. The UMDAPS information for each record is followed by the services that occurred within the date range of the UMDAPS and is followed by totals for all UMDAPS periods.

The Header includes:

UMDAP Effective From/To	Effective and expiration dates of the UMDAP period.
UMDAP Status	Values may be Full Pay, Rollover, Undetermined. If the space is blank, none of these apply.
Total Debits	Total cost of services on the account that are billable to the client.

Total Credits	Total amount of payments made on the account.
UMDAP Liability	The Annual Liability (annual UMDAP deductible) according to the DMH Patient Fee Schedule.
UMDAP Balance	The original Annual UMDAP Liability less client payments, plus extra-UMDAP charges (such as \$10 Bad Check Charge), plus (or minus) adjustments to the account. If the UMDAP is Full Pay, this is not applicable.
Account Balance	Total debits (charges) for all services provided to all clients on the account minus total credits (payments) on the account.
Potential (PUAB)	System calculation used to determine the amount owed.
RP Owes (CRPD)	System calculation of the amount the Responsible Party owes, which is equal to the UMDAP Balance or Account Balance, whichever is less.

This Header is followed by a detailed list of services/charges for all clients on the account, including

Reference Number	A number assigned to the service to identify it in the report.
Service Date	Date the service was performed.
Reporting Unit	Program that provided the service.
Procedure	Three-digit county service code.
Service Cost	The billing rate for the procedure, from the Provider Balance record.
Service Status (ST)	The status can be
O	<u>O</u> pen. Not fully paid by another source
C	<u>C</u> losed. Fully paid by another source or combination of sources
N	<u>N</u> ot eligible. Service is not billable to County, as established in Provider Balance record.
Service Balance	Dollar amount remaining unpaid.
Payors	Each column represents a category of Payor for which a receivable may be created for the service. These categories include: County, Medicaid, Medicare, Insurance, Patient, Fee/Adj. For example, if a dollar amount appears under R in the Medicaid column, the system has created a claim to Medicaid for the service. If a dollar amount appears under both Medicaid and Medicare columns, the system has created claims to both.

Receivable (R)	The amount billed to the payor for the service. If no receivable amount is present, the payor was not billed for that service. (For SB900 counties the amount billed to Medicaid is the SB900 rate, which may differ from the rate billed to other sources, usually, the Board of Supervisors' rate.)
Status (ST)	The billable status of the service or the current status of the receivable. The status can be
P	<u>P</u> otentially Eligible, the Service is billable, but posting has not billed it yet.
T	<u>T</u> ried, Not Billable. Posting tried to bill the source but could not.
N	<u>N</u> ot Eligible. Provider Balance record shows the service is not billable to the source.
O	<u>O</u> pen. Posting has created a claim and receivable, which has not been paid or denied. (If Medicaid, Medicare or Insurance receivables are partially paid, the status changes to Closed, but Patient and Fee/Adj receivables remain Open if partially paid.)
C	<u>C</u> losed. Payment or denial has closed the receivable.
Collections (C)	The dollar amount that has been applied to the receivable. As these payments are entered, the service balance is reduced.
Special Collections	When the SB900 rate for a service exceeds the billing rate, the system writes a Special Collection to prevent the Service Balance from becoming a negative number. When Medicare payments are processed, the system creates a special collection record for each receivable, which is the difference between the billed amount and Medicare's Approved Amount. See MHS Operations Manual, Chapter 6, section on Medicare Maintenance for more information.

^S₀ **Note:** In the case of sole source payors (such as CONREP) the status in all payor columns except Insurance is blank. The Claim Information section has sole source claim status.

Payment Information

This portion of the report shows the relationship between payments and services. Information from the Payments and Payment Distributions and Collections are reported for services that occurred during the reporting period. Data from the Receivables and Claim Lines table is selected based on services that occurred during the reporting period.

Included are:

Receipt Date	The Date of Receipt, entered through the Payment Entry screen or entered electronically.
Company Number	The source of payment. It can be Medicaid, Medicare, Insurance, Patient, Fee/Adj. When source is an insurance company, it is displayed as "INS" followed by the insurance company identification number.
Payment Status	Current processing state of payment. The options are
To Audit	Payment was just entered.

In Audit	Payment Audit Report (MHS172) was run.
To Post	Payment Deposit Report (MHS173) was run.
Dist Part	Payment was processed, and part was applied to a receivable.
Dist Full	Payment was processed, and all was applied to a receivable.
Payment Amount	Amount of the payment.
Username	Name of the person (or process) who entered the payment.
Payment Stamp	Date/time that the payment was entered.
Distribution Status	A payment is applied to a claim form, and its distributions are applied to individual claim lines. This is the status of the distributed (claim lines) payment. The options are <ul style="list-style-type: none">• To Apply• Applied• Refunded• Unapplied
Posting Date	The date the payment was posted to the account.
Distributed Amount	The amount of the payment that was applied to a claim line.
Approved Amount	The amount approved by the carrier for this claim line.
Service Reference	Reference Number (from Services portion of this report) which identifies the service that the payment paid for. Often, multiple services are paid off by a single payment.

At the bottom of the Payment Information section there is a summary, including

Total Payment	Total of all payments listed.
Applied Payments	Total amount of listed payments that are applied.

Claim Information

This portion of the report shows the relationship between services and claims. It displays all claim lines for all clients on the account. The claim information comes from the claim line and claim form tables. The selection is based on the service year and service month recorded in the claim form records.

^s₀ **Note:** Should the user configure a date range such as 6/15/2000 to 9/15/2000, the report will return claim records from the beginning of the selected month to the end of the selected month, i.e. 6/1/2000 to 9/30/2000. The user must then be aware that some data will fall outside the selected date range.

For each claim, it displays:

Claim Month	Month and year of claim.
Company ID	Company or payor for which claim was created.
Claim Status	Status of claim - Pending, Submitted, Paid, etc.
Claim Procedure	Procedure code for the claim line.
Line Quantity	Number of like services included on claim line.
Line Amount	Dollar amount billed for the claim line.
Reporting Unit	Reporting Unit Number where services were performed.
Claim Print Date	Date the program that generated the claim was run.
Service Cross Reference Number	Reference number (from Services portion of this report) which identifies the service. Multiple services in a claim line can roll up to the same claim procedure code.

Adjustment Information

Adjustment information may vary depending on the type of adjustment. For example, client number is always displayed on Service Deletion adjustments, but is not always displayed on account adjustments. All adjustments for the account with an effective date within the date range for the account are reported.

This section may include:

Code	Three-digit adjustment code.
Description	Narrative description of adjustment.
Client Number	Client for whom adjustment was created.
Effective Date	Date adjustment is effective.
Amount	Dollar amount requested for the adjustment.
Posted Status	If status is Ready, Error, or Duplicate, then the status is displayed. If the adjustment has successfully posted, the posting date is displayed.
Posted Amount	Dollar amount posted.
Username	Name of user (or process) that created the adjustment.
Entry Date	Date the adjustment was actually entered to or created by the system.
Source	Name of the screen or process that created the adjustment.

Running the Report:

Use the Report menu to run this report.

Report Prompts

You are prompted to enter the Account Number for this report, the “Starting Date” and the “Ending Date.” The Starting Date will default to 17-Nov-1858 and the Ending Date defaults to the \$RUN_DATE.

Using the Report:

Use the report to analyze a single account and research claim questions.

Technical Notes:

Date ranges in MHS 161 delimit the output report.

UMDAPS records with dates that partially overlap the date range selected, for example, 1/22/2000 to 2/13/2000 for a selected date range of 1/1/2000 to 2/31/2000, will be included in the report.

Users are advised to enter date ranges that conform to usual use, such as the beginning of a month for the start date, and the end of a month for the end date (e.g. 6/1/2000 to 8/31/2000).

Should users elect to enter date ranges with start and end dates in the middle of months (e.g. 6/15/2000 to 9/15/2000), they are advised that certain portions of the report scan within the beginnings and ends of months (e.g. 6/1/2000 to 9/30/2000) and data may fall outside the date range selected.

Output File:

MHS_OUTPUT_REPORT:

SERVICE_LEDGER_MHS161.*****_LIS

[- - Account Information - -]

ACCOUNT : MARLIN, GWENN (18)
 ACCOUNT CREATED ON : 10-Jun-2001 BY TRANSFER
 ACCOUNT STATUS : HOLD SIMT
 BILLING GROUP : 1 Cola County
 LAST BILLED BALANCE : 79.00 ON 3-Jun-1999
 STATEMENT MESSAGE # :

CLIENT : MARLIN, GWENN (19700)

[- - UMDAPS And Services - -]

UMDAP EFFECTIVE FROM : 1-Nov-2000 TO 31-Oct-2001

UMDAP STATUS :		Receivable Status
TOTAL DEBITS :	512.92	
TOTAL CREDITS :	509.81	
UMDAP LIABILITY :	92.00	P = Potentially Eligible
UMDAP BALANCE :	0.00	T = Tried - Not Billable
ACCOUNT BALANCE :	3.11	N = Not Eligible
POTENTIAL (PUPB) :	92.00	o = Open
RP OWES (CRED) :	0.00	C = Closed

Ref	Svc	Report	Service	Medi-Cal			Medicare			Insurance			Patient			NS/D
				R	St	C	R	St	C	R	St	C	R	St	C	
1	6/15/00	45151	900	141.22o	3.11		N		46.11C	46.11		N		92.00C	92.00	
N																
2	7/08/00	45151	361	17.70C	0.00		15.40C	15.40		T		T		o N	Special	
	collections:	2.30														
3	7/08/00	45151	361	88.50C	0.00		77.00C	32.16		88.50C	56.34	T		o		
N																
4	7/14/00	45151	300	0.00C	0.00		N			N		N		N		
N																
5	7/15/00	45151	361	35.40C	0.00		30.80C	30.80		T		T		o N	Special	
	collections	4.60														
6	7/28/00	45151	361	123.90C	0.00		107.80C	45.04		123.90C	78.86	T		o		
N																
7	8/23/00	45151	361	88.50C	0.00		77.00C	77.00		T		T		o N	Special	
	collections	11.50														
8	10/24/00	45151	361	17.70C	0.00		15.40C	15.40		T		T		o N	Special	
	collections:	2.30														
Totals				512.92	3.11		323.40	236.50		258.51	181.31			92.00	92.00	

Totals: All UMDAPS

Total Debits:	8162.29	Total UMDAP:	229.00
Total Credit:	7886.36	RP OWES (CRED):	0.00
Account Balance:	275.93		

[- - Payment Information - -]

Receipt Reference	Company Number	Payment Status	Payment Amount	Payment Username	Payment Stamp	Dist Status	Posting Date	Dist Amount	Approved Amount	Service
6/20/00	NonSD Pt	Dist Full	92.00	SYSTEM_13	20-Jun-2001 13:56:23.45	Applied	6/21/00	92.00	92.00	1
8/04/00	INS-9997	Dist Full	46.11	AYERS_L	2-May-2001 16:15:00.35	Applied	5/04/01	46.11		1

1/04/01	Medi-Cal Dist Full	77.00	SYSTEM_49	4-Jan-2001 19:47:27.34	Applied	1/04/01	77.00	77.00	7
3/14/01	INS-9999 Dist Full	135.20	DOLTOH_L	15-Jun-2001 13:54:13.04	Applied	6/22/01	56.34	83.32	3
					Applied	6/22/01	78.86	116.65	6
3/30/01	Medi-Cal Dist Full	15.40	SYSTEM_49	30-Mar-2001 22:20:25.72	Applied	3/31/01	15.40	15.40	8
3/30/01	Medi-Cal Dist Full	29.20	SYSTEM_49	30-Mar-2001 22:22:05.67	Applied	3/31/01	14.60	14.60	9
					Applied	3/31/01	14.60	14.60	10
3/31/01	Medi-Cal Dist Full	231.00	SYSTEM_49	31-Mar-2001 20:55:54.55	Applied	4/01/01	32.16	77.00	3
					Applied	4/01/01	15.40	15.40	2
					Applied	4/01/01	30.80	30.80	5
					Applied	4/01/01	45.04	107.80	6
					Refunded		44.84	77.00	
					Refunded		62.76	107.80	
10/24/01	INS-9999 Dist Full	17.91	DOLTOH_L	30-Oct-2001 13:04:33.06	Applied	11/01/01	17.91	36.29	15
10/24/01	INS-9999 Dist Full	64.53	DOLTOH_L	30-Oct-2001 13:05:51.62	Applied	11/01/01	57.64	94.89	16
					Applied	11/01/01	6.89	11.35	17
10/24/01	INS-9999 Dist Full	24.24	DOLTOH_L	30-Oct-2001 13:09:30.30	Applied	11/01/01	24.24	43.55	22
10/31/01	Medi-Cal Dist Full	64.40	SYSTEM_49	31-Oct-2001 07:14:04.06	Applied	10/31/01	36.80	36.80	13
					Applied	10/31/01	27.60	27.60	14
12/06/01	Medi-Cal Dist Full	185.65	SYSTEM_49	6-Dec-2001 21:24:42.19	Applied	12/06/01	29.05	29.05	19
					Applied	12/06/01	34.80	34.80	18
					Applied	12/06/01	104.40	104.40	20
					Applied	12/06/01	17.40	17.40	21
2/02/01	Medi-Cal Dist Full	64.40	SYSTEM_49	17-Oct-1999 15:27:31.33	Applied	10/22/01	36.80	36.80	24
					Applied	10/22/01	27.60	27.60	26
2/02/01	Medi-Cal Dist Full	34.84	SYSTEM_49	17-Oct-1999 16:44:32.37	Applied	10/22/01	34.84	34.84	15
2/02/01	Medi-Cal Dist Full	132.97	SYSTEM_49	17-Oct-1999 16:44:42.27	Applied	10/22/01	14.21	14.21	17
					Applied	10/22/01	118.76	118.76	16
2/02/01	Medi-Cal Dist Full	39.06	SYSTEM_49	17-Oct-1999 16:47:25.49	Applied	10/22/01	39.06	39.06	22
2/02/01	Medi-Cal Dist Full	113.65	SYSTEM_49	17-Oct-1999 16:49:54.20	Applied	10/22/01	12.45	12.45	29
					Applied	10/22/01	64.40	64.40	30
					Applied	10/22/01	36.80	36.80	32
3/01/01	Medi-Cal Dist Full	274.43	SYSTEM_49	17-Oct-1999 17:17:05.87	Applied	10/23/01	37.35	37.35	37
					Applied	10/23/01	32.48	32.48	36
					Applied	10/23/01	121.80	121.80	45
					Applied	10/23/01	55.20	55.20	33
					Applied	10/23/01	27.60	27.60	35
3/04/01	INS-9999 Dist Full	8.09	DOLTOH_L	5-Mar-1999 15:20:15.48	Applied	3/08/01	4.05	7.26	23

Total Payments: \$7781.04

Applied Payments: \$7673.44

[- - Claim Information - -]

Claim Month	Company ID	Claim Status	Claim Procedure	Line Quantity	Line Amount	Reporting Unit	Claim Print Date	Service Cross-reference number(s)
07/00	INS-9999	Paid	914	1	123.90	45151	21-Dec-2001	6 914 1 88.50
45151		21-Dec-2001	3					
07/00	Medi-Cal	Paid	60	1	77.00	45151	12-Oct-2001	3 60 1 107.80
45151		12-Oct-2001	6					
45151		12-Oct-2001	2		30.80	45151	12-Oct-2001	5 60 1 15.40
07/00	Patient	Submitted	361	2	.00	45151	9-Feb-2001	2
5								
07/00	Patient	Submitted	361	2	.00	45151	1-Jul-2001	6
3								
08/00	Medi-Cal	Paid	60	1	77.00	45151	26-Oct-2001	7
08/00	Patient	Submitted	361	1	.00	45151	9-Feb-2001	7
10/00	Medi-Cal	Paid	60	1	15.40	45151	13-Dec-2001	8
10/00	Patient	Submitted	361	1	.00	45151	9-Feb-2001	8
11/00	Medi-Cal	Paid	50	1	14.60	45151	14-Dec-2001	10 50 1 14.60
45151		14-Dec-2001	9					
11/00	Patient	Submitted	391	2	.00	45151	9-Feb-2001	10
9								
12/00	Medi-Cal	Paid	50	1	51.10	45151	25-Jan-2001	11 50 1 14.60
45151		25-Jan-2001	12					
12/00	Patient	Submitted	391	2	.00	45151	9-Feb-2001	12 11

07/01	INS-9999 Paid	914	1	52.75	45151	20-Aug-2001	15			
07/01	Medi-Cal Paid	60	1	27.60	45151	22-Aug-2001	14	60	1	36.80
45151	22-Aug-2001	13								
07/01	Medi-Cal Paid	60	1	34.84	45151	22-Nov-2001	15			

[- - Adjustment Information - -]

Code	Description	Client #	Effective Date	Amount	Posted Status	Posted Amount	Username	Entry Date	Source
303	Conv Acct Bal Increase Maintenance	000219700	3/14/00	3.11	1/11/01	3.11	DOLICH_L	1/11/01	Account
303	Conv Acct Bal Increase Maintenance	000219700	4/01/00	46.11	4/19/01	46.11	DOLICH_L	4/19/01	Account
303	Conv Acct Bal Increase runs	000219700	6/15/00	92.00	6/20/00	92.00	TRANSFER	6/15/00	Special DIR
331	Conv Acct Bal Decrease runs	000000000	6/15/00	92.00	6/20/00	92.00	TRANSFER	6/15/00	Special DIR
404	Reverse Full Pay Maintenance	000000000	11/01/00	241.00	12/22/00	0.00	SMITH_B	12/22/00	Account
402	Write-off UMDAP (Medicaid) Maintenance	000000000	11/01/00	-241.00	9/29/01	-75.60	DOLICH_L	9/29/01	Account
392	Delete Insurance Payment Run	000219700	10/27/01	17.91	NULL	NULL	DOLICH_L	10/27/01	Payment Entry
392	Delete Insurance Payment Run	000219700	10/27/01	24.24	NULL	NULL	DOLICH_L	10/27/01	Payment Entry
392	Delete Insurance Payment Run	000219700	10/27/01	64.53	NULL	NULL	DOLICH_L	10/27/01	Payment Entry
402	Write-off UMDAP (Medicaid) Maintenance	000000000	11/01/01	-102.00	9/29/01	-102.00	DOLICH_L	9/29/01	Account
421	Account On Hold Maintenance	000000000	8/02/01	0.00	NULL	NULL	DOLICH_L	8/02/01	Account
404	Reverse Full Pay Maintenance	000000000	11/01/01	63.00	1/15/00	0.00	CARRELL_L	1/15/00	Account
402	Write-off UMDAP (Medicaid) Maintenance	000000000	11/01/01	-63.00	9/29/01	-59.10	DOLICH_L	9/29/01	Account
420	Account Off Hold Maintenance	000000000	8/12/01	0.00	NULL	NULL	BARKER_D	8/12/01	Account
392	Delete Insurance Payment Run	000219700	3/23/01	1037.73	NULL	NULL	DOLICH_L	3/23/01	Payment Entry
421	Account On Hold Maintenance	000000000	7/20/01	0.00	NULL	NULL	DOLICH_L	7/20/01	Account

 Confidential Patient Information

Report PSP 162 - Current Medicaid Eligibility with No UC Report

Report Description:

This report lists clients who have recently had Medicaid established, who already have open Episodes, but who do not have a Utilization Control Authorization set up in the system.

Running the Report:

The report is run automatically each time the Medicaid Eligibility Processing Module of the Posting System is run. Its output is routed to each Reporting Unit's Printer. It is not printed if no clients meet the report criteria.

Using the Report:

Enter an Initial Action for the client in the UC Action Entry Screen, either the Episode Opening Date or the first date of Medicaid Eligibility. You must enter an Initial Action for the client before you can bill Medicaid. For more information, see User Manual, Chapter 13, section on Utilization Control.

Output File:

MHS_OUTPUT_REPORT:

POE_PROCESSING_PSP162.*****_LIS.

Report PSP162
WESTERN OUTPATIENT

(43261)

Reporting Date: 27-Jun-1996

Page 1

Clients on this report have recently had Medicaid established. They have open Episodes, but do not yet have a Utilization Control Authorization. Please review the episode history of these clients using the Episode Maintenance Screen. Determine what date should be the beginning of a UC Period (Episode Opening or Date of Eligibility). Using the UC Action Entry Screen, give an Initial UC Authorization to the client using the correct date as the UC Effective Date. This will create a regular UC period for the client. This should be done with the approval of the appropriate clinic staff.

Clients will continue to appear on this report, and the client's services will not post until this has been completed.

Client	Name	Medicaid Number	Date	Message	UC Date	
500003303	TESTA	WIL	43-60-9545807-2-68	5/1988	Establish UC	_____

Confidential Information

Report PSP 163 - Account Status Summary Report

Report Description:

This report summarizes all the information about an account: Responsible Party information, all clients on the account, past and current Liabilities completed for the account, all episodes, services, adjustments, insurance policies, Medicaid Eligibility, claims, and payments for the account.

The Liabilities section is displayed differently for MHS and DAS programs.

Running the Report:

The Program or Business Office staff uses the Report menu to run this report. You are prompted to enter the account number and to enter the number of months of past history to include. (For the entire history, enter "0" as the number of months.)

Using the Report:

Use to analyze specific accounts.

Output File:

MHS_OUTPUT_REPORT:

ACCOUNT_SUMMARY_PSP163.*****_LIS

Report PSP163
Account Number: 21798

Reporting from system start-up forward

Responsible Party Information:

RP Name: CLIENT1	RUIH	D	Account Created: 25-Jan-1993
Address: 2652 SAN IGNACIO			Account Status: Bad Mailing Address
MODESTO	CA	95354	Last Billing Date: 13-Mar-1993
Statement Message: 0			Last Billed Amount: 37.00

Clients on Account:

Client Name	Case Number	Birthdate	Social Security #
CLIENT1	RUIH	56822	12-Jul-1958
			237 15 1397

UMDAPS for Account:

Effective Date	Expiration Date	Share of Cost	UMDAP Balance	Current Status	Key Entry Date	Last Change Date	Account Balance	RP Owes
1-Jan-1993	31-Dec-1993	\$37.00	\$00.00	READY	25-Jan-1993	20-May-1993	\$13065.00	\$0.00

Adjustments on Account:

There are no adjustments with this account.

Insurance Policies on Account:

Client Name	Insurance Company (ID#)	Group #	Policy #	Effective	Expiration	Status
CLIENT1	RUIH KAISER PERMANENTE NORTHERN CALIF	8255	4372017	1-Jan-1992		Active
CLIENT1	RUIH KAISER PERMANENTE NORTHERN CALIF	8255	4372017	1-Jan-1992	31-Dec-1991	Inactive

Current Medicaid for Account:

There is no Medicaid eligibility on this account.

Claims on Account:

Client Name	Client Number	Insurance Company	Mon/Yr	Reporting Unit	Claim Amount	Claim Status
CLIENT1	RUIH 56822	UMDAP Patient Coverage	6 /1993	DAY TMT INT	\$0.00	Pending
CLIENT1	RUIH 56822	KAISER PERMANENTE NORIHE	6 /1993	DAY TMT INT	\$244.00	Pending
CLIENT1	RUIH 56822	UMDAP Patient Coverage	5 /1993	DAY TMT INT	\$0.00	Pending

Payments on Account:

Insurance and Medicare Payment Distributions

There are no Insurance or Medicare payment distributions with this account.

Client Payments:

Payment Date	Payment Amount	Payment Method	Receipt Number	Payment Status
17-May-1993	\$37.00	Check	23016	Distributed
				\$37.00

Episodes on Account:

Client Name	Case #	Reporting Unit (Code)	Opening Date	Closing Date	Primary Staff	Primary Diagnosis	Last Service
CLIENT1	RUIH 56822	DAY TMT INT (50009)	11-May-1993		805	296.32	7-Jun-1993

Services on Account:

Client Name	Reporting Unit (Code)	Service Date	Procedure	Staff/CbStf	Duration	Cost of Service
CLIENT1	RUIH DAY TMT INT (50009)	7-Jun-1993	DAY CARE INTENS FULL DAY	/	5:15 :00	122.00
CLIENT1	RUIH DAY TMT INT (50009)	3-Jun-1993	DAY CARE INTENS FULL DAY	/	5:15 :00	122.00
CLIENT1	RUIH DAY TMT INT (50009)	2-Jun-1993	DAY CARE INTENS FULL DAY	/	4:15 :00	122.00
CLIENT1	RUIH DAY TMT INT (50009)	27-May-1993	DAY CARE INTENS FULL DAY	/	4:15 :00	122.00
CLIENT1	RUIH DAY TMT INT (50009)	26-May-1993	DAY CARE INTENS FULL DAY	/	4:15 :00	122.00
CLIENT1	RUIH DAY TMT INT (50009)	25-May-1993	DAY CARE INTENS FULL DAY	/	5:15 :00	122.00
CLIENT1	RUIH DAY TMT INT (50009)	24-May-1993	DAY CARE INTENS FULL DAY	/	5:15 :00	122.00

Confidential Information

Report MHS 164 - Liability Due Report

Report Description:

This report lists clients who should be reviewed to determine their liability. It lists clients with open episodes who have received services in the last 90 days and:

- whose liability period will expire within a specified number of days from the run date (usually 45 to 90 days), or
- whose liability has expired and been replaced by a rollover liability. Rollover liabilities are created by the system and must be updated with current information using the Financial Information screen.

The report shows the client name, number, account number, episode opening date, last service date, date current liability information expires, annual liability and reporting unit or billing group, listed by reporting unit and primary staff.

Running the Report:

Use the Report menu to run this report, usually once a month. A prompt asks you whether to sort by reporting unit or by billing group. It may be sent to each program's printer.

Using the Report:

Use the Financial Information screen to enter current information on these clients, to create new liability periods.

Technical Notes:

The number of days from the report run date until the liability expiration date may be modified in the control file. The report does not include accounts with these conditions:

- Valid current liability period, but prior year liability is in Rollover status.
- There is a second generation rollover. That is, rollover liability has expired and new services are unable to post because of "Illegal second generation rollover".
- No client on the account has received a service within 90 days.
- Current liability period has expired and no Rollover liability has been created.
- Episode is closed.

Output File:

MHS_OUTPUT_REPORT:

LIABILITY_DUE_MHS164.*****_LIS (when requested by reporting unit)

LIABILITY_DUE_MHS164.****_LIS (when requested by billing group)

LIABILITY DUE REPORT
IMMEDIATE ACTION REQUIRED

6-Apr-1994
Page 1

Report PSP 164
Mythic County
Report Date: 6-Apr-1994
Billing group : Alpha & Omega Biller (173)
Staff : KIRK JAMES (90000)

Please obtain current financial information for the clients shown below and enter it to the system. The liability period for these clients will expire on the date shown under 'LIAB Expiration Date'. 'Rollover' indicates that the liability period has already expired and the system has created an artificial liability period. 'Rollover' liabilities must be updated in the system with accurate financial information.

Client Name	Account Number	Client Number	Opening Date	Last Service Date	Liability Expiration Date	Annual Liability
DOING STEPHEN	880062	9990066	25-Sep-1991	15-APR-1992	31-May-1992	\$925.00
FULLER KENNEIH	000099	9900093	22-Jul-1992	20-APR-1992	31-Jan-1992	\$41.00
HANSTON MARY	010087	1998929	16-May-1991	21-APR-1992	30-Apr-1992	\$437.00
LIVINGS VICTOR	060022	1008878	12-Mar-1992	15-MAY-1992	30-Apr-1992	\$57.00

Confidential Information

LIABILITY DUE REPORT
IMMEDIATE ACTION REQUIRED

1-Apr-1994
Page 1

Report PSP 164
Mythic County
Report Date: 1-Apr-1994
Reporting Unit : PSP Outpatient (99991)
Staff : KIRK JAMES (90000)

Please obtain current financial information for the clients shown below and enter it to the system. The liability period for these clients will expire on the date shown under 'LIAB Expiration Date'. 'Rollover' indicates that the liability period has already expired and the system has created an artificial liability period. 'Rollover' liabilities must be updated in the system with accurate financial information.

Client Name	Account Number	Client Number	Opening Date	Last Service Date	Liability Expiration Date	Annual Liability
DOING STEPHEN	880062	9990066	25-Sep-1991	15-APR-1992	31-May-1992	\$925.00
FULLER KENNEIH	000099	9900093	22-Jul-1992	20-APR-1992	31-Jan-1992	\$41.00
HANSTON MARY	010087	1998929	16-May-1991	21-APR-1992	30-Apr-1992	\$437.00
LIVINGS VICTOR	060022	1008878	12-Mar-1992	15-MAY-1992	30-Apr-1992	\$57.00

Confidential Information

Report PSP 167 - Insurance Company Master Lists

Report Description:

This report list all insurance companies in the system.

Running the Report:

Use the Report menu to run this report as needed and to specify where it is printed. Prompts ask whether you want to list companies alphabetically by name or by identification number.

Using the Report:

The Billing office staff uses this report for reference.

Output File:

MHS_OUTPUT_REPORT:

INSURANCE_COMPANY_ALPHA_PSP167.LIS (*alphabetical order*)

INSURANCE_COMPANY_NUMERIC_PSP167.LIS (*id number order*)

Insurance Company Master List
Alphabetic by Company Name12-Jun-1993
Page 1Report RSP167
Mythic County

InsCo ID	Insurance Company Name	Address and Phone	Payer Source	IH Proc	OP Proc	IH Claim Form	OP Claim Form	Form Aggr Type	ICM Flag Word	Def Bill Prec	Def Age Prec	Fin Code	Creator Username
1175 A A A		P.O. BOX 579570 MODESTO CA 95357 209 523 9171	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		RICHARDS
1403 AART PLAN ADMINISTRATOR		P.O. BOX 2710 RANCHA CORDOVA CA 95741 800 794 4013	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		CARBERY
1175 AAA		P.O. BOX 579570 MODESTO CA 95357 209 523 9171	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		RICHARDS
1251 AARP		3200 E CARSON ST LAKEWOOD CA 90712	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		CHILDS
1001 AARP CLAIMS		P.O. BOX 13999 PHILADELPHIA PA 19187	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		BORDEN
1187 ADMAR CORP		P O BOX 478 SANTA ANA CA 92702 800 631 0734	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		MEICALF
1203 ADMAR HEALTH		Insurance SALT LAKE CITY UT 84107 4021 S 700 E STE 500 800 631 0734	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		MEICALF	
1187 ADMAR MED NET HEALTHWATCH		P O BOX 478 SANTA ANA CA 92702 800 631 0734	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		MEICALF
1335 AETNA		P.O. BOX 2295 FORT WAYNE IN 46801 800 654 4655	Insurance	UB82-R	CPT4	UB-82	HCFAL500	Proc	Unkn	50	70		CARBERY

Report MHS 169 - Itemized Claim Form

Report Description:

This report lists the services on a Medicare, Insurance or Client claim generated by the system. For each service, it lists staff name, license number, and category of staff that provided the service.

Running the Report:

This report includes all claims in the system with status Resubmit Long. If necessary, use the Resubmit Long adjustment of the Claim Maintenance screen to change the status of a claim, before running this report.

Use the Report menu to run this report as needed. Running this report changes the status from Resubmit Long to Resubmitted Long.

Using the Report:

This report is sent to insurance companies that ask for more information before reimbursing a claim.

Output File:

MHS_OUTPUT_REPORT:
ITEMIZED_CLAIM_MHS169.LIS

Itemized Claim Form

Report MHS 169
Run Date: 5-Jun-1993

Client Name: TEST, RAYMOND Carrier: MEDICARE PART B-BLUE SHIELD
Address: Address: P.O.BOX 2006
CHICO CA 95927-2006

Reporting Unit: Adult Outpatient Services (390411)
Medicare License: ZZZ89455Z
Policy Number: 554661697A
Diagnosis: 295.92 Schizophrenia, undifferentiated
Physician: LECN

Service Date	Location	Proc	Description	Length	Charge	Provider	Title
1-MAY-1989	Office	H5010	Psychotherapy	1: 0	\$116.00	GEDIGIAN	Soc Wkr
2-MAY-1989	Office	H5010	Psychotherapy	2: 0	\$96.00	GEDIGIAN	Soc Wkr
5-MAY-1989	Office	90862	Medication Eval.	0:20	\$44.00	TRAHMS	Psych MD
9-MAY-1989	Office	H5010	Psychotherapy	2: 0	\$96.00	GEDIGIAN	Soc Wkr
17-MAY-1989	Office	H5010	Psychotherapy	0:45	\$216.00	SWINDEK	Soc Wkr
17-MAY-1989	Office	90862	Medication Eval.	0:20	\$44.00	TRAHMS	Psych MD
22-MAY-1989	Office	H5010	Psychotherapy	1: 0	\$116.00	GEDIGIAN	Soc Wkr
23-MAY-1989	Office	H5010	Psychotherapy	2: 0	\$96.00	GEDIGIAN	Soc Wkr
31-MAY-1989	Office	90862	Medication Eval.	0:20	\$44.00	TRAHMS	Psych MD
9 Services				Total Billed:	\$868.00		

Client Number: 40056
Account Number: 523736
Insurance ID: 9999
Printed Date: 10-JUN-1989

Confidential Information

Report MHS 170 - Daily Adjustments Log

Report Description:

This report lists all adjustments entered into the system the previous day. It displays Account/Client number, Account/Client name, effective date, adjustment amount, Account Balance, RP Owes, type of adjustment, adjustment comment, and staff entering the adjustment. Adjustments are sorted by status (Ready, Posted, Error, etc.), and within each status, are listed alphabetically by account or client name.

Running the Report:

Operations Staff sets up this report to run each day after business hours and routes it the Business Office or Operations Office printer.

Using the Report:

If an adjustment is not correct, use the Account Maintenance or Adjustment Maintenance screen to correct it.

Output File:

MHS_OUTPUT_REPORT:

DAILY_ADJUSTMENT_LOG_MHS170.LIS

Daily Adjustments Log

17-Mar-1993
Page 1

Report MHS 170
Run Date: Mar 17 1993
User Adjustments Entered On: Mar 16 1993

This report shows all adjustments entered on the above date. Please audit these adjustments for accuracy. Refer to the User's Manual for additional information. ID Type: A for Account; C for Client.

Client/ Acct No.	ID Type	Name	Effective Date	Adjustment Amount	Account Balance	RP Owes	Username	Type of Adjustment/Comment
STATUS: Billed								
001040812	A	ATIESICLIENT SANDRA	16-Mar-1993	26.27	526.00	0.00	RAVEN	Deleted Service Incorrect Service Date
001040812	A	ATIESICLIENT SANDRA	16-Mar-1993	26.27	526.00	0.00	RAVEN	Deleted Service Incorrect Service Date
001040812	A	ATIESICLIENT SANDRA	16-Mar-1993	26.27	526.00	0.00	RAVEN	Deleted Service Incorrect Service Date
001040812	A	ATIESICLIENT SANDRA	16-Mar-1993	26.27	526.00	0.00	RAVEN	Deleted Service Incorrect Service Date
001040812	A	ATIESICLIENT SANDRA	16-Mar-1993	26.27	526.00	0.00	RAVEN	Deleted Service Incorrect Service Date
000279059	A	EIESICLIENT JO	16-Mar-1993	41.00	.00	.00	KIM	Deleted Old Ins Pay Applied to wrong account.
001268074	A	CIESICLIENT EA	16-Mar-1993	32.00	784.00	0.00	IE	Deleted Service Service Date 15-Mar-1993
001268074	A	CIESICLIENT EA	16-Mar-1993	48.00	784.00	0.00	IE	Deleted Service Duplicate Service
001267175	A	DIESICLIENT DIEP	16-Mar-1993	32.00	782.00	0.00	IE	Deleted Service Duplicate Service
001267175	A	DIESICLIENT DIEP	16-Mar-1993	64.00	782.00	0.00	IE	Deleted Service Duplicate Service
500051688	C	EIESICLIENT BRIAN	1-Oct-1991	0.00	.00	.00	ORDONA	Release MC Service No Late Reason Code
500051688	C	EIESICLIENT BRIAN	1-Aug-1991	0.00	.00	.00	ORDONA	Release MC Service No Late Reason Code
001117921	A	FIESICLIENT KATHLEEN	16-Mar-1993	16.00	526.00	0.00	IE	Deleted Service Duplicate Service
001250922	A	GIESICLIENT TIM	16-Mar-1993	16.00	2114.00	0.00	IE	Deleted Service Duplicate Service
001279246	A	HIESICLIENT CHILD	16-Mar-1993	05.23	836.00	0.00	LOPEZ	Deleted Service Duplicate Service
000153773	A	IIESICLIENT TAM	16-Mar-1993	32.00	.00	.00	IE	Deleted Service Duplicate Service
001302787	A	KIESICLIENT LAM	16-Mar-1993	32.00	1052.00	0.00	IE	Deleted Service Duplicate Service
001302787	A	KIESICLIENT LAM	16-Mar-1993	64.00	1052.00	0.00	IE	Deleted Service Duplicate Service

Confidential Information

Report MHS 171 - Aged Payments In Audit

Report Description:

This report lists payments that were entered some age period ago and are still in To Audit or In Audit status. You must run a Payment Audit Report (Report MHS 172) or Payment Deposit Report (Report MHS 173) for these payments to move them to To Post status.

Running the Report:

Operations staff should run this report daily and route it to the fiscal office printer. You are prompted to enter the age period in days.

Using the Report:

Run Report MHS 172 for payments in To Audit status to move them to In Audit status.

Run Report MHS 173 for payments in In Audit status to move them to To Post status.

Output File:

MHS_OUTPUT_REPORT:

PAYMENT_AGED_PAT_MHS171.*****_LIS

PAYMENT_AGED_INS_MHS171.*****_LIS

(Decentralized Entry)

PAYMENT_AGED_PAT_MHS171.LIS

PAYMENT_AGED_INS_MHS171.LIS

(Centralized Entry)

Aged Payments Report
Medicare Payments

Report MHS 171

Page 1

Payments Aged over 30 days

Run Date: 11-JAN-1991

Medicare Payments entered to the system on the dates shown below have not been processed. Run the Payment Audit Report for any payments in 'TO-AUDIT' status for the dates shown. Run the Payment Deposit Report for any payments in 'IN-AUDIT' status for the dates shown.

Entry Date	Status	Number	Amount
29-JUN-1990	IN-AUDIT	1	\$211.30

TOTAL:	TO-AUDIT	0	\$0.00
TOTAL:	IN-AUDIT	1	\$211.30

TOTAL:		1	\$211.30

Aged Payments Report
Patient Payments

Report MHS 171

Page 1

Payments Aged over 30 days

Run Date: 11-JAN-1991

Reporting Unit: HEALTHFISCAL (99201)

Patient Payments entered to the system on the dates shown below have not been processed. Run the Payment Audit Report for any payments in 'TO-AUDIT' status for the dates shown. Run the Payment Deposit Report for any payments in 'IN-AUDIT' status for the dates shown.

Entry Date	Status	Number	Amount
25-JUL-1990	IN-AUDIT	3	\$110.00

TOTAL:	TO-AUDIT	0	\$0.00
TOTAL:	IN-AUDIT	3	\$110.00

TOTAL:		3	\$110.00

Report MHS 172 - Payment Audit Report

Report Description:

This report is the first step in auditing payments. It lists newly entered payments and checks. It is used to verify the accuracy of payments, and it moves payments from To Audit status (their status on entry) to In Audit status.

The report is divided into files for Client payments, Insurance/Medicare payments, and Checks.

Running the Report:

Operations Staff generally sets up this report to run automatically every night. Depending on whether a county enters and audits payments centrally or at program sites, the output is distributed to the Business Office or to program printers specified in a distribution table.

If the report runs automatically every day, it lists entries during the last day. You can also run it from the Report menu: you are prompted to enter the start date of the report, a Reporting Unit Number (or "*" for all reporting units) and a payment type (PAT, INS, CHK, or ALL).

Using the Report

Match each line of the report to payment source documents (checks, receipts, etc.) to verify data entry. Errors must be deleted and re-entered; they will be reported on MHS172 the following day.

The Checks section is always produced, but it is only used by counties that enter checks through the Check Maintenance screen. Generally, these are counties that receive electronic payment information from Medicare or Insurance.

Output File:

MHS_OUTPUT_REPORT:

PAYMENT_AUDIT_PAT_MHS172.LIS

PAYMENT_AUDIT_INS_MHS172.LIS

PAYMENT_AUDIT_CHK_MHS172.LIS

(Centralized payment entry)

PAYMENT_AUDIT_PAT_MHS172.*****_LIS

PAYMENT_AUDIT_INS_MHS172.*****_LIS

PAYMENT_AUDIT_CHK_MHS172.*****_LIS

(Decentralized payment entry)

Payment Audit Report
Medicare Payments

Report MHS 172
Payments Entered: 07-SEP-1992

Page 1
Run Date: 21-SEP-1992

Payments entered to the system on the date shown above are now in IN AUDIT status. Please review each entry for accuracy. Delete error payments using the Payment Maintenance screen and re-enter correctly. Corrected payments will appear on the Payment Audit Report for the date they are actually entered.

Receipt Number	Client	Client Number	Payment Amount	Entered By	Insurance Company	Reporting Unit
Receipt Date: 18-AUG-1992						
DAVID CLIENTA		51099310	\$24.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
JAMES CLIENTA		70990010	\$82.52	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
CARMELINE CLIENTA		18070990	\$88.74	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
MARK CLIENTA		30100050	\$83.28	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
JOSEPH CLIENTA		19990170	\$247.86	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
CORRINA CLIENTA		14110510	\$470.88	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
ALICE CLIENTA		1801110	\$144.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
OCTAVIO CLIENTA		2403330	\$78.65	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
MARK CLIENTA		13330280	\$395.53	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
DAVID CLIENTA		27033310	\$48.96	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
MOISES CLIENTA		11033360	\$470.88	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
MORRIS CLIENTA		39039480	\$120.00	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
DAVID CLIENTA		36199590	\$78.65	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
NELLIE CLIENTA		10099180	\$24.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
CLIENT CLIENTA		32099320	\$133.05	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
DORRIS CLIENTA		38099990	\$78.65	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
WILHELM CLIENTA		38019920	\$44.71	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
MIGUEL CLIENTA		68090990	\$24.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
CLIENT CLIENTA		73099050	\$464.92	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
MORRIS CLIENTA		52110990	\$144.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
DON CLIENTA		78099280	\$168.50	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
TOM CLIENTA		01120990	\$24.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
EDSON CLIENTA		51090990	\$24.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
ERICK CLIENTA		67990250	\$120.00	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
HERMES CLIENTA		51199150	\$24.25	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)
ELLEN CLIENTA		66199280	\$180.00	BROWN	MEDICARE PART B (9999)	WEST OPT (99023)

Receipt Date Totals: \$18,354.42 110 Payments

Medicare Payment Totals: \$18,354.42 110 Payments

Grand Totals: \$18,354.42 110 Payments

Payments moved to "IN-AUDIT" Status: 110 Payments

I verify that I have reviewed these payments.

Medicare Payments approved by: _____ Date: _____

Confidential Information

(Extracted Test Report Data. Totals Not Correct.)

Payment Audit Report
Patient Payments

Report MHS 172
Payments Entered: 18-SEP-1992
Reporting Unit: S.M. OPT (99131)

Page 1
Run Date: 21-SEP-1992

Payments entered to the system on the date shown above are now in IN AUDIT status. Please review each entry for accuracy. Delete error payments using the Payment Maintenance screen and re-enter correctly. Corrected payments will appear on the Payment Audit Report for the date they are actually entered.

Receipt Number	Account Name	Account Number	Payment Amount	Entered By	Payment Method
Receipt Date: 18-SEP-1992					
1074346	SEYMOUR ADAMS	70941	\$15.00	HAYWARD	Cash
1074251	MARY CHILDS	70917	\$5.00	HAYWARD	Check
1074350	AMELIA DOHRN	21947	\$63.00	HAYWARD	Cash
1074253	CELTIO LINDA	22938	\$30.00	HAYWARD	Check
1074254	RONALD McDONALD	23955	\$20.00	HAYWARD	Check
1074255	WILSON WILSON	70965	\$5.00	HAYWARD	Cash
Receipt Date Totals:			\$138.00	6 Payments	
Provider S.M. OPT (4213-1) Totals:			\$138.00	6 Payments	

I verify that I have reviewed these payments.

Patient Payments approved by: _____ Date: _____

Confidential Information

Report MHS 173 - Payment Deposit Report

Report Description:

This report allows a final review of patient and Insurance/Medicare payments before posting. It moves the payment from In Audit status to To Post status.

If there is centralized payment entry, it produces a single report file. If there is decentralized payment entry by programs, it produces a report file for each program.

Running the Report:

Operations Staff submits this report to run automatically every night, using information in the Payment Deposit Control Records (described in Report MHS174 documentation). It is distributed to the Business Office or to program printers.

Using the Report:

If a payment is in error, it must be deleted and re-entered.

Output File:

MHS_OUTPUT_REPORT:

PAYMENT_DEPOSIT_INS_MHS173._19890901_LIS

(Centralized payment entry)

PAYMENT_DEPOSIT_PAT_MHS173.*****_19890901_LIS

(Decentralized Payment entry)

****** is the reporting unit where the payments were entered.*

Payment Deposit Report
Patient Payments

Report MHS 173
Payments Entered: 01-SEP-1992

Page 1
Run Date: 21-SEP-1992

Reporting Unit: LAMPASAS OPT (99111)

Payments entered to the system on the date shown above are now in TO POST status. Please review each entry for accuracy. Delete error payments using the Payment Maintenance screen and re-enter correctly. Corrected payments will appear on the Payment Audit Report for the date they are actually entered.

Receipt Number	Account Name	Account Number	Payment Amount	Entered By	Payment Method
Receipt Date: 08-AUG-1992					
1039444	LORENZO FLUSH	20194	\$6.00	TUNNELLS	Cash
1039446	DAVID KLAMATH	50970	\$42.00	TUNNELLS	Cash
1037445	KURT VONNEGUT	23750	\$20.00	TUNNELLS	Cash
Receipt Date Totals:			\$68.00	3 Payments	

Receipt Date: 09-AUG-1992					
1037447	CARMINE CORELONE	24995	\$20.00	TUNNELLS	Check
Receipt Date Totals:			\$20.00	1 Payment	

Receipt Date: 10-AUG-1992					
1037448	SLOANE COFFIN	3923	\$80.00	TUNNELLS	Cash
Receipt Date Totals:			\$80.00	1 Payment	

Receipt Date: 11-AUG-1992					
1037449	PAUL HILSON	24910	\$10.00	TUNNELLS	Cash
1037450	CHARLES CARDINAL	24971	\$45.75	TUNNELLS	Cash
Receipt Date Totals:			\$55.75	2 Payments	

Receipt Date: 14-AUG-1992					
1037552	DAVID AGUIRRE	39111	\$50.00	TUNNELLS	Cash
1037551	RALPH RALPH	29641	\$20.00	TUNNELLS	Cash
Receipt Date Totals:			\$70.00	2 Payments	

Receipt Date: 16-AUG-1992					
1037556	BARBARA WORKING	19118	\$10.00	TUNNELLS	Cash
1037555	MARTIN CRUZ	29746	\$10.00	TUNNELLS	Cash
1037554	GLORIA EXCELSIO	29591	\$53.00	TUNNELLS	Cash
1037557	MARK TWAIN	29547	\$10.00	TUNNELLS	Cash
Receipt Date Totals:			\$83.00	4 Payments	

Receipt Date: 17-AUG-1992					
1037558	JULITA DEGAULLE	29542	\$20.00	TUNNELLS	Cash
Receipt Date Totals:			\$20.00	1 Payment	

Provider LAMPASAS OPT (99111) Totals: \$391.75 14 Payments

I verify that I have reviewed these payments.

Patient Payments approved by: _____ Date: _____

Confidential Information

Report MHS 174 - Payment Deposit Control Record

Report Description:

This program supplies the information used to run Report MHS 173, the Payment Deposit Report. It lets you insert and delete report parameters, such as payment type, payment entry date and reporting unit. Each set of report parameters is contained in a record called a Payment Deposit Control Record.

Centralized payment entry requires one record for each payment type and payment entry date. Decentralized payment entry requires one for each combination of payment type, payment entry date and reporting unit.

Running the Report:

When you select this report from the Report menu, it displays several status messages followed by the Payment Deposit Report Control Menu, shown in Figure 5.

```
Payment Deposit Report Control

1. Insert
2. Update
3. Delete
4. Report
99. Quit

Selection: 1

Input required
```

Figure 5: Payment Deposit Report Control Menu

To insert a Payment Deposit Control Record, enter “1” to display the Payment Deposit Report Control Insert screen, shown in Figure 6. Enter: **Payment Type** (1 = Patient or 2 = Insurance/Medicare) and **Audit Date** (the payment entry date, *not* the receipt date.

Press Return, and enter “Y” at the Form OK prompt. If your county has been set up for decentralized entry for the specified Payment Type, the screen will prompt you to enter the reporting unit. Then enter “Y” at the confirm prompt to write the record.

The cursor will move to the top of the screen for the next entry. To leave the screen, press Return and enter “N” at the Form OK prompt. The system displays a summary of records inserted and deleted during the session.

```
Payment Deposit Report Control Insert

Payment Type: 1 (1=Patient; 2=Insurance/Medicare)

Audit Date: 01-SEP-1989

Reporting Unit: 43999 Bayview Outpt Clinic

Form Ok Y/N: Y_ USER:

Input required
```

Figure 6: Payment Deposit Report Control Insert

Selection 2, Update, is not valid for this report.

To delete records, enter "3" to display the Payment Deposit Control Record Delete Screen. In this screen, enter Payment Type, Audit Date (payment entry date) and Reporting Unit, if applicable. Then Press Return and enter "Y" to confirm the deletion.

The cursor will move to the top of the screen, ready for the next entry. To leave this screen and return to the menu, Press Return and enter "N" at Form OK: Y/N. A summary message of records inserted and deleted during the session will display once you return to the menu.

To view records, enter "4" in the Payment Deposit Control Record Menu to display a list of records on screen, as shown in Figure 7, as well in the file MHS_OUTPUT_REPORT:REPORT_MHS174.LIS.

Using the Report:

This report provides the necessary report parameters for Report MHS 173. You can use the report listing to check that the parameters have been set correctly.

Output File:

MHS_OUTPUT_REPORT:
REPORT_MHS174.LIS

(or screen output)

Payment Deposit Report Control Records to Report					
Type	RU #	Start Date	End Date	Requested by	Request Date
Patient	*****	1-Sep-1989	1-Sep-1989		21-Sep-1989
1 Payment Deposit Report Control Records to Report					
Enter any key to continue:					

Figure 7: Payment Deposit Control Record Report

Report MHS 176 - Active Clients With HMO Coverage

Report Description:

This report shows the use of mental health services by clients covered by a Health Maintenance Organization (HMO) policy. It lists these clients by reporting unit, and within reporting units, by responsible therapist. It displays client name, number, HMO Insurance, claim period, number of claims produced in the period, total dollar amount claimed, total collected, and AB3632 status. (AB3632 refers to California services for children.) It creates a report for each reporting unit, and a summary report listing totals for reporting units and grand totals.

Running the Report:

Use the Report menu to run this report. It prompts you to enter the beginning and ending dates of the reporting period.

Using the Report:

Counties use this report to monitor use of county paid services by clients covered by Health Maintenance Organizations (HMOs). They may use the summary report to see whether some clinics provide more services to HMO clients than others, whether use of services by HMO clients is increasing or decreasing over time, etc.

Technical Notes:

Clients are included in the report if they have an insurance policy record with an insurance company that has the HMO flag set. They must also have an open episode during the reporting period.

Output File:

MHS_OUTPUT_REPORT:

HMO_COVERAGE_MHS176_*****.LIS

(by reporting unit)

HMO_COVERAGE_MHS176.LIS

(summary)

Mental Health Services
Active Client HMO Coverage

Report MHS 176
Including Claims from 07/90 to 07/90
Provider: SAMHC Sagina - Outpatient (99014)

Page 1
Run Date: 7-SEP-1990

Clients with open episodes at your clinic who are covered by HMO plans are listed below. Clients are listed alphabetically by each primary therapist.

Note: The "3632 Client" indicator at the right displays a "Y" (yes) only if special 3632 procedure codes are used to record the client's services. Please use this indicator to determine whether you are using the correct codes to record services.

MARE DEPP (1115)

Client Name	Number	Insurance Co. Name	Claims			Total Billed	Total Rec	3632 Client
			First	Last	Total			
ATEST, FRANCINE	110807	NORTHWESTERN NATIONAL LIFE	07/90	07/90	1	\$219.00	\$0.00	N
HMO Claim Totals for MARE DEPP (1115)					1	\$219.00	\$0.00	

LOIS ELI (11139)

Client Name	Number	Insurance Co. Name	Claims			Total Billed	Total Rec	3632 Client
			First	Last	Total			
ATESTIS, JAMES	112385	PARNERS	07/90	07/90	1	\$560.00	\$0.00	N
JTESION, TIFFANY	112314	KAISER PERMANENTE	07/90	07/90	1	\$69.00	\$0.00	N
MIESIACA, JASON	645101	KAISER PERMANENTE	07/90	07/90	1	\$397.00	\$0.00	Y
HMO Claim Totals for LOIS ELI (11139)					3	\$1,026.00	\$0.00	

CHRISTOPHER FRESH (1096)

Client Name	Number	Insurance Co. Name	Claims			Total Billed	Total Rec	3632 Client
			First	Last	Total			
GIESIS, KEVIN	103675	PARNERS	07/90	07/90	1	\$69.00	\$0.00	Y
PIESILA, PAUL	109410	PARNERS	07/90	07/90	1	\$138.00	\$0.00	Y
HMO Claim Totals for CHRISTOPHER FRESH (1096)					2	\$207.00	\$0.00	

BARBARA RIDDLE (1125)

Client Name	Number	Insurance Co. Name	Claims			Total Billed	Total Rec	3632 Client
			First	Last	Total			
DIESIR, JOHN	109522	PARNERS	07/90	07/90	1	\$146.00	\$0.00	N
STEST, MARICELA	103617	PACIFICARE	07/90	07/90	1	\$114.00	\$0.00	N
HMO Claim Totals for BARBARA RIDDLE (1125)					2	\$260.00	\$0.00	

HMO Claim Totals for SAMHC Sagina- Outpatient (99014) 8 \$1,712.00 \$0.00

Confidential Information

Report PSP 177 - Insurance Policy Approval Report

Report Description:

This reports lists active insurance policies that *do not* contain all information required to submit an insurance claim. Insurance Policies are listed if they are missing one or more of the following: Assignment of Benefits (AOB) on file, Release of Information (ROI) on file, or Other Policy information.

Running the Report:

Fiscal and/or operations staff uses the Report menu to run this report at least once a month and to specify where it should be printed.

Using the Report:

Enter the missing information using the Insurance Policy Maintenance screen. Once it is entered, the system will automatically bill for services.

Output File:

MHS_OUTPUT_REPORT:

INSURANCE_APPROVAL_PSP177.LIS

Insurance Policy Approval Report

22-Mar-1989

Page 1

Report PSP177

Report contains all active insurance policies in the system that do not contain all information required to submit an insurance claim. The three conditions are independent. All three flags must be set before an insurance claim will be produced. An 'X' under each column indicates that signature is on file, blank indicates it is missing. Column headings are as follows:

AOB = Assignment of Benefits signature obtained

ROI = Release of Information signature obtained

Info Complete = All policy information has been obtained

Client Name	Client Number	Ins Comp ID	Insurance Company Name	Insurance Policy Number	Policy Entry Date	User Entering Policy	Asgn of Benf	Rele of Info	Info Comp
DILLON	E	0070649	9999	MEDICARE PART B-BLUE SHIELD	55222472A	12/14/88	AGUILAR		
DUPREE	M	0070764	150	FOUNDATION FOR MEDICAL CARE	92500195	2/01/89	AGUILAR	X	X

Report PSP 178 - Potential Insurance Coverage

Report Description:

Part A of this report lists clients who have incomes greater than an agency-designated amount or who are employed, but who have no current insurance information on file.

Part B of this report lists clients whose account has been coded Undetermined in the Financial Information Screen.

When new accounts are created, the system sets an Income No Ins flag, if the monthly income is greater than the agency-designated amount and no insurance policy is entered. The system sets an Employer No Ins flag, if the client (or spouse) has an employer and no insurance policy is entered. When either flag is set, all billing for the account is suspended, including Medicaid.

The dollar amount triggering the Income No Ins flag is set, at the county's request, when InSyst is installed.

Running the Report:

Operations Staff should set up this report to run automatically each day and route it to the business office printer.

Using the Report:

Investigate the clients on the report to find whether they are covered by insurance. This may involve sending a form to the client, telephoning the client, or contacting the client's therapist. Then do the following:

- **Part A:** If the client has an insurance policy, enter it; insurance policy processing will turn off the flags automatically. If the client does not have an insurance policy, remove the flags using the Account Maintenance screen; see the User Manual, Chapter 9, for more information.
- **Part B:** Enter the information in the Financial Information (FI) Screen, and turn off the Undetermined flag. See the User Manual, Chapter 9, for more information.

Output File:

MHS_OUTPUT_REPORT:

POTENTIAL_INSURANCE_PSP178A.LIS

POTENTIAL_INSURANCE_PSP178B.LIS

REPORT PSP 178
Mythic County
RUN DATE: 19-Sep-1989 07:00

This report should be worked on a daily basis. Part A contains newly created accounts that are in a hold status because insurance coverage is suspected, but no insurance policies are in the system. Reason for hold status may be '\$', 'E' or both. '\$' indicates declared income for self, spouse or other was \$1,000 or more per month. 'E' indicates RP or Spouse is employed.

Accounts continue to appear on this report until flags are cleared or an insurance policy is entered and processed. Remove 'Employer No Ins' and 'Income No Ins' flags via the Account Maintenance screen or PFI screen.

Part B contains newly created accounts with 'Undetermined' Deductible status, indicating that the user had insufficient information on which to establish the annual liability. Once the liability is assessed, remove 'Undetermined' status via the PFI screen.

Client Name/ Client Number	RP Name/ Account Number	RP Address/ RP Phone Number	RP Employer/ Spouse Employer	Account Created	Created By	Last Prv	Reason Hold
TESTA 992781219	J AMOS 1999909	J 1701 PINE CONCORD, CA 94520 () -	EUROPEAN CAB	8/17/89	WILSON	989571	E
TESTB 995994080	A ARRUNDA 1990104	A 2213 MANZANITA ANTIOCH, CA 94509 (415) 757-6443	ACME FILL CORP.	8/29/89	WILSON	980341	E
TESTC 991345198	V AXEL 1999950	V 265 MADISON WEST PITTSBURG, CA 94565 (415) 458-2823	UNEMP	8/23/89	BROWN	980261	E
TESTD 993701497	L CARLONOS 1990133	E 1461 LARK CONCORD, CA 94521 (415) 689-4313	BEST WESTERN INN	8/31/89	MARTIN	902162	E
TESTE 994440723	D BEAVER 1999956	D 1650 FRISBIE CONCORD, CA 94520 (415) 685-3632	BEVIER MANUFACTURERS	8/23/89	MARTIN	902171	E
TESTF 994372017	D BUNDLER 1999960	D 0 P.O. BOX 924 BETHEL ISLAND, CA 94511 () -	UNEMPLOYED	8/24/89	WILSON	970281	E
TESTG 994812905	J CHAVOUS 1999920	J 364 MACARTHUR PITTSBURG, CA 94565 () -	CITY OF PITTSBURG	8/18/89	BROWN	970212	E
TESTH 999990522	C COLLINS 1990151	C 1505 EL MORRO SUISUN CITY, CA 94585 (415) 934-8801		9/06/89	DAVIS	999941	E & \$

Confidential Information

Report PSP 179 - Acute Services Notification Report

Report Description:

This report lists all clients in the inpatient unit with an episode opening date since yesterday.

This report is not to be confused with the Morning Report which is directed to individual therapists. This report lists all recent admissions for all clients in the acute inpatient unit.

Running the Report:

Use the Report menu to run this report, or set up the DAT file to run it daily. The user is prompted to enter a reporting unit number and reporting date.

Using the Report:

Business office or other staff may use the report to research insurance coverage for new clients or for other purposes.

Output File:

MHS_OUTPUT_REPORT:

ACUTE_ADMISSIONS_PSP179.LIS

Acute Services Notification Report
Clients Recently Admitted To Inpatient

23-Jun-1993
Page 1

Report PSP179
Mythic County
Openings for all 24 hours programs
Run Date: 23-Jun-1993

Client Name:	KAREN CLIENTA	Birth Date:	9/01/54
Social Security #:	546 04 5808	Alternate ID:	000000000
Admission Date:	6/22/93	Admission Time:	18
Admission To:	PIP 50281	OPT-SVCS	50001

Client Name:	CHRISTINE CLIENTB	Birth Date:	10/17/71
Social Security #:	564 08 9890	Alternate ID:	000000000
Admission Date:	6/22/93	Admission Time:	23
Admission To:	PIP 50281	OPT-SVCS	50001

Client Name:	BEVERLY CLIENTIC	Birth Date:	10/21/49
Social Security #:	559 80 6194	Alternate ID:	000000000
Admission Date:	6/22/93	Admission Time:	99
Admission To:	CW MODESTO 00411	PIP	50281

Client Name:	BARBARA CLIENTID	Birth Date:	1/19/34
Social Security #:	546 48 8624	Alternate ID:	000000000
Admission Date:	6/21/93	Admission Time:	15
Admission To:	PIP 50281	Unknown	01

Confidential Information

Report MHS 182 - Medical Reference Discrepancy Report

Report Description:

This report lists the differences between your county's client database and the state's Medicaid eligibility files.

Running the Report:

Your county may run the Medicaid Establish procedure to match clients in your mental health database against clients in the MEDS or SSI Medicaid information tapes which your county receives each month. This procedure automatically produces this report.

The report can be printed centrally or distributed to Reporting Unit printers.

Using the Report:

The Medicaid Establish procedure identified the clients listed in this report as having Medicaid eligibility—by a combination of name, birthdate, and sex, or by Social Security Number—even though there are minor discrepancies between your county's information and the state's information.

The report has two lines for each client. The first shows information in your county's database. The second line shows information in the state's files. If you find that the state's information is valid, correct your database. If you find that your county's information is valid, you may want to notify your county DSS.

This report is often a source of clients' Social Security Numbers.

See Also:

For information on the Medicaid Establish procedure, see the Operations Manual, Chapter 4.

Output File:

MHS_OUTPUT_REPORT:

MCREF_DISCREPANCY_MHS182.*****_LIS

Mental Health Systems
Medicaid Reference Eligibility
Client Discrepancy Report

27-Dec-1992
Page 1

Report MHS 182
Reporting Unit: 94044

Client Name	Birth Date	Client Sex	Social Security	
PEIML LYLEL	CHRILTOPHER BERBERE	9-Dec-1978 9-Dec-1978	M M	558458773 558458773 CASE: 189903 MCN: 91401799039 901
EGGERL RELIDPTIEL	LTEVEP VICTOR	17-Jul-1978 17-Jul-1978	M M	588451904 588451904 CASE: 789901 MCN: 99004351490E01
JOHPLOP PEJERE	LTEVEP EMILY	15-Mar-1978 15-Mar-1978	M M	581818537 581818537 CASE: 100000431 MCN: 99477397793B07
PORRIL EDEBELE	CERLE WEPDE	1-Sep-1975 1-Sep-1975	F F	303975085 303975085 CASE: 100000811 MCN: 99303403884007
GEGPOP BERROP	LILE MERGERET	4-Jul-1975 4-Jul-1975	F F	570397735 570397735 CASE: 100004758 MCN: 99471137879E01
TEYLOR CEREMELLE	LHERRY LHRILEY	28-Aug-1978 28-Aug-1978	F F	375888755 375888755 CASE: 100010453 MCN: 99454598887B07
LHOOK LHEFFIELD	RYEP ERME	19-Dec-1978 19-Dec-1978	M M	589481914 589481914 CASE: 100011199 MCN: 99474745818E01
REPLOM JOHPLOP	TEMIKE DOROTHY	18-Sep-1980 18-Sep-1980	F F	553834519 553834519 CASE: 100013830 MCN: 99477485187E01
HEIRE CHILDREPL HOME	LERRY ORTHERP	7-Mar-1973 7-Mar-1973	M M	431799598 431799598 CASE: 100014099 MCN: 99474444170E01
MEREPO ROLLELOT	TYLOP JULIE	14-Mar-1981 14-Mar-1981	M M	555855308 555855308 CASE: 100014198 MCN: 99474745818B07
BEDERD LHEFFIELD	LILE ERME	19-Dec-1981 19-Dec-1981	F F	378971917 378971917 CASE: 100018577 MCN: 99474385107B07
BEDERD LHEFFIELD	REBECCE ERME	14-Jul-1980 14-Jul-1980	F F	377889901 377889901 CASE: 100018573 MCN: 99474385107E01
TEFT KEPEPUI	JUDY CIPDY	17-Oct-1987 17-Oct-1987	F F	805018883 805018883 CASE: 100018994 MCN: 99473800047B07
LOPEZ LOPEZ	DEPPY DEVID	7-Jul-1975 7-Jul-1988	M M	999999999 588130384 CASE: 100017378 MCN: 99809588130384

Confidential Information

Report MHS 183 - Medical Reference Possible Match Report

Report Description:

This report lists clients in your county's database who might *possibly* match clients in the state's Medicaid eligibility files.

Running the Report:

Your county may run the Medicaid Establish procedure to match clients in your mental health database against clients in the MEDS or SSI Medicaid information tapes which your county receives each month. This procedure automatically produces this report.

The report can be printed centrally or distributed to Reporting Unit printers.

Using the Report:

The Medicaid Establish procedure found some similarities between these clients and clients in the state's Medicaid files, but it did not write a Medicaid eligibility record for these clients.

The report has two lines for each client. The first shows information in your county's database. The second line shows information in the state's files. If you find that there is a match, you should correct the information in your county's database and enter a Medicaid eligibility record for the client.

See Also:

For information on the Medicaid Establish procedure, see the Operations Manual, Chapter 4.

Output File:

MHS_OUTPUT_REPORT:

MCREF_POSSIBLE_MHS183.*****_LIS

Mental Health Systems
Medicaid Reference Eligibility
Possible Match Report

27-Dec-1990
Page 1

Report MHS 183
Reporting Unit: 99832

	Client Name	Birth Date	Client Sex	Social Security	
MARTINEZ	DAVID	30-Jan-1942	F	564921992	Case: 909899580
MARTINEZ	DEGBERT	30-Jan-1921	F	199146724	MCN: 99109179946724

Confidential Information

Report MHS 186 - Missing Social Security Numbers

Report Description:

This report lists all clients with no Social Security Number in the client record. It leaves a space for staff to fill in the client's SSN.

Running the Report:

Use the Report menu to run this report monthly or more frequently. It is sent to Reporting Unit printers.

Using the Report:

Find the SSN if possible, and update the client record by entering it.

Output File:

MHS_OUTPUT_REPORT:

MISSING_SSN_MHS186.*****_LIS

Missing Social Security Number Report

23-Jun-1993

Page 1

Report MHS 186

Reporting Unit: MYTHIC COUNTY INPATIENT (990964)

Cases active as of: 23-Jun-1993

Please Make Every Effort To Obtain This Information

Client Name	Client Number	Opening Date	Last Service Date	SSN	
MYTHIC COUNTY INPATIENT					
CLIENTA	FAYE	006945226	25-Feb-1991	25-Feb-1991	_____
CLIENTB	MICHAEL	064546460	24-Jan-1991	15-Mar-1991	_____
CLIENTC	MELISSA	001645524	10-Jan-1991	7-Mar-1991	_____
CLIENTD	JON	008988719	8-May-1990	29-Nov-1990	_____
CLIENTE	ANDREA	908988676	8-Feb-1991	8-Mar-1991	_____
CLIENTF	ROGER	089999272	20-Feb-1991	13-Mar-1991	_____
CLIENTG	JAMIE	009999874	30-Oct-1990	5-Dec-1990	_____
CLIENTH	ANGELETTA	009995988	24-Jan-1991	15-Mar-1991	_____
CLIENTI	TONYA	001099993	10-Jan-1991	28-Feb-1991	_____
CLIENTJ	ERENDA	099939115	27-Dec-1985	22-Feb-1991	_____
CLIENTK	MENA	009999999	8-Jan-1991	5-Mar-1991	_____
CLIENTL	REBECCA	001009999	17-Jan-1991	15-Mar-1991	_____
CLIENTM	TWALA	008888264	13-Dec-1990	7-Mar-1991	_____

 Confidential Information

Report PSP 187 - Revenue Report

Report Description:

This report summarizes revenue entered for the specified month and the fiscal year-to-date, by reporting unit and payer. It includes all payments entered, regardless of their posted or audited status. Payments are listed for the Reporting Unit where they were entered, not the Reporting Unit to which they were posted.

Running the Report:

Use the Report menu to run this report. You are prompted to enter the starting date of the fiscal year, and the report month, and to enter where the report is printed.

Using the Report:

This report provides an audit of how well programs are meeting budgetary goals.

Output File:

MHS_OUTPUT_REPORT:

REVENUE_REPORT_PSP187Y.LIS (*Fiscal Year to Date*)

REVENUE_REPORT_PSP187M.LIS (*Reporting Month Summary*)

R E V E N U E R E P O R T
Payments by Receipt Date

30-Jun-1993

Page 1

Report PSP187-M

Monthly Revenues period ending: June 30, 1993

Region: Full County

Reporting Unit (Code)	Medicaid Payments	Medicare Payments	Insurance Payments	Client Payments	Other Payments	Total
INDIO IP (330111)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
INDIO OP (330114)	\$0.00	\$10,213.88	\$1,624.34	\$0.00	\$0.00	\$11,838.22
INDIO PD HAB (330113)	\$0.00	\$12,482.99	\$0.00	\$0.00	\$0.00	\$12,482.99
INDIO PD INT (330112)	\$0.00	\$7,337.22	\$0.00	\$0.00	\$0.00	\$7,337.22
P.S. OP (337614)	\$0.00	\$17,819.11	\$1,149.30	\$0.00	\$0.00	\$18,968.41
REGION TOTAL	\$0.00	\$47,853.20	\$2,773.64	\$0.00	\$0.00	\$50,626.84

Region: Mid County

BANNING OP (338514)	\$0.00	\$0.00	\$1,980.00	\$0.00	\$0.00	\$1,980.00
HEMET OP (337714)	\$0.00	\$8,958.52	\$810.90	\$0.00	\$0.00	\$9,769.42
HEMET PD HAB (337713)	\$0.00	\$7,314.95	\$0.00	\$0.00	\$0.00	\$7,314.95
HEMET PD INT (337712)	\$0.00	\$813.90	\$0.00	\$0.00	\$0.00	\$813.90
HEMET VOCAT (337718)	\$0.00	\$17,452.47	\$0.00	\$0.00	\$0.00	\$17,452.47
FERRIS OP (338314)	\$0.00	\$0.00	\$934.10	\$0.00	\$0.00	\$934.10
REGION TOTAL	\$0.00	\$34,539.84	\$3,725.00	\$0.00	\$0.00	\$38,264.84

Region: Western

CCC C-OP (331714)	\$0.00	\$0.00	\$547.50	\$0.00	\$0.00	\$547.50
CCC C-PD HAB (331713)	\$0.00	\$0.00	\$265.50	\$0.00	\$0.00	\$265.50
CCC S-OP (334714)	\$0.00	\$0.00	\$55.00	\$0.00	\$0.00	\$55.00
CCC S-PD HAB (334713)	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00
CLD TX-OP (335714)	\$0.00	\$0.00	\$792.60	\$0.00	\$0.00	\$792.60
JEFF SOCIAL (337313)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
JEFF VOCAT (337318)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
RVSD C/OP (331514)	\$0.00	\$14,021.89	\$608.07	\$0.00	\$0.00	\$14,629.96
REGION TOTAL	\$0.00	\$14,021.89	\$2,568.67	\$0.00	\$0.00	\$16,590.56
GRAND TOTAL	\$0.00	\$111,974.68	\$11,883.49	5,375.41	\$0.00	\$129,233.58

(Extracted Example. Totals Not Complete.)

Report MHS 188 - Inpatient Disease Index Report

Report Description:

This reports shows all clients whose episode closed in the month to be reported. It produces four output files, with the same information sorted different ways.

The Joint Commission for Accreditation of Health Organizations (JCAHO) requires inpatient medical facilities to report on illnesses treated each month. This report fulfills that requirement.

Running the Report:

Use the Report menu to run this report, or ask your Operations Staff to run the report. You are prompted to enter the Reporting Unit, the month and year to be reported, and where the report should be printed.

Using the Report:

You must file and retain this report to meet JCAHO requirements.

Output File:

MHS_OUTPUT_REPORT:

INPATIENT_DX_INDEX_MHS188A.*****_LIS

(Sorted by DSM IV Diagnosis Code)

INPATIENT_DX_INDEX_MHS188B.*****_LIS

(Sorted by Physician of Record)

INPATIENT_DX_INDEX_MHS188C.*****_LIS

(Sorted by Client Name)

INPATIENT_DX_INDEX_MHS188D.*****_LIS

(Sorted by Client Number)

Report MHS 188, Inpatient Disease Index (Diagnosis Sort)

Reporting Month: 8/1990

Reporting Unit: 990014

Diagnosis	Client No.	Last Name	First Name	Age	Sex	Physician	Admit Date	Discharge Date
291.30	1066653	MARSTON	ALEXANDER	38	M	DARON, EDMEE	8/21/90	8/23/90
292.00	1066669	FARENIES	RICHARD	33	M	CHAVEZ, BENJAMIN	8/14/90	8/14/90
292.90	2666666	ARNESON	PATRICIA	50	F	CARON, SHARON	8/26/90	8/28/90
295.70	316665	LINCOLN	JAMES	44	M	RAHAB, MARTY	8/14/90	8/16/90
295.70	336667	RUIH	ALICE	33	F	RAHAB, MARTY	7/31/90	8/01/90
295.70	666917	SWANSON	STEVEN	36	M	RAHAB, MARTY	8/10/90	8/15/90
295.70	107779	WYLD	STEVE	24	M	RAHAB, MARTY	7/18/90	8/09/90

Report MHS 188, Inpatient Disease Index (Client Name Sort)

Reporting Month: 8/1990

Reporting Unit: 990014

Diagnosis	Client No.	Last Name	First Name	Age	Sex	Physician	Admit Date	Discharge Date
292.90	267778	ARNESON	PATRICIA	50	F	CARON, SHARON	8/26/90	8/28/90
295.90	104472	AVERY	BARBARA	60	F	RAHAB, MARTY	8/14/90	8/15/90
295.30	121449	BACH	MILTON	28	M	BURLSON, EARL	8/15/90	8/17/90
298.90	1442858	BALOIT	LISA	28	F	RAHAB, MARTY	8/09/90	8/15/90
295.70	448009	BASS	VICKI	35	F	STEWART, HOBART	8/28/90	8/31/90
295.70	254430	KELPER	BARBARA	45	F	RAHAB, MARTY	8/08/90	8/27/90
296.62	250661	KILLSON	MICHAEL	43	M	ERKKILA, PAULA	7/11/90	8/14/90
296.44	1666076	KITTREY	RUIH	63	F	RAHAB, MARTY	8/05/90	8/17/90

Report MHS 188, Inpatient Disease Index (Physician Sort)

Reporting Month: 8/1990

Reporting Unit: 990014

Diagnosis	Client No.	Last Name	First Name	Age	Sex	Physician	Admit Date	Discharge Date
295.30	155529	BACH	MILTON	28	M	BURLSON, EARL	8/15/90	8/17/90
309.28	465554	CARD	JANET	35	F	BURLSON, EARL	8/28/90	8/29/90
309.00	425557	FLEMSON	SHARON	34	F	BURLSON, EARL	8/27/90	8/28/90
292.90	255158	ARNESON	PATRICIA	50	F	CARON, SHARON	8/26/90	8/28/90
295.34	1005555	LUK	BRUCE	39	M	CARON, SHARON	8/24/90	8/28/90
311.00	1888317	COBURN	CANADA	21	F	CHAVEZ, BENJAMIN	8/17/90	8/20/90
295.40	128871	EWENSON	LORETTA	39	F	CHAVEZ, BENJAMIN	8/19/90	8/30/90

Report MHS 188, Inpatient Disease Index (Client Number Sort)

Reporting Month: 8/1990

Reporting Unit: 990014

Diagnosis	Client No.	Last Name	First Name	Age	Sex	Physician	Admit Date	Discharge Date
295.70	15568	LOST	DEBORAH	36	F	FAIRON, MICHEL	8/05/90	8/29/90
295.90	103372	AVERU	BARBARA	60	F	RAHAB, MARTY	8/14/90	8/15/90
295.90	107770	PROBST	GWEN	28	F	RAHAB, MARTY	8/14/90	8/15/90
295.90	114344	HARDY	WILLIAM	37	M	DARON, EDMEE	8/01/90	8/07/90
295.30	122227	JASON	NANCY	49	F	ERKKILA, PAULA	8/03/90	8/07/90
304.90	356650	TOOBER	LORETTA	43	F	RAHAB, MARTY	8/06/90	8/08/90
309.28	356669	JOCHSON	PETER	51	M	ERKKILA, PAULA	8/15/90	8/28/90
295.64	368337	HUNTS	WILLIAM	54	M	CHAVEZ, BENJAMIN	8/01/90	8/20/90

 Confidential Information

Report MHS 189 - Legal Status Summary

Report Description:

This report is a quarterly summary of clients who are involuntary detained in the inpatient unit and other involuntary programs. For each Reporting Unit, it lists the total number of clients under 72-hour hold (Minors), 72-Hour Hold (Adults), 14-Day Hold, Additional 14-Day Hold, Thirty Day Hold, and 180 Day Certification. It also gives totals for all Reporting Units.

Running the Report:

Program staff uses the Report menu to run this report as needed. It prompts you for quarter start date and end date.

Using the Report:

This report helps counties meet the state requirement to report involuntary detentions. Its format is a facsimile of the state report form.

See Also:

For information on Legal Status Tracking for clients, see the User Manual, Chapter 13.
For information on Legal Status Code maintenance, see the Operations Manual, Chapter 10.

Output File:

MHS_OUTPUT_REPORT:

LEGAL_STATUS_SUMMARY_MHS189.LIS

LEGAL STATUS SUMMARY

REPORT MHS189

From 1-OCT-1990 to 31-DEC-1990

Reporting Unit	CDS Provider	Program Name	72-hour Eval (0-17)	Eval (18+)	14-day Intensive	14-day Additional	30-day Intensive	180-day Cert
97301	9730	ACUTE SERVICES INPATIENT	45	255	221	1	0	1
97303	9730	ROBERT BARONS PAVILION	0	0	0	0	0	0
		ALL REPORTING UNITS	45	255	221	1	0	1

 Confidential Information

Report MHS 191 - Legal Status Report

Report Description:

This reports lists the current legal status of all clients open in the specified program(s).

Running the Report:

The report can be run automatically each day, or Program Staff can use the Report menu to run it as needed. It prompts you to enter a Reporting Unit number, or to enter "*" for all Reporting Units.

Using the Report:

To protect the civil rights of clients, most states have established legal requirements for involuntary holds. Each hold is valid for a limited time, and has required and optional review procedures.

This report lets you monitor the legal status of clients. Review it in advance for the date when legal statuses expires and for other dates when action is needed.

See Also:

For information on Legal Status Tracking for clients, see the User Manual, Chapter 13.
For information on Legal Status Code maintenance, see the Operations Manual, Chapter 10.

Output File:

MHS_OUTPUT_REPORT:

LEGAL_STATUS_MHS191.*****_LIS

Legal Status Report

Report MHS191

Page 1

Reporting Unit: PSP TEST INPATIENT (99999)

Reflects statuses entered as of 20-JUL-1990

Unit 100

Client Name: GLASS, SEYMOUR Case: 8000685 DO Opening Date: 23-JUL-1990
Status: 5150 72 Hr Hold Action Needed: 24-JUL-1990 13:14 Eff: 23-JUL-90 13:15 Exp: 26-JUL-90 13:14

Client Name: GORDUCK, MIKE Case: 9000001 DO Opening Date: 6-JUL-1990
Status: 5250 14 Day Hold Action Needed: 24-JUL-1990 Eff: 11-JUL-90 Exp: 24-JUL-90

Confidential Information

Report MHS 192 - Outpatient Utilization Control Report

Report Description:

This report lists clients who need a new Utilization Control authorization. It shows all clients whose UC Authorization is about to expire, sorted by Program, Staff, and Client.

It continues to list these clients until a new UC authorization is entered.

Running the Report:

This report should be set up so it runs automatically each week and is routed to each Reporting Unit's printer. You can also use the Report menu to run it for a single Reporting Unit at any time. You are prompted to enter the cutoff for the number of visits and number of days included in the report.

Using the Report:

To extend a client's UC authorization, program staff must create a new Service Plan or go to Utilization Review Committee with the client's record.

Technical Notes:

The type of Utilization Control for each Reporting Unit is set in the Provider Master relation. This report is designed to be used for any outpatient-based program.

For details on Utilization control, see User Manual, Chapter 13.

Output File:

MHS_OUTPUT_REPORT:

UC_ACTION_MHS192.*****_LIS

Outpatient Utilization Control

Report MHS 192

Page 1

Reporting Unit: VINELAND OUTPATIENT (99991)

Reflects services entered as of 25-NOV-1990

Clients appear on this report if their current UC Authorization is "Initial", or their current UC Authorization is expiring, or their allocation of visits is expiring, or any combination of these. Clients will continue to appear on this report until a new UC Authorization is entered.

Client Name: FITTEST, CINDY Case Number: 499269
 Episode Opening Date: 18-NOV-1990 Period Start Date: 1-NOV-1990
 Primary Staff: BAUMAN Physician: MCCOARD Period End Date: 30-APR-1991

Authorized					
UC Authorization	Effective Date	Expiration Date	Visits	Remaining	UC Message
Initial Action	10-NOV-1990	10-DEC-1990	5	4	Plan Approval Needed

Client Name: HEGGEST, DENNIS Case Number: 1001699
 Episode Opening Date: 17-APR-1989 Period Start Date: 1-JUN-1990
 Primary Staff: BAUMAN Physician: ELIAS Period End Date: 30-NOV-1990

Authorized					
UC Authorization	Effective Date	Expiration Date	Visits	Remaining	UC Message
Physician Review Ext	1-JUN-1990	30-NOV-1990	12	10	Expiration Date Caution

Client Name: LEODEST, DAVID Case Number: 1539993
 Episode Opening Date: 28-JUN-1990 Period Start Date: 1-JUN-1990
 Primary Staff: BAUMAN Physician: RIVERA Period End Date: 30-NOV-1990

Authorized					
UC Authorization	Effective Date	Expiration Date	Visits	Remaining	UC Message
Initial Action	1-JUN-1990	30-NOV-1990	12	8	Expiration Date Caution

Client Name: NEADEST, JERRY Case Number: 9994381
 Episode Opening Date: 7-APR-1972 Period Start Date: 1-JUN-1990
 Primary Staff: BAUMAN Physician: ELIAS Period End Date: 30-NOV-1990

Authorized					
UC Authorization	Effective Date	Expiration Date	Visits	Remaining	UC Message
Committee Extension	4-OCT-1990	30-NOV-1990	3	2	Authorization Expiring

Client Name: NELTEST, THOMAS Case Number: 4249996
 Episode Opening Date: 11-JAN-1989 Period Start Date: 1-JUL-1990
 Primary Staff: BAUMAN Physician: RIVERA Period End Date: 31-DEC-1990

Authorized					
UC Authorization	Effective Date	Expiration Date	Visits	Remaining	UC Message
Committee Extension	1-JUL-1990	31-DEC-1990	24	2	Visit Level Caution

Client Name: PALTEST, JANET Case Number: 1099624
 Episode Opening Date: 20-AUG-1990 Period Start Date: 1-AUG-1990
 Primary Staff: BAUMAN Physician: ELIAS Period End Date: 31-JAN-1991

Authorized					
UC Authorization	Effective Date	Expiration Date	Visits	Remaining	UC Message
Initial Action	20-AUG-1990	31-JAN-1991	12	0	Immediate Action

 Confidential Information

Report MHS 193 - Inpatient Utilization Control Report

Report Description:

This report shows all clients at a specified inpatient unit whose Length of Stay authorization will expire two days from today, and all newly admitted clients who have not yet received a first Length of Stay authorization.

Running the Report:

Operations Staff sets up this report to be resubmitted automatically each day and sent to the Printer for Inpatient Services.

Using the Report:

Enter new Utilization Control authorizations (Length of Stays) for each client. For more information, see User Manual, Chapter 13.

Output File:

MHS_OUTPUT_REPORT:
UR_ACTION_MHS193.*****_LIS

Inpatient UC Action Needed Report

Report MHS 193

Page 1

Reporting Unit: ACUTE SERVICES INPATIENT (99301)

Report Date: 9-JUN-1988

Run Date: 9-JUN-1988

Client Name	Client Number	Hospital Number	Opening Date	Effective Date	Expiration Date	Message	
TESTA	MARY	00211539	80751592	3-JUN-1988	3-JUN-1988	9-JUN-1988	Expiring IOS
TESTB	HIRAM	51111540	60924724	28-MAY-1988	3-JUN-1988	10-JUN-1988	Expiring IOS
TESTC	PHYLLIS	02511016	40832658	29-MAY-1988	2-JUN-1988	9-JUN-1988	Expiring IOS
TESTD	WILLIAM	51110813	70963014	1-JUN-1988	1-JUN-1988	9-JUN-1988	Expiring IOS
TESTE	OFELIA	00211996	90654769	18-MAR-1988	1-JUN-1988	9-JUN-1988	Expiring IOS
TESTF	JENNIFER	51111491	40924689	20-MAY-1988	3-JUN-1988	10-JUN-1988	Expiring IOS
TESTG	GAIL	51111541	90621657	23-MAY-1988	2-JUN-1988	8-JUN-1988	Expired IOS
TESTH	CHERYL	51110371	30710990	27-MAY-1988	3-JUN-1988	10-JUN-1988	Expiring IOS
TESTI	JEANIE	02711020	60464240	4-JUN-1988	4-JUN-1988	9-JUN-1988	Expiring IOS
TESTJ	CECIL	51110360	40566526	2-JUN-1988	2-JUN-1988	9-JUN-1988	Expiring IOS
TESTK	JOHN	51111487	10964135	5-JUN-1988	5-JUN-1988	10-JUN-1988	Expiring IOS
TESTL	DELORES	00211319	50409084	2-APR-1988	3-JUN-1988	10-JUN-1988	Expiring IOS
TESTM	ROBERT	00201025	40504026	12-MAY-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTN	ROBERT	02811046	20404560	25-MAY-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTO	JUNE	07311005	60899792	8-FEB-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTP	JAMES	03411307	60450225	3-JUN-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTQ	KATHERINE	00311522	20845265	24-APR-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTR	LETICIA	51110430	40947177	3-JUN-1988	3-JUN-1988	10-JUN-1988	Expiring IOS
TESTS	JESUS	07311026	870791	3-MAR-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTT	MICHAEL	51110179	70462074	30-APR-1988	2-JUN-1988	9-JUN-1988	Expiring IOS
TESTU	TUACA	00211995	90963030	4-JUN-1988	4-JUN-1988	9-JUN-1988	Expiring IOS
TESTV	THOMAS	00101023	40060212	4-MAY-1988	25-MAY-1988	26-MAY-1988	Expired IOS
TESTW	JOHN	07211177	70562238	12-MAY-1988	6-JUN-1988	10-JUN-1988	Expiring IOS
TESTX	ROBERT	51111555	70964275	7-JUN-1988	7-JUN-1988	10-JUN-1988	Expiring IOS
TESTY	BARRY	03411056	8018861	2-JUN-1988	2-JUN-1988	9-JUN-1988	Expiring IOS
TESTZ	JAMES	07211110	10462189	2-JUN-1988	6-JUN-1988	10-JUN-1988	Expiring IOS
TESTAA	RHONDA	00105214	50610760	4-JUN-1988	4-JUN-1988	9-JUN-1988	Expiring IOS
TESTAB	MICHAEL	51111526	10924721	28-MAY-1988	3-JUN-1988	10-JUN-1988	Expiring IOS

 Confidential Information

Report MHS 194 - Outpatient Unauthorized Services Report

Report Description:

This report lists all clients who have received a service in the last 15 days that was not authorized by a current Utilization Control Authorization. It lists client, service, therapist and cost of service, and it also includes additional information about the client's episode and primary treatment person.

Running the Report:

Operations staff sets up the report to be resubmitted automatically once a week, usually on Sunday morning, and to send it to each Reporting Unit's printer.

Using the Report:

The clients' Primary treatment person should review this report, and request new or retroactive authorization from the UR Committee or the client's Coordinator, if possible. If the services remain unauthorized, they will not be billed to Medicaid.

Technical Notes:

There are nine types of Utilization Control in InSyst. The type of Utilization Control for each Reporting Unit is set in the Provider Master relation. This report is designed to be used for any outpatient-based program.

For details on Utilization control, see User Manual, Chapter 13; Operations Manual.

Output File:

MHS_OUTPUT_REPORT:

UNAUTH_SERV_MHS194.*****_LIS

Unauthorized Services

Report MHS 194

Page 1

Reporting Unit: VINELAND OUTPATIENT (99261)

Reflects services entered as of 11-NOV-1990

Client Name: LANDEST, WILLIAM
Episode Opening Date: 7-MAY-1990
Primary Staff: ELIAS
Physician: ELIAS

Case Number: 1993964
Period Start Date: 1-MAY-1990
Period End Date: 31-OCT-1990
UC Authorization: Initial Action

Procedure	Service Date	Primary Staff	Cost of Service
341 INDIVIDUAL-GENERAL	30-OCT-1990	ROBERT ELIAS	\$92.00
			\$92.00

Client Name: PALDEST, JANET
Episode Opening Date: 20-AUG-1990
Primary Staff: WATSON
Physician: ELIAS

Case Number: 1099624
Period Start Date: 1-AUG-1990
Period End Date: 31-JAN-1991
UC Authorization: Initial Action

Procedure	Service Date	Primary Staff	Cost of Service
341 INDIVIDUAL-GENERAL	15-NOV-1990	JOHN WATSON	\$92.00
341 INDIVIDUAL-GENERAL	28-NOV-1990	JOHN WATSON	\$92.00

Client Name: WILDEST, WILLIAM
Episode Opening Date: 7-MAY-1990
Primary Staff: WATSON
Physician: ELIAS

Case Number: 1098754
Period Start Date: 1-JUN-1990
Period End Date: 31-NOV-1990
UC Authorization: URC EXTENSION

Procedure	Service Date	Primary Staff	Cost of Service
341 INDIVIDUAL-GENERAL	15-NOV-1990	JOHN WATSON	\$92.00
341 INDIVIDUAL-GENERAL	28-NOV-1990	JOHN WATSON	\$92.00
			\$184.00

Confidential Information

Report MHS 195 - Plan Review Log & Service Plan Update

Report Description:

All clients with any services billed to Medicaid must have a new or updated service plan every 6 months. Clients can be automatically authorized for the next period, if they are not being actively tracked through UR Committees, and they have used less than 12 visits in their current period. This report has two parts:

- **Plan Review Log:** lists clients who will need a new service plan for the next month, and who have used less than 12 visits.
- **Service Plan Update:** lets you prepare service plans for the clients listed in the first part. This form should be completed and kept in the client's chart,

This report is used for outpatient review.

Running the Report:

Operations Staff sets up this report to run automatically each month. It is best to run Part A on the 16th day of the month. The Plan Review Log is sent to each Reporting Unit's printer. The Service Plan Update can be sent to each Reporting Unit's printer, or to Operations Staff's printer.

Using the Report:

The two parts of the report are handled separately:

- **Plan Review Log:** Program staff should review each client on the list and notify clinicians that a service plan is due. At the end of the month, you can use the report as a check off list that the service plans have been done.
- **Service Plan Update:** Clinicians should complete all Service Plan Updates, sign and date them, and send a copy to data entry. Do this before the end of the month.

Technical Notes:

The type of Utilization Control for each Reporting Unit is set in the Provider Master relation. For details on Utilization control, see User Manual, Chapter 13.

Output File:

MHS_OUTPUT_REPORT:

PLAN_REVIEW_LOG_MHS195.*****_LIS

SERVICE_PLAN_MHS195.*****_LIS.

Service Plan Review Needed Report
 Pending Automatic Authorization of 24 Visits

Report MHS 195

Page 1

Clients on this report are currently receiving service at "maintenance" level, and their current six month period is coming to an end. If their current service pattern continues and they do not use more than 24 visits before the end of this month, they will need an updated, reviewed, and signed Service Plan. This report is for your convenience in monitoring the progress of Service Plan Updates.

Reporting Unit: CENTRAL ADULT OP (99311)
 Clinician: DEGAN, ADAM (90000)

Reflects services entered as of 16-SEP-1992

Client Name	Client Number	Open Date	UC Period End	Total Visits	Clinician	
TESTA, SHELLEY	599995031	06-APR-1991	30-SEP-1992	0	DEGAN	_____
TESTB, RUBEN	991999198	10-APR-1990	30-SEP-1992	0	DEGAN	_____
TESTC, THEODORE	992991044	04-APR-1990	30-SEP-1992	0	DEGAN	_____
TESTD, RONALD	991999754	01-APR-1983	30-SEP-1992	0	DEGAN	_____
TESTE, JUDY	027999083	20-APR-1983	30-SEP-1992	1	DEGAN	_____
TESTF, DELORIS	991996899	05-SEP-1991	30-SEP-1992	1	DEGAN	_____
TESTG, BETTY	991991655	21-SEP-1990	30-SEP-1992	1	DEGAN	_____
TESTH, SUIANNE	991991973	17-APR-1990	30-SEP-1992	1	DEGAN	_____
TESTI, CATHY	992995981	29-SEP-1991	30-SEP-1992	0	DEGAN	_____
TESTJ, IRENE	991992083	24-APR-1986	30-SEP-1992	1	DEGAN	_____

 Confidential Information

Treatment Plan Update

Client Name: BROWN, DAVID (199904)
 Reporting Unit: Vineland Opt (49299)
 Therapist: SILVER, WALTER (5101)
 Physician: BRANDON, DAVID (6401)
 Admit Date: 14-NOV-1990
 Service Plan Base Date: ___/___/___
 Changes to Plan (Date): ___/___/___
 Changes to Last Plan: YES ___ NO ___

Current Diagnoses:
 I: P 312.90 Conduct Disorder, Aty
 ALI-1 S V71.02 Child/Adol Antisocial Beh
 II: V71.09 No Current Diagnosis
 ALI-2
 III:
 IV: 4 Severe
 V: Current: 35 PAST: 45

Changes to Diagnoses:

Problems resolved and Short Term Goals achieved: _____

PROBLEM # ___ : _____

Short term goal: _____

Measurable Objective: _____

Interventions/Frequency/Disciplines: _____

PROBLEM # ___ : _____

Short term goal: _____

Measurable Objective: _____

Interventions/Frequency/Disciplines: _____

Medication Regimen: YES ___ NO ___ (If YES, see Medication Services)

Long Term Goals: _____

Estimated duration of Treatment: _____

Prognosis: Excellent ___ Good ___ Fair ___ Guarded ___ Poor ___

Tentative Discharge Plan: _____

Clinician's Signature: _____ Date: _____ Physician's Signature: _____ Date: _____

Report MHS 197 - Client UC History Report

Report Description:

The report lists all Utilization Control Authorizations for all Episodes for a Client, in the specified Reporting Unit and time period, and lists the services posted to each UC Authorization.

Running the Report:

Run this report using the Report menu. It prompts you to enter a Client Number, Reporting Unit, and, optionally, a date range, and a printer.

Operations Staff can run this report without specifying a Reporting Unit, to produce a report on all UC Authorizations for all programs.

Using the Report:

The report is useful for Medicaid Audits, and for internal audits. All UC Authorizations in the report should be found in the UR Committee Minutes, and all services in the report should be found in the client's chart.

Technical Notes:

The report is the same no matter what type of Utilization Control is being used. The type of Utilization Control for each Reporting Unit is set in the Provider Master relation.

For details on Utilization control, see User Manual, Chapter 13; Operations Manual.

Output File:

MHS_OUTPUT_REPORT:

UC_HISTORY_MHS197.*****_LIS

Client Utilization Control History

Report: MHS 197

Run Date: 8-SEP-1991

Page 1

Report Parameters

Client: 5000015954 TESTA, DOROTHY
 Reporting Unit: 83201 MYTHIC OUTPATIENT

Start Date: 1-MAR-1991
 End Date: 8-SEP-1991

Client Number: 5000015954
 Client Name: TESTA, DOROTHY
 Reporting Unit: MYTHIC OUTPATIENT 83201
 Type of UC: Outpatient

Opening Date: 26-MAR-1991
 Closing Date:
 Clinician: VERA WALT 10649
 Physician: STAFF 0
 Primary DK: 296.30

Authorization Type	Start	End	Effective	Expiration	Approved	Authorized
Initial Action	1-MAR-1991	31-AUG-1991	26-MAR-1991	27-JUL-1991	12	DUONG HAO 10171

Procedure	Service Date	Clinician	Cost of Service
330 ASSESSMENT	26-MAY-1991	VERA WALT 10649	\$132.00
350 GROUP	2-JUN-1991	VERA WALT 10649	\$69.00
350 GROUP	9-JUN-1991	VERA WALT 10649	\$69.00
350 GROUP	16-JUN-1991	VERA WALT 10649	\$69.00
350 GROUP	30-JUN-1991	VERA WALT 10649	\$69.00
350 GROUP	7-JUL-1991	VERA WALT 10649	\$69.00
350 GROUP	21-JUL-1991	VERA WALT 10649	\$69.00
			\$546.00

Authorization Type	Start	End	Effective	Expiration	Approved	Authorized
UR Committee Ext	1-MAR-1991	31-AUG-1991	28-JUL-1991	31-JUL-1991	8	DUONG HAO 10171

Procedure	Service Date	Clinician	Cost of Service
350 GROUP	28-JUL-1991	VERA WALT 10649	\$69.00
			\$69.00

Authorization Type	Start	End	Effective	Expiration	Approved	Authorized
UR Committee Ext	1-MAR-1991	31-AUG-1991	1-AUG-1991	31-AUG-1991	4	SHAW THOMA 10561

Procedure	Service Date	Clinician	Cost of Service
350 GROUP	4-AUG-1991	VERA WALT 10649	\$69.00
340 INDIVIDUAL	12-AUG-1991	VERA WALT 10649	\$106.00
350 GROUP	25-AUG-1991	VERA WALT 10649	\$69.00
			\$313.00

Authorization Type	Start	End	Effective	Expiration	Approved	Authorized
UR Committee Ext	1-SEP-1991	29-FEB-1992	1-SEP-1991	29-FEB-1992	24	DUONG HAO 10171

Procedure	Service Date	Clinician	Cost of Service
350 GROUP	1-SEP-1991	VERA WALT 10649	\$69.00
			\$69.00

Unauthorized Services

Procedure	Service Date	Clinician	Cost of Service
330 ASSESSMENT	22-JUL-1991	REICHARDT ANNE 10515	\$136.00
			\$136.00

 Confidential Information

Report MHS 198 - Unbilled Services Report

Report Description:

This report shows all services that could have been billed to Medicaid but were not, either because there was not a current Utilization Control Authorization, or because there was no medical necessity.

Running the Report:

Use the Report menu to run this report each month. It prompts you to enter a Reporting Unit (or "*" for all reporting units), start and end date, and printer.

Using the Report:

This report is used to help comply with Quality Assurance policies, and to review lost Medicaid revenue.

Technical Notes:

The report is the same no matter what type of Utilization Control is being used. The type of Utilization Control for each Reporting Unit is set in the Provider Master relation.

For details on Utilization control, see User Manual, Chapter 13; Operations Manual.

Output File:

MHS_OUTPUT_REPORT:

UNBILLED_SERVICES_MHS198.*****_LIS

Unbilled Medicaid Services

Report MHS 198

Page 1

Run Date: 16-JUN-1993

Reporting Unit: CENTRAL ADULT OP (99311)

Services entered between 1-AUG-1992 and 31-AUG-1992

Client Name: TESTA, ANABELLE Case Number: 509900542

Procedure	Service Date	Clinician	Unauthorized	No Medical Need
330 ASSESSMENT	24-AUG-1992	CLARENCE GARDINER 10220	\$136.00	
330 ASSESSMENT	24-AUG-1992	SHARON KENNEDY 10806	\$136.00	
			\$272.00	\$0.00

Client Name: TESYB, JOHN Case Number: 180099483

Procedure	Service Date	Clinician	Unauthorized	No Medical Need
340 INDIVIDUAL	26-AUG-1992	YUKO MAYE 10385	\$106.00	
			\$106.00	\$0.00

Client Name: TESTIC, SAMUEL Case Number: 019905256

Procedure	Service Date	Clinician	Unauthorized	No Medical Need
340 INDIVIDUAL	17-AUG-1992	JAMES O'KEEFE 10467	\$106.00	
			\$106.00	\$0.00

Client Name: TESTID, JAMES Case Number: 10022795

Procedure	Service Date	Clinician	Unauthorized	No Medical Need
350 GROUP	31-AUG-1992	EUGENE MINER 10412	\$69.00	
			\$69.00	\$0.00

4 Clients seen at this provider.
5 UC Unauthorized Services total: \$993.00
0 No Medical Necessity Services total: \$0.00

Confidential Information

Report PSP 199 - Diagnostic Statistics Report

Report Description:

The report analyzes episodes closed by a Reporting Unit during the specified time period. It lists the minimum, maximum and average number of units of service for each diagnostic class. (The diagnostic classes are derived from the DSM manual categories.)

Running the Report:

Use the Report menu to run this report as needed. It prompts you to enter a start and end date and Reporting Unit.

Using the Report:

Use the report to review the level of care provided to clients in different diagnostic categories. For an inpatient unit or other 24-hour facility, it gives the average length of stay for the program and the average length of stay for specific categories of clients. For outpatient and day treatment services, the units of service figure includes all types of service (*e.g.* individual, group, medications, etc.), and the average units figure is a general indicator of frequency of service.

Output File:

MHS_OUTPUT_REPORT:
DX_CLASS_PSP199.LIS

Units of Service By Diagnostic Class

19-Apr-1990

Page 1

Report: PSP199

Mythic General Hospital IP 331341

Based on discharged clients during the period:

From: 1-Mar-1993

To: 31-Mar-1993

Diagnostic Class	COUNT	MIN Total Units of Service	MAX Total Units of Service	AVERAGE Total Units of Service
Diagnostic Class				
Childhood and Adolescence Diso	6	01	8	3.00
Organic Mental Disorders	16	01	22	8.75
Substance Abuse Disorders	3	02	8	5.00
Schizophrenic Disorders	38	00	42	7.24
Other Psychoses	67	00	77	7.15
Mood Disorders	47	01	18	5.04
Anxiety Disorders	1	01	1	1.00
Adjustment Disorder	45	00	5	1.82
All Cases	223	00	77	5.59

Report PSP 200 - Employer Insurance Report by Name

Report Description:

This report lists all employers in the computer system and the insurance plans they offer, in both alphabetical and numeric order.

Running the Report:

The Business Office or Operations Staff uses the Report menu to run this report and specify where it should be printed.

Using the Report:

The Business Office uses this report to check the validity of the Employer/Insurance relation, which helps clerical staff enter insurance policies for employed clients.

Output File:

MHS_OUTPUT_REPORT:

EMPLOYER_ALPHA_MHS200.LIS

EMPLOYER_NUMERIC_MHS200.LIS

REPORT PSP 200: Employer Insurance Alpha Index
Run Date: 30-May-1990

9 1ST INTERSTATE BANK	357 KAISER PERMANENTE
	1024 METROPOLITAN LIFE
76 A T & T - AMERICAN TELEPHONE & TELEGRAPH	300 TRAVELERS INSURANCE
63 ACME TRUCK	330 OMNI HEALTH PLAN
25 ALBERTS RESTAURANT	235 JORDAN JONES AND ASSOCIATES LOCAL 49
41 ALBERTSON'S	186 RETAIL CLERKS
43 AMERICAN MOLDING & MILL WORK	151 FOUNDATION HEALTH PLAN
	155 GREAT WEST LIFE ASSURANCE CO.
	1012 GREAT WEST LIFE BENEFIT PAYMENTS
55 AMERICAN PROTECTIVE SERVICES	201 AETNA LIFE INSURANCE
70 AMERICAN SAVINGS	151 FOUNDATION HEALTH PLAN
	357 KAISER PERMANENTE
31 APACHE PLASTICS	563 LINCOLN NATIONAL LIFE INS. CO.
58 ARTISTRY IN TILE	134 CONCEPT ADMINISTRATORS INC.
48 BACCHETTI & SILVA DAIRY	288 FIRST FARWEST INSURANCE COMPANIES
87 BANK OF STOCKTON	1057 NEW YORK LIFE INSURANCE COMPANY
92 BORAL INDUSTRIES	1058 JOHN HANCOCK MUTUAL LIFE INS CO
06 BURGER KING	1178 THE PILLSBURY COMPANY
91 CALIFORNIA CEDAR PRODUCTS	142 DELTA BENEFIT PLANS
ALIAS: CALIFORNIA CEDAR PRODUCTSW	
24 CAREAGE HEALTHCARE OF TRACY	723 HEALTHCARE MANAGEMENT ADMINISTRATORS INC
81 CATALINA	151 FOUNDATION HEALTH PLAN
03 CATHOLIC CHARITIES	151 FOUNDATION HEALTH PLAN

Report MHS 201 - Services by Age Group

Report Description:

This report counts all services for all Reporting Units by age group, sorted alphabetically by Reporting Unit.

Running the Report:

Use the Report menu to run this report. You are prompted to enter the start and end dates and a printer name. (This report is not distributed: it is sent to one printer.)

Using the Report:

This is used as a year-end report to help counties review services provided to age groups.

Output File:

MHS_OUTPUT_REPORT:
SERVICES_BY_AGE_MHS201.LIS

Mental Health Services
Service Tally by Age

Report MHS 201

Page 1

Reporting Period: 1-JUL-1989 to 10-JUL-1989

Run Date: 11-JAN-1990

Reporting Unit Name	Service Function	Youth (Under 18)	Adult (18-64)	Geriatric (65 and over)	Unknown
Arches III	(44011)	70	0	13	0
Banning - Case Management	(33855)	10	0	52	13
Banning - Outpatient	(33854)	10	7	0	0
Banning - Outpatient	(33854)	30	2	3	0
Banning - Outpatient	(33854)	40	6	12	0
Banning - Outpatient	(33854)	50	5	0	0
Banning - Outpatient	(33854)	60	2	23	4
Banning - Outpatient	(33854)	70	0	1	0
CCC Central - Case Management	(33175)	10	0	139	3
CCC Central - Outpatient	(33174)	60	0	44	2
CCC Central - PD Habilitative	(33173)	91	0	116	3
CCC South - Case Management	(33475)	10	0	213	4
CCC South - Outpatient	(33474)	30	0	2	0
CCC South - Outpatient	(33474)	60	0	29	0
CCC South - Outpatient	(33474)	70	0	1	0
CCC South - PD Habilitative	(33473)	91	0	129	0
CCC South - PD Vocational	(33478)	30	0	34	0
CHARLEE - Part Day CCF Augment	(33933)	50	138	0	0
Charter Grove Hospital - IP	(33911)	10	16	0	6
Childrens' - Case Management	(33445)	10	44	0	7
Childrens' Res - PD Intensive	(33702)	81	95	0	0
Childrens' TRMT - Outpatient	(33574)	10	27	1	0
Childrens' TRMT - Outpatient	(33574)	30	8	0	1
Childrens' TRMT - Outpatient	(33574)	40	20	4	1
Childrens' TRMT - Outpatient	(33574)	50	37	9	3
Childrens' TRMT - Outpatient	(33574)	60	7	0	0
Childrens' TRMT - PD Intensive	(33572)	81	52	2	0
DOMHC Indio - Case Management	(33015)	10	0	68	0
DOMHC Indio - IP Trans. Resid.	(33011)	65	0	87	0
DOMHC Indio - Outpatient	(33014)	10	6	1	0
DOMHC Indio - Outpatient	(33014)	30	1	29	0
DOMHC Indio - Outpatient	(33014)	40	5	8	2
DOMHC Indio - Outpatient	(33014)	50	10	10	0
DOMHC Indio - Outpatient	(33014)	60	0	34	0
DOMHC Indio - Outpatient	(33014)	70	1	33	1
DOMHC Indio - PD Habilitative	(33013)	60	0	5	0
DOMHC Indio - PD Habilitative	(33013)	91	0	53	3
DOMHC Indio - PD Intensive	(33012)	60	0	1	0
DOMHC Indio - PD Intensive	(33012)	81	17	43	0
Victor Residential - Mariposa	(33963)	50	53	0	0
Victor Residential - Newsome	(33973)	50	46	0	10
Vista Pacifica Subacute Prgm	(44023)	60	0	49	0

Confidential Information

Report MHS 202 - Accounts Needed

Report Description:

This report lists clients who do not have an account, sorted by Reporting Unit. These clients cannot be billed and services cannot be posted for them until they have accounts.

Running the Report:

Operations Staff produces this report regularly. It is automatically distributed to the printers of Reporting Units that have clients without accounts.

Using the Report:

Follow local procedures to establish accounts for these clients.

Output File:

MHS_OUTPUT_REPORT:

ACCOUNTS_NEEDED_MHS202.*****_LIS

Clients Who Need Accounts
Immediate Action Required

11-Sep-1989
Page 1

Report MHS 202
SAFE HAVEN OUTPATIENT
Reporting Unit: 99023

The following list of clients do not yet have an account established. Follow standard procedures to secure needed client financial information. If no information is available, the client may have a cost of service Deductible created in accordance with Local Policy. Use the FI screen to establish the client's Deductible.

Client Name	Client Number	Primary Staff	Opening Date	Last Service		
CLIENTA	VON KARL	164040459	PETERSONS	FREUD	1-Jul-1988	31-Aug-1989
CLIENTB	LORRAINE	046120090	PETERSONS	FREUD	1-Jul-1988	31-Aug-1989
CLIENTC	WAYNE	119050980	PETERSONS	FREUD	15-May-1989	31-Aug-1989
CLIENTD	HEATHER	131131841	JONES	DORIS	9-May-1989	8-Jun-1989
CLIENTE	KEVIN	131132066	LYNCH	JOHN	19-Jun-1989	
CLIENTF	KYLE	130513571	BRAREN	KATHERINE	29-Apr-1988	11-Aug-1988
CLIENTG	JANICE	131132076	FOSTER	EMILY	14-Jun-1989	
CLIENTH	PATRICK	131132088	MCGUIRE	CANDICE	26-Jun-1989	
CLIENTI	BRANDON	131131512	LYNCH	JOHN	20-Mar-1989	
CLIENTJ	BRANDON	131132094	POOLER	KATHY	26-Jun-1989	
CLIENTK	DONNA	130321051	MARLBOROUGH	NUMA	26-Jun-1989	
CLIENTL	MONDOL	131132113	MALLIE	DAVID	14-Jun-1989	
CLIENTM	BRIAN	131132047	BESSOM	JANET	13-Jun-1989	13-Jun-1989
CLIENTN	STEVE	131131556	BRAREN	KATHERINE	24-Mar-1989	
CLIENTO	DULCE	131132123	RAMOS	ADELAIDA	13-Jun-1989	28-Jun-1989
CLIENTP	JOSEPH	079079010	PETERSONS	FREUD	1-Jul-1988	31-Aug-1989
CLIENTQ	JOHN	046190020	PETERSONS	FREUD	1-Jul-1988	31-Aug-1989
CLIENTR	PORTIA	029950010	PETERSONS	FREUD	1-Jul-1988	31-Aug-1989

CONFIDENTIAL INFORMATION

Report MHS 203 - Inpatient UC Committee Report

Report Description:

This report provides a second level of Utilization Review for Inpatient Units. It includes:

- Clients who have been on the unit more than a user-specified number of days.
- Clients who are currently on Administrative Lengths of Stay.
- Clients whose episode closed in the last week and who were in the unit more than a user-specified number of days.
- Clients whose episode closed in the last week and whose last Length of Stay was Administrative.

Running the Report:

Operations staff runs this report weekly and sends it to the printer of the Inpatient Unit. You are prompted to enter the Reporting Unit, report date, and the maximum number of units (days) to include in the report, with a default of 30 days.

Using the Report:

Enter new UR Actions (Lengths of Stay) as needed.

Output File:

```
MHS_OUTPUT_REPORT:  
    UR_ACTION_MHS203.*****_LIS.
```

Inpatient UC Committee Report

Report MHS 203

Page 1

Reporting Unit: ACUTE SERVICES INPATIENT (993012)

Report Date: 7-JUN-1988

Run Date: 7-JUN-1988

Client Name	Client Number	Opening Date	UC Action Type	Effective Date	Expiration Date	Days On Unit	
ADAMS	DOROTHY	001005720	31-DEC-1987	Administrative Extension	3-JUN-1988	7-JUN-1988	159
ANDERS	JAMES	072111151	2-JUN-1988	Administrative Extension	6-JUN-1988	10-JUN-1988	5
BURNS	SANTIAGO	511101359	7-APR-1988	Regular Extension	1-JUN-1988	3-JUN-1988	57
DAVIES	RONALD	027111012	16-MAY-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	22
ESTRELLITA	DELORES	002111321	2-APR-1988	Regular Extension	3-JUN-1988	10-JUN-1988	66
FORBES	ROBERT	002001092	12-MAY-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	26
JONES	OFELIA	002111949	18-MAR-1988	Regular Extension	1-JUN-1988	9-JUN-1988	81
LILLIENHAL	JAMES	034111370	3-JUN-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	4
MARKS	JESUS	073111002	3-MAR-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	96
MCCLENDON	CHRIS	511101340	30-MAR-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	69
OBOE	KATHERINE	003111582	24-APR-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	44
SANCOZ	MICHAEL	511100177	30-APR-1988	Regular Extension	2-JUN-1988	9-JUN-1988	38
SILVIA	JOHN	072111137	12-MAY-1988	Administrative Extension	6-JUN-1988	10-JUN-1988	26
SKERRIT	THOMAS	001001022	4-MAY-1988	No Medical Necessity	3-JUN-1988	7-JUN-1988	34
SMITH	ROBERT	028111014	25-MAY-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	13
WILSON	JUNE	073111020	8-FEB-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	120
WORK	JAMES	083111620	6-APR-1988	Administrative Extension	3-JUN-1988	7-JUN-1988	62

 Confidential Information

Report MHS 204 - Inpatient UR Coordinator Log

Report Description:

This is a daily report that shows all UR Actions entered on the previous day. It meets DMH 89-20 requirements for a daily Inpatient UR Coordinator Log.

Running the Report:

Operations staff sets up this report so it is produced every day and routed to the printer for the Inpatient Unit.

Using the Report:

File the report to provide an audit trail of Quality Assurance compliance.

Output File:

```
MHS_OUTPUT_REPORT:  
UC_LOG_MHS204.*****_LIS
```

Inpatient UC Coordinator Log

Report MHS 204

Page 1

Reporting Unit: ACUTE SERVICES INPATIENT (993011) Report Date: 8-JUN-1988 Run Date: 9-JUN-1988

Client Name UR Action Type	Client Number Effective	Opening Date Expiration	Primary DK Approved	Physician UC Coordinator	Criteria
BEKA CRAIG Regular Extension	0440015019 8-JUN-1988	30-MAY-1988 15-JUN-1988	296.40 8	10807 SLAWSKY RUNYON	Danger To Self Danger To Others
CARSON WANDA Regular Extension	0044007619 7-JUN-1988	7-JUN-1988 14-JUN-1988	296.44 8	10846 REICHENHAL RUNYON	Danger To Others Gravely Disabled
EPPERSON DELORES Regular Extension	0024403218 3-JUN-1988	2-APR-1988 10-JUN-1988	295.92 8	10438 NAYAK RUNYON	Danger To Others
ESTRADA MARY Regular Extension	0190013869 8-JUN-1988	30-MAY-1988 14-JUN-1988	309.40 7	10651 VERSALES RUNYON	Danger To Self
GILLAMS DOROTHY No Medical Necessity	0144001329 28-MAY-1988	15-MAY-1988 28-MAY-1988	296.30 1	10651 VERSALES RUNYON	No Medical Need
PENSKE KIMBERLEE Regular Extension	0025117449 7-JUN-1988	7-JUN-1988 3-JUN-1988	295.70 7	10014 GREWAL RUNYON	Gravely Disabled
ROLAND JOHN Regular Extension	0144007089 7-JUN-1988	7-JUN-1988 14-JUN-1988	310.10 8	10014 GREWAL RUNYON	Gravely Disabled
SALMON JOHN Regular Extension	0670044509 7-JUN-1988	7-JUN-1988 13-JUN-1988	295.32 7	10059 BERNAL RUNYON	Danger To Others
SHEIK REZA No Medical Necessity	0010440229 25-MAY-1988	4-MAY-1988 26-MAY-1988	295.92 2	10353 LEWIS RUNYON	No Documentation
SMITH THOMAS Regular Extension	0010440229 27-MAY-1988	4-MAY-1988 26-MAY-1988	295.92 12	10353 LEWIS RUNYON	Danger To Others Gravely Disabled
WILSON JASON Regular Extension	0020441049 7-JUN-1988	7-JUN-1988 14-JUN-1988	295.92 8	10353 LEWIS RUNYON	Danger To Self

Confidential Information

Report MHS 205 - Potential Medicare Clients

Report Description:

This report lists clients 65 years old or older who have open episodes and who do not have a Medicare insurance policy entered in the computer system.

Running the Report:

Business Office or Operations staff uses the Report menu to run this report and specify where it is printed.

Using the Report:

Query the clients and/or the Social Security Administration to determine the clients' eligibility for Medicare.

Output File:

MHS_OUTPUT_REPORT:

POTENTIAL_MEDICARE_CLIENTS_MHS205.LIS

Potential Medicare Clients

30-May-1993

Page 1

Potential Medicare Report
REPORT MHS 205

Client#	Client Name/Address	Birth Date	SSN#	Open At	Last Service Date
7460	AIESIZ PAUL 116 ELM SAN ANSELMO, CA	17-Jun-1921	570 21 0450	ADULT SVC	12-Mar-1990
10003941	AIEST LOUIS CO. JAIL FRESNO, CA 0	13-Oct-1915	534 10 2777	DAVIS SVC	
13293	AIEST LOU 0 , 0	29-Mar-1924	546 08 9907	OLDER ADULTS	25-Apr-1990
10006711	BIESTIR WALLACE 4520 N ELDORADO STOCKTON, 0	19-Dec-1909	566 10 5492	ADULT OP SVC	6-Apr-1990

Confidential Information

Report MHS 206 - Caseload Statistics Report

Report Description:

These caseload summary reports provide the following statistics:

- **Report MHS 206A:** For each staff person, this report shows the active caseload: the number of clients served for the period, the total units of direct and indirect services, the total time spent on direct and indirect services.
- **Report MHS 206B:** For each reporting unit, this report shows the active caseload the number of clients served for the period, the total units of direct and indirect services, the total time spent on direct and indirect services, and the number of unique clients seen during the period.
- **Report MHS 206C:** For each region, this report shows the total units of direct services and time on direct services provided by each reporting unit in a region sorted by age group. It includes totals for the region and county.

Running the Report:

Operations Staff can use the Report menu to run this report monthly. Part A is automatically distributed to reporting unit printers. Parts B and C are sent to the printer you specify.

Using the Report:

Report 206A can be used to distribute workload through the clinic, and to monitor the level of service delivery by each staff person.

Report 206B can be used to monitor a program's compliance with the mental health budget.

Report 206C gives the clinic manager a profile of the clients by age group.

Technical Notes:

This report does not count services with 00, 0, or a missing Service Function Code, representing No Shows or other non-standard services. Therefore its totals will not match totals in Reports 117, 130, 131.

This report will not match totals with Report MHS 117. Report MHS 117 counts the services and/or groups provided by each staff person. This report counts total client services for the program.

This report does not count 900 series adjustment procedures.

Part A staff totals will not match Part B provider totals. Part A of the report counts services done by each staff person: if two staff perform one service, the service is counted once for each. Part B counts the total number of services for the program.

The report includes the following fields:

- **Begin Load:** How many cases were already open in this reporting unit or assigned to this staff person at the beginning of the period.
- **Open:** How many cases were opened or assigned during the period.
- **Close:** How many cases were closed during the period.
- **End Load:** How many cases remain open at the end of the period.
- **Clients Served:** How many clients were served. In 206A, this is a total of the unique clients for each staff person, so a client seen by two staff people would be counted twice. In 206B, it is unique clients for the reporting unit.
- **Direct Units:** How many units of direct services did this staff perform, as primary staff or co-staff. 206A, a service could be counted twice, once for the staff and once for the co-staff. 206B counts services for the reporting unit.
- **Direct Time:** In 206A, this is the total direct service time for the staff person, as primary staff or co-staff, in 15-minute units. (For example, if the client spent 1 hour in the period, the figure shown would be 4.) In 206B, this is the total direct service time for the reporting unit. No allowances are made to reduce direct service time for group services, as in Report MHS117.
- **Indir Units:** In 206A, this is the total number of Indirect Services given by the staff person. In 206B, it is units of indirect services for the reporting unit.
- **Indirect Time:** In 206A, this is the total time spent by the staff person in Indirect Services, in 15-minute units. In 206B, it is time on indirect services for the reporting unit.
- **All Units:** This is the total units of Direct Services and Indirect Services.
- **All Time:** This is the total time for Direct Services and Indirect Services.

Report 206A shows all totals by staff. At the bottom, it shows a total count of unique clients seen by the provider during the period.

Report 206B organizes providers by Region. It shows totals by provider. It also shows totals of unique clients in the Region and of unique clients in the reporting unit during the period.

The Totals lines for parts A, B, and C include units of service, but not time.

Output File:

MHS_OUTPUT_REPORT:

CASELOAD_STAFF_STATS_MHS206.LIS

CASELOAD_PROVIDER_STATS_MHS206.LIS

CASELOAD_AGE_STATS_MHS206.LIS

Mental Health Services
Staff Caseload Summary Statistics

8-Jan-1993
Page 10

REPORT MHS 206A
FROM: 1-Jul-1992
TO: 31-Jul-1992 23:59:59.99
South County Adult Outpatient 98141

Staff Name	Id #	Begin Load	Open	Closed	End Load	Clients Served	Direct Units	Direct Time	Incl. Units	Incl. Time	All Units	All Time
BRODERSEN	11071	1	0	0	1	0	0	0	0	0	0	0
BROOKS	14032	3	3	3	3	11	15	70	0	0	15	70
BUCHONGO	7150	0	0	0	0	5	6	28	44	72	50	100
DAGCUTA	13059	99	4	8	95	52	61	116	0	0	61	116
FRANSES	2061	1	0	0	1	0	0	0	0	0	0	0
HAGELIS	11027	15	0	0	15	6	6	24	0	0	6	24
LIPMAN	13053	178	6	5	179	101	119	235	0	0	119	235
MAHAKIAN	2004	66	3	6	63	29	30	49	0	0	30	49
MARSILI	13030	148	1	1	148	65	67	133	0	0	67	133
MARTIN	13050	116	4	2	118	64	75	154	0	0	75	154
PATERNO	2009	29	6	7	28	6	10	42	121	217	131	259
POWELL	22097	10	0	1	9	8	25	104	18	59	43	163
RANDALL	9005	59	7	1	65	75	104	228	0	0	104	228
RENDON	11065	1	0	0	1	0	0	0	0	0	0	0
SHILIS	2025	0	0	0	0	3	3	16	4	7	7	23
SOWELL	2039	36	4	0	40	27	32	70	0	0	32	70
STENIZEL	7133	14	10	12	12	25	42	194	140	285	182	479
STOLIZFUS	11034	0	1	1	0	2	7	22	0	0	7	22
TUCKER	7137	17	18	17	18	25	26	212	261	570	287	782
VAN HANSON	11096	3	0	0	3	1	3	6	0	0	3	6
WISSEL	2042	0	0	0	0	0	0	0	4	6	4	6
WOODYARD	7077	1	0	0	1	0	0	0	0	0	0	0
WRAGE	11015	1	0	1	0	0	0	0	0	0	0	0
		798	67	65	800		631		592		1,223	

Unique cases in this reporting unit this period : 415

* ALL TIME IS IN 15 MINUTE INCREMENTS *

Mental Health Services
Reporting Unit Caseload Summary Statistics

8-Jan-1993
Page 1

REPORT MHS 206B
FROM: 1-Jul-1992
TO: 31-Jul-1992 23:59:59.99
REGION: County

Reporting Unit Code	Begin Load	Open	Closed	End Load	Clients Served	Direct Units	Direct Time	Incl. Units	Incl. Time	All Units	All Time
CANYON MANOR 00331	0	0	0	0	3	93	8,928	0	0	93	8,928
CANYON AUG 00332	0	0	0	0	1	31	16	0	0	31	16
CW ANGNW AG 00382	0	1	0	1	1	35	144	0	0	35	144
CW EUREKA 00391	0	0	0	0	4	124	11,904	0	0	124	11,904
CW MODESTO 00411	0	0	0	0	3	93	8,928	0	0	93	8,928
CW STOCKIN 00451	0	0	0	0	2	62	5,952	0	0	62	5,952
CW STIKIN AG 00452	0	0	0	0	7	217	115	0	0	217	115
CW VALLEJO 00461	0	45	3	42	45	1,248	119,808	0	0	1,248	119,808
MERCED MANOR 00601	0	0	0	0	3	93	8,928	0	0	93	8,928
VJO ADULT 48141	798	67	65	800	415	629	1,693	592	1,216	1,221	2,909
VJO YOUTH 48142	102	26	13	115	92	217	863	91	318	308	1,181
S AD CASE 48143	221	13	11	223	167	615	1,774	370	1,511	985	3,285
FLD ADULT 48151	541	171	177	535	458	794	2,961	792	2,338	1,586	5,299
FLD YOUTH 48152	108	24	23	109	99	214	738	90	186	304	924
N AD CASE 48153	44	8	3	49	33	145	532	161	614	306	1,146
N CH CASE 48154	87	9	10	86	75	280	1,203	39	338	319	1,541
SATELLITE 48211	16	0	0	16	16	496	47,616	0	0	496	47,616
SAIL 48212	36	1	2	35	35	230	813	0	0	230	813
HORIZON 48241	33	3	4	32	35	457	7,312	142	713	599	8,025
VILLAGE 48271	31	3	1	33	32	440	8,800	62	265	502	9,065
FORENSIC 48451	108	25	43	90	53	118	419	68	1,041	186	1,460
CONREP 48453	0	12	1	11	11	79	376	0	0	79	376
STARGate 48471	6	11	4	13	15	120	11,520	0	0	120	11,520
PB GUARDIAN 48521	433	10	11	432	209	734	1,623	0	0	734	1,623
ALDEA VAC 48561	8	1	1	8	9	249	23,904	0	0	249	23,904
HOMELESS 48581	9	7	8	8	8	42	209	31	340	73	549
SENECA 48621	2	0	0	2	2	62	5,952	0	0	62	5,952
VICTOR 48631	2	0	0	2	0	0	0	0	0	0	0
E BAY HOSP 84011	11	20	23	8	0	0	0	0	0	0	0
1ST HOSP-VAL 84021	10	9	17	2	0	0	0	0	0	0	0
HERRICK HOSP 84031	3	3	3	3	0	0	0	0	0	0	0
SOLANO PARK 84051	6	6	8	4	0	0	0	0	0	0	0
ST HELENA 84061	6	26	27	5	0	0	0	0	0	0	0
<hr/>											
	2,621	501	458	2,664		7,917		2,438		10,355	

Unique cases in region this period : 1450

Reporting Unit Code	Begin Load	Open	Closed	End Load	Clients Served	Direct Units	Direct Time	Incl. Units	Incl. Time	All Units	All Time
Report Totals :	2,621	501	458	2,664		7,917		2,438		10,355	

Unique cases in the county this period : 1450

* ALL TIME IS IN 15 MINUTE INCREMENTS *

Mental Health Services
Direct Services Detail

REPORT MHS 206C
FROM: 1-Jul-1992
TO: 31-Jul-1992 23:59:59.99
REGION: All County

		Age Groups							Total
		0-5	6-12	13-17	18-25	26-45	46-59	60+	
00331 CANYON MR	units	0(0%)	0(0%)	0(0%)	31(33%)	31(33%)	1(1%)	30(32%)	93
	time	0(0%)	0(0%)	0(0%)	2976(33%)	2976(33%)	96(1%)	2880(32%)	8928
00332 CANYON AG	units	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	31(100%)	31
	time	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	16(100%)	16
48141 VJO ADULT	units	0(0%)	0(0%)	0(0%)	48(8%)	394(63%)	121(19%)	66(10%)	629
	time	0(0%)	0(0%)	0(0%)	174(10%)	1044(62%)	326(19%)	149(9%)	1693
48142 VJO YOUTH	units	14(6%)	142(65%)	60(28%)	1(0%)	0(0%)	0(0%)	0(0%)	217
	time	52(6%)	558(65%)	248(29%)	5(1%)	0(0%)	0(0%)	0(0%)	863
48143 S AD CASE	units	0(0%)	0(0%)	0(0%)	73(12%)	392(64%)	86(14%)	64(10%)	615
	time	0(0%)	0(0%)	0(0%)	216(12%)	1101(62%)	281(16%)	176(10%)	1774
48151 FLD ADULT	units	1(0%)	2(0%)	3(0%)	104(13%)	498(63%)	136(17%)	50(6%)	794
	time	8(0%)	18(1%)	32(1%)	527(18%)	1730(58%)	504(17%)	143(5%)	2961
48152 FLD YOUTH	units	13(6%)	142(66%)	57(27%)	2(1%)	0(0%)	0(0%)	0(0%)	214
	time	43(6%)	468(63%)	219(30%)	8(1%)	0(0%)	0(0%)	0(0%)	738
48153 N AD CASE	units	0(0%)	0(0%)	0(0%)	6(4%)	128(88%)	11(8%)	0(0%)	145
	time	0(0%)	0(0%)	0(0%)	38(7%)	454(85%)	40(8%)	0(0%)	532
48154 N CH CASE	units	0(0%)	49(18%)	200(71%)	31(11%)	0(0%)	0(0%)	0(0%)	280
	time	0(0%)	250(21%)	834(69%)	118(10%)	0(0%)	0(0%)	0(0%)	1203
48211 SATELLITE	units	0(0%)	0(0%)	0(0%)	62(13%)	310(63%)	124(25%)	0(0%)	496
	time	0(0%)	0(0%)	0(0%)	5952(13%)	29760(63%)	11904(25%)	0(0%)	47616
48212 SAIL	units	0(0%)	0(0%)	0(0%)	12(5%)	156(68%)	61(27%)	1(0%)	230
	time	0(0%)	0(0%)	0(0%)	63(8%)	516(63%)	228(28%)	6(1%)	813
48241 HORIZON	units	0(0%)	0(0%)	0(0%)	23(5%)	374(82%)	60(13%)	0(0%)	457
	time	0(0%)	0(0%)	0(0%)	368(5%)	5984(82%)	960(13%)	0(0%)	7312
48271 VILLAGE	units	0(0%)	0(0%)	380(86%)	60(14%)	0(0%)	0(0%)	0(0%)	440
	time	0(0%)	0(0%)	7600(86%)	1200(14%)	0(0%)	0(0%)	0(0%)	8800
48521 FB GUARD	units	0(0%)	0(0%)	5(1%)	46(6%)	366(50%)	96(13%)	221(30%)	734
	time	0(0%)	0(0%)	7(0%)	96(6%)	775(48%)	233(14%)	512(32%)	1623
48581 HOMELESS	units	0(0%)	0(0%)	0(0%)	17(40%)	20(48%)	5(12%)	0(0%)	42
	time	0(0%)	0(0%)	0(0%)	83(40%)	108(52%)	18(9%)	0(0%)	209

Totals for Region

units 28(0%) 397(5%) 892(11%) 812(10%) 3924(50%) 1101(14%) 763(10%) 7917

Total County Figures

units 28(0%) 397(5%) 892(11%) 812(10%) 3924(50%) 1101(14%) 763(10%) 7917

Extracted and Incomplete Data. Totals not Accurate.

Report MHS 207 - Clients with Utilization Review Disabled

Report Description:

This report lists all clients whose Utilization Review has been disabled through the Client Update Screen.

Running the Report:

You can use the Report menu to run this report, or Operations Staff can modify the DAT file to set it up for automatic resubmission.

Using the Report:

Review this report to find data entry errors.

Technical Notes:

Utilization Control can be turned off at the Client level or at the Episode level.

The Client Maintenance Screen contains the field Client UR Needed, which is blank by default. If this field is blank, the system determines if UR is required for the client based on the settings in the Provider Master relation. If you enter "Y" in this field, the client will always need Utilization Control. If you enter "N", the client will never need Utilization Control. ECHO GROUP does not recommend overriding the system by using this field: leave it blank, unless you have a special need to change it.

The Episode Maintenance Screen contains the field Episode UR Needed, which is blank by default. If this field is blank, the system determines if UR is required for the client based on the settings in the Provider Master relation. If you enter "Y", the client will need Utilization Control for the current Episode; if you enter "N", the client will not need Utilization Control for the current Episode.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_UR_DISABLED_MHS207.LIS

Utilization Review Control Report
 Clients with Utilization Review Disabled

10-Jul-1990
 Page 1

Report MHS 207

Clients listed on this report have had Utilization Review disabled. This was explicitly done by local county staff with authorization to update the 'Client UR Needed' field on the Client Maintenance Screen. If these clients receive services that can be billed to Medi-Cal, they will be so billed without the benefit of Utilization Review. These clients should be reviewed. If it is inappropriate for Utilization Review to be disabled, authorized staff should use the Client Maintenance Screen to update the 'Client UR Needed' field to 'Y'.

Mythic - Case Management		(29015)			
Client Name	Number	Opening Date	UR Needed	Message	
TESTA	ELEANOR	123244301	19-Jan-1990	N	UR has been turned off for this client
TESTB	BEVERLY	456861601	23-Jan-1990	N	UR has been turned off for this client
TESTC	DOROTHY	789178701	23-Jan-1990	N	UR has been turned off for this client
TESTD	LOUIS	123071001	14-Apr-1986	N	UR has been turned off for this client

Mythic - Mountaintop		(29963)			
Client Name	Number	Opening Date	UR Needed	Message	
TESTE	SARAH	456000481	5-Aug-1988	N	UR has been turned off for this client

 Confidential Information

Report MHS 210 - Medicare Day Treatment Clients

Report Description:

Under the Short-Doyle system, All services provided during a day (individual therapy, group therapy, etc.) are reported as a single service. When day treatment clients are seen by a physician, these services are not reported separately.

Under the federal Medicare Part B program, physician services must be reported separately on the claim form for day treatment to be reimbursed.

To accommodate both billing requirements, InSyst can be set up to collect physician services provided at day treatment centers and bill them to Medicare, but not to Short-Doyle/Medicaid. Report 210 helps collect physician service data at Medicare certified day treatment centers.

The report is an alphabetical listing by reporting unit of Medicare eligible clients who received day treatment services for the month. It includes: client name, number, treatment period, number of day care services provided, and recommended number of physician services to collect from the medical record. It also has spaces to record physician contacts.

(Changes to federal regulations which provide cost based reimbursement for partial hospitalization services may have made this report obsolete.)

Running the Report:

Use the Report menu to run Report 210 after closing data entry for a month, to be sure it includes all service data. This report must be run and physician services data must be entered and posted before you generate Medicare claims for a month.

Using the Report:

Review the medical records of clients in the report, and find physician services. Use the report to collect date of service, staff ID number of physician, procedure code, and duration of service.

Output File:

MHS_OUTPUT_REPORT:
MEDICARE_DTC_MHS210.LIS

REPORT MHS 210
 Mythic Habilitative Day Trtmt (62127)
 Special Report For Collection of Physician Services
 FROM: 1-Dec-1992
 TO: 31-Dec-1992

Client Name	Client Number	Treatment Date	# of DIC Days	# of MD Visits
ATESICSE DAVID	10096510	7-Dec-1992 To 11-Dec-1992	2	1
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____
ETEST SALLY	14057060	21-Dec-1992 To 28-Dec-1992	2	1
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____
CIESIE ROBERT	28078020	7-Dec-1992 To 21-Dec-1992	3	1
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____
DIESILEE CORRINA	19210510	1-Dec-1992 To 29-Dec-1992	15	2
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____
EIESINDEZ MOISES	11090312	4-Dec-1992 To 29-Dec-1992	11	2
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____
TESTOURNE JAMES	28199010	5-Dec-1992 To 26-Dec-1992	7	2
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____
TESTEN RUTH	24123080	5-Dec-1992 To 29-Dec-1992	7	2
DATE: _____		DATE: _____		DATE: _____
STAFF ID: _____		STAFF ID: _____		STAFF ID: _____
PROCEDURE: _____		PROCEDURE: _____		PROCEDURE: _____
DURATION: _____ : _____		DURATION: _____ : _____		DURATION: _____ : _____

 Confidential Information

Report MHS 211 - Episode Transactions

Report Description:

This report lists Episode activity, including openings and closings, for the previous day.

Running the Report:

Use the Report menu to run this report, or set it up for continuous resubmission.

Using the Report:

This report is used as an audit tool. It can also be used by Medical Records staff as a tool for tracking clients' statuses.

Technical Notes:

The report lists all episode openings for the previous day based on Episode Stamp in the Episodes relation of the database, which is a very accurate monitor of opening activity entered on the previous day. The report attempts to show closing activity for the previous day, but there is no time stamp to indicate when the episode closing was entered. The report includes any closed episode with a Last Change Stamp of yesterday, but this may not always be accurate, because other activities could affect closed episodes.

Output File:

MHS_OUTPUT_REPORT:
EPISODE_REVIEW_MHS211.LIS

Recent Episode Transactions
For Review Only

11-Jan-1991
Page 1

Report MHS 211
Medical Records Episode Review Report
Episode Transactions Entered On: 10-Jan-1991
Report Date: 11-Jan-1991 08:00:11.15

Reporting Unit	Client Number	Birthdate	SSN	Sex	Entry Staff	Transaction
MYTHIC COUNTY INPATIENT						
TESTA	FAYE	00685226	27-Oct-1938	999 99 9999	F BIANCHINI	Closed: 9-Jan-1991
TESTB	JOHN	00656767	21-Jun-1949	568 70 3588	M BIANCHINI	Opened: 9-Jan-1991
TESTC	LINDA	00777092	16-Jan-1961	560 13 0858	F BIANCHINI	Closed: 9-Jan-1991
TESTD	FRANK	01777308	25-Feb-1963	615 22 9546	F BIANCHINI	Closed: 9-Jan-1991
TESTE	KATHLEEN	00777917	25-Nov-1922	481 22 0970	F BIANCHINI	Closed: 9-Jan-1991
TESTF	MICHAEL	00124777	23-Sep-1954	569 06 6288	M BIANCHINI	Closed: 9-Jan-1991
TESTG	ROSE	01007771	26-Nov-1926	600 70 6697	F BIANCHINI	Opened: 9-Jan-1991
PSYCHIATRIC EMERGENCY SERVICES						
TESTH	FAYE	0888226	27-Oct-1938	999 99 9999	F SHARP	Opened: 8-Jan-1991
TESTI	JOHN	00888767	21-Jun-1949	568 70 3588	M SHARP	Opened: 9-Jan-1991
TESTJ	DON	01886326	25-Sep-1961	569 45 9117	M SHARP	Opened: 9-Jan-1991
TESTK	MARY	01886322	8-Oct-1977	999 99 9999	F SHARP	Opened: 8-Jan-1991
TESTL	ALLAN	00388921	4-Jan-1948	560 66 0947	M SHARP	Opened: 8-Jan-1991
TESTM	KATHERINE	00888530	22-Apr-1944	568 64 9074	F SHARP	Opened: 9-Jan-1991
TESTN	PAMELA	01088824	25-Dec-1951	530 42 0080	F SHARP	Opened: 9-Jan-1991

Confidential Information

Report MHS 216 - Accrual/Cash Collections By Mode, Reporting Unit, Service Function Code

Report Description:

This report shows collections for Reporting Units, listed by Service Function Code. It includes payments from Medicaid, Medicare, Insurance, and Patients, reported on either a cash or an accrual basis.

The Cash report lists payments on the date when they were received. The Accrual report lists payments on the date when the service that generated it was performed.

Running the Report:

Use the Report menu to run this report. You are prompted to enter the start date and end date of the report period. (You may need to create this report for a month, fiscal year to date, or full fiscal year.) You are also asked whether to run the report on a Cash or an Accrual basis.

Using the Report:

This report is generally used to prepare provider budgets, monthly claims and year-end cost reports for local and state authorities.

Technical Notes:

This report's data comes from the Cash and Accrual fields in Provider Balance records. These fields do not reflect payments in unapplied or refund status, and so data in this report may vary from data in Reports 187 or 234.

Under each reporting unit heading, there is a line item for each county procedure code. When a program has more than one procedure code that rolls up into a single service function code, multiple lines are displayed.

Dollars reported under Service Function Codes 00 are real dollars applied to pseudo services. These pseudo services (procedure code 900 through 905) may have been created in the system conversion or as a result of an adjustment. They are always tied to an episode. 00 mode/service function code dollars are found in Medicare, Insurance, and Patient Funding sources only.

For more information on Service Function Codes and Mode of Service Codes, see the section on Provider Balances Maintenance in Chapter 7 of the Operations Manual.

Output File:

MHS_OUTPUT_REPORT: REVENUE_REPORT_MHS216.LIS

Mental Health Cash Collections
by Mode, Reporting Unit, Service Function, Year, and Month

31-Jan-1990

Page 1

Report MHS216 reporting from 1-Oct-1989 through 31-Oct-1989

Mode: 10

Reporting Unit	SFC	Period	Medicaid Cash	NF Medicaid Cash	Medicare Cash	Insurance Cash	Patient Cash	
RIVER INT	99012	60	10/1989	.00	.00	51.50	.00	.00
RIVER INT	99012	81	10/1989	830.47	.00	.00	.00	.00
RIVER INT	99012	81	10/1989	11,081.27	.00	1,132.80	660.80	75.00
RIVER INT	99012	81	10/1989	616.00	.00	.00	.00	.00
Program Subtotal:			12,527.74	.00	1,184.30	660.80	75.00	
RIVER HAB	99013	60	10/1989	.00	.00	484.14	.00	.00
RIVER HAB	99013	91	10/1989	8,243.25	.00	6,796.80	.00	35.40
Program Subtotal:			8,243.25	.00	7,280.94	.00	35.40	
CCCS HAB	99173	91	10/1989	26,488.00	.00	.00	265.50	71.00
Program Subtotal:			26,488.00	.00	.00	265.50	71.00	
CCCS HAB	99473	91	10/1989	27,797.00	.00	.00	371.70	111.00
Program Subtotal:			27,797.00	.00	.00	371.70	111.00	
CCCS VOC	99478	30	10/1989	.00	.00	.00	41.30	.00
CCCS VOC	99478	30	10/1989	.00	.00	.00	82.60	.00
Program Subtotal:			.00	.00	.00	123.90	.00	
CLD TXD IN	99572	81	10/1989	2,387.00	.00	.00	.00	.00
CLD TXD IN	99572	81	10/1989	5,005.00	.00	.00	177.00	.00
Program Subtotal:			7,392.00	.00	.00	177.00	.00	
CLD INIEN	99702	81	10/1989	7,865.89	.00	.00	.00	.00
CLD INIEN	99702	81	10/1989	13,244.58	.00	.00	.00	.00
Program Subtotal:			21,110.47	.00	.00	.00	.00	
EAST PD	99733	40	10/1989	.00	.00	.00	.00	165.50
Program Subtotal:			.00	.00	.00	.00	165.50	
DAVIS INT	99772	81	10/1989	3,419.80	924.00	668.47	.00	.00
Program Subtotal:			3,419.80	924.00	668.47	.00	.00	
DAVIS HAB	99773	60	10/1989	.00	.00	283.25	.00	.00
DAVIS HAB	99773	91	10/1989	11,490.00	.00	5,380.80	.00	50.00
Program Subtotal:			11,490.00	.00	5,664.05	.00	50.00	
MIDWEST	99793	40	10/1989	.00	.00	.00	25.00	.00
Program Subtotal:			.00	.00	.00	25.00	.00	
WARREN DT	99832	81	10/1989	5,005.00	.00	.00	.00	.00
Program Subtotal:			5,005.00	.00	.00	.00	.00	
Mode Total			123,473.26	924.00	14,797.76	1,623.90	507.90	

Report MHS 234 - Monthly and Year-to-Date Cash Received

Report Description:

This report is a monthly and year-to-date summary of cash received from Medicaid, Medicare, Insurance and Clients. It includes all payments entered during a month, regardless of status. It lists revenue by the reporting unit to which the payment was posted (not the entry RU).

Running the Report:

Use the Report menu to run this report, or ask Operations Staff to run it. It prompts you to enter the fiscal year start date and the report month end date. For example, to report on cash received for December, 1996, enter "01-JUL-1996" as the fiscal year start date and "31-DEC-1996" as the report month end date.

Using the Report:

All client payments are associated with two reporting units, the program that received the payment and the program to which the payment is posted. Counties where payments are entered centrally may use the Business Office as the program that receives all client payments. If your county does this, this report lets management see which programs actually earned these payments. It may still show some revenue under the Business Office program, such as unaudited payments, unapplied payments, etc.

Output File:

MHS_OUTPUT_REPORT:

CASH_RECEIVED_MONTH_MHS234.LIS

CASH_RECEIVED_YTD_MHS234Y.LIS

Monthly Cash Received Report

Report MHS 234
 Fiscal Period: APRIL 1990
 Region: Full County

Page 1
 Run Date: 2-MAY-1990

Reporting Unit	(Code)	Medicaid	Medicare	Insurance	Client	TOTAL
ADOLE. DT	(999011)	\$51,991.00	\$0.00	\$1,962.50	\$0.00	\$53,953.50
ADULT CIS	(999211)	\$16,965.00	\$0.00	\$160.00	\$435.00	\$17,560.00
ADULT OP SVC	(999411)	\$316,930.00	\$26,419.89	\$10,031.29	\$10,569.99	\$363,951.17
BUSINESS OFC	(999011)	\$0.00	\$0.00	\$0.00	\$1,180.07	\$1,180.07
CRISIS	(999416)	\$0.00	\$0.00	\$0.00	\$28.00	\$28.00
CHILD CM	(999311)	\$0.00	\$0.00	\$20.00	\$0.00	\$20.00
CHILD. SVCE.	(999511)	\$36,578.00	\$0.00	\$2,463.28	\$1,802.00	\$40,843.28
CHILDRENS CM	(999512)	\$4,732.00	\$0.00	\$443.00	\$0.00	\$5,175.00
CHILDRENS HM	(999411)	\$13,140.00	\$0.00	\$0.00	\$0.00	\$13,140.00
CRAYFISH DT	(999711)	\$0.00	\$9,386.74	\$323.06	\$2,078.80	\$11,788.60
CRAYFISH GP	(999712)	\$0.00	\$20,137.06	\$1,495.00	\$1,814.00	\$23,446.06
CRISIS SVCE	(999412)	\$0.00	\$0.00	\$2,681.00	\$499.50	\$3,180.50
DT CENTER	(999611)	\$23,908.00	\$3,628.18	\$64.54	\$57.00	\$27,657.72
HOMELESS CM	(999213)	\$5,070.00	\$0.00	\$203.60	\$37.00	\$5,310.60
HOSPITAL CON	(999413)	\$0.00	\$0.00	\$0.00	\$19.97	\$19.97
LOCKOUT CLIN	(999411)	\$12,010.00	\$407.69	\$1,488.83	\$1,059.05	\$14,965.57
OLDER ADULTS	(999011)	\$5,005.00	\$113.98	\$1,036.00	\$2,699.00	\$8,853.98
PHF	(999611)	\$0.00	\$3,918.19	\$44,420.65	\$1,037.17	\$49,376.01
PRE PAID CLI	(999114)	\$13,870.00	\$0.00	\$0.00	\$0.00	\$13,870.00
RAINROOF CL	(999111)	\$0.00	\$0.00	\$1,520.00	\$0.00	\$1,520.00
RAIN CLINIC	(999115)	\$0.00	\$0.00	\$420.00	\$0.00	\$420.00
RAINBOW CLI	(999113)	\$32,307.00	\$0.00	\$680.00	\$0.00	\$32,987.00
REGION TOTAL:		\$532,506.00	\$64,011.73	\$69,412.75	\$23,316.55	\$689,247.03
GRAND TOTAL:		\$532,506.00	\$64,011.73	\$69,412.75	\$23,316.55	\$689,247.03

(Extracted Data. Totals not Complete.)

 Confidential Information

Report MHS 235 - CDS-CR/DC Audit Report

Report Description:

California requires that counties send monthly reports on episode and service data to the Department of Mental Health's State Client Data System (CDS). California also requires that counties send yearly reports on services provided and their costs for all state funded mental health programs to the Cost Reporting/Data Collection system (CR/DC). The State checks whether these two reports agree. The CDS-CR/DC Audit Report helps ensure that these reports agree and that they are complete.

Running the Report:

Operations Staff should run this report before running the CDS reporting module. It prompts for audit month and year: this specifies the month the service was delivered.

Using the Report:

Use the report to check for problems with CDS reporting.

Technical Notes:

The **CDS Provider** column is based on the Provider Master field CDS Provider Code.

The **Service Function** column is based on the Provider Balance field CDS Service Function Code.

The **Not Reported DS Units** column represents services that should have been reported to CDS, but were not; this column should be zero.

The **Pending DS Units** column represents the number of Direct Services records that have not been processed yet by CDS Processing.

The **Audit Code** column lists exceptions for the line, using these exception codes:

- **I:** Units of service reported to the State (contained in the State Service Master Relation) do not equal the number of units in the Direct Services relation flagged as transmitted to the State. Check to see if this is caused by unprocessed CDS special changes, such as service deletions. If this is not the problem, consult with ECHO GROUP Customer Support.
- **M:** Units of service found in the Provider Balances Relation do not agree with the number of Direct Services flagged as posted to provider balances. Check to make sure all services for the target period have been posted to provider balances. If this is not the problem, consult with ECHO GROUP Customer Support.
- **P:** Services for this service month have not all been reported to CDS. This condition should be corrected automatically when CDS Processing reaches the entry month where these services were entered. CDS Processing for a month is not complete while this condition still exists.

See the InSyst Operations Manual, Chapter 3, for information on CDS Processing and on correcting errors.

Output File:

MHS_OUTPUT_REPORT:

CDS_AUDIT_MHS235_YYYYMM.LIS

CDS - CR/DC Audit Report

23-Jun-1993

Page 1

Report MHS235

Audit code description :

Audit Month: 5/1993

P - Pending Services

I - CDS/DS Mismatched

Organization: Mythic County (99)

M - PB/DS Mismatched

Service Mode	CDS Provider	CDS Service Function	Reported			Reported			Not Reported DS Units	Pending Audit DS Units	Audit Code
			Reported CDS Units	Non Contact CDS Units	Non Contact PB Units	Reported DS Units	Non Contact DS Units				
00	5000	00	0	0	0	0	0	0	0		
00	5009	00	0	0	0	0	0	0	0		
00	5010	00	0	0	0	0	0	0	0		
00	5011	00	0	0	0	0	0	0	0		
Mode 00 Totals:			0	0	0	0	0	0	0		
05	0046	36	0	0	56	0	0	0	60	P-M	
05	5022	65	0	0	240	0	0	0	240	P	
05	5022	66	0	0	0	0	0	0	0		
05	5023	65	0	0	60	0	0	0	60	P	
05	5028	00	0	0	648	0	0	0	648	P	
Mode 05 Totals:			0	0	2,529	0	0	0	2,563		
10	0041	60	0	0	50	0	0	0	52	P-M	
10	0042	60	0	0	0	0	0	0	0		
10	0043	60	0	0	0	0	0	0	0		
10	0044	60	0	0	0	0	0	0	0		
Mode 10 Totals:			0	0	1,502	0	0	0	1,513		
15	5000	31	0	0	114	0	0	0	114	P	
15	5000	32	0	0	0	0	0	0	0		
15	5000	33	0	0	0	0	0	0	0		
15	5000	40	0	0	120	0	0	0	128	P-M	
15	5000	41	0	0	22	0	0	0	22	P	
Mode 15 Totals:			0	0	3,598	0	0	0	3,631		
50	5000	00	0	0	0	0	0	0	0		
50	5000	10	0	0	1,230	0	0	0	1,233	P-M	
Mode 50 Totals:			0	0	1,585	0	0	0	1,601		
60	5000	20	0	0	96	0	0	0	53	P-M	
Mode 60 Totals:			0	0	96	0	0	0	53		
Report Totals:			0	0	9,310	0	0	0	9,361		

(Extracted Data. Totals not Complete.)

Report MHS 236 - Client Labels

Report Description:

This report produces labels to use on client charts, service rendered documents, therapist logs, etc. You can choose from three formats: one up (single labels), two up (two labels across), or three up (three labels across).

The report can produce one label for each client with an open episode, or it can be run for 1 to 10 clients and produce a page of labels for each client.

Running the Report:

Use the Report menu to run this report. It prompts you to enter whether the labels are to be created for all clients in the clinic (episode labels) or for individual clients (client labels). Then it prompts you for the type of label. Then for the reporting unit of the program, or for 1 to 10 client numbers. It also prompts you for the name of a printer.

Before Running the report, make sure no print job is waiting at the printer and put the label paper into the printer. The report print as soon as it is finished running.

Using the Report:

Use this report as needed.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_LABELS_MHS236.*****_FORM_LABELS*UP_LIS

CLIENT_EPISODE_LABELS_MHS236.*****_FORM_LABELS*UP_LIS

001000139
ADAMS, BOB

Report MHS 237 - Listing of Provider Subsets

Report Description:

Counties can define sets of service providers, called Provider Subsets. This report lists the Provider Subsets currently defined, and which Reporting Units are members of each.

Running the Report:

Use the Report menu to run this report as needed.

Using the Report:

Use this report to help maintain Provider Subsets. For more information, see Chapter 7 of the Operations Manual, sections on the Provider Subset Maintenance Screen (which lets you create, modify, and delete subsets) and on the Provider Master Maintenance screen (which lets you assign providers to subsets).

Output File:

MHS_OUTPUT_REPORT:
PROVIDER_SUBSETS_MHS237.LIS

Listing of Providers by Subset
Mental Health Bureau

31-Jan-1990

Page 1

Report: MHS237

County: Mythic County

Subset label: All Providers Subset mask: 1 Subset number:

Providers in Subset

CAMARILLO HOSP LPS	(00021)	CAMARILLO HOSP 180 DAY	(00022)	CAMARILLO HOSP PENAL	(00023)
NAPA STATE HOSP LPS	(00041)	NAPA STATE HOSP 180 DAY	(00042)	NAPA STATE HOSP PENAL	(00043)
PATTON STATE HOSP LPS	(00081)	PATTON STATE HOSP 180 DAY	(00082)	PATTON STATE HOSP PENAL	(00083)
ATASCADERO HOSP LPS	(00101)	ATASCADERO HOSP 180 DAY	(00102)	ATASCADERO HOSP PENAL	(00103)
HEALTH FISCAL	(22201)	SKILLED NURSING FACILITY	(40301)	ALTO CHILDREN HEALTH	(43001)
ALTO CHILDRENS HEALTH	(43002)	TRANSFER FROM OLD SYSTEM	(43009)	EASTFIELD CAMPBELL-OP	(43011)
EASTFIELD CAMPBELL-DT	(43012)	RMHS SUB ACUTE RESID TX	(43021)	MIRAMONTE HARVEY HOUSE	(43031)
PCC DAY TREATMENT	(43051)	PENINSULA CHILDRENS CIR	(43052)	PENINSULA CHILDREN-CSS	(43053)

Subset label: Civil Service Programs Subset mask: 2 Subset number: 1

Reporting Units in Subset

SKILLED NURSING FAC	(40301)	PUBLIC GUARDIAN 87-88	(43181)	PUBLIC GUARDIAN INVEST	(43182)
PUBLIC GUARDIAN ADMIN	(43183)	BLOSSOM VALLEY MH CENTER	(43241)	BLSM VLY DEAF-OBSOLETE	(43242)
BLOSSOM VALLEY CM	(43243)	BLOSSOM VALLEY SCHL	(43244)	BLOSSOM VALLEY CM	(43245)
CRIMINAL JUSTICE	(43251)	MAIN JAIL OUTPATIENT	(43261)	MAIN JAIL INPATIENT	(43262)
ACUTE SERVICES	(43301)	DLP-EMERGENCY PSYCH	(43302)	CENTRAL CENTER ADULT	(43311)
CENTRAL DAY TREATMENT	(43312)	CENTRAL CENTER C&A	(43313)	CENTRAL MH ALVISO	(43314)

Subset label: Contract Programs Subset mask: 4 Subset number: 2

Reporting Units in Subset

CAMARILLO HOSP LPS	(00021)	CAMARILLO HOSP 180 DAY	(00022)	CAMARILLO HOSP PENAL	(00023)
NAPA STATE HOSP LPS	(00041)	NAPA STATE HOSP 180 DAY	(00042)	NAPA STATE HOSP PENAL	(00043)
PATTON STATE HOSP LPS	(00081)	PATTON STATE HOSP 180 DAY	(00082)	PATTON STATE HOSP PENAL	(00083)
ATASCADERO HOSP LPS	(00101)	ATASCADERO HOSP 180 DAY	(00102)	ATASCADERO HOSP PENAL	(00103)
HEALTH FISCAL	(22201)	PALO ALTO CHILDREN HEALTH	(43001)	ALTO CHILDRENS CNC	(43002)
RMHS SUB ACUTE RESID	(43021)	MIRAMONTE HARVEY HOUSE	(43031)	PCC DAY TREATMENT CMH	(43051)
PENINSULA CHILDRENS	(43052)	PENINSULA CHILDREN - CSS	(43053)	PCC DAY TREATMENT CSS	(43054)
PCC CASE MANAGEMENT	(43055)	ADULT AND CHILD GUIDANCE	(43081)	ADULT & CHILD GUIDANCE	(43082)
ADULT & CHILD GUIDANCE	(43083)	CATHOLIC CHARITIES SR DAY	(43091)	SAN JOSE HOSP CAPI	(43121)
ZONIA DAY TREATMENT	(43141)	NIA THERAPEUTIC PRESCHOOL	(43142)	HOPE COUNSELLING CNTR	(43151)
HOPE CASE TRACKING	(43152)	HOPE COUNSELLING CASE MGMT	(43153)	1229 PROGRAM	(43270)
THE BRIDGE CASE MGMT	(43453)	CHAMBERLAINS OUTPATIENT	(43571)	CHAMBERLAINS DAY	(43572)
CENIRO DE BIENESTAR	(43711)	CENIRO DE BIENESTAR CT	(43712)	GARDNER CASE MGMT	(43713)
CLE MURPHY HOUSE	(43761)	CLE INDEPENDENT LIVING	(43771)	HILDRENS HEALTH CNCL	(43811)
CATHOLIC CHARITIES	(43831)	CATHOLIC SOCIAL SERVICES	(43840)	CATHOLIC CHARITIES VOC	(43841)
CATHOLIC CHARITIES VOC	(43842)	HOPE HOMESTART	(43871)	REHAB MENTAL HEALTH	(43891)
INTENSIVE TREAT ADOL	(43921)	REHAB MENTAL HEALTH GIRLS	(43931)	ASIAN AMERICANCOMM-OP	(43951)
ASIAN AMERICANS DT	(43952)	AACI CASE TRACKING	(43953)	AACI CASE MANAGEMENT	(43954)

Report MHS 238 - Service Alert Report

Report Description:

This report alerts mental health staff about particular services, or particular missed services. It is customizable: for example, you can create a Crisis Visits, No Show, or Missed Medication Visit report.

Running the Report:

Operations Staff sets up this report so it is produced and distributed automatically each day, to report alerts for services entered into the system the previous day. Unlike other reports, it has no prompts; Operations Staff must set it up using the DAT file.

Using the Report:

The report can alert you of the need to act when a client has received or has missed an important visit or service. For example, it can be set up to notify case managers whenever a client misses a medication visit.

Technical Notes:

Local Operations Staff can customize this report through the DAT file.

You can specify, by procedure, what services should be reported. For example, some counties record a No Show procedure whenever a client misses a scheduled visit. Other counties record a Missed Medication procedure when the client misses a medication visit. You can specify up to three procedure codes to be reported.

You can specify which programs the service is reported to. For example, to report all missed medication visits to the case manager, specify that the procedure code for missed medications is to be reported to Mode 50 programs. Then, any missed medication will be reported to the primary therapist in every case management program where the client has an open episode.

You can specify the output filename of the report. For example, if you are reporting missed medication visits, you could name the file MISSED_MEDICATIONS. InSyst will create an output file named "MISSED_MEDICATIONS_MHS238.*****_LIS".

For information on creating procedure codes, See the Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

MHS_OUTPUT_REPORT:

SERVICE_ALERT_MHS238.*****_LIS

Service Alert Report

28-Apr-1990

Page 1

Report MHS 238

Mythic Case Management (92015)

Please distribute this report to GOODSTAFF OFELIA (7004)

Client : TESTA CASEY (52027781)

Opened on 18-Jan-1989

Last case management service on 17-Apr-1990

Missed Medication Visit	:	26-Apr-1990	
Program name	:	Mythic - Outpatient	(93014)
Primary Therapist	:	ZEFF ARNOLD	(1186)
Telephone	:	(800) 472-4305	

Client : TESTB FRANCISCO (57847801)

Opened on 18-Jul-1985

Last case management service on 26-Apr-1990

Missed Medication Visit	:	26-Apr-1990	
Program name	:	Mythic - Outpatient	(93014)
Primary Therapist	:	ZEFF ARNOLD	(1186)
Telephone	:	(800) 472-4305	

Client : TESTC ALBERTO (51847801)

Opened on 1-Jul-1985

Last case management service on 26-Apr-1990

Missed Medication Visit	:	26-Apr-1990	
Program name	:	Mythic - Outpatient	(93014)
Primary Therapist	:	ZEFF ARNOLD	(1186)
Telephone	:	(800) 472-4305	

Confidential Information

Report MHS 242 - Medication Formulary Reports

Report Description:

This three-part report lists all of the drugs that may be entered in the Medication Tracking system.

- **Part A** is an alphabetical listing of drug name, drug strength and drug code, with both brand and generic names.
- **Part B** lists the same data as Part A in numeric order, by drug code. It is used by staff who maintain the formulary.
- **Part C** is an alphabetical listing of generic name, brand name, short code names and drug code numbers. It is a useful reference for clerical staff who enter drugs.

Running the Report:

Operations Staff should run this report and distribute it to all Reporting Units that enter medications. Rerun it when new drugs are entered in the Drug Master relation.

Using the Report:

Only drugs which are displayed by this report can be entered in the Medication Tracking system.

Reports 242A and 242B are used by Operations Staff, to correct errors such as incorrect spelling of a drug name or a missing drug strength. Report 242C is distributed to staff using the Medication Tracking system, to guide data entry.

See Also:

You can also look up medication names on the Medication Maintenance screen. See the User Manual, Chapter 7, section on Medication Tracking.

To add new drugs, see Operations Manual, Chapter 12, section on Medication Tracking.

Output File:

MHS_OUTPUT_REPORT:

DRUG_STRENGTH_MHS242A.LIS

DRUG_CODE_ALIASES_MHS242B.LIS

CODE_LIST_MHS242C.LIS

Medication Tracking
Code List - Report MHS 242C

3-Jan-1991
Page 1

Drug Name	Strength	Short Code	Number

(G) ALPRAZOLAM	0.5 MG	XA.5	9715M
(G) ALPRAZOLAM	0.25 MG	XA.25	9715L
(G) ALPRAZOLAM	1.0 MG	XA1	9715N
(G) AMANTADINE	100 MG	SY100	1601A
AVENTYL	10 MG/ML	PAM10ML	2704G
AVENTYL	10 MG/ML	AV10	2704G
BENADRYL	12.5MG/5ML	BEL2.5	1604C
MARPLAN	10 MG	MA10	2742A
MELLARIL	50 MG	ME50	2603S
(G) THIOIDAZINE	15 MG	ME15	2603Q
(G) THIOIDAZINE	200 MG	ME200	2603U
(G) THIOTHIXENE	10 MG	NAV10	2626L
(G) THIOTHIXENE CONC	5 MG/ML	NAV5ML	2626F
THORAZINE	50 MG	TH50	2600F
THORAZINE	200 mg	TH200	2600I
THORAZINE	100 MG	TH100	2600H
TRIAVIL	2-10 MG	TRV2-10	2611K
(G) TRIAZOLAM	0.125 MG	HAC.12	2260C
(G) TRIAZOLAM	0.25 MG	HAC.25	2260A
(G) TRIFLUOPERAZINE	1 MG	ST1	2608P
(G) TRIFLUOPERAZINE	2 MG	ST2	2608Q
(G) TRIFLUOPERAZINE	10 MG	ST10	2608S
(G) TRIFLUOPERAZINE	5 MG	ST5	2608R
(G) TRIHEXYPHENIDYL	5 MG	AR5	1608B
WELLBUTRIN	75 MG	WEL75	2750A
XANAX	1.0 MG	XA1	9715N
XANAX	0.25 MG	XA.25	9715L
XANAX	0.5 MG	XA.5	9715M

Report MHS 243 - Drug Class Caseload

Report Description:

This report lists selected prescriptions. You specify the selection criteria. For each prescribing physician, the report lists all clients and all drugs for each client, including the order date, drug name, strength, quantity ordered, dose frequency, and instructions for each drug.

Running the Report:

Use the Report menu to run this report. It contains confidential information and should only be available to authorized users of the Medication Tracking system. It prompts you for:

- **Start date** and **End date**: Enter the earliest and latest prescription order date to be included in the report.
- **Staff Number**: To report on one physician, enter a staff number. For all physicians, enter 0.
- **Distribute by Staff**: To distribute to staff members, enter Y.
- **Drug Class**: To report on one drug class, enter the class number. For all drug classes, enter 0. Some drug classes are: 0 = All Drugs, 05 = Most Common, 10 = Anti Depressants, 20 = Hypnotics, 30 = Anti-Anxiety, 40 = Anti-Psychotics, 50 = Anti-Dyskinetics, 60 = Misc. Other drug classes may be added by your county medication tracking manager.
- **Client Number**: To report on one client, enter the Client Number. For all clients, enter 0.

Using the Report:

Use the report to review prescription practices.

Output File:

MHS_OUTPUT_REPORT:

DRUG_CLASS_CASELOAD_MHS243.*****_LIS

Drug Class Caseload by Staff
Report MHS243

21-Dec-1990
Page 1

Staff : GOODSTAFF JOHN (1255)
Report Period : 1-Sep-1990 to 1-Dec-1990

Drug class : All Drugs (0)

Client : DUCKLEY, MARY (9160409)

Order Date	Drug Display Name	Strength	Qty.		Frequency	Label
			Ordered	Amt/Dose		
24-Sep-1990	Mellaril	50 MG	100	1	QHS	at bedtime

Client : DUCKLEY, DANIEL (9210609)

Order Date	Drug Display Name	Strength	Qty.		Frequency	Label
			Ordered	Amt/Dose		
29-Nov-1990	Navane	10 MG	120	4	HS	at bedtime

Client : DUCKLEY, CAMILO (9333109)

Order Date	Drug Display Name	Strength	Qty.		Frequency	Label
			Ordered	Amt/Dose		
10-Sep-1990	Prolixin	10 MG	30	1	QAM	in the morning
10-Sep-1990	Prolixin	2.5 MG	100	3	HS	at bedtime
10-Sep-1990	Artane	2 MG	60	1	BID	N times daily
2-Oct-1990	Artane	2 MG	60	1	BID	N times daily
2-Oct-1990	Prolixin	10 MG	60	1	BID	N times daily
5-Nov-1990	Prolixin	10 MG	60	1	BID	N times daily
5-Nov-1990	Artane	2 MG	60	1	BID	N times daily

Client : DUCK, CHARLES (9862109)

Order Date	Drug Display Name	Strength	Qty.		Frequency	Label
			Ordered	Amt/Dose		
24-Sep-1990	Haldol	5 MG	60	2	QHS	at bedtime
24-Sep-1990	Inderal	120MG	35	1	QAM	in the morning
24-Sep-1990	Klonopin	1 MG	0	2	HS	at bedtime
24-Sep-1990	Klonopin	1 MG	100	1	QAM	in the morning
23-Oct-1990	Haldol	5 MG	60	2	QHS	at bedtime
23-Oct-1990	VISKEN	10 MG	60	1	BID	N times daily
23-Oct-1990	Klonopin	1 MG	100	2	TID	3 times daily
16-Nov-1990	Klonopin	1 MG	100	2	BID	N times daily
20-Nov-1990	VISKEN	10 MG	60	1	BID	N times daily
20-Nov-1990	Haldol	5 MG	60	2	HS	at bedtime

Confidential Information

Report MHS 244 - Recent Client Messages

Report Description:

This report lists all client messages entered in the last 24 hours and sends them to each program where the client has an open episode, directed to the attention of the client's primary therapist.

Running the Report:

Operations Staff submits this report to run each day. Therapists get the report only if there is a message for one of their clients.

Using the Report:

How the therapist acts depends on the contents of the message. The report shows which other therapists have received the same message. *All client messages are confidential.*

Technical Notes:

The report may be submitted to include messages of a specific type, or of all types. Operations Staff specifies message types using codes that are set up by Operations Staff.

You may include more than one type of message by separating the codes with a slash (/). For example: 10/20/40.

When you create the report, you are prompted for Start and End dates. In general you should accept the defaults to include messages for the past day, but you may enter different dates if a system failure requires you to run the report for a longer period.

You can run the report for one Reporting Unit or for all.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_MESSAGES_MHS244.*****LIS

Recent Client Message

Page 1

Report MHS 244
Run Date : 21-AUG-1990

Re: RICHARD KHODADZADEH (9921709)

To: DAVID JACKSON (93159)

Message entered on 24-JAN-1990 11:44 authored by RIVALSON, entered by RIVALSON

REQUEST COPY MEDICARE CARD

NEED COPY OF CLIENT'S MEDICARE CARD. WE ARE HAVING A PROBLEM WITH MEDICARE DENYING OUR CLAIMS FOR THIS CLIENT. THERE SEEMS TO BE A GREAT DEAL OF CONFUSION OVER WHAT THIS CLIENT'S LEGAL NAME IS: "RICHARD A. KHODADZADEH" OR "RICHARD A. ZADEH." ALSO, PLEASE DETERMINE WHO THE REPRESENTATIVE PAYEE IS. SOCIAL SECURITY OFFICE RECORDS DISAGREE WITH OUR INFORMATION.

JOANNE RIVALSON, MH ACCTNG, 958-9594

Confidential Information

Report PSP 245 - Billing Precedence Check

Report Description:

Billing Precedence determines the order to bill for services covered by more than one payer. Each combination of Reporting Unit/Procedure/Payer in Provider Balances requires a matching billing precedence record.

This report lets Operations Staff find Billing Precedence records that are missing.

It lists all Reporting Unit/Procedure Code combinations that have a category of payer in the Provider Balance relation, but do not have a billing precedence record for that payer. Possible categories of payers are: Medicaid, Insurance, Client, Fee/Adj. (Medicare is covered by the Insurance billing precedence record.)

For example, if Reporting Unit 12345, procedure 100 is set up to bill Medicaid in Provider Balances, there should be a Billing Precedence record for Reporting Unit 12345, Procedure 100 for Medicaid. If there is not, this report lists the problem.

This report can also create billing precedence records for appropriate payers. It displays the prompt: Create missing billing precedences? If you enter “Y”, the printed report lists billing precedences that were missing but have now been created.

Running the Report:

Use the Report menu to run this report. In addition to standard prompts, you are asked to enter the ending provider balance year to check, the ending provider balance month to check, and whether to create missing billing precedences. It checks all records from system installation to the date you enter: usually, you enter the current year and month, to check all records to date.

Using the Report:

Use the report to check for missing billing precedences, as needed.

Technical Notes:

When it automatically creates a new billing precedence record, the system uses today's date as the effective date, and uses default values in the billing precedence relation. Make sure that the default billing precedence values are correct before using the “Create” function. You can also create missing billing precedence records using the Billing Precedence Maintenance screen in BMENU. For more information, see Operations Manual, Chapter 12, section on Billing Precedence maintenance.

Output File:

MHS_OUTPUT_REPORT: BILLING_PRECEDENCE_PSP245.LIS

Billing Precedence Report Only

Report PSP 245

Requested cutoff date 06/1995

Run Date: 14-Aug-1995

Provider	Procedure	Missing
-----	-----	-----
11411	450	Medicaid Insurance Client
11411	451	Medicaid Insurance Client
11411	452	Medicaid Insurance
11411	453	Medicaid Insurance Client
11411	454	Medicaid Insurance Client
11411	455	Medicaid Insurance Client
11411	456	Medicaid Insurance Client
11411	457	Medicaid Insurance Client
11411	458	Medicaid Insurance Client
11411	459	Medicaid Insurance Client
11411	460	Medicaid Insurance Client
11411	461	Medicaid Insurance Client
11411	462	Medicaid Insurance
11411	463	Medicaid Insurance Client
11411	464	Medicaid Insurance Client
11411	465	Medicaid Insurance Client
11411	466	Medicaid Insurance Client
11411	467	Medicaid Insurance Client
11411	468	Medicaid Insurance Client
11411	469	Medicaid Insurance Client
11411	470	Medicaid Insurance Client
11411	471	Medicaid Insurance Client
11411	472	Medicaid Insurance
11411	473	Medicaid Insurance Client

Report PSP 247 - Accounts Receivable Report-Client Receivables Detail

Report Description:

This report lists outstanding patient receivables. It is very flexible. It may be used for central or program based collections. It may be sorted by billing group/responsible party name or by reporting unit/therapist. Users may request the report for: all programs, groups of programs or a single reporting unit, only open episodes, only closed episodes, or open and closed episodes, for accounts owing above a specified amount, for accounts outstanding over a certain number of days.

Running the Report:

Use the Report menu to run this report. In addition to the standard report prompts, it asks you to enter: Sort option (C = by billing group/RP name, D = by reporting unit/therapist); Provider Subset Selection; Reporting Unit (or * for all reporting units); Episode Status Selection (O = Open, C = Closed, B = Both); Episode Start Date; Episode Stop Date; Target Billing Group (or * for all billing groups); minimum amount owed; minimum number of days since last payment.

For the Episode Status Selection prompt, O - Open is defined as an account with at least one client who has an open episode. If you request a report for Open accounts, it includes only information for open episodes.

The Episode Start/Stop Date prompts refer to Closed accounts only. For example, if you want a report of accounts with the last episode closed during January, 1997, enter 01-JAN-1997 as the start date and 31-JAN-1997 as the stop date. (When you run the report for open accounts only, the report ignores values entered for these prompts.)

Using the Report:

You can use this report to focus on collecting high liability accounts, oldest accounts, accounts for clients still in treatment, accounts for clients at specific programs, etc.

Technical Notes:

When this report is distributed by reporting unit, clients at multiple programs are listed on multiple provider reports; because they are repeated, the totals are inflated. This report should not be run during user intensive time periods; the more restrictive the selection criteria, the less resources the report uses.

Output File:

MHS_OUTPUT_REPORT:

AR_CLIENT_DETAIL_PSP247.LIS

AR_CLIENT_DETAIL_PSP247.*****_LIS (*when requested by reporting unit*)

Accounts Receivable Report
Client Receivables Detail

Report PSP 247

Reporting Unit: PSP Outpatient (99991)

Run Date: 15-APR-1994

Days since last payment: 33 Accounts owing over: \$10.00

Therapist: BURNET, CEDRIC (10000)

Reporting Unit:1 (*)

Episode Status: Open

Action: Report Only Account Flag: B=Bad Address; N=Hold Patient Bill; H=On Hold; *=Multiple Clients

Account RP Name	Address	Liability Exp Date	Liab. Type/\$	RP Owes	Last Payment	Amount Paid	O/S Ins	Account Flag
--------------------	---------	-----------------------	------------------	---------	-----------------	----------------	------------	-----------------

ANDERSON, PEA 0001023	112 WILSON ST SAN FRANCISCO, CA 94999	31-DEC-91	\$37 Total:	\$37.00 \$37.00	NONE	\$0.00	N	B
--------------------------	------------------------------------------	-----------	----------------	--------------------	------	--------	---	---

Billing Group: 173
Client: ANDERSON, PEA (001000027) Reporting 99991 Open: 19-NOV-92 Close: Thpst: BURNET, C

MYTHIC, ROBERT 0001001	130 LANDERS ST Apt. G SAN FRANCISCO, CA 94114	30-APR-91	\$81 Total:	\$41.00 \$41.00	NONE	\$0.00	Y	B
---------------------------	--------------------------------------------------	-----------	----------------	--------------------	------	--------	---	---

Billing Group: 200
Client: POOLMAN, ROBERT (001000057) Reporting 99991 Open: 1-JAN-92 Close: Thpst: BURNET, C

Therapist: BURNET, CEDRIC (10000) 2 Accounts Current Liability: \$78.00 Cumulative Liability: \$78.00

Confidential Information

Report MHS 250 - Ancillary Services Detail and Summary Reports

Report Description:

Some agencies operate inpatient hospital programs at acute care hospitals. The hospital often provides ancillary services, such as laboratory, radiology, pharmacy, to mental health clients. InSyst can include these services on inpatient hospital claims.

This report is used to track payables for these ancillary services.

The detail report lists each procedure for each client, with a total for each client and a for each reporting unit.

The summary report lists total charges by reporting unit and procedure code, and age (under 18, or 18 and over).

Running the Report:

Use the Report menu to run this report. It prompts you to enter start date, end date, and reporting unit (or * for all). The dates refer to key entry start date and end date, not to the service date.

Using the Report:

This report is used to list payables for ancillary services provided by the hospital.

Technical Notes:

Target procedures are defined in the DAT file for the report. Up to twenty procedures may be included.

See Also:

User Manual, Chapter 5, section on Ancillary Service Entry.

Output File:

MHS_OUTPUT_REPORT:

ANCILLARY_SERVICE_DETAIL_MHS250.LIS

ANCILLARY_SERVICE_SUM_MHS250.LIS

Ancillary Services Report
Detail

01-Nov-1995
Page 1

Report MHS 250A
Run Date: 01-Nov-1995
Reporting Unit: 99999 Inpatient Treatment Facility
Report Period: 1-Oct-1995 to 31-Oct-1995

Client Name	Client Number	Hospital Chart Number	Admission Date	Discharge Date	Ancillary Procedure Code	Ancillary Procedure	Charge
ABCLIENT CARLOS	958787758	293331	31-Aug-1995	5-Sep-1995	300	Laboratory	\$1,127.00 Total \$1,127.00
ACCLIENT ANNALISSA	105555764	744484	26-Aug-1995	18-Sep-1995	300	Laboratory	\$1,057.00 Total \$1,057.00
ADCLIENT KATHRYN	956666460	782123	9-Sep-1995	12-Sep-1995	300	Laboratory	\$985.00 Total \$985.00
ARCLIENT BRIAN	127232364	512323	20-Sep-1995	22-Sep-1995	300	Laboratory	\$279.00 Total \$279.00
AYCLIENT ANGELICA	106666390	576788	19-Aug-1995	30-Aug-1995	300	Laboratory	\$1,221.00 Total \$1,221.00
BACLIENT NANCY	99997801	634376	5-Sep-1995	21-Sep-1995	300	Laboratory	\$1,073.00 Total \$1,073.00
BECLIENT CARY	959999104	733332	30-Aug-1995	15-Sep-1995	300	Laboratory	\$1,007.00 Total \$1,007.00
BOCLIENT ERIC	999995304	199997	5-Sep-1995	7-Sep-1995	300	Laboratory	\$1,009.00 Total \$1,009.00

Provider Total : \$175,890.18

Confidential Information

Ancillary Services Report
Summary

01-Nov-1995
Page 1

Report MHS 250B

Run Date: 01-Nov-1995

Reporting Unit: 99991 Inpatient Treatment Facility

Report Period: 1-Oct-1995 to 31-Oct-1995

Ancillary Procedure Code	Ancillary Procedure	Charges for clients Under age 18	Charges for clients Age 18 & Over	Charges for Clients All Ages
250	Pharmacy	\$.00	\$17.00	\$17.00
300	Laboratory	\$13,478.00	\$161,620.18	\$175,098.18
270	Medical/Surgical Sup	\$.00	\$62.00	\$62.00
730	EKG/ECG	\$106.00	\$159.00	\$265.00
320	Radiology	\$.00	\$448.00	\$448.00
	Provider Total :	\$13,584.00	\$162,306.18	\$175,890.18

Report MHS 251 - Staff Appointment Roster

Report Description:

This report shows service information for clients with appointments scheduled on the specified date. It lists services by appointment time, and it includes space to record the actual service and the next appointment. It is sorted by staff.

The report can be run for appointments whose status is Scheduled or for all appointments. Before service entry, output for Scheduled and All status reports is the same. Once services are entered or dropped they no longer have Scheduled status, and they fall off the Staff Appointment Roster screen. To produce a report containing the same records as the Staff Appointment Roster screen, run the report for Scheduled status.

Running the Report:

Use the Report menu to run this report. You can set it to automatically resubmit itself and run daily. The report is distributed automatically to providers.

Using the Report:

Use the report to record information about services and next appointment. Then use it as the basis for data entry. Use the Appointment Roster Service Entry screen to write a service, cancellation or no show for the client. Use the Appointment Maintenance screen to enter the Next Appointment.

For an unregistered client, enter "D" for drop on the Appointment Roster Screen, and then enter the service on the Single Service entry screen after the person has been registered in the system.

For more information, see the User Manual, Chapter 3, section on Entering Services for Clients with Appointments.

Output File:

MHS_OUTPUT_REPORT:

APPT_ROSTER_MHS251.*****_LIS

Staff Appointment Roster

Report MHS251

Page 1

Run Date: 27-MAY-1993

Reporting Unit: Northwest Community Service Ct (22121)

Staff: STAFF, JAMES (43260)

Appointments for: Thursday, 27-MAY-1993

Please review the service information. Write in the actual information in the spaces provided.

Client	Telephone	EPI PFI		Time	Duration	Procedure	Co-Staff	Loc	Next Appt
		Req	Req						
MUNIZ,ERIC	(98765)			8:30 am	0:30	101 ASSESSMENT	0 Staff	1	_____
Status: Scheduled Actual:					_____	_____	_____	_____	_____
GIBSON,ANNA	(UNREG)			9:00 am	0:30	101 ASSESSMENT	0 Staff	1	_____
Status: Scheduled Actual:					_____	_____	_____	_____	_____
NAPOLITANO,DANA	(UNREG)			9:30 am	0:15	101 ASSESSMENT	0 Staff	1	_____
Status: Scheduled Actual:					_____	_____	_____	_____	_____

 Confidential Information

Report MHS 252 - Appointment Chart Pull Report

Report Description:

This report shows clients with appointments on a specified date, listed by reporting unit. It can be sorted by Client Number or by Client Name.

Running the Report:

Use the Report menu to run this report daily. It is distributed automatically to program printers.

Using the Report:

Use the report to pull charts for the next day's appointments.

Output File:

```
MHS_OUTPUT_REPORT:  
    APPT_CHART_MHS252.*****_LIS
```

Chart Pull Report

Report MHS252

Page 1

Run Date: 4-FEB-1992

Reporting Unit: Mythic Outpatient (99991)

Appointments for: Wednesday, 29-JAN-1992

Client Number	Client Name	Telephone	Appt Time	Staff	
001000139	ADAMS BOB		7:00 am	BERNE, ERIC	(10000)
001000027	ANDERSON PEA		11:30 am	FRANKLIN, WEST	(17843)
001000039	GARZA KATIE		3:00 pm	FRANKLIN, WEST	(17843)
001000101	HENDERSON JASON		10:00 am	FRANKLIN, WEST	(17843)
001000032	HERMAN BABY		2:00 pm	FRANKLIN, WEST	(17843)
001000067	LINCOLN HARRY		7:00 am	BERNE, ERIC	(10000)
001000067	LINCOLN HARRY		1:00 pm	FRANKLIN, WEST	(17843)
001000099	MOTHERSOLE SUE	(747) 747-7777	4:00 pm	FRANKLIN, WEST	(17843)
001000057	NOONAN ROBERT		9:00 am	FRANKLIN, WEST	(17843)

Confidential Information

Report MHS 253 - Unentered Staff Appointments

Report Description:

This report identifies registered and unregistered clients with appointments in status 100 (Scheduled). These appointments must have data entered to change their status.

Running the Report:

Use the Report menu to run this report. You can set it to automatically resubmit itself and run daily. It is distributed automatically to program printers.

Using the Report:

Register clients and open episodes if necessary. Use the Appointment Roster Service Entry screen to enter a service, cancellation, no show, or drop. Use the Single Service entry screen to enter services for unregistered clients after they have been registered in the system.

For more information, see the User Manual, Chapter 3, section on Entering Services for Clients with Appointments and Chapter 5, section on Single Service Entry.

Output File:

MHS_OUTPUT_REPORT:

APPT_UNENTERED_MHS253.*****_LIS

Unentered Staff Appointment Roster

Report MHS253

Page 1

Run Date: 4-FEB-1992

Reporting Unit: Mythic Outpatient (99991)

Services for following appointments have not been entered.
Please check your schedule and enter the service, cancellation, No-Show or Drop.

Date	Staff Name	Number	Client Name	Number	Appt Time	Proc
24-DEC-1991	JACKSON DONALD	10001	SMILEY GEORGE	(001000001)	10:00 am	333
31-DEC-1991	JACKSON DONALD	10001	HENDERSON JASON	(001000101)	8:00 am	311
2-JAN-1992	JACKSON DONALD	10001	GARNER FAST	(001000102)	8:00 am	311
			HENDERSON JASON	(001000101)	8:30 am	311
			GARNER FAST	(001000102)	9:12 am	311
			HENDERSON JASON	(001000101)	10:00 am	311
			GARNER FAST	(001000102)	10:45 am	332
			Jack Chalker	(UNREGIST)	1:00 pm	311
			HENDERSON JASON	(001000101)	1:30 pm	311
			Herman Jackson	(UNREGIST)	2:00 pm	311
			GARNER FAST	(001000102)	2:30 pm	341
2-JAN-1992	SMITH DONLEY	55555	Lora Hennessy	(UNREGIST)	12:00 am	311
			Rita Melbrith	(UNREGIST)	3:30 pm	311
6-JAN-1992	JACKSON DONALD	10001	Donald Trump	(UNREGIST)	9:00 am	331
			POOLMAN ROBERT	(001000057)	11:30 am	361
7-JAN-1992	BERNE ERIC	10000	HENDERSON JASON	(001000101)	10:00 am	331
			HENDERSON JASON	(001000101)	1:30 pm	341
7-JAN-1992	JACKSON DONALD	10001	POOLMAN ROBERT	(001000057)	8:00 am	331
8-JAN-1992	BERNE ERIC	10000	GARNER FAST	(001000102)	10:00 am	311
			GARNER FAST	(001000102)	10:15 am	311
			POOLMAN ROBERT	(001000057)	10:45 am	341
			Phil Johnson	(UNREGIST)	1:30 pm	332
			GARNER FAST	(001000102)	2:00 pm	332
9-JAN-1992	JACKSON DONALD	10001	POOLMAN ROBERT	(001000057)	8:15 am	361
			Herman Goering	(UNREGIST)	10:00 am	311
			Jack Chalker	(UNREGIST)	1:00 pm	311
			HENDERSON JASON	(001000101)	1:30 pm	311
			Herman Jackson	(UNREGIST)	2:00 pm	311
			GARNER FAST	(001000102)	2:30 pm	311
10-JAN-1992	JACKSON DONALD	10001	POOLMAN ROBERT	(001000057)	8:00 am	311

Confidential Information

Report MHS 261 - Claim Variance to Budget

Report Description:

This report summarizes claims and payments from a payor. It lists claims as pending, open, or closed, and it compares this status information with the amount received for these claims. It can also compare total receipts from claims with the budgeted goal for receipts.

Running the Report:

Use the Report menu to run this report. You are prompted for Payer Source (2 = Medicaid, 4 = Medicare, 8 = Insurance, 16 = Patient), and Reporting Period. The report can be run for any reporting period that includes complete months.

Using the Report:

If you have entered program budgets, this report shows your progress in meeting budgeted revenue projections.

The report is also used to analyze the rate upon which claimed services are paid.

Finally, the report lets you check system operation. If some programs have no Actual Paid Dollars, this might mean that payment data tapes have been received but not processed.

Technical Notes:

The report is organized by reporting unit, month and year. For each reporting unit there is a subtotal and a final total for each program. The report also includes a county-wide total at the end of the month. It includes the following data:

- **Pending Claim Dollars:** This column contains a sum of the claim line amounts for all claims to the payer that have yet to be sent for reimbursement. This column contains information for services that the posting system has processed and that will result in a submission to the payer. Pending claims become open claims when the submission is actually created, *i.e.* the Medicaid tape is generated.
- **Open Claim Dollars:** This total includes the claim line amounts of every claim form for the service period that has been submitted for reimbursement, but that has not been approved, paid or denied. A claim form remains Open until a manual or automated payment record is processed by the posting system and applied to the claim form.
- **Closed Claim Dollars:** This total includes the claim line amounts of every claim form for the service period that has been submitted for reimbursement, but that has been either approved and paid or denied by the carrier. Claim forms are Closed when the posting system processes a manual or automated payment directed towards the form.

- **Actual Paid Dollars:** This column contains the dollars amount actually reimbursed by the payer for services during the specific service period. This column is reported from the Provider Balances relation, and represents adjusted revenue figures. Crossover and other adjustment amounts are reflected in this column. This column shows how much was received from the payer for current Closed claims.
- **Average Payment Rate:** This amount is computed by dividing the column Actual Paid Dollars by the column Closed Claim Dollars. In other words, for each claimed submitted and now closed, this column shows how much was paid. This column can be interpreted as pennies paid of the closed claim dollars. For instance, a figure of .78 indicates that for each one dollar of closed claim forms for the period to this payer, the county has received 78 cents of reimbursement.
- **Budgeted Dollars:** This column reflects the amount budgeted as revenue from this payer for each program and service period. The revenue budget is found in the Provider Budget relation. This relation can be populated manually through the Provider Budget screen, or through an automated transfer. Only one budget can be used for each run of the Report MHS261. The budget used is assumed to contain annual revenue figures by program. The report will divide this annual figure by twelve to compute and display monthly budgeted revenue figures. If the Provider Budget relation does not contain any records for a particular program, the column Budgeted Dollars will contain a zero and the next column Percent of Budget will contain "n/a".
- **Percent of Budget:** This column compares the Total Claim Dollars for the service period to the Budgeted Dollars. For example, a figure of 200% indicates that Total Claim Dollars are twice what the budget proposed. However, since it is based upon all claims, pending, open, and closed, the Total Claim Dollars column will generally be greater than Actual Paid Dollars.

At the bottom of the report is the Partially Processed Payment Summary. This section shows the number and amount of Unposted Payments and Unstaged Payments. Unposted Payments are payment records that have been loaded into the database (either by automatic transfer or manual entry), but have not yet been posted by the payment posting routines. Unstaged Payments represents payment records that have been received through automatic transfer, but not yet processed. Both Unposted and Unstaged Payments underestimate revenue for this report, and should be corrected.

Output File:

MHS_OUTPUT_REPORT:

CLAIM_VARIANCE_REPORT_MHS261.LIS

Report MHS261
 Period Beginning: 7 / 1991
 Period Ending: 6 / 1992
 Payer: Medi-Cal
 County: Mythic County

Service RU	Service Mode	Service Period	Pending Claim Dollars (a)	Open Claim Dollars (b)	Closed Claim Dollars (c)	Actual Paid Dollars (d)	Average Payment Rate (d/c)	Total Claim Dollars (a+b+c)	Budgeted Dollars (e)	Claimed Percent of Budget (a+b+c/e)
MISSION ADOL FAMILY SVC CIR										
38015	10	07 1991	0	22,057	0	0	n/a	22,057	12,583	175.29%
38015	10	08 1991	0	17,072	0	0	n/a	17,072	12,583	135.67%
38015	10	09 1991	0	18,480	0	0	n/a	18,480	12,583	146.86%
38015	10	10 1991	0	0	24,112	24,112	1.00	24,112	12,583	191.62%
38015	10	11 1991	0	2,464	13,376	13,376	1.00	15,840	12,583	125.88%
38015	10	12 1991	0	21,824	0	0	n/a	21,824	12,583	173.44%
38015	10	01 1992	0	0	19,536	19,536	1.00	19,536	12,583	155.26%
38015	10	02 1992	0	3,344	22,000	22,000	1.00	25,344	12,583	201.41%
38015	10	03 1992	0	0	22,528	22,528	1.00	22,528	12,583	179.03%
38015	10	06 1992	0	21,120	0	0	n/a	21,120	12,583	167.84%
38015			0	106,361	150,304	150,304	1.00	256,665	150,997	169.98%
CHILD ADOL FAM SERVICE CIR										
38016	15	07 1991	0	9,440	0	0	n/a	9,440	6,251	151.02%
38016	15	08 1991	0	9,681	0	0	n/a	9,681	6,251	154.88%
38016	15	09 1991	0	9,576	578	578	1.00	10,154	6,251	162.44%
38016	15	10 1991	0	0	17,702	17,702	1.00	17,702	6,251	283.19%
38016	15	11 1991	0	0	10,971	10,971	1.00	10,971	6,251	175.51%
38016	15	12 1991	0	15,292	0	0	n/a	15,292	6,251	244.64%
38016	15	01 1992	0	0	19,273	19,273	1.00	19,273	6,251	308.33%
38016	15	02 1992	0	298	18,083	18,083	1.00	18,381	6,251	294.06%
38016	15	05 1992	0	742	14,833	14,833	1.00	15,575	6,251	249.17%
38016	15	06 1992	0	9,278	0	0	n/a	9,278	6,251	148.43%
38016			0	54,307	118,001	118,001	1.00	172,308	75,010	229.71%
3801 totals			0	160,668	268,305	268,305	1.00	428,973	226,007	189.81%
TEAM III ADULT OP SVCS 17TH ST.										
38023	15	09 1991	0	3,070	0	0	n/a	3,070	4,437	69.20%
38023	15	10 1991	0	0	3,270	3,270	1.00	3,270	4,437	73.70%
38023	15	11 1991	0	100	3,280	3,280	1.00	3,380	4,437	76.18%
38023	15	12 1991	0	3,759	0	0	n/a	3,759	4,437	84.73%
38023	15	01 1992	0	200	3,899	3,899	1.00	4,099	4,437	92.39%
38023	15	02 1992	0	443	2,169	2,169	1.00	2,612	4,437	58.87%
38023	15	03 1992	0	386	3,126	3,126	1.00	3,512	4,437	79.16%
38023	15	04 1992	0	286	2,458	2,458	1.00	2,744	4,437	61.85%
38023	15	05 1992	0	86	1,191	1,191	1.00	1,277	4,437	28.78%
38023	15	06 1992	0	2,569	0	0	n/a	2,569	4,437	57.90%
38023			0	16,493	19,773	19,773	1.00	36,266	53,240	68.12%
3802 totals			0	16,493	19,773	19,773	1.00	36,266	53,240	68.12%
-----Complete Report Not Included-----										
Report Totals			145,304	7,711,021	9,042,482	8,995,802	0.99	16,898,807	8,985,443	188.07%

Partially Processed Payment Summary

	Count	Amount
Unposted payments	0	0
Unstaged payments	0	0

Report MHS 263 - Payment Staging Error Report

Report Description:

InSyst's Payment Staging routine converts information from Medicaid and Medicare EOB tapes into payments written against claims. For a payment record to be written and applied to a claim, the EOB Claim Identification Number and Billed Amount must match your claim line information. If there is a mismatch, the payment staging record cannot be applied and is moved to error status 5.

This report lists these mismatched records and associated claims. A line with claim form information is followed by detail lines with payment distribution and payment staging information. The information is sorted by Insurance Company ID and alphabetically by client.

Running the Report:

Use the Report menu to run this report and specify if it is run in real or test mode.

Using the Report:

This report is used primarily by counties that enter payments manually. If you process payments electronically, processing will automatically run MHS_MDC_EOB_STAGING, which has the same information as this report, and additional information. For information on that report, see the section on the Medicare Payment Staging Report in the Operations Manual, Chapter 5.

Compare the report with the hard copy Explanation of Benefits from the carrier which explains how the payment was applied to the claim. Determine how payment information in the Staging Approved and Staging Paid columns can be applied to an Open claim line in the same section. In some cases, this may involve splitting a payment between two or more claim lines.

Closed claim lines with Staging Approved and Staging Paid amounts are also in error. Determine how to apply this payment information to an open claim line.

Enter the correct the payment information using the Payment Entry Screen.

When you run this report in real (commit) mode, the record's status is updated to 55, so the record will not appear in future runs of the report. Keep the report until you have corrected all the errors.

Output File:

MHS_OUTPUT_REPORT:
PAYMENT_STAGING_MHS263.LIS

Report MHS263
Run Date: 13-MAY-1993

PAYMENT STAGING ERROR REPORT
Mental Health Services

Page 1

Insurance Company: MEDICARE PART B-BLUE SHIELD (9999)

Client Number	Client Name	Group/Policy Number	Reporting Unit Name	Claim Mo/Year	Total Claim	Date Submitted	Claim Status
479948	ADAMS D	/990311088-A	99911 OPT	06-1992	55.00	08-07-92	Paid
101	90862	06-01-92 06-01-92	55.00 Clos	25.88	20.59	83.13	66.50 159971085
369233	ADAMS H	/299126448B9	99911 OPT	06-1992	55.00	08-07-92	Paid
201	90862	06-29-92 06-29-92	55.00 Clos	25.88	20.59	25.88	20.59 159971086
449994	ADAMS J	/995259994-A	99911 OPT	05-1992	220.00	06-17-92	Submitted
1	90862	05-04-92 05-04-92	55.00 Open		12.02	9.62	159670953
1					15.63	12.50	159971085
2	90862	05-19-92 05-19-92	55.00 Open		12.02	9.62	159670953
3	90862	05-28-92 05-28-92	110.00 Open				
449994	ADAMS J	/995259994-A	99911 OPT	06-1992	165.00	08-07-92	Paid
301	90862	06-01-92 06-01-92	55.00 Clos	25.88	20.59	12.02	9.62 159971086
302	90862	06-15-92 06-15-92	55.00 Clos	25.88	20.59		159670999
303	90862	06-29-92 06-29-92	55.00 Clos	25.88	20.59		159670999
449994	ADAMS J	/995259994-A	99911 OPT	07-1992	303.00	08-10-92	Paid
401	90862	07-13-92 07-13-92	101.00 Clos	41.18	32.94		162406996
402	90862	07-28-92 07-28-92	101.00 Clos	37.06	29.65	46.63	37.30 159971087
403	90862	07-28-92 07-28-92	101.00 Clos	41.18	32.94		162406996
109991	ALLGOOD E	/206223799A	99911 OPT	06-1992	55.00	08-07-92	Paid
401	90862	06-09-92 06-09-92	55.00 Clos	25.88	20.59	52.33	41.86 159971087
479505	ALVARADO D	/469987288-A	99911 OPT	06-1992	110.00	08-07-92	Paid
501	90862	06-29-92 06-29-92	110.00 Clos	25.88	20.59	12.02	9.62 159971087
501						25.88	0.00 366116979

Report PSP 264 - Pending Claims Report

Report Description:

This report lists pending claims by insurance company, and summarizes pending claims by payor source. A pending claim is a claim that has been produced by the posting system but has not been sent to a carrier for reimbursement.

The report lists pending claims as “current” (claims for services for the current time period) or “retro” (claims for all other months).

Running the Report:

Use the Report menu to run this report. You are prompted to enter current claim month: enter a number, 1-12, typically the previous calendar month. You are also prompted to enter the current claim year, typically be the current calendar year.

Using the Report:

Use the report to help determine when to run claims. Managers can also use this report to monitor pending claims, in order to check on posting operations.

Output File:

MHS_OUTPUT_REPORT:

PENDING_CLAIMS_DETAIL_PSP264.MMYYYY_LIS

PENDING_CLAIMS_SUMMARY_PSP264.MMYYYY_LIS

Pending Claims Summary
by Payor Source11-Aug-1993
Page 1Report PSP264 Summary
Claim Period: 6/1993

Payer Source	Total Current Services	Total Current Dollars	Total Retro Services	Total Retro Dollars
Medi-Cal	2,625	235,839.92	238	33,451.06
Medicare	460	51,146.00	297	93,767.00
Insurance	2,066	190,133.32	8,556	807,064.15
Patient	3,436	10,864.80	90,975	179,085.16
Fee/Adj	1	10.00		0.00
Total:	8,588	487,994.04	100,066	1,113,367.37

Pending Claims Report

11-Aug-1993

Page 1

Report: PSP264

Claim Period: 6/1993

Insurance Company	ICM #	Provider	Total Current Services	Total Current Dollars	Total Retro Services	Total Retro Dollars	
CHAMPUS	41	INPATIENT	49004		4	2,100.00	
		PES	49251		3	520.00	
		CHOP	49261		1	50.00	
		PETALUMA OR	49281		1	92.00	
		ACP	49411		6	525.00	
		Company total:				15	3,287.00
VETERAN'S ADMINISTRATION	861	PES	49251		2	114.00	
		CHOP	49261		1	50.00	
		G'VILLE OR	49301		2	80.00	
		Company total:				5	244.00
AARP CLAIM UNIT	1001	CHOP	49261		1	48.00	
		SONOMA OR	49291		1	48.00	
		OAS-OP	49601		1	109.00	
		Company total:				3	205.00
AARP/FRIDENTIAL INSURANCE	1003	OAS-OP	49601		1	64.00	
		Company total:				1	64.00
AETNA LIFE INSURANCE CO	1005	CDT	49272		15	1,350.00	
		Company total:				15	1,350.00
AETNA-SERHOUSE-REITZ CO	1008	PES	49251		2	350.00	
		CHOP	49261		1	84.00	
		Company total:				3	434.00
ACORDIA BENEFIT SERVICES OF NORIHER	1011	INPATIENT	49004		1	525.00	
		PES	49251		1	230.00	
		Company total:				2	755.00
AMICARE	1014	PES	49251		1	200.00	
		CHILD CMGT	49263		8	1,092.00	
		Company total:				9	1,292.00
BLUE CROSS	1018	INPATIENT	49004		8	4,200.00	
		PES	49251		5	445.00	
		CHOP	49261		1	52.00	
		PETALUMA OR	49281		3	384.00	
		OAS-OP	49601	1	109.00	1	110.00
		Company total:		1	109.00	18	5,191.00
BLUE CROSS BUTTE-GLENN FOUNDATION	1019	ACP	49411		1	92.00	
		Company total:				1	92.00
Report Totals			8,588	487,994.04	100,066	1,113,367.37	

Report MHS 266 - Text Document Report

This report lets counties print custom Electronic Client Information (ECI) documents that they have created. For more information, see the section on Electronic Client Information in the User Manual, Chapter 7, and see the section on ECI System Administration Routines in the Operations Manual, Chapter 8.

Report MHS 269 - Client Services Report

Report Description

This report lists all services used by a client during a specified time period.

Running the Report

Use the Report menu to run this report as needed. You are prompted for the Client Number, and the Start Date and End Date of the time period.

Using the Report

Clinicians can use this report to review a client's service history. Administration can use the report to review the costs of a client's services.

Output File

MHS_OUTPUT_REPORT:

CLIENT_SERVICES_PSP269:*****_LIS

Report PSP 274 - Client Sampling Report

Report Description:

You sometimes must identify random groups of clients and evaluate their treatment, for cost containment, quality management, or allocation of resources. Under new California regulations, you must review random samples of high cost clients as well as clients receiving services from particular programs or staff.

The report constructs a client population based on parameters you specify. For example, it might include all clients receiving over \$100 in Medicaid billable services from any reporting unit and any staff person. It draws a random sample from this population based on the sample percentage you specify.

The report lists all clients chosen in the sample and ranks each within the population.

Running the Report:

Use the Report menu to run this report. It prompts you to enter these parameters:

- **Reporting Unit:** Enter a reporting unit number or "*" for all reporting units. (To select several RUs, use the Provider Subset Selection screen, described below.)
- **Staff number:** Enter a staff number, representing the Primary Staff in the episode, or enter "0" for all staff members.
- **Provider Subset Selection:** The next prompt is presented as the selection screen shown in Figure 8 (next page). Tab through the list and enter "X" next to a subset. Local staff create provider subsets and assign Reporting Units to them, so the subsets on your system may be different. If you entered "*" at the first prompt, select the All Provider subset. If you entered one Reporting Unit at the first prompt, select Single Provider. If you select any other Provider Subset the system will ignore your entry in the first prompt and use the Subset selected here.
- **Count sample services only Y/N [N]:** This prompt is asking if the services used as part of the population are subject to reporting unit or staff restrictions entered in the earlier prompts. For example, if you selected the report for a single reporting unit, or a limited Provider Subset, should the report include services only from those reporting units or from all reporting units in the system. The default ("N") is all reporting units. If you restrict Reporting Unit or Staff, but do not restrict the Count Sample, there will be a residual dollar amount in the report for services in reporting units not selected for the sample.
- **Do you wish a residual or detail listing R/D:** The prompt is displayed only if the Reporting Unit Selection is not All, or the Staff Selection is not All, or the Provider Subset is not All Providers, and the answer to the Count sample services only Y/N prompt is "N".
- **Payor source mask to use, default all sources [31]:** This prompt asks which payor sources the report should evaluate. To enter payor source, use these numbers: 1 = County, 2 = Medicaid, 4 = Medicare, 8 = Insurance, 16 = Client. For

combinations, sum these numbers. For example, 6 (2+4) means Medicaid and Medicare. The default 31 is all payor sources.

PROVIDER SUBSET SELECTION	
Provider Subset Description	Provider Subset Description
All Providers	
Single Provider	
Civil Service Programs	
Contract Programs	
24 Hour Programs	
Day Treatment Programs	
Outpatient Programs	
Outreach Programs	
Case Management Programs	
Continuing Care Programs	
System Billed Programs	
Non-System Billed Programs	

Form OK Y/N

Figure 8: The Provider Subset Selection Screen

- **Minimum service dollars to include in sample [1000.00]:** Enter the minimum cost of services to be included. For example, enter 20000, to produce a sample of clients using \$20,000 or more in services.
- **Sample Percentage as an integer, 1-100 [10]:** Specify the size of the sample. For example, if you enter 10, the random sample would include 10% of all the clients meeting all the other criteria you entered.
- **Start Date and End Date:** Enter the first day and last day of the service period included in the report. Use the format DD-MMM-YYYY.

Using the Report:

This report helps identify clients for review by a Utilization Review or Quality Management Committee. It is also useful for identifying high cost clients for management or clinical review.

Output File:

MHS_OUTPUT_REPORT:
CLIENT_SAMPLE_PSP274.LIS

Utilization Review Sampling Report

2-Aug-1993

Page 1

Report PSP274

Mythic County

Sample Percentage: 25%

Sample Minimum Dollars: 100.00

Sample Period: 1-Jan-1990 to 1-Jan-1993

Counts Based upon: All Services

Sample Reporting Unit: All Units

Sample Staff: All Staff

Sample Payers: County, M/C, Medicare, Insurance, Client

Sample size: 13 Population size: 51

Rank	Client Number	Client Name	Reporting Unit	Opening Date	Closing Date	Staff Name	(Number)	Service Cost
1	1000024	CLIENT, BILLY	GV INPATIENT (99999)	3/10/90	3/24/90	DUCK, MICHAEL	(10003)	3,600.00
			GV INPATIENT (99999)	1/28/91	open	SARET, VIRGINI	(10006)	6,550.00
			PSP DI (99997)	7/05/88	open	SARET, VIRGINI	(10006)	3,835.00
							Client total:	13,985.00
2	1000010	CLIENTSON, EUGENE	GV INPATIENT (99999)	3/02/90	3/10/90	DUCK, MICHAEL	(10003)	0.00
			GV INPATIENT (99999)	1/15/91	open	SARET, VIRGINI	(10006)	11,750.00
			GV INPATIENT (99999)	1/10/92	open	PEET, JANET	(20000)	1,600.00
							Client total:	13,350.00
10	1000009	CLIENT, LES	PSP DI (99997)	5/01/89	open	WEST, JASON	(55555)	3,835.00
			HORIZON (99998)	2/09/90	open	BURNET, CEDRIC	(10000)	0.00
							Client total:	3,835.00
13	1000027	CLIENTS, PEA	GV INPATIENT (99999)	3/18/90	3/20/90	RATCHETT, MARY	(10009)	1,200.00
			GV INPATIENT (99999)	1/01/90	open	RATCHETT, MARY	(10009)	2,400.00
							Client total:	3,600.00
15	1000110	ELDT, PECOS	PSP OPT (99991)	2/13/91	open	SARET, VIRGINI	(10006)	1,800.00
							Client total:	1,800.00
17	1000018	FLIE, RYDER	GV INPATIENT (99999)	9/01/92	open	WEST, JASON	(55555)	950.00
			PSP OPT (99991)	7/16/92	open	WEST, JASON	(55555)	350.00
							Client total:	1,300.00
18	1000029	CLIENT, FLAP	GV INPATIENT (99999)	4/17/89	open	WEST, JASON	(55555)	1,250.00
							Client total:	1,250.00
20	1000061	CLIENTS, ERIC	PSP OPT (99991)	6/23/89	open	BURNET, CEDRIC	(10000)	900.00
							Client total:	900.00
22	1000117	CLIENT, BILLY	PSP OPT (99991)	4/10/91	open	WEST, JASON	(55555)	900.00
							Client total:	900.00
24	1000132	JCL, SANDRA	PSP OPT (99991)	4/16/91	4/16/91	WEST, JASON	(55555)	90.00
			PSP OPT (99991)	4/15/91	4/16/91	WEST, JASON	(55555)	0.00
			PSP OPT (99991)	1/13/92	open	PEET, JANET	(20000)	630.00
							Client total:	720.00
32	1000067	CLIENT, HARRY	PSP OPT (99991)	3/19/90	open	BURNET, CEDRIC	(10000)	360.00

 Confidential Information

Report PSP 280 - Physician Caseload Report

Report Description:

This report lists all clients assigned to each physician. In addition to client name and number, episode opening date, last service date, and diagnosis, it lists other reporting unit and staff who also have open episodes for the client.

Running the Report:

Operations staff should run this report monthly, or more frequently as needed. The report is organized by reporting unit, and it is sent to each reporting unit's printer. If you do not receive this report regularly, contact your local Operations Staff.

When you run the report, you are prompted to enter a Reporting Unit (or '*' for all reporting units) and to enter the caseload date. The report includes all episodes open on the specified date.

Using the Report:

This report gives each physician a list of all clients in his or her caseload.

Technical Notes:

This report is like Report PSP 100, except that it is based on Physician instead of on the Primary Staff in each episode. The Physician of Record is taken from the Physician field in the client's Episode record.

Output File:

MHS_OUTPUT_REPORT:

PHYS_CASELOAD_PSP280.*****_LIS.

Report RSP 280
Adult Outpatient Service

(99999)

Caseload for: AGUILAR ADELIA
Cases active as of: 3-Jan-1993

Client Name	Client Number	Opening Date	A G E	Primary Diagnosis	Last Service Date	Primary Therapist	Other R. U. Therapist
RHONDA TESTA	000987605	2/08/85	39	308.30	9/29/92	BRYSOY	
PAULINE TESTB	009876284	5/27/92	64	295.62	2/04/93	DAVIS	
Also Open At: OLD CMT		5/20/92		295.62	11/03/92		AGUILAR
Also Open At: OLD ADT		6/04/92		295.62	1/28/93		MERCADO
LINDA TESTIC	000987787	8/18/92	53	295.92	9/18/92	BRYSOY	
LOUISE TESTID	000988871	5/07/91	25	296.60	1/22/93	STAFF	
Also Open At: OLD CMT		12/07/92		296.60	2/04/93		AGUILAR
ELLA TESTIE	000656648	10/06/92	47	296.60	1/20/93	BRYSOY	
THOMAS TESTIF	000656614	7/02/92	45	296.45	2/24/93	BRYSOY	
Also Open At: OLD CMT		11/01/92		296.45	11/02/92		AGUILAR
CHRIS TESTIG	006566642	10/01/90	25	295.32	7/09/92	WILLIAMS	
Also Open At: OLD CMT		1/03/91		295.32	1/04/93		AGUILAR
MARY TESTIH	000656689	9/05/90	23	300.40	12/15/92	BRYSOY	
FRANK TESTII	000656566	8/11/92	32	295.32	1/13/93	BRYSOY	
GARY TESTIJ	007878003	3/06/90	30	295.30		DAVIS	
Also Open At: OLD O		3/18/92		296.44	9/11/92		NOLAN
JENNIFER TESTIK	000788534	2/04/92	25	295.90	1/18/93	STAFF	
MARY TESTIL	008775670	12/06/90	42	295.70	2/09/93	WILLIAMS	
Also Open At: OLD CMT		12/06/90		295.70			AGUILAR
Also Open At: OLD ADT		1/28/91		295.32	1/25/93		MERCADO
IRIS TESTIM	000788895	8/31/90	77	290.20	11/17/92	STAFF	
Also Open At: CMT-SUPPORT		11/02/90		290.20			AGUILAR
Also Open At: OLD CMT		6/05/90		290.20	1/13/93		AGUILAR
JESUS TESTIN	008788254	9/08/92	35	295.92	2/18/93	BRYSOY	
KIMBERLY TESTIO	008788083	6/29/92	30	296.46	2/11/93	DAVIS	
DAVID TESTIP	000878833	3/01/89	51	296.40	1/12/93	STAFF	
Also Open At: OLD CMT		6/27/91		296.70	7/13/92		AGUILAR
Also Open At: OLD ADT		10/13/92		296.70	1/12/93		MERCADO

Confidential Information

Report PSP 281 - Active Policies

Report Description:

This report lists clients with open episodes who have insurance. It can include insurance policies, Medicare policies or both. It can be run for one insurance company or for all companies. It shows only the insurance policy with the latest effective date.

Running the Report:

Use the Report menu to run this report and specify where it is printed. You are prompted to enter “4” for Medicare, “8” for insurance and or “12” for both. You are also prompted to enter an insurance company ID (or enter “*” for all insurance companies).

Using the Report:

This report is used as a review report by the billing office.

Output File:

MHS_OUTPUT_REPORT:

ACTIVE_INSURANCE_POLICIES_PSP281.LIS

Report RSP 281

Policy Type for Report: Insurance

Company: All Companies

Insurance Company: 41 CHAMPUS

Client Name	Number	Policy Number	Group	EFF Date	EXP Date	ROI	AOB	COMP	SSN
LACTE JOEL	001055510	CG 227,644		11-Oct-1977		N	Y	N	569 69 4511

Insurance Company: 1002 AARP

Client Name	Number	Policy Number	Group	Eff Date	Exp Date	ROI	AOB	COMP	SSN
CALVERTS MARIHA	000555559	560322438	25457920 1	1-Jan-1993		Y	Y	Y	560 34 5438
DUER MARY	005551785	02286930-1	0089638	1-Aug-1993		Y	Y	Y	571 32 2523
MATTEL JOYCE	000105555	93975229-1	B-8	1-Jun-1988		Y	Y	Y	545 48 8332

Insurance Company: 1003 AARP/PRUDENTIAL INSURANCE

Client Name	Number	Policy Number	Group	Eff Date	Exp Date	ROI	AOB	COMP	SSN
EASTON FLORENCE	005552215	15336506M		1-Jul-1988		Y	Y	Y	073 05 6337
SAYERS MABEL	000325550	298643331 1		1-Jul-1988		Y	Y	Y	348 18 4845
WORTH RUIH	00555353	00330597	154580702	1-Jul-1988		Y	Y	Y	551 38 7459

Insurance Company: 1016 BLUE CROSS

Client Name	Number	Policy Number	Group	Eff Date	Exp Date	ROI	AOB	COMP	SSN
ELLIS FRANK	001555966	XEA566044502	500913	1-Oct-1993		N	N	N	566 05 3582
LAWSON JAMES	000335551	A163 26 7445	52198-00	1-Jul-1988		Y	Y	Y	163 26 7985

Insurance Company: 1023 BLUE CROSS/BLUE SHIELD

Client Name	Number	Policy Number	Group	Eff Date	Exp Date	ROI	AOB	COMP	SSN
GARDNER MICHAEL	005554022	R44499210	FEP104	1-Apr-1992		Y	Y	N	558 10 7884

Insurance Company: 1024 BLUE SHIELD

Client Name	Number	Policy Number	Group	Eff Date	Exp Date	ROI	AOB	COMP	SSN
COTTON FRANK	001055599	XEA563644975	18365	1-Dec-1992		Y	Y	Y	549 99 1566
GANT FRANK	000555953	5454434360	000948000	1-Jul-1988		Y	Y	Y	545 36 3456
MCDONALD WILLIAM	001055593	55128 2447	RV00100	1-Jul-1988		Y	Y	Y	551 28 2447
RAWLS MARY	001538001	494545611	953048	1-Jul-1989		Y	Y	Y	494 54 5332
UNDERWOOD WILLIAM	001054346	XEA491106339	953086 542	21-May-1992		N	N	N	498 60 6229

Insurance Company: 1026 BLUE SHIELD

Client Name	Number	Policy Number	Group	Eff Date	Exp Date	ROI	AOB	COMP	SSN
MULLINS DAVID	000534540	561401135	953048	1-Jul-1988		Y	N	N	561 40 8115

 Confidential Information

Report MHS 282 - Component Services Report

Report Description:

This report helps identify components of a bundled service.

Medicare does not reimburse for bundled (all-inclusive) services like day treatment, but Medicaid does reimburse for all-inclusive day treatment service. To accommodate both payers, InSyst has a special service entry screen that ties the parts of a bundled service to the master service. Each component part is assigned a charge by dividing the master service charge by the number of components.

This report displays data on every client with an open episode for the specified reporting unit and date. It also displays the bundled day treatment service if it has been entered; otherwise the column is left blank. It has four columns for data on component services.

Running the Report:

Use the Report menu to run this report. You can set it up to resubmit automatically every night, or run it as needed.

In addition to normal report prompts, you are asked to enter the reporting unit for your program (or enter "*" for all programs that use the Component Service Entry screen.), and to enter the target date. If you do not enter a date, the report will cover the run date.

Using the Report:

The report is used to enter data in the Component Service Entry screen. For each component service, you must enter the procedure code, identification number of staff providing service, and duration of service.

Technical Notes:

If more than four component services have been entered for a direct service, they cannot all be displayed on the report. Four components are displayed, and the last column (labeled "More") includes the number of additional components of the service. To see all these components, use the Component Entry screen. If client has more than one direct service on the target date, the report has a line for each direct service. For more information, see User Manual, Chapter 5, section on Component Service Entry.

Output File:

MHS_OUTPUT_REPORT: COMPONENT_SERVICES_MHS282.*****_LIS

Report MHS282

San Geronimo

Reporting Unit: Adult Day Treatment (31999)

Target Date: 7-Jul-1993

Client Name	Client Number	MCare Elig	Mster Srvc Proc/Time	Proc/Staff/Time	Proc/Staff/Time	Proc/Staff/Time	Proc/Staff/Time	More
ATESTSON, DONALD	99919403	N	221 / 4:00	227 / 1047/ 1:00	225 / 1047/ 1:00			
ATESIN, ONJANAY	99991029	N	/					
EIESTERG, SANDRA	3019355	N	/					
CIES, CHARLENA	10021514	N	/					
DIESIAY, RICHARD	61763	Y	221 / 4:00	227 / 1047/ 1:00	225 / 1047/ 1:00			
EIESIDA, ALAN	14473	Y	221 / 4:00	227 / 1047/ 1:00	225 / 1047/ 1:00			
FIESIERS, RANDY	10018561	N	/					
FIESIR, ARTURO	10007147	N	221 / 4:00	227 / 1047/ 1:00	225 / 1047/ 1:00			
FIESION, EDGAR	5109336	N	/					
FIESTAN, ARTHUR	10017754	N	/					
GIESIN, ALLENA	10018452	N	221 / 4:00	227 /21032/ 1:00				
GIESIR, BRETT	80747	Y	/					
HIESIR, ROGER	10001241	Y	221 / 4:00					
JIESITT, VINCENT	5139151	Y	/					

 Confidential Information

Report PSP 283 - Unduplicated Count of Medicare Eligibility

Report Description:

This report gives mental health service providers an unduplicated count of Medicare eligible and non-Medicare eligible clients by local procedure code. It also displays the number of Medicare and non-Medicare eligible services by local procedure code and an unduplicated count of recipients with an active Medicare policy when the service was rendered.

Running the Report:

Use the Report menu to run this report. In addition to normal prompts, you are prompted for the start date and end date of the report period.

Using the Report:

Use this report for Medicare Cost reporting.

Technical Notes:

Local Operations Staff can use the DAT file to customize this report. Up to four insurance company numbers may be specified as comparison criteria.

Output File:

MHS_OUTPUT_REPORT:
MEDICARE_ELIGIBILITY_MHS283.LIS

Unduplicated Count of Medicare Eligibility

1-Apr-1994

Page 1

REPORT PSP283

Mythic County Mental Health

Start Date: 1-Nov-1993

End Date: 30-Nov-1993

Procedure Code	Procedure Label	Medicare Eligible Client	Medicare Eligible Service	Medicare Not Eligible Client	Medicare Not Eligible Service	Total Unique Client
Count						
121	PHF DAY	7	7	33	33	40
291	DAY HABIL - HALF DAY	10	10	13	54	23
295	DAY HABIL - FULL DAY	26	26	30	76	56
301	Brokerage	11	11	21	34	32
302	Brokerage - 3632	0	0	8	8	8
311	COLLATERAL	2	2	25	36	27
312	COLLATERAL-AB3632	1	1	3	5	4
331	ASSESSMENT	19	19	68	72	87
332	ASSESSMENT-AB3632	0	0	1	1	1
341	INDIVIDUAL	12	20	158	230	170
342	INDIVIDUAL-AB3632	0	0	10	22	10
351	GROUP	1	2	8	12	9
352	GROUP-AB3632	1	3	10	24	11
361	MEDICATION	87	166	166	246	253
362	MEDICATION-AB3632	0	0	1	1	1
371	CRISIS INTERVENTION	17	17	87	90	104

Report PSP 285 - Provider Capacity

Report Description:

This report lists facilities with available beds, and the address, phone number, and number of available beds at each. It displays the result on the screen rather than printing it.

Running the Report:

Use the Report menu to run the report as needed.

Using the Report:

Use the report to find facilities that can take clients in need of inpatient or residential services.

Technical Notes:

The report calculates the number of available beds by comparing the capacity of a residential facility, in the Provider Master relation, with open episodes in that provider.

Output File:

None (displayed on screen: see sample next page)

PREPARING DATA..... Enter Mode of Service for Capacity Report: 05

ON-LINE PROVIDER CAPACITY REPORT AS OF 14-Oct-1997 07:40:52.99

Provider	RU #	Address	ZIP	Phone Number	Provider Capacity	Available Capacity
GV INPATIENT	99999	200 W VALLEY RD,SAN FRANC	78981	(717) 999-9999	35	14
HORIZON	99998	14 WORKER RD,SAN FRANCI	99999	(415) 999-9999	35	24
PSP IPT	999993	1400 S CLEARPORT ST,	0	() -	35	33
RESPIRE	88891	1050 TERMINAL TOWER SQ,CL	44113	((216)-241-	100	100
WEST HOUSE	88881	876 W SUNSET DR,SAN FRANC	94112	(415) 488-0000	35	34
WR WAITING	88882	0,	0	() -	35	35

***** all done *****\$

Report DAS 290 - Methadone Maintenance Treatment Plan Needed Report

Report Description:

This report alerts staff that a Methadone Maintenance client needs an updated treatment plan. It lists, by staff, all clients whose treatment plans have expired or will expire within 14 days.

Running the Report:

Use the Report menu to run this report for the program you specify. The report should be run weekly, generally on Sunday mornings. By default, it is distributed automatically to clinic printers.

Using the Report:

Renew or update treatment plans for all listed clients.

Output File:

MHS_OUTPUT_REPORT:

UR_METH_MNT_TX_DAS290.*****_LIS

Methodone Maintenance Treatment Plan Needed

Report DAS 290 Page 1

Reporting Unit: TEST MM (99999)

Reflects services entered as of 18-APR-1993

Clients appear on this report if their Treatment Plan is within 14 days of expiration or has expired. Clients will continue to appear on this report until a new Treatment Plan is entered.

Staff: BROOKS

Client Name: TEST, MILO	Number:0000000031
Episode Opening Date: 5-APR-1991	Period Start Date: 5-APR-1992
Staff: BROOKS	Period End Date: 4-APR-1993

UR Action Type	Effective Date	Expiration Date	UR Message
Treatment Plan Extension	20-MAY-1992	17-AUG-1993	Immediate Action Needed

Client Name: TEST, TESTY	Number:0000000037
Episode Opening Date: 5-APR-1991	Period Start Date: 5-APR-1993
Staff: BROOKS	Period End Date: 4-APR-1994

UR Action Type	Effective Date	Expiration Date	UR Message
Treatment Plan Extension	31-JAN-1993	30-APR-1993	Expiration Date Caution

 Confidential Information

Report DAS 291 - Quarterly Client Report

Report Description:

This report compares a client's quarterly evaluation with the initial entry for the episode. It displays quarterly counseling appointments, service information about medications, doctor visits, and urine test results.

Running the Report:

Use the Report menu to run this report quarterly. It prompts you to enter the quarter start and end date and to choose a printer.

Using the Report:

This report helps you monitor clients' progress since intake.

Technical Notes:

This report includes data from the quarterly episode evaluation screen.

Before this report runs for the first time, Operations Staff must specify the procedure codes for services the report includes in its control file. For more information, see Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

```
MHS_OUTPUT_REPORT
CLIENT_QUARTERLY_DAS291.LIS
```

Report DAS291

Provider :	HILLVIEW METHADONE MAINTENANCE	Quarter/Year :	2/1990
Client Name :	TESTICASE BART	Opening Date :	2/20/90
Client # :	1009541	Last Quarterly Update :	8/06/90
Counselor :	ERYANT ANDREA		

	Intake	Current Quarter
	-----	-----
Primary Problem	Heroin	Heroin
Employment Status	Disabled and Unemployed	unemployed, has not sought employment in last 30 days
Number of Days Employed	N/A	0
Legal Status	None	None
Number of Arrests	0	0
Last Arrest Date	N/A	
Adherence to Treatment Plan	N/A	YES
Frequency of Use	5	0
Client Pregnant	N/A	NO
Counseling Appointments		
Total # scheduled	N/A	7
Total # missed	N/A	0
Total % missed	N/A	0%
Medication Days		
Total # scheduled	N/A	91
Total # missed	N/A	0
Total % missed	N/A	0%
Doctor's Visits		
Total # scheduled	N/A	0
Total # missed	N/A	0
Total % missed	N/A	0%
Urine Results		
Total # Urine tests	N/A	3
Total # Clean tests	N/A	3
Total % Clean tests	N/A	100%

*** Confidential Client Information ****

Report DAS 292 - Quarterly Program Compliance Report

Report Description:

This report is a quarterly evaluation of clients, sorted by counselor, which includes statistics on missed services and a summary of other client activities.

Running the Report:

Use the Report menu to run this report quarterly. It prompts you to enter the quarter start and end date and to choose a printer.

Using the Report:

This report helps treatment counselors monitor clients and track service delivery during the quarter.

Technical Notes:

This report includes data from the quarterly episode evaluation screen, and it also tracks selected procedures and calculates the number scheduled, the number missed, and the percentage missed for each.

Before this report runs for the first time, Operations Staff must specify the procedure codes for services the report includes in its control file. For more information, see Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

MHS_OUTPUT_REPORT
QUARTERLY_COMPLIANCE_DAS292.LIS

Quarterly Program Compliance Report

7-Aug-1990

Page 1

Report DAS292

Provider : HILLVIEW METHADONE MAINTENANCE Quarter/Year: 2/1990

Counselor : BRANDT PATRICIA

Client Name	Client Number	Counseling Sch	Counseling Mis	Counseling Mis%	Medication Sch	Medication Mis	Medication Mis%	Dr's Visit Sch	Dr's Visit Mis	Dr's Visit Mis%	Urine Result Tot	Urine Result Cln	Urine Result Cln%	# of Arrest	Freq Use	Client Preg
TEST LISA	1042904	1	0	0%	7	0	0%	1	0	0%	0	0	0%	0	1	NO
		Primary Problem : Heroin					Employment Status: Full time (greater than 35 hours per week)									
		Legal Status : On Probation					Employed Days : 0									
		Adherence to Tx : YES														
TEST PETER	1009541	7	0	0%	91	0	0%	0	0	0%	3	3	100%	0	0	NO
		Primary Problem : Heroin					Employment Status: Unemployed, has not sought employment in last 30 days									
		Legal Status : None					Employed Days : 0									
		Adherence to Tx : YES														
TEST CATHY	1000861	3	0	0%	91	11	12%	0	0	0%	3	0	0%	0	0	NO
		Primary Problem : Heroin					Employment Status: Full time (greater than 35 hours per week)									
		Legal Status : On Probation					Employed Days : 0									
		Adherence to Tx : YES														
TEST TERRY	1003861	4	0	0%	26	0	0%	0	0	0%	3	3	100%	0	0	NO
		Primary Problem : Heroin					Employment Status: Full time (greater than 35 hours per week)									
		Legal Status : None					Employed Days : 0									
		Adherence to Tx : YES														
TEST MIKE	1028596	5	0	0%	91	0	0%	0	0	0%	4	1	25%	0	1	NO
		Primary Problem : Heroin					Employment Status: Full time (greater than 35 hours per week)									
		Legal Status : None					Employed Days : 0									
		Adherence to Tx : NO														
Total: 5 Clients		20	0	0%	306	11	4%	1	0	0%	16	4	25%			

 Confidential Client Information W&I Code 5328

Report DAS 293 - Recidivism Report

Report Description:

This report lists clients who have used multiple programs or are long-term participants in the system. It includes three parts:

- **Part 1:** lists clients who have ten or more episodes in the last two years.
- **Part 2:** lists clients who have been in residential facilities 240 or more days in the last two years.
- **Part 3:** lists clients who have been registered in two or more types of services in the last two years.

Running the Report:

Use the Report menu to run this report, or set it to resubmit automatically. It is sent to the system printer.

Using the Report:

You may want to re-evaluate treatment of the chronic service users listed in this report.

Output File:

MHS_OUTPUT_REPORT

RECIDIVISM_DAS293_PART1.LIS (10+ episodes)

RECIDIVISM_DAS293_PART2.LIS (240+ days)

RECIDIVISM_DAS293_PART3.LIS (2+ modes)

SERVICE UTILIZATION REPORT
PART 1
TEN OR MORE EPISODES

1-Jun-1991

Page 1

Client Name: TEST DENNIS
Client No.: 5080065

	Provider Name	Admission Date	Discharge Date	Discharge Status	Referred From	Referral Dest.	Total Days Of Service
Heroin	Heroin METH DETOX	17-Aug-1990	6-Sep-1990	Com Tmt/Goals	Self	Self	0020.00
Heroin	Heroin METH DETOX	6-Dec-1989	26-Dec-1989	Com Tmt/Goals	Self	Self	0020.00
Heroin	Heroin METH DETOX	12-Sep-1989	2-Oct-1989	Com Tmt/Goals	Self	Self	0020.00
Heroin	Heroin METH DETOX	19-Apr-1989	8-May-1989	Left-Unsatisf	Self	Self	0019.00
Heroin	Heroin METH DETOX	24-Feb-1989	14-Mar-1989	Left-Unsatisf	Self	Self	0018.00
Heroin	Heroin METH DETOX	30-Dec-1988	18-Jan-1989	Left-Unsatisf	Self	Self	0019.00
Heroin	Heroin METH DETOX	9-Nov-1988	30-Nov-1988	Com Tmt/Goals	F/S Cmn Just	Fed/State CJ	0021.00
Heroin	Heroin METH DETOX	16-Jun-1987	1-Jul-1987	Left-Unsatisf	Self	Self	0015.00
Heroin	Heroin METH DETOX	27-Jan-1987	14-Feb-1987	Left-Unsatisf	Self	Self	0018.00
Heroin	Heroin METH DETOX	10-Jun-1986	30-Jun-1986	Com Tmt/Goals	Self	Self	0020.00

TOTAL EPISODES FOR TEST DENNIS : 10

Client Name: TEST GARY
Client No.: 5135000

	Provider Name	Admission Date	Discharge Date	Discharge Status	Referred From	Referral Dest.	Total Days Of Service
Heroin	Heroin METH DETOX	15-Jun-1990	29-Jun-1990	Left-Unsatisf	Self	Self	0014.00
Heroin	Heroin METH DETOX	4-Apr-1990	23-Apr-1990	Left-Unsatisf	Self	Self	0019.00
Heroin	Heroin METH DETOX	16-Mar-1989	3-Apr-1989	Left-Unsatisf	Self	Self	0018.00
Heroin	Heroin METH DETOX	29-Sep-1988	20-Oct-1988	Com Tmt/Goals	Self	Self	0021.00
Heroin	Heroin METH DETOX	20-Jul-1988	7-Aug-1988	Left-Unsatisf	Self	Self	0018.00
Heroin	Heroin METH DETOX	11-May-1988	31-May-1988	Com Tmt/Goals	Self	Self	0020.00
Heroin	Heroin METH DETOX	14-Jan-1988	4-Feb-1988	Com Tmt/Goals	Self	Self	0021.00
Heroin	Heroin METH DETOX	1-Dec-1987	21-Dec-1987	Left-Unsatisf	Self	Self	0020.00

TOTAL EPISODES FOR TEST GARY : 8

PART I - AGGREGATE TOTALS OF EPISODE DATA

Total Number of Clients:	Total
Total Service Modes:	Episodes
Maintenance	0
Detox	18
Recovery	0
Voluntary	0
DDP FO	0
DDP MO	0

W&I 5328 - Confidential Client Information - 42CFR

SERVICE UTILIZATION REPORT
 PART 2
 240 OR MORE RESIDENTIAL DAYS - PAST 24 MONTHS

Client Name: TEST JOHN
 Client No.: 5161229

	Provider Name	Admission Date	Discharge Date	Discharge Status	Referred From	Referral Dest.	Tot Days Of Service
Alcohol	Alcohol ARC	10-Aug-1990	21-Feb-1991	Com Tmt/Goals	L/C Ctm Just	Local/County CJ	0195.00
Alcohol	Alcohol RTC 28 DAY	9-Jul-1990	4-Aug-1990	Com Tmt/Goals	Self		0026.00
Alcohol	Alcohol ARC	15-May-1990	23-Jul-1990	Refer/Trans	L/C Ctm Just	Alcohol FGM	0069.00

TOTAL ACCRUED DAYS FOR TEST JOHN : 290

Client Name: TEST JOHN
 Client No.: 7029631

Primary Problem at Admission	Provider Name	Admission Date	Discharge Date	Discharge Status	Referred From	Referral Dest.	TotDays Of Service
Alcohol	ARC STOCKTON	18-Dec-1989	20-Aug-1990	Left-Satisfac	L/C Ctm Just		0245.00
Alcohol	ARC STOCKTON	27-Jul-1989	11-Sep-1989	Non Comp TX P	L/C Ctm Just	Local/County CJ	0046.00

TOTAL ACCRUED DAYS FOR TEST JOHN : 291

Client Name: TEST PAUL
 Client No.: 8001420

Admission	Discharge	Discharge	Referred	Referral	Tot Days		
Provider Name	Provider Name	Date	Date	Status	From	Dest.	Of Service
Alcohol	Alcohol ARC	8-Feb-1990	9-Aug-1990	Com Tmt/Goals	L/C Ctm Just	Local/County CJ	0182.00
Alcohol	Alcohol ARC	25-Sep-1989	18-Jan-1990	Non Comp TX P	L/C Ctm Just	Local/County CJ	0115.00

TOTAL ACCRUED DAYS FOR TEST PAUL : 297

PART II - AGGREGATE TOTALS OF EPISODE DATA

Total Number of Clients:	Total
Service Modes:	Episodes
Alcohol Residential	7
Drug Residential	0

W&I 5328 - Confidential Client Information - 42CFR

SERVICE UTILIZATION REPORT
 PART 3
 TWO OR MORE MODES OF SERVICE - PAST 24 MONTHS

Client Name: TEST ALFONSO
 Client No.: 8001068

	Provider Name	Admission Date	Discharge Date	Disch Status	Referred From	Referral Dest.	Tot Days Of Serv
Alcohol	Alcohol RECOVERY	8-Aug-1989	9-Aug-1989	Left-Unsatisf	L/C Cm Just	Other	0001.00
Cocaine	Cocaine DRUG FREE	13-Jul-1989	4-Aug-1989	Left-Unsatisf	L/C Cm Just	Local/County GJ	0022.00

TOTAL EPISODES FOR TEST ALFONSO : 2

Client Name: TEST IDA
 Client No.: 5098084

Primary Problem at Admission	Provider Name	Admission Date	Disch Date	Disch Status	Referred From	Referral Dest.	Tot Days Of Serv
Heroin	Heroin METH DETOX	12-Oct-1990	1-Nov-1990	Cm Tnt/Goals	Self	Self	0020.00
Heroin	Heroin WOMEN'S PGM	24-Oct-1989	15-Nov-1989	Incarcerated	Self		0022.00

TOTAL EPISODES FOR TEST IDA : 2

PART I - AGGREGATE TOTALS OF EPISODE DATA

Total Number of Clients:	Total Episodes
Service Modes:	
Maintenance	1
Detox	1
Recovery	2
Voluntary	0
DDP FO	0
DDP MO	0

W&I 5328 - Confidential Client Information - 42CFR

Report DAS 300 - Caseload Status Report

Report Description:

If it is run for today's date, this report will list all clients who are currently open. If it is run for a past date, it will list all clients open on that date and also include a second line with discharge data for clients who have been closed. The report is organized by Reporting Unit and Primary Staff, with Primary Staff is taken from the client's Episode record.

Running the Report:

You can use the Report menu to run this report, or Operations Staff can set it up to run automatically at any interval. It can be distributed to the printer for each program, or sent to the printer you specify when you run it.

You will be prompted to enter a Reporting Unit (or enter '*' for all units) and to enter the report date.

Using the Report:

Program managers can review the report to get a picture of their client caseload at any time, to assist in managing workloads and tracking clients.

Output File:

MHS_OUTPUT_REPORT:

CASELOAD_STATUS_DAS300.*****_LIS

Caseload Status

23-Oct-1995

Page 1

Report DAS300

Provider: DDP Indio FO

16358

Active Cases as of: 20-Oct-1995

Client Name	Number	Opening Date	Admission Status	Staff Name	Last Service Date	Discharge Date	Coded Remarks
AB***** SEAN	97777687	10-Oct-1995	Sub Abuser	MENESES	10-Oct-1995		N N
AB***** OCTAVIO	10088869	20-Dec-1993	Sub Abuser	MENESES	20-Dec-1993		
AD***** PAUL	92323382	1-Sep-1995	Sub Abuser	MENESES	1-Sep-1995		N N
AD***** FRANKLIN	932329670	18-Apr-1995	Sub Abuser	MENESES	11-Oct-1995		
AF***** DAVID	950624444	10-Oct-1995	Sub Abuser	MENESES	10-Oct-1995		N N
AG***** SILVERIO	951111110	18-Oct-1995	Sub Abuser	MENESES			N N
AN***** JOSE	951111101	19-Jul-1995	Sub Abuser	MENESES	3-Oct-1995		N N
AR***** LEON	912121338	21-Jun-1995	Sub Abuser	MENESES			
AR***** FIDEL	187870073	16-Mar-1993	Sub Abuser	MENESES	13-May-1993		
EL***** JIMMIE	144443229	28-Mar-1995	Sub Abuser	MENESES	28-Mar-1995	21-Oct-1995	
EO***** AURELIANO	950624834	17-Aug-1995	Sub Abuser	MENESES	15-Sep-1995		Discharge Status: Missing Referral Destination: N N
EO***** ALLEN	950333358	13-Jun-1995	Sub Abuser	MENESES	13-Jun-1995		
ER***** TODD	950666653	30-May-1995	Sub Abuser	MENESES	30-May-1995	31-Oct-1995	Discharge Status: Missing Referral Destination:

 Confidential Information

Report DAS 301 - Monthly Heroin Detox Medication Treatment

Report Description:

This report is a summary of services provided to detox clients, including dosing services and urinalysis results. It covers one month and is sorted by Reporting Unit and Client.

Running the Report:

Use the Report menu to run this report.

Report Prompt:

You are prompted to enter the first day of the report month. The report is automatically routed to each reporting unit's printer.

Using the Report:

This report is used to review client services. It may *not* serve as the dosing record in a client's chart. It may serve as an official urine record.

Technical Notes:

Before this report is run for the first time, Operations Staff must modify the DAT file to include the dosing and urine procedures which will be reported.

Output File:

MHS_OUTPUT_REPORT:

DETOX_TREATMENT_DAS301.*****_LIS

Heroin Detox Client Medication Record

25-Jun-2001

Page 1

Report DAS 301

Client: TESTCASE

RUBIN

Client Number: 1052381

Reporting Month: May

Provider: HHD

Reporting Year: 2001

Opening Date:

DATE	T-LV OTHER SERVICES RECEIVED	Staff:	
16-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
16-May-2001	A-40		
17-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
17-May-2001	A-40		
18-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
18-May-2001	A-40		
19-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
19-May-2001	A-40		
20-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
20-May-2001	A-35		
21-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
21-May-2001	A-35		
22-May-2001	METHADONE DOSING SURCHARGE	ZERO	(23:20)
22-May-2001	A-30		
23-May-2001	Methadone Dosing	ZERO	(23:20)
23-May-2001	A-30		
24-May-2001	Methadone Dosing	ZERO	(23:20)
24-May-2001	A-25		
25-May-2001	Methadone Dosing	ZERO	(23:20)
25-May-2001	A-25		
26-May-2001	Methadone Dosing	ZERO	(23:20)
26-May-2001	A-20		
27-May-2001	Methadone Dosing	ZERO	(23:20)
27-May-2001	A-20		
28-May-2001	Methadone Dosing	ZERO	(23:20)
28-May-2001	A-17		
29-May-2001	Methadone Dosing	ZERO	(23:20)
29-May-2001	A-17		
30-May-2001	Methadone Dosing	ZERO	(23:20)
30-May-2001	Urine: Clean		
30-May-2001	Urine:		
30-May-2001	A-15		
31-May-2001	Methadone Dosing	ZERO	(23:20)
31-May-2001	A-15		
1-Jun-2001	Methadone Dosing	ZERO	(23:20)
1-Jun-2001	A-12		
2-Jun-2001	Methadone Dosing	ZERO	(23:20)
2-Jun-2001	A-12		

Test Result Codes:

PH = Phenobarb	A = Amphetamine	K = Cocaine	THC = Marijuana
PE = Pentobarb	ME = Methamphetamine	D = Darvon	MP = Meperadine
S = Secobarb	OM = Meth Missing	PR = Procaine	PN = Percodan
M = Morphine	OMT = Metab Missing	D = Dilaudid	V = Valium
C = Codeine	AL = Alcohol	P = PCP	O = Other

Report DAS 311 - Methadone Maintenance Weekly Dosing Log

Report Description:

This report lists clients who are open at methadone maintenance providers. It also populates the dosing entry screen for the coming week. It produces a printed log, sorted by reporting unit, used to record dosing information during the coming week.

Running the Report:

You can use the Report menu to run this report each week, after entering dosing information from the previous week, or Operations Staff can set it up to run automatically each week. It prompts you to enter the start date for the coming week. The report can be run for up to three Reporting Units at a time. It is automatically distributed to the Reporting Units' printers.

Using the Report:

Dispensing nurses use this report to record the dose type and level given to each client each day. If clients are opened after the log is produced, add them blank lines of the report. Episodes that are closed should also be noted on the form. Use the completed log for data entry.

Output File:

MHS_OUTPUT_REPORT:

MAINT_LOG_DAS311.*****_LIS

Maintenance Dosing Log

Report DAS 311
Provider: 99166
Run: 8-NOV-1995

Page 1

For Week beginning Monday: 6-NOV-1995

Client No	Client Name	Pickup Schedule	Monday 11/6/95	Tuesday 11/7/95	Wednesday 11/8/95	Thursday 11/9/95	Friday 11/10/95	Saturday 11/11/95	Sunday 11/12/95	Init
77406667	ABUSTIA, LEONARD	MTWTFSS	(1) 45	(1) 45	(1) 45	(1) 45	(1) 45	(1) 45	(1) 45	
58222617	ARAMS, CAMERON	MTWTFSS	(1) 80	(1) 80	(1) 80	(1) 80	(1) 80	(1) 80	(1) 80	
99991619	ALVAREZ, DANA	MTWTFSS	(1) 70	(1) 70	(1) 70	(1) 70	(1) 70	(1) 70	(1) 70	
00100111	BALMEZ, GRIPTINA	MTWTFSS	(1) 26	(1) 26	(1) 26	(1) 26	(1) 26	(1) 26	(1) 26	
22561617	ARAGON, BILL	MTWTFSS	(1) 60	(1) 60	(1) 60	(1) 60	(1) 60	(1) 60	(1) 60	
56023331	ARHULIE, FRANCES	MTWTFSS	(1) 55	(1) 55	(1) 55	(1) 55	(1) 55	(1) 55	(1) 55	
53444617	CARDENAL, TRINI	MTWTFSS	(1) 50	(1) 50	(1) 50	(1) 50	(1) 50	(1) 50	(1) 50	
81955521	COSTELLO, MARY	MTWTFSS	(1) 65	(1) 65	(1) 65	(1) 65	(1) 65	(1) 65	(1) 65	

Confidential Client Information

Report DAS 312 - Heroin Detox Weekly Dosing Log

Report Description:

This report lists clients who are open at detox programs. It also populates the dosing entry screen for the coming week. It produces a printed log, sorted by reporting unit, used to record dosing information during the coming week.

Running the Report:

Use the Report menu to run this report each week, after entering dosing services for the previous week. It prompts you to enter the start date for the coming week. The report can be run for up to three Reporting Units at a time. It is automatically distributed to the programs' printers.

Using the Report:

Detox nurses use this report to record the dose type and level given to each client each day. If clients are opened after the log is produced, add them blank lines of the report. Episodes that are closed should also be noted on the form. Use the completed log for data entry.

Output File:

MHS_OUTPUT_REPORT:

DTX_LOG_DAS312.*****_LIS

Weekly Detox Dosing Log

Report DAS 312
 Provider: 99165
 Run: 25-OCT-1995

Page 1

For Week beginning Monday: 16-OCT-1995

Client No	Client Name	Monday 10/16/95	Tuesday 10/17/95	Wednesday 10/18/95	Thursday 10/19/95	Friday 10/20/95	Saturday 10/21/95	Sunday 10/22/95	Initial
950677672	BOOK, THOMAS	(9)	(6)	(3)	(0)	(0)	(0)	(0)	
087871619	CEREIO, DANIEL	(40)	(40)	(39)	(38)	(37)	(36)	(33)	
051634401	GLORES, ANTHONY	(9)	(6)	(3)	(0)	(0)	(0)	(0)	
103337009	MACKEY, DEBBIE	(9)	(6)	(3)	(0)	(0)	(0)	(0)	
950633365	MARTIN, LUCIO	(24)	(21)	(18)	(15)	(12)	(9)	(6)	
105553352	MCDANIEL, BILL	(0)	(0)	(0)	(0)	(0)	(0)	(0)	

 Confidential Information

Report DAS 316 - Methadone Maintenance Take-Home Bottle Labels

Report Description

This program produces labels for take-home Methadone doses, with the legally- required message, date of dose, client name, clinic physician, and phone numbers. The labels are sorted alphabetically by client name, and produced for a week at a time. They should be printed on a one-up 4 x 1 7/16 pin-feed roll of labels.

Running the Report

Use the Report menu to run this report once a week. You can produce labels for up to three reporting units. Three options are available:

- Labels for open clients whose pickup schedule indicates take-home privileges
- Labels for open clients for a specific holiday date (on which the clinic is closed).
- Blank labels (no date or name).

Using the Report

Attach the labels to the methadone doses.

Technical Notes

The beginning day of the week that these labels are produced for depends on the County Option Flag, PSP\$_OPT_MHS_WEEK_START_DAY.

Output File

MHS_OUTPUT_REPORT:

TAKEHOME_LABELS_DAS316.xxxxxx_LIS

HOLIDAY_LABELS_DAS316.xxxxxx_LIS

BLANK_LABELS_DAS316.xxxxxx_LIS

27-JUL-1997 CHARLES SMITH
OCEANVIEW METH MAINT 4567 MAIN ST
Dr. JOHN SMITH
METHADONE HCL-ONE DOSE-POISON/VENENO
MAY BE FATAL TO ADULT OR CHILD -- KEEP
AWAY FROM CHILDREN/TRANSFER TO ANOTHER
PERSON PROHIBITED BY FEDERAL LAW.
Telephone # 606-234-1234

01-AUG-1997 CHARLES SMITH
OCEANVIEW METH MAINT 4567 MAIN ST
Dr. JOHN SMITH
METHADONE HCL-ONE DOSE-POISON/VENENO
MAY BE FATAL TO ADULT OR CHILD -- KEEP
AWAY FROM CHILDREN/TRANSFER TO ANOTHER
PERSON PROHIBITED BY FEDERAL LAW.
Telephone # 606-234-1234

27-JUL-1997 KEVIN JONES
OCEANVIEW METH MAINT 4567 MAIN ST
Dr. JOHN SMITH
METHADONE HCL-ONE DOSE-POISON/VENENO
MAY BE FATAL TO ADULT OR CHILD -- KEEP
AWAY FROM CHILDREN/TRANSFER TO ANOTHER
PERSON PROHIBITED BY FEDERAL LAW.
Telephone # 606-234-1234

01-AUG-1997 KEVIN JONES
OCEANVIEW METH MAINT 4567 MAIN ST
Dr. JOHN SMITH
METHADONE HCL-ONE DOSE-POISON/VENENO
MAY BE FATAL TO ADULT OR CHILD -- KEEP
AWAY FROM CHILDREN/TRANSFER TO ANOTHER
PERSON PROHIBITED BY FEDERAL LAW.
Telephone # 606-234-1234

Report DAS 318 - Methadone Maintenance Month End Treatment Report

Report Description:

This report is an end of month treatment history for all Methadone Maintenance clients. Each page is an individual client summary, with client name, client number, provider name, admit date, urine test results, counseling visits, dosing services, staff, and duration of visit.

Running the Report:

Use the Report menu to run this report after the month's services have been entered.

Report Prompt:

You are prompted to enter first day of report month.

Using the Report:

Include this report in the client's chart.

Technical Notes:

The procedure codes for services included in this report must be specified in the control file before the report runs for the first time. For more information, see Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

MHS_OUTPUT_REPORT

MM_MONTH_END_REPORT_DAS318.*****_LIS

Maintenance Dosing Log

Report DAS 318
Provider: 99166
Run: 8-NOV-2001

Page 1

For Month beginning 1-NOV-2001

Client No	Client Name	Pickup Schedule	Monday 11/6/01	Tuesday 11/7/01	Wednesday 11/8/01	Thursday 11/9/01	Friday 11/10/01	Saturday 11/11/01	Sunday 11/12/01	Init
77406667	ABUSTIA, LEONARD	MIWIFSS	(1) 45	(1) 45	(1) 45	(1) 45	(1) 45	(1) 45	(1) 45	
58222617	ARAMS, CAMERON	MIWIFSS	(1) 80	(1) 80	(1) 80	(1) 80	(1) 80	(1) 80	(1) 80	
99991619	ALVAREZ, DANA	MIWIFSS	(1) 70	(1) 70	(1) 70	(1) 70	(1) 70	(1) 70	(1) 70	
00100111	BALMEZ, GRIPTINA	MIWIFSS	(1) 26	(1) 26	(1) 26	(1) 26	(1) 26	(1) 26	(1) 26	
22561617	ARAGON, BILL	MIWIFSS	(1) 60	(1) 60	(1) 60	(1) 60	(1) 60	(1) 60	(1) 60	
56023331	ARHULIE, FRANCE	MIWIFSS	(1) 55	(1) 55	(1) 55	(1) 55	(1) 55	(1) 55	(1) 55	
53444617	CARDENAL, TRINI	MIWIFSS	(1) 50	(1) 50	(1) 50	(1) 50	(1) 50	(1) 50	(1) 50	
81955521	COSTELLO, MARY	MIWIFSS	(1) 65	(1) 65	(1) 65	(1) 65	(1) 65	(1) 65	(1) 65	

Confidential Client Information

Report DAS 320 - Clients Registered Weekly

Report Description:

This report lists Formal Probation clients who have been registered into DDP during the week beginning three weeks before the run date. It includes client name, docket number, CGN number, program level, probation officer name, referring court and court date, and intake date, sorted by CGN number.

Running the Report:

Use the Report menu to run this report. It can be set to resubmit automatically each week.

You are prompted to enter a printer. The default is the printer of the person who produces the report.

Using the Report:

The report is used to inform the Adult Probation Department that a client referred by a court has enrolled in a DDP program. If the report is complete and the opening dates and program levels are correct, send it to the county Adult Probation Department. If dates or program levels need to be corrected, rerun the report after making the corrections.

Output File:

MHS_OUTPUT_REPORT:

CLIENTS_REGISTERED_WEEKLY_DAS320.LIS

Report DAS320

TO: ADULT PROBATION DEPARTMENT

FROM: RIVERSIDE COUNTY
DRINKING DRIVER PROGRAM

RE: FORMAL PROBATION CLIENTS REGISTERED WEEK ENDING:
6/11/95

DATE: 6/26/95

Docket #	CGN #	Client Name	Referring Court	Court Date	Prog Level	Date Register	Probation Officer
2B9300	2R2644	SU***** MARCO	THREE LAKES MUN CT	5/26/95	3	6/07/95	
2P9473	2FR3905	MA***** NANCY	THREE LAKES MUN CT	5/23/95	1	6/05/95	
2R3030	2FR6304	MI***** JIMMY	RIVERSIDE MUN CT	5/18/95	1	6/05/95	
2R3124	2FR6309	WA***** STEVEN	RIVERSIDE MUN CT	5/19/95	1	6/05/95	
H9332	FR5319	BE***** HENRY	MT SAN JAC MUN CT	4/20/95	1	6/05/95	
H9503	FR5377	GR***** LEAH	MT SAN JAC MUN CT	5/22/95	1	6/09/95	
H95H396	FR5316	CH***** JEFFREY	HARBOR ORNG CNTY	5/17/95	1	6/05/95	
I009	FD1142	HO***** RELTON	INDIO/DMV	6/06/95	1	6/06/95	
I009	FD1146	GI***** MARIA	INDIO MUNICIPAL CT	6/06/95	1	6/06/95	
I009	FD1152	OT***** EDWARD	INDIO MUNICIPAL CT	6/06/95	1	6/06/95	
I009	FD1158	HU***** REBECCA	INDIO/DMV	6/06/95	1	6/06/95	
I0442	FD1153	PO***** KEVIN	INDIO MUNICIPAL CT	5/25/95	1	6/06/95	
I0447	FD1160	PE***** EDGAR	INDIO MUNICIPAL CT	5/25/95	1	6/07/95	
I0448	FD1143	SA***** VERONICA	INDIO MUNICIPAL CT	5/25/95	1	6/06/95	

Total: 14

Confidential Information

Report DAS 321 - Clients Open After 21 Months (MO Program)

Report Description:

This report lists DDP Multiple Offender clients who have been open 650 days or longer. It includes client name, docket number, CGN number, intake date, status, and status effective date, listed by Reporting Unit.

Running the Report:

Use the Report menu to run this report as needed, or set it to resubmit automatically on the first day of each month. It is automatically sent to the printer of each Reporting Unit.

Using the Report:

Use the report to find clients who have dropped out but have not been discharged in InSyst. Update InSyst's records by discharging them.

Output File:

MHS_OUTPUT_REPORT:

CLIENT_OPENED_21MONTH_DAS321.*****_LIS

Clients Open After 21 Months
Multiple Offender Program

1-Oct-1990
Page 1

Report DAS 321

Provider Name: ALERT DRIVING INC DDP MO

Client Name	Client No.	Docket #	CGN#	Intake Date	Status	Effective Date
TESTCASE JIM	214371-1	43-C8710198	43-C8710198	1/13/89	REINSTATE	17-Mar-1990
TESTCASE MARY	217931-1	01-113079	43-113079	7/19/89	REINSTATE	18-Aug-1990
TESTCASE JEAN	217097-9	43-A8731748	43-A8731748	3/10/89	ACTIVE	10-Mar-1989
TESTCASE DONNA	217011-0	43-C8884987	43-C8884987	7/30/89	ACTIVE	30-May-1989
TESTCASE JAMES	217197-1	43-C8739777	43-C8739777	3/11/88	REINSTATE	14-Nov-1989
TESTCASE RALPH	217484-7	43-E8971491	43-E8971491	7/10/89	REINSTATE	14-Jan-1990
TESTCASE MICHAEL	211077-3	43-A8840887	43-A8840887	3/14/89	REINSTATE	13-May-1990
TESTCASE GREG	214713-1	43-E8317348	43-E8317348	3/18/89	ACTIVE	18-Mar-1989
TESTCASE RHONDA	231870-4	43-C8777730	43-C8777730	10/17/87	REINSTATE	17-Mar-1990
TESTCASE LINDA	217378-8	43-A8948893	43-A8948893	7/07/89	REINSTATE	11-Jan-1990
TESTCASE PAUL	217149-7	43-E8871171	43-E8871171	4/14/89	REINSTATE	7-May-1990
TESTCASE LARRY	217119-7	41-107M798	41-107M798	7/13/89	ACTIVE	13-Jun-1989
TESTCASE DEBRA	217107-8	43-C8741788	43-C8741788	3/17/89	REINSTATE	14-Jan-1990
TESTCASE FRED	217719-1	43-C8740843	43-C8740843	7/10/89	ACTIVE	10-Jun-1989
TESTCASE DINAH	218143-7	43-D8871371	43-D8871371	7/07/89	REINSTATE	19-Mar-1990
TESTCASE MARY	119417-9	43-C8739079	43-C8739079	8/03/88	REINSTATE	13-Mar-1989
TESTCASE JEANIE	211744-7	43-C8897797-M	43-C8897797	7/10/89	ACTIVE	10-Mar-1989
TESTCASE MINNA	213107-9	41-101M707	41-101M707	1/07/89	ACTIVE	7-Jan-1989
TESTCASE ROLLO	211187-3	38-1108114	38-1108114	11/30/88	ACTIVE	30-Nov-1988
TESTCASE RAFE	210117-7	01-131310	43-131310	9/17/88	REINSTATE	7-Jun-1990
TESTCASE ROBIN	217483-8	41-M170778SB	41-M170778SB	7/10/89	ACTIVE	10-May-1989
TESTCASE LENA	108111-1	43-08871877	43-08871877	1/13/89	REINSTATE	17-Jul-1990
TESTCASE ELROY	218743-4	43-C8801177	43-C8801177	7/10/89	REINSTATE	17-Feb-1990
TESTCASE STAN	707787-8	43-D8974877	43-D8974877	7/14/89	ACTIVE	14-May-1989
TESTCASE JOHN	217917-3	43-C8744783	43-C8744783	7/13/88	REINSTATE	7-Jun-1990
TESTCASE ANGIE	210991-1	01-118787	43-118787	11/10/87	REINSTATE	1-May-1990
TESTCASE DARLA	211913-1	40-M000119838	40-M000119838	11/17/88	REINSTATE	13-Aug-1990
TESTCASE JOSE	217791-3	43-C8770437	43-C8770437	4/17/88	REINSTATE	17-Apr-1990
TESTCASE RICH	214919-4	43-111817	43-111817	3/03/89	REINSTATE	19-May-1990
TESTCASE VICTOR	213710-0	43-C8890113	43-C8890113	1/19/89	ACTIVE	19-Jan-1989
TESTCASE MIGUEL	230871-1	43-E8977174	43-E8977174	10/14/88	ACTIVE	14-Oct-1988
TESTCASE ALLEN	218847-7	43-C8883070	43-C8883070	10/18/88	ACTIVE	18-Oct-1988
TESTCASE HANNAH	219488-1	43-A8841447	43-A8841447	8/14/88	ACTIVE	14-Aug-1988
TESTCASE MEG	217778-8	43-08871971	43-08871971	3/31/89	REINSTATE	14-Aug-1990
TESTCASE BOB	217448-0	43-E8971197	43-E8971197	7/07/89	REINSTATE	11-Sep-1990
TESTCASE DAVID	218711-0	43-C8874373	43-C8874373	7/14/88	REINSTATE	14-Aug-1989
TESTCASE SAM	217793-1	43-E8874303	43-E8874303	7/11/89	ACTIVE	11-May-1989
TESTCASE JOHN	208770-1	43-C8910711	43-C8910711	7/17/89	REINSTATE	8-Feb-1990

Total: 38

Confidential Information

Report DAS 322 - Transferred Out 21-Month Report

Report Description:

This report lists DDP Multiple Offenders who were administrative transfers out of country (TOC) during the last 21 months. It includes client name, docket number, CGN number, court date, intake date, and transfer code label (county).

Running the Report:

Set this report to resubmit automatically every 30 days. You may also use the Report menu to run it as needed.

Using the Report:

Use this report to ask for progress reports from counties where clients have been transferred, if you have not already received a completion report.

Output File:

```
MHS_OUTPUT_REPORT  
TRANSFERRED_OUT_21MONTH_DAS322.*****_LIS
```

Transferred Out 21-Month Report
Multiple Offender Program

21-Feb-1991
Page 1

Report 322

Client Name	Docket #	CGN #	Court Date	Intake Date	Transferred Out Of County
TESTICASE ROBERT	07-66495-3	9-123123	10/24/89	11/02/89	SACRAMENTO
TESTICSE PATRICIA	07-1245166	49-12345	10/16/89	11/02/89	LOS ANGELES

* W&I Code 5328 - Confidential Client Information - 42CFR *

Report DAS 323 - Daily Open Group Report

Report Description:

This report lists DDP groups with available slots. For each, it lists the number of slots available, the total number of slots, the day(s) and time the group meets, and the name of the staff member leading the group.

Running the Report:

Set this report to resubmit automatically every evening, or use the Report menu to run it as needed.

Using the Report:

Intake workers use this report to find a group with open slots where a new client can be assigned. DDP administrators use the report to monitor the general availability of groups.

Output File:

MHS_OUTPUT_REPORT

DAILY_OPEN_GROUP_DAS323.*****_LIS

Daily Open Group Report

17-Apr-1991

Page 1

Report DAS323

Provider Name: CENTRAL CO ALC FOOD II

Provider ID : 97304

Group	Staff Name	Start Date	End Date	Day	Time	Slots	
						Maximum	Available
1	CADE	3/01/91		Th	06:30 - 08:30 PM	35	35
2	LANE	3/01/91		M	05:30 - 07:30 PM	35	35
80	PETERSEN	3/01/91		T	07:00 - 08:30 PM	15	15
100	GERAGHTY	3/01/91		Su	12:00 - 01:00 AM	45	45
101	SHIELDS	3/01/91		W	06:30 - 08:00 PM	15	4
102	SHIELDS	3/01/91		F	12:00 - 01:30 PM	15	15
103	EGAN	3/01/91		M	07:30 - 09:00 PM	15	15
104	EGAN	3/01/91		T	07:00 - 08:30 PM	15	15
105	EGAN	3/01/91		W	05:30 - 07:00 PM	15	15
106	EGAN	3/01/91		Th	07:30 - 09:00 PM	15	14
107	LANE	3/01/91		T	07:30 - 09:00 PM	15	15
108	LANE	3/01/91		Th	05:30 - 07:00 PM	15	15
109	LANE	3/01/91		F	02:30 - 04:00 PM	15	15
110	CADE	3/01/91		M	05:30 - 07:00 PM	15	3
111	CADE	3/01/91		T	06:00 - 07:30 PM	15	2
112	CADE	3/01/91		W	02:30 - 04:00 PM	15	3
113	CARLSON	3/01/91		M	06:00 - 07:30 PM	15	15
114	CARLSON	3/01/91		W	07:00 - 08:30 PM	15	15
115	CARLSON	3/01/91		Th	07:00 - 08:30 PM	15	15
116	DUMMY	3/01/91		Su	12:00 - 01:00 AM	15	15

Report DAS 324 - DDP Drop/Suspension Report

Report Description:

This report lists DDP clients who have been dropped or suspended, sorted by Reporting Unit and staff. It includes provider, staff name, client name and number, docket number, CGN number, opening date, reason for drop/suspension, status effective date, and the number of hours of the program the client completed before dropping out or being suspended.

Running the Report:

Set this report to resubmit automatically every 30 days. You may also use the Report menu to run it as needed.

Using the Report:

Use this report to notify the county probation department which clients have been dropped or suspended.

Output File:

```
MHS_OUTPUT_REPORT  
DROP_SUSPENSION_DAS324.*****_LIS
```

DDP Drop/Suspension Report

7-Jun-1991

Page 1

Report DAS324

Provider Name : TEST FIRST OFFENDER PGM (99031)

Period Covering: 5/01/91 to 5/31/91

Staff Name: TEST STAFF

Client Name	Client ID	Docket #	CGN #	Admission Date	Status Effective Date	Reason	Hours Completed
TESTCASE GEORGIA	0000-7	49-1231231230	49-1231231230	15-Oct-1989	1-Nov-1989	DROP - ATT	8
TESTCASE LEROY	0002-7	38-1W2345R566	38-1W2345R566	26-Dec-1990	26-Dec-1990	DROP - FEES	3
TESTCASE GEORGIA	0000-7	49-1231231230	9-1231231230	15-Oct-1989	2-Nov-1989	DROP - ATT	8
TESTCASE RHONDA	0001-7	ME-3444555	ME-3444555	11-Dec-1989	11-Dec-1989	DROP - FEES	1

Total Drops for TEST STAFF : 4

Total Drops for TEST FIRST OFFENDER PGM : 4

 * W&I Code 5328 - Confidential Client Information - 42CFR *

Report DAS 325 - Open Groups Activity Report

Report Description:

This report summarizes the activity of open DDP groups. It is sorted by Reporting Unit and it includes provider, staff name, group start and end dates, start time and day, number in group and percentage of clients who have completed. (**) indicates a group has been completed during the reporting period.

Running the Report:

Use the Report menu to run this report as needed. The dialog prompts you for the start and end dates of the reporting period, and for a printer.

Using the Report:

The report is used to plan for groups nearing completion, and to predict vacancies in ongoing groups. It supplements the report of vacancies in report DAS323.

Output File:

MHS_OUTPUT_REPORT
OPEN_GROUPS_ACTIVITY_DAS325.LIS

Activity Report On Open DDP Groups

8-May-1991

Page 1

Report DAS 325

Provider Name : CENTRAL CO ALC FODD II

Period Covering: 4/29/91 to 4/30/91

Group	Staff Name	Start Date	End Date	Start Time	Day	# in Group	% Complete
1	CADE	3/01/91		06:30 PM	Th	0	00
2	LANE	3/01/91		05:30 PM	M	0	00
80	PETERSEN	3/01/91		07:00 PM	T	9	00
100	GERAGHTY	3/01/91		12:00 AM	Su	1	00
101	SHIELDS	3/01/91		06:30 PM	W	13	00
102	SHIELDS	3/01/91		12:00 PM	F	12	00
103	EGAN	3/01/91		07:30 PM	M	14	00
104	EGAN	3/01/91		07:00 PM	T	12	00
105	EGAN	3/01/91		05:30 PM	W	16	00
106	EGAN	3/01/91		07:30 PM	Th	15	00
107	LANE	3/01/91		07:30 PM	T	11	00
108	LANE	3/01/91		05:30 PM	Th	14	00
109	LANE	3/01/91		02:30 PM	F	6	00
110	CADE	3/01/91		05:30 PM	M	13	00
111	CADE	3/01/91		06:00 PM	T	11	00
112	CADE	3/01/91		02:30 PM	W	12	00
113	CARLSON	3/01/91		06:00 PM	M	5	00
114	CARLSON	3/01/91		07:00 PM	W	14	00
115	CARLSON	3/01/91		07:00 PM	Th	16	00
116	DUMMY	3/01/91		12:00 AM	Su	0	00
117	DUMMY	3/01/91		12:00 AM	Su	0	00
590	GALITZEN	4/29/91		11:00 AM	M	8	00
1344	GERAGHTY	3/01/91		12:00 AM	Su	39	00

** indicates group completed during reporting period

Total Groups: 23

Report DAS 326 - Provider Activity and Status Changes Report

Report Description:

This report summarize status changes in DDP programs for quarterly reporting to the state for First and Multiple Offender Programs. The FO portion of the report includes two columns, with changes in Level 1 and in Level 2, for each provider. The MO portion of the report is the same, but includes only one column. The report also includes summary totals for all FO and MO providers.

Running the Report:

Use the Report menu to run this report after data entry for the month is complete. You are prompted for a start and stop date and for a printer. The central system printer is the default.

Using the Report:

Use this report to complete parts 2 and 3 of the quarterly Licensing Fee and Participant Enrollment Report reports required by the state. Enter the data from the monthly INSYSY reports into the month columns of the state report.

Technical Notes:

The report counts each status change during the time period. Multiple status changes for a client will all be counted.

Operations Staff sets up the default enrollment fee and default start and end dates in the DAT file.

Output File:

MHS_OUTPUT_REPORT

PROVIDER_ACTIVITY_FO_DAS326A.*****LIS

PROVIDER_ACTIVITY_MO_DAS326B.*****LIS

First Offender Drinking Driver Program
Quarterly Licensing Fee and Participant Enrollment Report

23-May-1991

Page 1

Report DAS 326A

Provider: CENTRAL CO ALCOHOL SERV CTR

Street Address: 2366 STANWELL CIRCLE A

City: CONCORD Zip: 94520

Telephone: (415) 646-4551

Period Covering: 1/01/88 to 5/31/91

Level I	Total	Level II	Total
TOTAL new participants enrolled	0	TOTAL new participants enrolled	0
FEES DUE (total enrollment x \$30)	\$.00	FEES DUE (total enrollment x \$30)	\$.00
Total termination for noncompliance:	0	Total termination for noncompliance:	0
Unexcused absences	0	Unexcused absences	0
Failure to maintain sobriety	0	Failure to maintain sobriety	0
Nonpayment of fees	0	Nonpayment of fees	0
Other reasons not mentioned above	0	Other reasons not mentioned above	0
Number of reinstatements by court	0	Number of reinstatements by court	0
Number of transfers from other programs	0	Number of transfers from other programs	0
Number of transfers to other programs	0	Number of transfers to other programs	0
Number of successful completions	0	Number of successful completions	0

Summary of FO Providers

Period Covering 1/01/88 to 5/31/91

Level I	Total	Level II	Total
TOTAL new participants enrolled	0	TOTAL new participants enrolled	0
FEES DUE (total enrollment x \$30)	\$.00	FEES DUE (total enrollment x \$30)	\$.00
Total termination for noncompliance:	0	Total termination for noncompliance:	0
Unexcused absences	0	Unexcused absences	0
Failure to maintain sobriety	0	Failure to maintain sobriety	0
Nonpayment of fees	0	Nonpayment of fees	0
Other reasons not mentioned above	0	Other reasons not mentioned above	0
Number of reinstatements by court	0	Number of reinstatements by court	0
Number of transfers from other programs	0	Number of transfers from other programs	0
Number of transfers to other programs	0	Number of transfers to other programs	0
Number of successful completions	0	Number of successful completions	0

Report DAS 328 - Make-up Report

Report Description:

This report lists the percentage of participant visits that were make-ups during the last month. It is organized by provider and group, and it includes group number, number of visits, number of make-up visits, and percentage of visits that were make-ups.

Running the Report:

Operations Staff may set this report to resubmit automatically every 30 days or use the Report menu to run it as needed.

Using the Report:

The report is used to monitor group visits and client's attendance rates.

Technical Notes:

The procedure codes for services included in this report must be specified in the control file before the report is run for the first time. For more information, see Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

MHS_OUTPUT_REPORT
MAKE_UPS_REPORT_DAS328.LIS

Make Up Report

17-Jul-1991

Page 1

Report DAS 328

Provider Name: Newman Test FO Program

Period Covering: 1-June-1991 to 30-June-1991

Group #	Participant Visits	Make Ups	% Make Ups
1	11	5	31
2	220	0	0

Report DAS 329 - Notice of Impending Graduates (MO Program)

Report Description:

This report is a weekly listing of clients who should graduate from Multiple Offender programs soon. It is organized by provider, and it lists client name, docket number, CGN number, court date, intake date, accrued service hours.

Running the Report:

Operations Staff may set this report to resubmit automatically every 7 days or use the Report menu to run it as needed.

Using the Report:

This report lets you anticipate open slots in groups, to help in planning. It supplements report DAS 323, which lists current open slots.

Technical Notes:

Operations Staff must specify the procedure codes for services included in this report (education, group and individual) in the control file before the report is run for the first time. They must also specify the minimum number of sessions to be attended for each service. For more information, see Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

```
MHS_OUTPUT_REPORT
GRAD_5_WEEK_DAS329.*****_LIS
```

Bureau Of Alcohol Services
5-Week Notice Of Graduates
Multiple Offender Program

4-Oct-1988
Page 1

Report DAS 329

Provider Name: MILPITAS DDP MO

Client Name	Docket #	CGN#	Court Date	Intake Date	Accrued Svc Hrs
TESTCASE STAN	01-44353	01-44353	9/23/87	10/07/87	72.00
TESTCASE SENG	43-C8709536	43-C8709536	9/17/87	9/29/87	73.00
TESTCASE WENDY	43-C8095157	43-C8095157	3/24/87	4/06/87	71.50

TOTAL: 3

* Confidential Client Information *

Report DAS 330 - Failure to Register (FO Program)

Report Description:

This report lists clients referred by the courts who have not registered with DDP within 28 days of their court date. It is forwarded to the Adult Probation Department and Municipal Court Administration.

This report also changes Court Referral statuses for everyone whose referral was more than 28 days before the day the report is run:

- It deletes records for clients whose court date is 90 or more days past and whose status is Delete, Sent or Assigned.
- It changes the status of records for clients whose court date is 90 or more days past and whose status is Sent or Assigned to a Delete status. (It will delete these during its next run.)
- It changes the status of records for clients who have not registered within 28 days of the court date to Sent status (sent back to the court).

When clients register at a program, DDP Registration changes their status to Assigned status (assigned to a program.).

Running the Report:

Operations Staff may set this report to resubmit automatically every 30 days or use the Report menu to run it as needed.

Using the Report:

Make sure that clients who have enrolled are not listed in the report. If necessary, correct the information and rerun the report.

Send part A and B of this report to the Adult Probation Department and Municipal Court Administration, to inform them that clients have not enrolled in DDP programs as required by the court. Retain part C for your records.

Output File:

MHS_OUTPUT_REPORT

FAILURE_TO_REGISTER_DAS330A.LIS (*Adult Probation*)

FAILURE_TO_REGISTER_DAS330B.LIS (*Municipal Court Admin.*)

FAILURE_TO_REGISTER_DAS330C.LIS (*DDP Central Admin.*)

TO: ADULT PROBATION DEPARTMENT

FROM: SANTA CLARA COUNTY
BUREAU OF ALCOHOL SERVICES
DRINKING DRIVER PROGRAM

RE: FAILURE TO REGISTER - FORMAL PROBATION
SAN JOSE COURT

DATE: 7/02/91

THE FOLLOWING INDIVIDUALS HAVE NOT REGISTERED WITH A FIRST OFFENDER
DRINKING DRIVER PROGRAM WITHIN THE TIME LIMITATIONS.

Docket #	Client Name	Court Date	Program Level
C9001947	TEST MELVIN	16-May-1991	0
C9071036	TEST CHAMLET	16-May-1991	0
C9086711	TEST RITA	16-May-1991	0
C9092131	TEST DAVID	14-May-1991	0
C9098937	TEST LYNN	7-May-1991	0
C9112889	TEST TERRY	16-May-1991	0
C9114852	TEST GARRY	20-May-1991	0
C9117080	TEST RODOLFO	6-May-1991	0
C9119823	TEST AUSTREBERTO	21-May-1991	0
C9130270	TEST ROBERT	28-May-1991	0
C9130665	TEST ROMEO	21-May-1991	0
C9134155	TEST MARTIN	16-May-1991	0
C9134783	TEST DAVID	8-May-1991	0
C9134872	TEST REBECCA	3-Jun-1991	0
C9135587	TEST JOSEPH	17-May-1991	0
C9136076	TEST MICHAEL	20-May-1991	0
C9136125	TEST JANE	28-May-1991	0
C9136162	TEST JOSE	13-May-1991	0
C9136177	TEST EDWARD	15-May-1991	0
C9136192	TEST JEFFREY	20-May-1991	0
C9136301	TEST LEO	10-May-1991	0
C9136469	TEST VICTOR	16-May-1991	0
C9136485	TEST DONALD	9-May-1991	0
C9136486	TEST RIGOBERTO	10-May-1991	0
C9136803	TEST JULIAN	29-May-1991	0
C9136804	TEST BENJAMIN	13-May-1991	0
C9137001	TEST DAVID	6-May-1991	0
C9137850	TEST JUAN	30-May-1991	0
C9138178	TEST JIMMY	28-May-1991	0
C9138182	TEST JAVIER	20-May-1991	0
C9138195	TEST HECTOR	20-May-1991	0
C9139408	TEST ROGER	20-May-1991	0
C9140810	TEST MANUEL	31-May-1991	0
C9142231	TEST STEVEN	24-May-1991	0

TOTAL : 34

 * Confidential Client Information - 42CFR *

TO: MUNICIPAL COURT ADMINISTRATION

FROM: SANTA CLARA COUNTY
BUREAU OF ALCOHOL SERVICES
DRINKING DRIVER PROGRAM

RE: FAILURE TO REGISTER - COURT PROBATION
LOS GATOS COURT

DATE: 7/02/91

THE FOLLOWING INDIVIDUALS HAVE NOT REGISTERED WITH A FIRST OFFENDER
DRINKING DRIVER PROGRAM WITHIN THE TIME LIMITATIONS.

Docket #	Client Name	Court Date	Program Level
A8948030	TESTCASE LINDA	6-May-1991	0
A9059033	TESTCASE MICHAEL	14-May-1991	0
A9159778	TESTCASE MATTHEW	8-May-1991	0
A9159937	TESTCASE JOHN	7-May-1991	0
A9159999	TESTCASE JEFFREY	14-May-1991	0
A9160051	TESTCASE KENNETH	15-May-1991	0
A9160106	TESTCASE DAVID	15-May-1991	0
A9160341	TESTCASE MICHAEL	7-May-1991	0
A9160412	TESTCASE CARLOS	6-May-1991	0
A9160418	TESTCASE DAVID	21-May-1991	0
A9160637	TESTCASE ROBERT	17-May-1991	0
A9160662	TESTCASE VITO	13-May-1991	0
A9160720	TESTCASE MARK	14-May-1991	0
A9160864	TESTCASE KELLY	21-May-1991	0
A9160886	TESTCASE JOSEPH	29-May-1991	0
A9161004	TESTCASE EDWARD	22-May-1991	0
A9161029	TESTCASE TONY	14-May-1991	0
A9161091	TESTCASE STEPHEN	13-May-1991	0
A9161165	TESTCASE STEPHEN	15-May-1991	0
A9161167	TESTCASE AARON	3-Jun-1991	0
A9161248	TESTCASE MONICA	29-May-1991	0
A9161250	TESTCASE SCOTT	3-Jun-1991	0
A9161387	TESTCASE GARY	29-May-1991	0

TOTAL : 23

* Confidential Client Information - 42CFR *

TO: DDP CENTRAL ADMINISTRATION

FROM: SANTA CLARA COUNTY
BUREAU OF ALCOHOL SERVICES
DRINKING DRIVER PROGRAM

RE: FAILURE TO REGISTER - TRANSFERRED INTO COUNTY

DATE: 7/02/91

THE FOLLOWING INDIVIDUALS HAVE NOT REGISTERED WITH A FIRST OFFENDER
DRINKING DRIVER PROGRAM WITHIN THE TIME LIMITATIONS.

Docket #	Client Name	Court Date	Probation Type	Program Level	Transferred Into County
01-136989	TEST MICHAEL	20-May-1991	0	0	ALAMEDA
01-139756	TEST DAVID	10-May-1991	0	0	ALAMEDA
01-140032	TEST JUANCARLOS	15-May-1991	0	0	ALAMEDA
01-348288	TEST ELIZABETH	6-May-1991	0	0	ALAMEDA
01-58188	TEST ELVA	9-May-1991	0	0	ALAMEDA
07-77874-6	TEST ROBERT	19-Feb-1991	0	0	CONIRA COSTA
07-83321-0	TEST SUKHJIT	1-Apr-1991	0	0	CONIRA COSTA
10-335256	TEST WAYNE	24-May-1991	0	0	FRESNO
15-TM26601	TEST OSCAR	16-May-1991	0	0	KERN
27-094422	TEST JUAN	24-May-1991	0	0	MONTEREY
27-095205	TEST JOSE	31-May-1991	0	0	MONTEREY
30-LAW213074	TEST ANTHONY	9-May-1991	0	0	ORANGE
30-LAW2160071	TEST MICHAEL	23-May-1991	0	0	ORANGE
31-A18031	TEST JAMES	2-Apr-1991	0	0	PLACER
31-A18085	TEST JORGE	23-May-1991	0	0	PLACER
33-000280	TEST CHRISTOPHER	10-May-1991	0	0	RIVERSIDE
34-91T03212	TEST KRISTINA	10-May-1991	0	0	SACRAMENTO
41-M169084	TEST JESSIE	16-May-1991	0	0	SAN MATEO
41-M200660	TEST JOHN	20-May-1991	0	0	SAN MATEO
41-M208252	TEST ROGER	20-May-1991	0	0	SAN MATEO
41-M211236	TEST EDWARD	20-May-1991	0	0	SAN MATEO
44-40-01823	TEST ROBERT	23-May-1991	0	0	SANTA CRUZ
44-40-13992	TEST WILLIAM	20-May-1991	0	0	SANTA CRUZ
44-41-03342	TEST WILLIAM	24-May-1991	0	0	SANTA CRUZ
44-41-04062	TEST RICHARD	8-May-1991	0	0	SANTA CRUZ
44-41-04343	TEST RAMON	29-May-1991	0	0	SANTA CRUZ
44-41-04469	TEST JERRY	21-May-1991	0	0	SANTA CRUZ
44-41-04478	TEST ROBIN	21-May-1991	0	0	SANTA CRUZ
49-TCR-153472	TEST ALBERT	30-May-1991	0	0	SONOMA
51-83CR327	TEST TIMOTHY	24-May-1991	0	0	SUTTER/YUBA
57-2-14961	TEST DOUGLAS	10-May-1991	0	0	YOLO
OR-CR9-2220	TEST ALLAN	13-May-1991	0	0	OREGON

TOTAL : 32

* Confidential Client Information - 42CFR *

Report DAS 331 - First Offender Completions (FO Program)

Report Description:

This report lists FO clients in DDP programs who fulfilled the requirements of the Level I and Level II programs during the last month. It is forwarded to the Adult Probation Department and Municipal Court Administration.

Running the Report:

Operations Staff may set this report to resubmit automatically every 30 days or use the Report menu to run it as needed.

Using the Report:

Send part A and B of this report to the Adult Probation Department and Municipal Court Administration, to inform them that clients have completed DDP programs required by the court. Retain part C.

Output File:

MHS_OUTPUT_REPORT

FIRST_OFFENDER_COMPLETIONS_DAS331A.LIS (*Adult Probation*)

FIRST_OFFENDER_COMPLETIONS_DAS331B.LIS (*Municipal Court Admin.*)

FIRST_OFFENDER_COMPLETIONS_DAS331C.LIS (*DDP Central Admin.*)

To: Adult Probation Department

From: Contra Costa County
Alcohol Services
Drinking Driver Program

Re: Completions - Formal Probation
BAY (RICHMOND) MUNI Court

For Period 5/01/91 To 5/31/91

Date: 6/10/91

The Following Individuals On Formal Probation Have Successfully
Completed All Obligations To The First Offender Drinking Driver Program.

Docket #	Client Name	Court Date	Program Level	Completion Date
005376-9	TESTCASE ADAM	4-Sep-1990	2	22-May-1991
900069-6	TESTCASE DONALD	25-Mar-1991	2	25-Apr-1991
Total :	2			

* W&I Code 5328 - Confidential Client Information - 42CFR *

To: Municipal Court Administration

From: Contra Costa County
Alcohol Services
Drinking Driver Program

Re: Completions - Court Probation
BAY (RICHMOND) MUNI Court

For Period 5/01/91 To 5/31/91

Date: 6/10/91

The Following Individuals On Court Probation Have Successfully
Completed All Obligations To The First Offender Drinking Driver Program.

Docket #	Client Name	Court Date	Program Level	Completion Date
002156-8	TESTCASE JASON	20-Apr-1990	2	1-May-1991
004805-5	TESTCASE DAVID	15-Oct-1990	2	25-May-1991
006196-0	TESTCASE HORACE	6-Aug-1990	2	7-May-1991
007173-8	TESTCASE MICHAEL	17-Sep-1990	2	16-May-1991
007636-4	TESTCASE GILBERTO	17-Sep-1990	2	29-Apr-1991
007733-9	TESTCASE DENISE	18-Oct-1990	2	8-May-1991
78980-0	TESTCASE PAUL	29-May-1990	2	27-Apr-1991

Total : 7

* W&I Code 5328 - Confidential Client Information - 42CFR *

To: DDP Central Administration

From: Contra Costa County
 Alcohol Services
 Drinking Driver Program

Re: Completions - Transferred Into County

For Period 5/01/91 To 5/31/91

Date: 6/10/91

The Following TIC's Have Successfully Completed All Obligations
 To The First Offender Drinking Driver Program.

Docket #	Client Name	Court Date	Program Level	Status Effective Date	Transferred Into County
21-CR010889A	TESTCASE SULIMAN	16-Oct-1990	2	7-May-1991	MARIN
48-1331446	TESTCASE VERN	19-Jan-1990	2	25-May-1991	SOLANO

Total : 2

 * W&I Code 5328 - Confidential Client Information - 42CFR *

Report PSP 330 - Medi-Cal Duplicate Services Report

Report Description:

This Report Procedure identifies MediCal duplicate services and prints them to an output file. Although services may have different procedure code or RU, the comparison focuses on CDS Provider Code and HCPC code

Running the Report:

This report should be run before the production of Medi-Cal claims or as needed.

Using the Report:

The user should review the output and take appropriate action such as deleting duplicate services. Then run report PSP331 to automatically insert the duplicate override code (see below).

Technical Note:

The output is sorted by RU, Client Number, and Service Date.

Services with service stamp between start/end date will be evaluated for potential duplicate with other services as far as Medi-Cal lockdown table is concerned.

Output File:

MHS_OUTPUT_REPORT

MEDICAL_DUPLICATE_SERVICES_PSP330.LIS

REPORT PSP330
 Reporting Unit :00100
 Start Date : 1-Dec-2007
 End Date : 31-Dec-2008

CLIENT NUMBER	RU	SERVICE DATE	Proc Code	Short Procedure Name	Primary Therapist	Duration	Service Stamp	
987654321	00100	17-Sep-2008	331	ASSES/EVAL	1414	1:15	9-Sep-2008 10:08:17.06	Duplicate found
987654321	00100	17-Sep-2008	311	COLLATERAL	11414	1:15	19-Sep-2008 10:07:42.90	Other dup service
Matched CDS Provider and HCPCS/Modifiers: 0018 H2015 HE								
987654321	00100	14-May-2008	490	MED/ERF PS	4141	:30	19-May-2008 16:39:37.31	Duplicate found
987654321	00100	14-May-2008	361	MEDIC MONI	4141	:30	19-May-2008 16:32:58.25	Other dup service
Matched CDS Provider and HCPCS/Modifiers: 0018 H2010 HE								

Report PSP 331 - Medi-Cal Duplicate Services AUTO-Insert Duplicate Override Code

Report Description:

This Report processes MediCal duplicate services identified by report PSP 330 by inserting override code in the direct service record. The report output shows services that received the override code.

Running the Report:

This report should be run after claim corrections have been made according to the information on the report PSP 330 output. If another report PSP 330 is run before report PSP 331 the override codes from the duplicate service corrections will be lost. Therefore, it is very important that report PSP 330 and report PSP 331 are run in tandem.

Technical Note:

After report PSP 331 has run, services are now ready for service posting to be run.

Output File:

MHS_OUTPUT_REPORT
MC_DUPLICATE_OVERRIDDEN_PSP331.LIS

REPORT P3P331

Client Number	FU	Service Date	Proc Code	Short Procedure Name	Primary Therapist	Duration	Service Stamp	
8888	00081	26-Aug-2008	361	MED MGMT	0028	:30	5-Sep-2008 11:28:48.46	Override code inserted
14914	00388	20-Aug-2008	349	INDIV FFS	0010	1:00	16-Sep-2008 11:22:30.30	Override code inserted
14914	00388	20-Aug-2008	319	COLL FFS	0010	1:00	16-Sep-2008 11:22:52.50	Override code inserted
14914	00388	27-Aug-2008	349	INDIV FFS	0010	1:00	16-Sep-2008 11:23:11.29	Override code inserted
14914	00388	27-Aug-2008	319	COLL FFS	0010	1:00	16-Sep-2008 11:23:28.06	Override code inserted
13131	00081	10-Sep-2008	361	MED MGMT	0028	:30	26-Sep-2008 13:51:52.58	Override code inserted
15151	00716	9-Oct-2008	331	ASMT GEN	0500	1:00	14-Oct-2008 15:30:53.21	Override code inserted
6789	00081	2-Oct-2008	361	MED MGMT	0028	:30	3-Oct-2008 09:25:34.56	Override code inserted
15151	00081	2-Oct-2008	361	MED MGMT	0028	:30	3-Oct-2008 09:25:34.74	Override code inserted
3000003	00081	25-Sep-2008	311	COL GEN	00300	:30	22-Oct-2008 16:56:24.56	Override code inserted

Report DAS 332 - First Offender Drops

Report Description:

This report lists FO clients dropped from DDP programs during the last month. It is forwarded to the Adult Probation Department and the Municipal Court Administration.

Running the Report:

Operations Staff may set this report to resubmit automatically every 30 days or use the Report menu to run it as needed.

Using the Report:

Make sure that the report does not include clients who were not dropped. If necessary, correct the information and rerun the report.

Send part A and B of this report to the Adult Probation Department and Municipal Court Administration, to inform them that clients have been dropped from DDP programs as required by the court. Retain part C for your records.

Output File:

MHS_OUTPUT_REPORT

FO_DROPS_DAS332A.LIS (*Formal*)

FO_DROPS_DAS332B.LIS (*Court*)

FO_DROPS_DAS332C.LIS (*TIC*)

Report DAS 322A

To: Adult Probation Department

From: Utopia County
Alcohol Services
Drinking Driver Program

Re: Drops from First Offender - Formal Probation
BAY MUNI Court

For Period 5/01/93 To 5/31/93

Date: 6/10/91

The Following Individuals Have Dropped Out Of The Program Before Completing.
The Reasons For Dropping Are Explained Below:

Docket #	Client Name	Court Date	Program Level	Status	Status Effective Date
001021-5	TESTCASE BERNARDINO	27-Aug-1990	2	DROP - AIT	17-May-1993

Total : 1

Confidential Information

Report DAS 322B

To: Municipal Court Administration

From: Utopia County
Alcohol Services
Drinking Driver Program

Re: Drops From First Offender - Court Probation
BAY MUNI Court

For Period 5/01/91 To 5/31/91

Date: 6/10/93

The Following Individuals Have Dropped Out Of The Program Before Completing.
The Reasons For Dropping Are Explained Below:

Docket #	Client Name	Court Date	Program Level	Status	Status	
					Effective Date	
003697-0	TESTCASE CHARLES	22-Jun-1990	2	DROP - ATT	30-Apr-1993	
009158-1	TESTCASE RAYMOND	26-Nov-1990	2	DROP - ATT	7-May-1993	
0819532	TESTCASE ERIN	24-Dec-1990	2	DROP - ATT	22-May-1993	
904689-7	TESTCASE CATHERINE	1-Feb-1990	2	DROP - FEES	1-May-1993	

Total : 4

Confidential Information

Report DAS 322C

To: DDP Administration

From: Utopoa County
 Alcohol Services
 Drinking Driver Program

Re: Drops From First Offender - Transferred Into County

For Period 5/01/93 To 5/31/93

Date: 6/10/93

The Following Individuals Have Dropped Out Of The Program Before Completing.
 The Reasons For Dropping Are Explained Below:

Docket #	Client Name	Court Date	Prob Type	Prog Level	Status	Status	
						Effective Date	Transferred Into County
21-CR015157A	TEST DAVID	10-Jan-1993	C	2	DROP - ATT	27-Apr-1993	MARIN
48-F107453CR	TEST DELFINO	27-Feb-1993	C	2	DROP - ATT	14-May-1993	SOLANO

Total : 2

 Confidential Information

Report DAS 333 - Aged Active TIC Report (FO Program)

Report Description:

This report lists active First Offender clients in DDP programs who have been transferred into the county and who have been in the program a user-defined number of days since their court date.

Running the Report:

Operations Staff may set this report to resubmit automatically every 7 days or use the Report menu to run it as needed. It prompts you to enter the number of days since clients were transferred into county (TIC). The report is distributed to program printers.

Using the Report:

Send the report to the counties that the clients were transferred from. These counties will report back to their local courts.

Output File:

```
MHS_OUTPUT_REPORT
  AGED_ACTIVE_TIC_DAS333.*****_LIS
```

Aged Active TIC Report

3-Dec-1989

Page 1

Report DAS 333

Provider Name: FOUNDATION - ALCOHOL AWARENESS
 Clients transferred into county 100 days ago.

TIC: ALAMEDA COUNTY

Client Name	Docket #	CGN #	Court Date	Intake Date	Program Level	Probation Type
TESTCASE LAUREN	01-50403	01-50403	8/16/89	1/23/89	1	Court
TESTCASE SHAKUAN	01-321162	01-321162	7/06/89	7/11/89	1	Court
TESTCASE AMANIE	01-242533	01-242533	8/17/89	8/22/89	1	Court
TESTCASE NANCY	01-121653	01-121653	7/28/89	8/09/89	1	Court
TESTCASE RANDY	01-124288	01-124288	8/07/89	8/17/89	1	Court

TIC: CONTRA COSTA COUNTY

Client Name	Docket #	CGN #	Court Date	Intake Date	Program Level	Probation Type
TESTCASE THOMAS	07-71090-5	07-71090-5	8/24/89	9/05/89	2	Court
TESTCASE MILES	07-122037-5	07-122037-5	8/31/89	9/12/89	1	Court
TESTCASE BETSY	07-74165-2	07-74165-2	8/15/89	9/15/89	1	Court

TIC: KERN COUNTY

Client Name	Docket #	CGN #	Court Date	Intake Date	Program Level	Probation Type
TESTCASE BELINDA	15-385056	15-385056	5/20/88	5/31/88	1	Court

Total Records For Foundation - Alcohol Awareness: 9

 * W & I CODE 5328 - Confidential Client Information - 42CFR *

Report DAS 334 - Aged Active Clients Report (FO Program)

Report Description:

This report lists active FO clients in DDP programs whose court date was a user-specified number of days in the past. It does not include clients transferred into the county.

Running the Report:

Operations Staff may set this report to resubmit automatically every 30 days or use the Report menu to run it as needed.

Using the Report:

Clients should complete their requirements within eight months. Most clients on this report should be dropped. Others may be reminded of requirements they have not yet met.

Technical Notes:

This report does not include clients whose docket number begins with the county code for another county.

Output File:

MHS_OUTPUT_REPORT
AGED_ACTIVE_CLIENTS_DAS334.LIS

Aged Active Clients Report

3-Dec-1989

Page 1

Report DAS 334

Provider Name: FOUNDATION - ALCOHOL AWARENESS

Client Name	Docket #	CGN#	Court Date	Intake Date	Program Level	Probation Type
TESTCASE SALLY	43-125450	43-125450	5/10/89	11/14/89	1	Formal
TESTCASE KIMBERLY	43-A8946469	43-A8946469	5/23/89	5/30/89	1	Court
TESTCASE ROBERT	43-C8913032	43-C8913032	6/01/89	6/06/89	2	Court
TESTCASE MICHAEL	43-C8919318	43-C8919318	5/12/89	5/18/89	2	Formal
TESTCASE ISMAEL	43-D8863141	43-D8863141	5/19/89	5/26/89	2	Formal
TESTCASE BASIL	43-C8913815	43-C8913815	5/11/89	5/15/89	2	Formal
TESTCASE JULIAN	43-C8874733	43-C8874733	5/10/89	5/11/89	2	Formal
TESTCASE ELLEN	43-B8869919	43-B8869919	5/31/89	6/07/89	2	Court
TESTCASE DAVID	43-D8862927	43-D8862927	5/19/89	5/19/89	2	Formal
TESTCASE MANUEL	43-F8836392	43-F8836392	5/19/89	2/07/89	2	Court
TESTCASE MELANIE	43-C8890566	43-C8890566	5/26/89	5/30/89	2	Formal
TESTCASE VICTOR	43-C8918960	43-C8918960	5/22/89	5/22/89	1	Court
TESTCASE STAN	43-D128182	43-D128182	6/01/89	11/13/89	1	Formal
TESTCASE ANTHONY	43-C8899369	43-C8899369	5/08/89	5/16/89	1	Formal
TESTCASE LAWANNA	43-C8917327	43-C8917327	5/31/89	6/08/89	2	Court
TESTCASE MICHAEL	43-D127417	43-D127417	6/01/89	7/05/89	1	Formal

Total Records for FOUNDATION - ALCOHOL AWARENESS : 16

 *W & I CODE 5328 Confidential Client Information - 42CFR *

Report DAS 335 - Reaccess Date Report

Report Description:

This tickler report informs DDP Administration when an action must be taken for a client. It uses dates and messages entered in the DDP Messages portion of the DDP Client Registration screen (covered in the User Manual, Chapter 8).

Running the Report:

Set this report to resubmit automatically every night, or use the Report menu to run it after business hours.

Using the Report:

The report reminds staff when to review changes in the client's finances and to recompute liabilities. Reminders are not repeated: they appear only on the specified day.

Output File:

MHS_OUTPUT_REPORT
REACCESS_DATE_DAS335.LIS

Reaccess Date Report

Report DAS335

Date: 06/07/91

Provider: Test First Offender PGM (97013)

	Client Name	Client Number	CGN #	Message
TEST	WALTER	000028	38-1111111111	Made Up Education Misses?
TEST	LEROY	000027	38-1W2345R566	PAY FEE IN TOTAL BY DATE
TEST	VICTOR	000031	42-VICSOC12	PAY FULL FEE
TEST	FRANK	000030	27-A56-5639	Next Installment Due
TEST	OPAL	000015	07-1231231239	Pay Fees
TEST	RHONDA	000017	ME-3444555	FEES DUE FROM CLIENT

* W&I Code 5328 - Confidential Client Information - 42CFR *

Report DAS 336 - Weekly DDP Group Roster Report

Report Description:

This report lists clients open in each DDP group. For each group, it lists names, numbers, and docket numbers of clients, and it includes a place to write the service code. It also includes blank lines where you can add clients who were not open when the roster was generated.

Running the Report:

Set this report to resubmit automatically every week, or use the Report menu to run it.

Using the Report:

Counselors use this report to record group attendance, by writing a service code in the last column. The filled-out report is used for Group Service data entry.

Output File:

MHS_OUTPUT_REPORT

GROUP_ROSTER_DAS336.*****_LIS

DDP GROUP SERVICE ROSTER

13-May-1991

Page 1

Provider: 9732-5 EAST CO ALC PCDD

Group Number: 802

Service Date: _____

Staff: _____ 44176
BRENNAN

Number in Group: _____

Session #: _____

Client Name	Client ID	CGN Number	Service Code
TEST DEBBIE	000283/5	07-57594-4	
TEST DEWEY	000409/0	07-61784-5	
TEST ARTHUR	000455/3	01-48127	
TEST ALBERT	000436/2	07-67538-9	
TEST FRANCIS	000421/3	07-64540-8	
TEST DAVID	000375/3	07-61156-6	
TEST CYNTHIA	000462/1	48-F90831CR	
TEST VIRGILIO	000396/0	07-76832-5	
TEST CAROLYN	000459/2	07-907445-1	
TEST SHERRI	000276/1	07-68330-0	
TEST CHRISTINA	000119/7	07-66739-4	
TEST BARRY	000423/9	07-W31199	
TEST MICHAEL	000469/9	50-M21119	

Current Group Count: 13
Start Date: 1-Jan-1990
Day: Tu

Available Slots: 7
End Date:
Time: 01: 00 - 02: 30 PM

W&I Code 5328 - Confidential Client Information - 42CFR

Report DAS 337 - Four-Week Notice of First Offender Graduates

Report Description:

This report is a weekly listing of clients who should graduate from First Offender programs soon. It is organized by provider, and it lists client name, docket number, CGN number, court date, intake date, accrued service hours.

Running the Report:

Operations Staff may set this report to resubmit automatically every 7 days, or use the Report menu to run it as needed.

Using the Report:

This report lets you anticipate open slots in groups, to help in planning. It supplements report DAS 323, which lists current open slots.

Technical Notes:

Operations Staff must specify the procedure codes for services included in this report (education, group and individual) in the control file before the report is run for the first time. They must also specify the minimum number of sessions to be attended for each service. For more information, see Operations Manual, Chapter 12, section on Procedure Maintenance.

Output File:

```
MHS_OUTPUT_REPORT  
GRAD_4_WEEK_DAS337.*****_LIS
```

Bureau Of Alcohol Services
4-Week Notice Of Graduates
First Offender Program

4-Oct-1988
Page 1

Report DAS 337

Provider Name: MILPITAS DDP FO

Client Name	Docket #	CGN#	Court Date	Intake Date	Accrued Svc Hrs
TESTCASE STAN	01-44353	01-44353	9/23/87	10/07/87	72.00
TESTCASE SENG	43-C8709536	43-C8709536	9/17/87	9/29/87	73.00
TESTCASE WENDY	43-C8095157	43-C8095157	3/24/87	4/06/87	71.50

TOTAL: 3

* Confidential Client Information *

Report PSP 340 - Data Extract for Demographic Purposes

Report Description:

This report reads Episodes table and selects episodes between the entered start and end dates, for an entered Reporting Unit ('*' or for all RU's).

Depending on episode flag, the program selects either episodes that have at least one service ('N') or all episodes ('Y').

The output file is a comma-delimited file.

Running the Report:

Use the Report menu to run this report.

Report Prompt:

You are prompted to enter:

1. Start and End dates in format dd-mmm-yyyy.
2. Episode flag - Y for all episodes, N for episodes with a service within start and end dates.
3. Reporting Unit. You can enter a wildcard (*) for all the RUs .

Using the Report:

This report is used for client demographic purposes.

Output File:

MHS_WORK:

REPORT_PSP340_DATA_EXTRACT.DAT

Report_psp340_data_extract.dat

999999,15,TESTCASE	TIMMY	,1	,27-Apr-1920,M,A, ,B	,296.44,0	,1,A,20,10,1	,1	,0
99999 ,05,TESTCASE	TIMMY	,1	,27-Apr-1920,M,A, ,B	,295.10,0	,1,A,20,0	,1	,1 ,0
7777MH,15,TESTCASE	TIMMY	,1	,27-Apr-1920,M,A, ,B	,295.10,0	,1,A,20,9	,9	,1 ,0
9999CS,15,TESTCASE	TIMMY	,1	,27-Apr-1920,M,A, ,B	,295.10,0	,1,A,20,99,1	,1	,1 ,0
9999CS,15,HALL	EDWARD	,2	,21-Dec-1935,M,A, ,B	,300.00,0	,1,A,20,9	,9	,0 ,0
99991 ,15,HALL	EDWARD	,2	,21-Dec-1935,M,A, ,B	,295.30,0	,1,A,20,1	,2	,0 ,0
99991 ,15,NICOLOSI	CHRIS	,3	, 5-Nov-1964,F,A, ,B	,300.00,64	,2,1,15,9	,9	,0 ,0
9999CS,15,NICOLOSI	CHRIS	,3	, 5-Nov-1964,F,A, ,B	,296.22,64	,2,1,15,9	,1	,0 ,0
99999 ,05,TESTCASE	DAS	,4	,27-Apr-1960,M,A, ,B	,799.9 ,0	,1,A,0	,99,1	,0 ,0
99991 ,15,TESTCASE	KEN	,29	, 1-Jan-1970,M,A, ,B	,799.9 ,0	,1,A,10,10,10,0	,0	,0
9999CS,15,TESTCASE	KEN	,29	, 1-Jan-1970,M,A, ,B	,799.9 ,0	,1,A,10,10,10,0	,0	,0
919191,10,RANSO	URA	,91	,27-Jun-1948,M,A,B,B	,300.00,0	,2,A,20,9	,1	,0 ,0
99997 ,15,RANSO	URA	,91	,27-Jun-1948,M,A,B,B	,300.00,0	,2,A,20,99,1	,0	,0
9999CS,15,RANSO	URA	,91	,27-Jun-1948,M,A,B,B	,300.00,0	,2,A,20,9	,1	,0 ,0
999993,05,RANSO	URA	,91	,27-Jun-1948,M,A,B,B	,296.33,0	,2,A,20,9	,9	,0 ,0
99991 ,15,		,716	,27-Jun-1948, , , B	,295.30,0	, , ,0	,3	,1 ,0 ,0
99991 ,15,GAFFNEY	MIKE	,3323	,14-Sep-1963,M,A, ,B	,295.10,0	,1,1,12,13,1	,0	,0
7777MH,15,GAFFNEY	MIKE	,3323	,14-Sep-1963,M,A, ,B	,295.10,0	,1,1,12,9	,9	,0 ,0
9999CS,15,GAFFNEY	MIKE	,3323	,14-Sep-1963,M,A, ,B	,295.10,0	,1,1,12,9	,9	,0 ,0
26013 ,05,PATTERSON	ERIN	,3663	, 7-Apr-1970,F,A, ,B	,304.20,0	,1,1,11,93,1	,0	,0
999991,15,SCOTT	LOUIS	,8900	, 6-Sep-1955,O,A, ,B	,300.00,0	,2,A,1	,5	,2 ,0 ,94588
7777MH,15,TEST	CASE	,202020	, 1-Jan-1990,M,D, ,B	,296.44,0	,2,A,10,9	,9	,0 ,0

Report PSP 341 - Medi-Cal Pending Denials Report

Report Description:

This report shows the DAS denials in the InSyst Payment_Staging table ready for correction. It can be run as a stand alone report or as part of the EOB Approve Merge.

Running the Report:

This report can be run from the Report Menu, or is run as part of the EOB Approve Merge.

Using the Report:

Once DAS denials have been loaded into InSyst, it is advisable to run this report in order to see denied Medi-Cal claims which may be corrected and rebilled.

Output File:

MHS_OUTPUT_MEDICAL:

MC_EOB_DENIALS_PSP341.LIS

SDMCII EOB Denials Report

14-Nov-2008

Page 1

Report PFP341

Date Range: 1-Oct-2008 16:02:37.15 to 31-Oct-2008 16:02:44.03

Batch: All Batches

GUID	Client #	RU	Service Date	Procedure Code	Status	Batch Number	Provider	
Client Name	Birth date	Sex	Medi-Cal #	Reason	SFC	UOT	Claim Amount OHC: 1/2	OHC Amount 1/2
019902008032712040450 MONROE OWEN	000014664	00011	12-Feb-2008	572		292008023561	29AA	
	27-Jul-1988	M	2934C97408333D	D	85	0004	31.56 /	0.00 / 0.00
019262008032712035577 ARCE MAGAN	005001385	00011	12-Feb-2008	572		292008023561	29AA	
	10-Jan-1987	F	2984C91589168A	D	85	0004	31.56 /	0.00 / 0.00
023312008062321184843 GARDNER ANDY	005001220	00011	11-Jul-2007	582		292008053591	29AA	
	2-Jan-1992	M	M97484518P	D	87	0004	25.66 /	0.00 / 0.00
022952008062321184781 ALLAN TRAVIS	005001141	00011	20-Jul-2007	582		292008053591	29AA	
	13-Jul-1989	M	C96327126E	D	87	0004	25.66 /	0.00 / 0.00
022142008062321184265 ALLAN TRAVIS	005001141	00011	20-Jul-2007	581		292008053591	29AA	
	13-Jul-1989	M	C96327126E	D	82	0004	64.16 /	0.00 / 0.00

Report PSP 344 - Medi-Cal Pending Claims for Rebilling Report

Report Description:

This report shows all pending DAS Medi-Cal claims that have been posted and are ready for rebilling. The output is sorted by “Batch Number” so that staff can see the claims ready for rebilling for any given “Batch Number.”

Running the Report:

Use the Report Menu to run this report.

Report Prompt:

The following prompts will appear when running the report:

```
Specify when the REPORT routine should start up:
  time      = hold until specified date/time (DD-MMM-YYYY:HH:MM)
  <RETURN> = start up immediately
?

Specify print destination
  NOPRINT = do not print report (save as disk file)
  queue name = name of printer queue (eg. EAST_HP$PRINTER)
  <RETURN> = print on the default printer: (SYS$PRINT) E2_MHS$PRINT
? no

Send mail notification when REPORT routine has completed?:
  YES/NO = send mail/do not send mail
  <RETURN> = do not send mail
?

Parameters selected:
  Send to batch (release terminal)
  ,no choice of batch queue: REPORT_MHS$BATCH
  ,start report generation immediately
  ,do not print report
  ,no mail notification

OK to continue? <Y/N> Y
```

Using the Report:

This report allows users to look at the corrected claims that are ready to be rebilled by “Batch Number.” When the corrected claims are rebilled to Medi-Cal, users will need to enter the “Batch Number” for the claim or set of claims to be rebilled.

Output File:

MHS_OUTPUT_MEDICAL:

MEDICAL_CORRECTED_CLAIMS_PSP344.LIS

Pending Medi-Cal Corrected Claims Report

17-Nov-2008

Page 1

Report PSP344

Batch Number: 292008023561

Client Number	Client Name	Reporting Unit	Month Year	Claim Form Amount
0001234	CHASE EIHAN	00000	01/2008	\$55.55
0001234	CHASE EIHAN	00000	01/2008	\$74.79
0001234	CHASE EIHAN	00000	01/2008	\$74.79
0001345	AIMES MEGAN	00000	02/2008	\$31.56
Batch Total:				\$236.69
Report Total:				\$236.69

 Confidential Information

[End of file]

Report PSP 351 - Invalid Zip Code Report

Report Description:

This report validates Zip Codes in table Address_Master against table Zip_Code_Master.

The record selected from Address_Master are clients records i.e. type of address is 'C'.

The invalid Zip Codes are listed in the output file.

Running the Report:

Use the Report menu to run this report.

Using the Report:

This report is used for finding and listing invalid clients Zip Codes.

Output File:

MHS_OUTPUT_REPORT:

REPORT_PSP351.LIS

Invalid zip codes in Address Master

4-Nov-2004

Page 1

Report FSP351

Client Number	Client Name	Reporting Unit	Invalid Zip Code	Last Change	Effective Date	Address
978978988	SMITH TIM	999999	0	4/17/2002	4/17/2002	0
978978987	ARNON ETTIE	99991	12345	3/11/2002	3/11/2002	100 NE HBEARD ST SANTA CRUZ CA
99293563	TESCASE TRACY	99991	0	9/29/2000	9/29/2000	0
8900	SCOTT LOUIS	1234	0	8/04/2000	8/04/2000	8500 CONCORD CA
8901	SCOTT JOHN	1234	0	8/04/2000	8/04/2000	4600 SMITH AV 2344 CONCORD CA
1000043	MOORE KARLA	99991	0	4/21/2000	4/21/2000	0 NW SAVANNAH
978978978	RAND RANDY	99993	55630	2/24/2000	2/24/2000	16 N WEST ST TWEELAND WI
1000141	JONES BILL	99991	0	1/13/2000	1/13/2000	1234 OLD NEVADA
950663294	SMITH BRADLEY	99991	97687	12/22/1999	12/22/1999	1212 N FENWAY ST OAKLAND CA
1000057	FORNES KEVIN	08011	0	9/07/1999	9/07/1999	1900 NE BROADWAY OAKLAND CA
1000056	BERRY FRANK	08011	0	9/07/1999	9/07/1999	1700 NE BROADWAY OAKLAND CA
1000058	TESCASE TRACY	08011	0	4/12/2001	9/06/1999	111 NW MAIN OAKLAND CA
3688	SCOTT ANDREW	99991	89988	9/08/1999	9/01/1999	1650 W HOLLYROOD WA 22
TWIDDLEMOUNT ID						
2615591	AADEE BRANDON	99991	0	7/08/1999	7/08/1999	0

Report MHS 352 - Alternate MMEF Share of Cost Report

Report Description

For a description of this report see section on Report MHS 383. However, this report is sorted by Reporting Unit and has the report “distribution” feature.

Report PSP 353 - EPSDT Report

Report Description:

This report displays direct service information for EPSDT (Early and Periodic Screening, Diagnosis and Treatment) eligible clients. It includes only services claimed to Medi-Cal.

Running the Report:

Use the Report menu to produce this report as needed.

Report Prompts:

You are prompted to

- Enter the start and end date of the reporting period.
- Select either “Portion” or “Detail.” If you select “Portion” you will get a summary report and if you select “Detail” you will get a detail report.
- **Note:** You will be unable to select both.

Using the Report:

Use for reporting EPSDT services.

Technical Notes:

Report PSP 353 uses a table to identify aid codes that meet the criteria for the PSP 353 report. An EPSDT eligible client is defined as any client who is under the age of 21 and who has one of the primary aid codes designated by the State Welfare Department. A default list of primary aid codes was loaded into your InSyst system but this table *must be maintained and kept current*.

As of November 2001, the InSyst list of primary aid codes include: "01", "03", "04", "08", "20", "23", "24", "26", "27", "28", "3A", "3C", "3N", "3P", "3R", "30", "32", "33", "34", "35", "36", "37", "38", "39", "4C", "4K", "40", "42", "45", "47", "5K", "54", "59", "6A", "6C", "60", "63", "64", "66", "67", "68", "7A", "72", "82", "83".

To add or remove an aid code, edit the file REPORT_PSP353_AID_CODE_TABLE, which resides within Datatrieve in the dtr_reports dictionary.

The program gets all direct services in the specified date range that have the Medi-Cal bit turned on in the ACTUAL_FINANCIAL_RESPONSIBILITY field, and then tests those services for the following:

AGE

The age of the client. The printed age depends on the date the report was run. The age used to determine if

	a service should be included in this report depends on the date the service was delivered.
PRIMARY AID CODE	The Primary Aid Code returned from the state eligibility verification procedure. If this is not available, the Aid Code from the Medi-Cal number is used if it is a full 14-digit Medi-Cal number.
SENSITIVE FLAG	If SENSITIVE_FLAG = "N" or is missing, then the record is included on the report.

Output File:

MHS_OUTPUT_REPORT:

EPSDT_DETAIL_PSP353A.LIS
EPSDT_DETAIL_PSP353A.TXT
EPSDT_SUMMARY_PSP353B.LIS
EPSDT_SUMMARY_PSP353B.TXT
EPSDT_COUNTY_DETAIL_PSP353C.LIS
EPSDT_COUNTY_DETAIL_PSP353C.TXT
EPSDT_COUNTY_SUMMARY_PSP353D.LIS
EPSDT_COUNTY_SUMMARY_PSP353D.TXT
EPSDT_STAFF_SUMMARY_PSP353E.LIS
EPSDT_STAFF_SUMMARY_PSP353E.TXT [?]
REPORT_PSP353.LOG

Clients Receiving Medi-Cal Claimed EPSDT Services
Report PSP353A

7-Oct-1997
Page 104

Service Date Range: 1-Jul-1996 to 30-Jun-1997

		Primary				Aid					
XOver	Reporting Unit	Opening Date	Diagnosis	Service Date	Procedure	Medi-Cal Number	Code	Units	Time	Amount Billed	Flag
Client JR	HERMAN	GILROY-JONES	00055060	Birthdate	4-Nov-1981	Age	15				
	SLIT OP	09123	22-May-1996	309.4	11-Aug-1996	BROKERAGE	301 467894722	1	15	\$16.65	
Client Total								1	15	\$16.65	
Client EN	SAMUEL	SCHWALITZ	000643224	Birthdate	20-Nov-1992	Age	4				
	WSOP	09143	29-Jan-1997	309.0	29-Jan-1997	ASMT	331 612229443	30	1	120	\$162.00
	WSOP	09143	29-Jan-1997	309.0	8-Feb-1997	IND	341 612229443	30	1	60	\$81.00
	WSOP	09143	29-Jan-1997	309.0	28-Feb-1997	IND	341 612229443	30	1	60	\$81.00
Client Total								3	240	\$324.00	
Report Total								4,105	227,963	\$432,511.09	

Confidential Information

[Note: Extracted data: totals are not complete]

353B

Medi-Cal Claimed EPSDT Service Summary
Report PSP353B

7-Oct-1996
Page 1

Service Date Range: 1-Jul-1996 to 30-Jun-1997

Reporting Unit	Service Year/Month	SFC	Units	Time	Amount Billed	XOver Flag
PHF	09314 1996/10	20	4	0	\$1,424.40	
PHF	09314 1996/10	20	5	0	\$1,780.50	P
PHF	09314 1996/10	21	22	0	\$7,834.20	
Year/Month Total			31	0	\$11,039.10	
PHF	09314 1996/11	20	4	0	\$1,424.40	
PHF	09314 1996/11	20	18	0	\$4,050.00	P
PHF	09314 1996/11	21	1	0	\$356.10	
Year/Month Total			23	0	\$5,830.50	
PHF	09314 1996/12	20	4	0	\$900.00	P
Year/Month Total			4	0	\$900.00	
PHF	09314 1996/8	20	29	0	\$10,326.90	
PHF	09314 1996/8	20	3	0	\$1,068.30	P
PHF	09314 1996/8	21	10	0	\$3,561.00	
Year/Month Total			42	0	\$14,956.20	
PHF	09314 1996/9	20	28	0	\$9,970.80	
PHF	09314 1996/9	20	20	0	\$6,204.30	P
PHF	09314 1996/9	21	15	0	\$5,341.50	
Year/Month Total			63	0	\$21,516.60	
PHF	09314 1997/1	20	7	0	\$2,492.70	
PHF	09314 1997/1	21	15	0	\$5,341.50	
Year/Month Total			22	0	\$7,834.20	
PHF	09314 1997/2	21	12	0	\$4,273.20	
Year/Month Total			12	0	\$4,273.20	
PHF	09314 1997/3	20	8	0	\$2,848.80	
Year/Month Total			8	0	\$2,848.80	
PHF	09314 1997/4	20	10	0	\$3,561.00	
Year/Month Total			10	0	\$3,561.00	
PHF	09314 1997/5	20	6	0	\$2,136.60	
PHF	09314 1997/5	20	3	0	\$912.00	P
Year/Month Total			9	0	\$3,048.60	
PHF	09314 1997/6	20	2	0	\$360.00	P
Year/Month Total			2	0	\$360.00	
RU Total			226	0	\$76,168.20	
Report Total			4,105	227,963	\$432,511.09	

[Note: Extracted data: totals are not complete]

Report PSP 354 - Units of Service Data Extract

Report Description:

The report creates summary records on service and cost data for direct and indirect services. It lists the total units of service and total charges for each combination of mode, reporting unit, service function code, procedure code, and month. It stores this summary data in a comma-delimited file, which you can import into a spreadsheet application.

Running the Report:

Choose this report from the Report menu as needed. You are prompted to enter the beginning and ending service date, the beginning and ending reporting unit (or enter "*" for all reporting units), and procedure codes to exclude from the report. List procedure codes that you want to exclude, separated by "\", and also include "\" at the end of the list; or enter "*" to include all procedure codes.

Using the Report:

Import the comma-delimited file into any spreadsheet program for analysis.

Technical Notes:

Service records with procedure codes greater than 900 are not included. These procedure codes usually represent an adjustment.

Staff Minutes for each service is calculated as follows:

$$(hours \times 60) + minutes + (co_staff_hours \times 60) + co_staff_minutes / number_in_group$$

Table 2 lists the fields in this file, with their length, in the order they appear in the file.

Output File:

MHS_OUTPUT_REPORT:

UOS_DETAIL_PSP354.DAT.

Field Name	Field Specification
Mode	X (2)
Reporting Unit	X (6)
Service Function Code	X (2)
Procedure Code	9 (6)
Year	9 (4)
Month	9 (2)
Charge Amount	Z (7) 9.99
Unit Amount	Z (8) 9
Procedure Name	X (30)
Staff Minutes	Z (9) 9.99
Short Provider Name	X (12)
Unit Type Code	X (1)
Creation Date	X (11)

Table 2: Structure of UOS_DETAIL_PSP354.DAT

Report PSP 355 - IMD Quarterly Report

Report Description:

This is the IMD Quarterly Report required by California, sent to the state on tape or disk. (Federal Medicaid requirements prohibit claiming federal financial participation for Medi-Cal beneficiaries between 21 and 64 who reside in IMDs and beneficiaries under age 21 who reside in IMDs other than free-standing psychiatric hospitals. To comply with these requirements, the state requires counties to report quarterly on people between the ages of 21-64 who have received services in IMDs.)

Running the Report:

Use the Report menu to run this report during non-work hours.

It prompts you to enter the report start and end date: enter the first and last date of the quarter. It also asks you whether you want to create a report listing (used to print the report): the default is N, and you can enter "Y" if you want a printed copy of the report for your own records.

The LOG file's errors includes a list of clients who cannot be included in the report, because there is not enough information on them. Correct these errors and rerun the report before submitting it to the state.

Using the Report:

Download the DAT file that the report produces, copy it onto a tape or disk, and submit it to the state. Reports are due 30 days after the end of the calendar quarter.

Output File:

MHS_OUTPUT_REPORT:

REPORT_PSP355_IMD_DATA.DAT *(the data to submit to the State)*

REPORT_PSP355_IMD_DATA.LIS *(can be used to print the report)*

Unlike other state reporting jobs, this report does not create a file with a .TAPE file extension or a tape label

Report PSP 356 - Cost Report Report

Report Description:

All California counties must submit a cost report to the California Data System (CDS), justifying Medi-Cal claims billed throughout the year. The PSP 356 Cost Report reconciles Medi-Cal claims with reimbursements, and now features detailed client/service data that support the summarized information and produces summary and detail download files that contain service, billing and payment data. Using this report can help:

- Satisfy the State requirement
- Work denied and/or suspended claims
- Support internal and external audits
- Evaluate provider performance
- Adjudicate fees for contract providers

This report does not produce a standard printed report that is sent to a printer. Instead, it produces either or both detail and summary download files for import into other data analysis programs such as MS Excel or Access. The data can then be manipulated by these tools for reporting and other statistical analysis.

This report scans Medi-Cal receivables or client services for the period range specified (1 month to 12 months within the same fiscal year), and can scan for all, or selected, reporting units. Then it presents related billing, eligibility and payment data. The summary file presents information totaled by provider and procedure, and the detail file identifies each individual Service.

Each file contains information identifying the provider and procedure and includes:

- Mode-of-Service,
- Provider,
- Reporting Unit,
- Service-Function-Code ,and
- Procedure Code.

The detail file also contains information identifying the client, the service, and the claim:

- Client Name,
- Number,
- Medi-Cal Number,
- County Code,
- AID Code,

- Service Date,
- Staff Number,
- Claim Serial Number,
- Claim Status (at report run time),
- Receivable Aging Start Date,
- Receipt Date, and
- Denial Code.

Each file also includes the following Units and Amounts values, which represent individual services in the detail file and totaled amounts in the summary file:

- Units of Service,
- Units of Time,
- Amount Claimed,
- Amounts Paid by Payor and Crossover Status*,
- Amount Denied, and
- Amount Still Open.

⁸o Note: *The crossover amounts are defined by other payors, i.e., Insurance and Medicare, and the Medi-Cal payment amounts are separated by these categories. See the description of each field in the “Report Columns” tables below.

At the user’s request, the report is sorted by Reporting Unit (RU) by default, or by Medi-Cal Provider (MC).

Report Prompts: Choose from the Prompt Names listed and enter the desired value.

Prompt Name	Prompt Value	Description
Period Type	Claim (Default value)	The Claim value finds services by the claimed period. Use the Claim value to reconcile claimed services to claim reports.
	Service	The Service value finds services by a date of service range. The Service value <i>will not</i> reconcile services to claim reports.
Start Period	YYYYNN 4-digits for the year and 2-digits for the month(s)	Dates can be 1 month or up to 12 months.
Stop Period	YYYYNN 4-digits for the year and 2-digits for the month(s)	Dates can be 1 month or up to 12 months.



Note: Start and Stop periods must be within the same fiscal year *with no exceptions*.

Sort_Order	RU (Default value)	Sorts by Reporting Unit (RU), Month of Service (MOS), SFC, Procedure
	MC (CDS-Provider)	Sorts by MediCal Provider, Month of Service (MOS), CDS-Provider, SFC, Procedure



Note: Back slashes are required on all lists.

RU List	***** (Default value)	All RUs
	List (“abc\bcd\cde\”)	RUs as listed
Eligibility County Code	** (Default value)	All Counties
	List (“01\02\03\”)	Counties as listed
	Single exclusion (“-01\”)	All Counties save one

Running the Report:

Use the Report menu to produce this report as needed. The report is run on a regular basis by Fiscal or other designated staff. It is recommended to run this report IMMEDIATELY following each Medi-Cal claim run. Please see the Technical Notes.

Using the Report:

This report can produce a summary download file, a detail download file, or both a summary and a detail download file in a comma-delimited text (CSV) format. The names of the files reflect both the Period Type and Date Range selected for the run. The summary file contains an extra record at the beginning containing all the parameters selected for the run.

Detail file: mhs_output_report:cost_claim_yyyynn_yyyynn_psp356.dat OR
mhs_output_report:cost_service_yyyynn_yyyynn_psp356.dat

Summary file: mhs_output_report:cost_claim_yyyynn_yyyynn_psp356_sum.dat OR
mhs_output_report:cost_service_yyyynn_yyyynn_psp356_sum.dat

Note: yyyynn=4-digit year and 2-digit, numeric month

Technical Notes:

1. Start and Stop periods must be within the same fiscal year *with no exceptions*.
2. Back slashes are required on all lists.
3. A service is considered a crossover only if it was billed and paid a non-zero amount by another payor.
4. EOB payments and denials must be posted and current for MediCal reimbursement amounts to be correct.
5. Both the “Claim” and “Service” run option scan Receivables generated by a particular Medi-Cal claim run. If, after the claim is run, services are retro-actively deleted, or Medi-Cal eligibility is retro-actively denied, then this report will not be able to find those receivables, and the services will not appear in the output files.

Summary Report Columns:

Column Position	Field Name	Units and Amounts listed below are totals for this combination of Provider, Mode, & Service-Function-Code.
1.	Mode of Service	Defined by Medi-Cal, retrieved from Provider-Balances table
2.	CDS-Provider	Defined by Medi-Cal, retrieved from Provider-Master table
3.	RU	Defined by InSyst, retrieved from Direct-Services table
4.	Provider Name (in quotes)	Defined by Medi-Cal, retrieved from Provider-Master table
5.	Service-Function-Code	Defined by Medi-Cal, retrieved from Provider-Balances table
6.	Procedure Code	Defined by InSyst, retrieved from Direct-Services table
7.	Claimed-Units-of-Service	Total UOS for this Provider, Mode, & SFC
8.	Claimed-Units-of-Time	Total UOT for this Provider, Mode, & SFC
9.	Claimed Amount	Total Amount Claimed to Medi-Cal for this Provider, Mode, & SFC
10.	Medi-Cal Only Units-of-Service	Portion of Total UOS where Medi-Cal is only payor
11.	Medi-Cal Only Units-of-Time	Portion of Total UOT where Medi-Cal is only payor
12.	Medi-Cal Only Paid Amount	Amount Paid by Medi-Cal where Medi-Cal is only payor
13.	Medi/Medi Units-of-Service	Portion of Total UOS where Medicare is also a payor
14.	Medi/Medi Units-of-Time	Portion of Total UOT where Medicare is also a payor
15.	Medi/Medi (Paid Medi-Cal)	Amount Paid by Medi-Cal where Medicare is also a payor
16.	Medi/Medi (Paid MediCare)	Amount Paid by Medicare
17.	Medi/Ins Units-of-Service	Portion of Total UOS where Insurance is only other payor
18.	Medi/Ins Units-of-Time	Portion of Total UOT where Insurance is only other payor
19.	Medi/Ins (Paid Medi-Cal)	Amount Paid by Medi-Cal where Insurance is only other payor
20.	Medi/Ins (Paid Insurance)	Amount Paid by Insurance
21.	Denied Units-of-Service	Portion of Total UOS whose Medi-Cal claims were Denied
22.	Denied Units-of-Time	Portion of Total UOT whose Medi-Cal claims were Denied
23.	Denied Amount	Amount Denied by Medi-Cal
24.	Open Units-of-Service	Portion of Total UOS whose Medi-Cal claims are still Open
25.	Open Units-of-Time	Portion of Total UOT whose Medi-Cal claims are still Open
26.	Open Amount	Portion of Total Claimed Amount whose Medi-Cal claims are still open

Table 3.1

Line Explanations:

Lines 10-12: Total where Medi-Cal is the *only* payor.

Lines 13-16: Totals where MDC is an *additional* payor (Insurance may also be included).

Lines 17-20: Totals where MC & Insurance are the *only two* payors.

Detail Report Columns:

Column Position	Field Name	Units and Amounts listed below are for this individual service.
1	Mode-of-Service	Defined by Medi-Cal, retrieved from Provider-Balances table
2	CDS-Provider	Defined by Medi-Cal, retrieved from Provider-Master table
3	RU	Defined by InSyst, retrieved from Direct-Services table
4	Status (OPEN, PAID, DENY)	Status of Medi-Cal claim, based on current claim-line & payment data.
5	Serial Number	Defined by InSyst, retrieved from Claim-Lines table
6	Client-Name (in quotes)	Defined by InSyst, retrieved from Clients table
7	Client-Number	Defined by InSyst, retrieved from Direct-Services table
8	Medi-Cal Number	Defined by Medi-Cal, retrieved from Medical-Eligibility table
9	County-Code	Defined by Medi-Cal, retrieved from Medical-Eligibility table
10	Aid-Code	Defined by Medi-Cal, retrieved from Medical-Eligibility table
11	Paid-Aid-Code (future)	
12	Service Date (yyyymmdd)	Defined by InSyst, retrieved from Direct-Services table
13	Service-Function-Code	Defined by Medi-Cal, retrieved from Provider-Balances table
14	Procedure Code	Defined by InSyst, retrieved from Direct-Services table
15	Staff-Number	Defined by InSyst, retrieved from Direct-Services table
16	Claimed Units-of-Service	Total UOS for this Service
17	Claimed Units-of-Time	Total UOT for this Service
18	Claimed Amount	Total Amount Claimed to Medi-Cal for this Service
19	RCV Aging Start Date (yyyymmdd)	Date the Medi-Cal Claim was submitted (Claim Program run)
20	Paid Medi-Cal Only	Amount Paid by Medi-Cal where Medi-Cal is only payor
21	Paid Medi/Medi (Paid Medi-Cal)	Amount Paid by Medi-Cal where Medicare is also a payor
22	Paid Medi/Medi (Paid MediCare)	Amount Paid by Medicare
23	Paid Medi/Ins (Paid Medi-Cal)	Amount Paid by Medi-Cal where Insurance is only other payor
24	Paid Medi/Ins (Paid Insurance)	Amount Paid by Insurance
25	Denied Amount	Amount Denied by Medi-Cal
26	Open Amount	Amount of Medi-Cal claim still open
27	Receipt Date (yyyymmdd)	Date Medi-Cal Payment or Denial received
28	Denial Code	Defined by Medi-Cal, retrieved from Payment-Distributions table
29	Batch ID (future)	

Table 3.2

Line Explanations:

Line 20: Medi-Cal is the *only* Payor.

Line 21: Medi-Cal portion where MDC is an *additional* payor (Insurance may also be included).

Line 22: MediCare portion.

Line 23: Medi-Cal portion where MC & Insurance are the *only two* payors.

Line 24: Insurance portion.

COST_REPORT_199610_199706_PSP356.DAT

```
"10-01-1996", "06-30-1997", "SERVICE", "RU", "*****\"
"05", "3808", "38081 ", "La Posada Residential Adult
", "40", "196", 1440,0,360000,1335,0,290210.64,0,0,0,0,0,0,0,105,0,26250,0,0,0, 264
"05", "3809", "38091 ", "La Amistad Residential Adult
", "65", "195", 2214,0,276750,1949,0,206593.74,0,0,0,0,0,0,0,265,0,33125,0,0,0, 266
"05", "3837", "38371 ", "Progress House Resident Adult
", "65", "195", 1749,0,218625,1718,0,182155.81,0,0,0,0,0,0,0,0,0,0,31,0,3875, 196
"05", "3839", "38391 ", "Baker St. House Residential
", "65", "195", 2404,0,300500,2332,0,247186.72,0,0,0,0,0,0,0,72,0,9000,0,0,0, 207
"05", "3853", "38531 ", "Rypins House Residential
Geria", "65", "195", 1123,0,140375,1122,0,119045.85,0,0,0,0,0,0,0,1,0,125,0,0,0, 87
"05", "3854", "38541 ", "Carroll House Resid Geriatric
", "65", "195", 1190,0,148750,1190,0,126068.24,0,0,0,0,0,0,0,0,0,0,0,0,0, 88
"05", "3863", "38631 ", "Cortland House Residential
", "40", "196", 1256,0,314000,1200,0,260479.99,0,0,0,0,0,0,0,0,56,0,14000,0,0,0, 92
"05", "3885", "38851 ", "Baker Robertson Place Res
", "65", "195", 1606,0,200750,1474,0,156084.06,0,0,0,0,0,0,0,0,132,0,16500,0,0,0, 253
```

Report PSP 357 - Special Populations Service Summary

Report Description:

Special Populations Service Summary Report PSP 357 creates a summary of direct services assigned to Special Population Groups by procedure code within a reporting unit within a special population group.

Optionally, a 'comma separated values' data file can be produced. This file is not summarized and consists of raw data.

Running the Report:

Use the Report menu to produce this report as needed.

Report Prompts:

The user is prompted to specify

- **Start Date:** Enter the starting date for the report.
- **End Date:** Enter an ending date for the report.
- **Create Optional Data File:** If you want to produce a comma separated values file, enter a "Y." This file is suitable for Excel, Access, and various other applications that can read CSV files.

Optional Data File:

The optional data file is a comma separated value file, which you can download to a PC and import into spreadsheet, database, or reporting applications to create a printed report.

Output File:

MHS_OUTPUT_REPORT:SP_SERVICE_SUMMARY_PSP357.DAT

Field Name	Field Length
Special Population Group Code	10
Special Population Group Label	50
Reporting Unit	6
Procedure Code	3
Service Date	23
Service Cost	7
Service Minutes	4
Episode Stamp	23
Client Number	9
Client SSN	9
Birth Date	11

SPECIAL POPULATION

7-Aug-2000

SERVICE SUMMARY

(excerpt) Pages 1-5

REPORT PSP357REPORT PERIOD: 1-Dec-1999 TO 7-Aug-2000SPECIAL POPULATION CLASS: DIRECT SERVICES

<u>SPECIAL</u>	<u>TOTAL</u>	<u>TOTAL</u>	<u>TOTAL</u>	<u>UNIQUE</u>			
<u>POPULATION</u>	<u>REPORTING</u>	<u>PROCEDURE</u>	<u>SERVICE</u>	<u>SERVICE</u>			
<u>CLIENT</u>				<u>SERVICE</u>			
<u>CODE</u>	<u>UNIT</u>	<u>CODE</u>	<u>COUNT</u>	<u>COST</u>	<u>MINUTES</u>	<u>COUNT</u>	
MIO CT:MIOCR Control Grou	33101		359	8	482.40	1440	1
MIO CT:MIOCR Control Grou	42132		351	23	1405.80	4860	3
MIO CT:MIOCR Control Grou	42132		359	2	136.80	410	2
OC MC 01:Out of County: A	42571		381	1	84.00	60	1
OC MC 10:Out of County MC	00511		136	183	12919.80	263520	1
OC MC 10:Out of County MC	91001		389	5	924.00	660	1
OC MC 12:Out of County MC	42361		311	1	72.00	40	1
OC MC 12:Out of County MC	42361		382	1	63.00	45	1
OC MC 15:Out of County: K	33151		349	5	1458.00	810	1
OC MC 15:Out of County: K	42362		365	1	90.00	30	1
OC MC 15:Out of County: K	33151		349	5	1458.00	810	1
OC MC 15:Out of County: K	42362		365	1	90.00	30	1
OC MC 56:Out of County: V	91182		371	1	225.00	90	1
<u>GRANDTOTAL</u>			<u>5,761</u>		<u>637012.50</u>	<u>1812722</u>	

Report PSP 358 - Special Populations Client Summary

Report Description:

Special Populations Client Summary Report PSP 358 creates a summary of clients assigned to Special Population Groups by client within a special population group.

Optionally, a 'comma separated values' data file can be produced. This file is not summarized and consists of raw data.

Running the Report:

Use the Report menu to produce the report as needed.

Report Prompts:

The user is prompted to specify

- Start Date: Enter a starting date for this report.
- End Date: Enter an ending date for this report.
- Create Optional Data File: If you want to produce a 'comma separated values' file enter a "Y." This file is suitable for Excel, Access, and various other applications that can read CSV files.

Optional Data File:

The optional data file is a comma separated value file, which you can download to a PC and import into spreadsheet, database, or reporting applications to create a printed report.

Output File:

MHS_OUTPUT_REPORT:SP_CLIENT_SUMMARY_PSP358.DAT

Field Name	Field Length
Special Population Group Code	10
Special Population Group Label	50
Client Name	28
Client Number	9
Account Number	9
RU1	6
RU2	6
RU3	6
RU4	6
RU5	6
Episode Count	4

Special Population Client Summary

14-Apr-2001

Page 1

Report PSP358

Report Period: 1-Jan-2000 to 30-Mar-2001

Special Population Class: CLIENTS

Special Population Episode Code Count	Client Name	Client Number	Account Number	RU 1	RU 2	RU 3	RU 4	RU 5
OC MC 10:Out of County 4	MC VTEST, GREGG	02841	631076	99702	99579	99201	99362	
OC MC 12:Out of County 2	MC SHTEST, DARVA	03161	623080	99362	99579			
OC MC 40:Out of County 3	MC DETEST, COTO	07354	626863	99048M	99579	99362		
OC MC 40:Out of County 3	MC ZENTEST, LAINE	09255	628400	99201	99579	99362		

Report PSP 359 - Special Populations Episode Summary

Report Description:

Special Populations Episode Summary Report PSP 359 creates a summary of episodes assigned to Special Population Groups by client name within a reporting unit within a special populations group.

Optionally, a 'comma separated values' data file can be produced. This file is not summarized and consists of raw data.

Running the Report:

Use the Report menu to produce the report as needed.

Report Prompts:

The user is prompted to specify

- **Start Date:** Enter a starting date for this report.
- **End Date:** Enter an ending date for this report.
- **Create Optional Data File:** If you want to produce a 'comma separated values' file enter a "Y." This file is suitable for Excel, Access, and various other applications that can read CSV files.

Optional Data File:

The optional data file is a comma separated value file, which you can download to a PC and import into spreadsheet, database, or reporting applications to create a printed report.

Output File:

MHS_OUTPUT_REPORT:SP_EPISODE_SUMMARY_PSP359.DAT

Field Name	Field Length
Special Population Group Code	10
Special Population Group Label	50
Reporting Unit	6
Client Name	28
Client Number	9
Primary Diagnosis	6
Supplemental Diagnosis	6
Opening Date	23
Closing Date	23
Episode Stamp	23
Last Service Date	23
Client SSN	9
Birth Date	11

SPECIAL POPULATION

3-Apr-2000

EPISODE SUMMARY

Page 1

REPORT PSP359

REPORT PERIOD: 1-Dec-1999 TO 1-Apr-2000

SPECIAL POPULATION CLASS: EPISODES

OPENING DATE	SPECIAL POPULATION CLOSING CODE DATE	REPORTING UNIT COUNT	CLIENT NAME	CLIENT NUMBER	PRIMARY DX	SUPP AX I
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OC MC 40:Out of County Apr-1998	MC M1048M	M1048M	FREDERICK, MILTON	17854	799.9	995.5 1-
------------------------------------	-----------	--------	-------------------	-------	-------	----------

COUNT OF SPECIAL POPULATION CODE OC MC 40, RU M0948M : 1

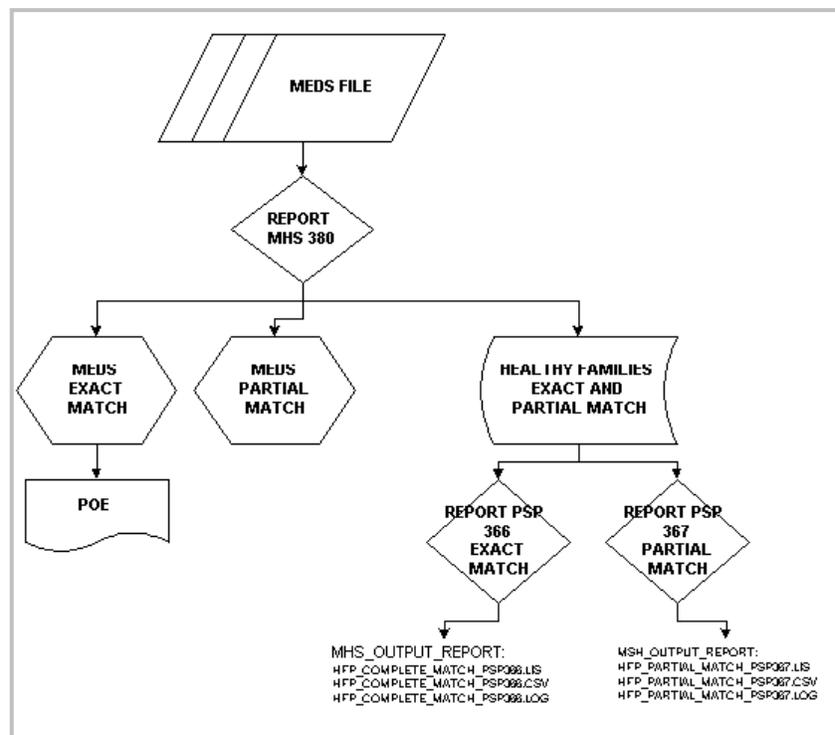
COUNT OF SPECIAL POPULATION CODE OC MC 40 : 1

UNIQUE CLIENT COUNT OF SPECIAL POPULATION OC MC 40 : 1

Overview of Healthy Families Reports MHS 380 & PSP 366 and 367

The MEDS Report MHS 380 is pivotal to the Healthy Families Reports. *A successful completion of MHS 380 is required before PSP 366 and 367 can be run.* MHS 380 is a multi-task program, which scans the MEDS file for Healthy Families and MEDS eligibility, and then searches the INSYST CLIENTS table for exact and partial matches.

If matches are found, they are captured in the GLOBAL_DATA_FILES directory in



REPORT_PSP365_FILE.DAT. This file is read by the Healthy Families reports, PSP 366 and 367, and reported as output files with dual eligibility columns. The column, Healthy Families and MediCal, notes the most recently processed POE by 2-digit month and 4-digit year.

MHS 380 now creates three files: exact and partial match files for MEDS eligibility and a Healthy Families data file that is read by PSP reports 366 and 367. MHS 380 checks *all* the aid codes and reports out any with “9H” designations to the Healthy Families data file.

Report MHS 380 for Healthy Families

MHS 380 now creates three files: exact and partial match files for MEDS eligibility, and a Healthy Families data file that is read by PSP Reports 366 and 367. MHS 380 checks *all* the aid codes and reports out any with “9H” designations to the Healthy Families data file.

The initial step extracts data from the MEDS extract file to prepare for reporting. *You must run Report MHS380 with close attention to dates.* The dates must match the dates on the MEDS file.

Report Description

This procedure matches the following data items in the MEDS file with those in the InSyst database:

1. *client name*: 10 characters of LAST NAME, and 5 characters of FIRST NAME must match.
2. *client birth date* (DOB)
3. *client SSN*

There are two levels of match:

Exact: all criteria satisfied.

Partial: two out of three data elements match. (name, DOB, SSN).

Running the Report

Use the Reports Menu to run this report. You are prompted to enter the two-digit month and four-digit year.

- *Note: This year and month must correspond to the year and month of the MEDS file that has been downloaded.*

Input Data File

The input data file is: GLOBAL_DATA_FILES:STATE_MEDS_cc_YYYYNN.DAT where cc = the 2-digit county code and YYYYNN is the MEDS file year and month.

Output Data Files

The Healthy Families data file can be found in

GLOBAL_DATA_FILES:REPORT_PSP365_FILE.DAT

Two MEDS data files may be written by this procedure:

GLOBAL_DATA_FILES:REPORT_MHS380_MATCH.DAT - contains MEDS records with 100% matching criteria satisfied.

GLOBAL_DATA_FILES:REPORT_MHS380_PARTIAL_MATCH.DAT -
contains MEDS records with 2 out of 3 data elements matched.

Output Report

None.

Report PSP 366 - Healthy Families Exact Match Report

Report Description:

PSP 366 reports exact matches between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligibility and can only be run if the previous process (Report MHS 380) was completed successfully.

In Report 380, Healthy Families beneficiaries were matched with INSYST clients by name, DOB, and SSN; or, by name DOB, and CIN. This procedure picks up the matched clients with “9H” aid codes.

Effective as of the 8.13 release only active clients will be displayed in this report.

Running the Report:

Use the Report Menu to request this report.

Report Prompts:

Use the Reports Menu to run this report. You are given a yes/no prompt for a download file. The default answer is “No.”

The record layout will be formatted as:

Match Criteria	
Match_key	Data elements: name, date of birth, SSN (3 of 3)
Match_count	Levels of match: the number of matches found
From INSYST	
Client_number	The number of the client
Client_name	The name of the client
Birth_date,	Alphanumeric field containing the client’s date of birth formatted as yyymmdd
Social_security_number,	The Social Security number of the client
Eligibility_county_code	Client’s county of residence
MediCal_number	Client’s MediCal number
Primary_aid_code	Aid code from MediCal eligibility
Eligible_year	Year of last MediCal eligibility record
Eligible_month	Month of last MediCal eligibility record

From HFP¹	
Subscriber_cin	Client index number of the covered child
Subscriber_last_name	The name of the covered child reported by the subscriber
Subscriber_first_name	The name of the covered child reported by the subscriber
From HFP²	
Date_of_birth	The date on which the covered child was born
County_of_residence	Two-digit county code that identifies the county of residence of the subscriber
E1 ³ _subscriber_ssn	The social security number of the covered child
E1_subscriber_hfp_number	The covered child's Healthy Families plan number
Format E1_begin_date	Eligibility segment 1: the beginning date for this MSD period formatted as yyyyymmdd.
E1_end_hfp_or_ffp_claim_date	Eligibility segment 1: The ending date of this MSD period formatted as yyyyymmdd

Using the Report:

Use this report to show “exact matches” between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligible people in the MMEF file.

Output Files:

MHS_OUTPUT_REPORT:
 HFP_COMPLETE_MATCH_PSP366.LIS
 HFP_COMPLETE_MATCH_PSP366.CSV
 REPORT_PSP366.LOG

¹ HFP = Healthy Families Program

² HFP = Healthy Families Program

³ E stands for an Eligibility Segment, of which there are four occurrences. So E1 indicates Eligibility Segment 1.

State Healthy Family Eligibility: Action Report 1 - Exact Match Report

11-Apr-2001
Page 1

Report PSP366
Report Period: 1-Jul-1998 to 11-Apr-2001

Client Name	INSYST SSN		INSYST Client#	County Code	Aid Code	Dual Last	Elig POE
	HFP-SSN	DOB					
INSYST ASHKER ALAN	625383307	9/04/1990	000104582				
HFP ASHKER ALAN	625383307	09/04/1990		45	9H		
INSYST BARK DAWG	606983542	9/09/1993	000104153	45	34	2/2000	
HFP BARK DAWG	606983542	09/09/1993		08	9H		
INSYST BUDGE WONT	870858624	8/08/1985	000100920	45	40	4/1998	
HFP BUDGE WONT	870858624	08/08/1985		45	9H		
INSYST BUDGE CANT	608989476	10/27/1988	000105537				
HFP BUDGE CANT	608989476	10/27/1988		45	9H		
INSYST BYRDY AMELIO	537895818	8/03/1985	000102959				
HFP BYRDY AMELIO	537895818	08/03/1985		45	9H		
INSYST COSE TUTTI	611501203	2/15/1989	000102621				
HFP COSE TUTTI	611501203	02/15/1989		45	9H		
INSYST HANNIBAL MO	568731130	1/19/1983	000101122	45	42	2/2000	
HFP HANNIBAL MO	568731130	01/19/1983		45	9H		
INSYST MADISON MELI	812583464	7/18/1992	000104972	45	34	10/2000	
HFP MADISON MELI	812583464	07/18/1992		45	9H		
INSYST SWANN DON	607226197	5/11/1988	000102058	45	38	10/2000	
HFP SWANN DON	607226197	05/11/1988		45	9H		
INSYST SWANN LON	603502245	9/18/1991	000102114	45	38	1/2000	
HFP SWANN LON	603502245	09/18/1991		45	9H		
INSYST WILLY BOB	559913961	9/04/1984	000100790	45	37	8/2000	
HFP WILLY BOB	559913961	09/04/1984		45	9H		
INSYST ZERIES PAM	570815350	8/13/1982	00104322				
HFP ZERIES PAM	570815350	08/13/1982		52	9H		
Complete match grand total:		12					

Confidential Information

PSP Report 367 - Healthy Families Partial Match Report

Report Description:

PSP 367 reports “partial matches” between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligible people in MMEF file. This report can only be run if the previous process (Report MHS 380) was completed successfully.

In Report 380, Healthy Families beneficiaries were matched with INSYST clients by name, DOB, and SSN; or, by name, DOB, and CIN. This procedure picks up the partial matches (2 out of 3 matched for clients with “9H” aid codes).

Effective as of the 8.13 release only active clients will be displayed in this report.

Running the Report:

Use the Report Menu to request this report.

Report Prompts:

Use the Reports Menu to run this report. You are given a yes/no prompt for a download file. The default answer is “No.”

The record layout will be formatted as:

Match Criteria	
Match_key	Data elements: name, date of birth, SSN (2 of 3)
Match_count	Levels of match: the number of matches found
From INSYST	
Client_number	The number of the client
Client_name	The name of the client
Birth_date,	Alphanumeric field containing the client’s date of birth formatted as yyymmdd
Social_security_number,	The Social Security number of the client
Eligibility_county_code	Client’s county of residence
MediCal_number	Client’s MediCal number
Primary_aid_code	Aid code from MediCal eligibility
Eligible_year	Year of last MediCal eligibility record
Eligible_month	Month of last MediCal eligibility record

From HFP⁴	
Subscriber_cin	Client index number of the covered child
Subscriber_last_name	The name of the covered child reported by the subscriber
Subscriber_first_name	The name of the covered child reported by the subscriber
From HFP⁵	
Date_of_birth	The date on which the covered child was born
County_of_residence	Two-digit county code that identifies the county of residence of the subscriber
E1 ⁶ _subscriber_ssn	The social security number of the covered child
E1_subscriber_hfp_number	The covered child's Healthy Families plan number
Format E1_begin_date	Eligibility segment 1:the beginning date for this MSD period formatted as yyyyymmdd.
E1_end_hfp_or_ffp_claim_date	Eligibility segment 1: The ending date of this MSD period formatted as yyyyymmdd

Using the Report:

Use this report to review partial matches between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligible person from MMEF file. If matched, consider enter Medi-Cal eligibility into Insyst for this client if there is no existing eligibility information in the system.

Output Files:

MHS_OUTPUT_REPORT:
 HFP_PARTIAL_MATCH_PSP367.LIS
 HFP_PARTIAL_MATCH_PSP367.CSV
 REPORT_PSP367.LOG

⁴ HFP = Healthy Families Program

⁵ HFP = Healthy Families Program

⁶ E stands for an Eligibility Segment, of which there are four occurrences. So E1 indicates Eligibility Segment 1.

State Healthy Family Eligibility: Action Report 2 - Partial Match Report

Report RSP367
Report Period: 1-Jul-1998 to 17-Apr-2001

Client Name	INSYST SSN HFP-SSN	DOB	INSYST Client#	County Code	Aid Code	Dual Last	Elig POE	MATCH (Y/N)
INSYST BE CY	625338197	11/10/1987	000101316					
HFP BE CY		11/10/1987		45	9H			_____
INSYST DE BI	999989999	1/04/1987	000105158					
HFP DE BI	557936669	01/04/1987		45	9H			_____
INSYST FE FY	616881572	2/05/1996	000102030	45	30		1/1999	
HFP FE FY	616881572	02/05/1996		45	9H			_____
INSYST FRIS IE	567818789	11/26/1985	000102428	45	7A		1/1999	
HFP FRIS IE	562818789	11/26/1985		45	9H			_____
INSYST GARCIA R	619163715	7/30/1988	000105624					
HFP GARCIA R		07/30/1988		45	9H			_____
INSYST ROAT LAD	566967640	8/30/1986	000102668					
HFP ROAT LAD		08/30/1986		45	9H			_____
INSYST SMALL ER	555877280	6/11/1984	000102695					
HFP SMALL ER	555877280	06/11/1984		45	9H			_____
INSYST SPYRO GY	550794044	1/29/1984	000101579	45	34		5/1998	
HFP SPYRO GY	530794044	01/29/1984		45	9H			_____
INSYST WINS TIM	602165772	7/19/1988	000104584					
HFP WINS TIM	602169772	07/19/1988		45	9H			_____
Partial match grand total:			09					

Confidential Information

Report PSP 370 - Reporting Unit Balances Attributes Report

Report Description:

This reports includes information about each reporting unit's operations and the types of services that each can provide.

Running the Report:

Operations Staff or Fiscal Staff can use the Report menu to run this report as needed.

Report Prompts:

You are prompted to enter a two-digit month and the four-digit year to be reported. The automatic defaults are the start and end dates of the previous month.

Using the Report:

Operations staff uses this report to check for compliance with data entry rules. Fiscal staff uses it to check for compliance with the agency budget, and for compatibility with data entry rules. For more information, see the INSYST Operations Manual, sections 170 and 180, Provider Master and Provider Balances Maintenance.

Output File:

MHS_OUTPUT_REPORT:PROVIDER_REPORT_PSP370.LIS

Reporting Unit Balances Attributes Listing

8-Mar-2001
Page 1

Report PSP 370
 Coordinating Program (7777CS) ()
 1700 BROWADWAY
 OAKLAND, CA 94612
 Type: M CADD Service Type: 0 Collect CADD Info: N
 Service Mode/Medicaid Mode/Code: 14/18/
 Type of Utilization Control: Coordinated Services UC/MC Claim Link: On

RU Records for 2/1998
 Region: Missing
 Umbrella: Missing
 Bureau: 1
 Reporting to CADDs as: 000000000000
 Medicare License Number:

FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry: Single
 Default Procedure Code: 0

UC For All Clients
 Program Physician: 0
 Sun Mon Tue Wed Thr Fri Sat

Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	Mask	UR		Staff	Duration Def/Min/Max	Special Rates	
							Location	Location			Pop	App
331 ASSESSMENT	1.50		MINUTES	31	14	30	30	114	31	1147	1/1/480	Y

Reporting Unit Balances Attributes Listing

8-Mar-2001
Page 2

Report PSP 370
 RU Records for 2/1998
 Day Treatment Program (7777DT) ()
 12 N 17TH
 OAKLAND, CA 0
 Type: M CADD Service Type: 0 Collect CADD Info: N
 Service Mode/Medicaid Mode/Code: 10/18/
 Type of Utilization Control: Coordinated Services UC/MC Claim Link: On

Region: Missing
 Umbrella: Missing

Bureau: 1
 Reporting to CADDs as: 000000000000
 Medicare License Number:

FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry: Single & Daily
 Default Procedure Code: 285

UC For All Clients
 Program Physician: 0
 Sun Mon Tue Wed Thr Fri Sat

Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	Mask	UR		Staff	Duration Def/Min/Max	Special Rates	
							Location	Location			Pop	App
285 DAY TX												
INTENS FULL DAY	70.00		PROGRAM	31	10	85	85	23	1	0	240/240/480	N

Reporting Unit Balances Attributes Listing

8-Mar-2001
Page 3

Report PSP 370
 Outpatient Mental Health (7777MH) ()
 115 N FRANKLIN
 OAKLAND, CA 94591
 Type: M CADD Service Type: 0 Collect CADD Info:
 Service Mode/Medicaid Mode/Code: 15/18/01
 Type of Utilization Control: Coordinated Services UC/MC Claim Link: On

RU Records for 2/1998

Region: Unknown
 Umbrella: Unknown

Bureau:
 Reporting to CADDs as:
 Medicare License Number:

FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
 Data Entry: Single & Multi
 Default Procedure Code: 0

UC For All Clients
 Program Physician: 0
 Sun Mon Tue Wed Thr Fri Sat

Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	Mask	UR		Staff	Duration Def/Min/Max	Special Rates	
							Location	Location			Pop	App
111 LOCAL INPATIENT DAY	1.50		MINUTES	31	15	10	10	23	63	27775	1/1/480	N

331 ASSESSMENT	1.50	MINUTES	31	15	30	30	23	11	115	1/1/480	Y
341 INDIVIDUAL	1.50	MINUTES	31	15	40	40	23	63	27775	1/1/480	Y
351 GROUP	1.50	MINUTES	31	15	50	50	23	27	27775	1/1/480	Y
361 MEDICATION	1.50	MINUTES	31	15	60	60	0	31	11	1/1/480	Y
371 CRISIS INTERVENTION	1.65	MINUTES	31	15	70	70	0	31	27775	1/1/480	Y

Reporting Unit Balances Attributes Listing

8-Mar-2001
Page 4

Report PSP 370

NULL
114 S WATERFRONT
SAN FRANCISCO, CA 94108

RU Records for 2/1998
Region: Unknown
Umbrella: Unknown

Type: M NULL NULL
Service Mode/Medicaid Mode/Code: 10/00/01
Type of Utilization Control: None UC/MC Claim Link: Not Applicable
FRC:(1) Agency
Data Entry: Daily, Single, Indirect
Default Procedure Code: 245

Bureau:
NULL
Medicare License Number:
Program Physician: 0
Sun Mon Tue Wed Thr Fri Sat
Days of Operation: Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
281 DAY TX I											
NIENS HALF DAY	99.00		MINUTES 1	10	81	81	0	1	0	-8/8/240	N

Reporting Unit Balances Attributes Listing

8-Mar-2001
Page 5

Report PSP 370

NULL
876 W SUNSET
SAN FRANCISCO, CA 94112

RU Records for 2/1998
Region: Unknown
Umbrella: Unknown

Type: M NULL NULL
Service Mode/Medicaid Mode/Code: 05/00/01
ZZZL23999
Type of Utilization Control: None UC/MC Claim Link: Not Applicable
FRC:(31) Agency, Medicaid, Medicare, Insurance, Client
Data Entry:

Bureau:
NULL
Medicare License Number:
Program Physician: 0
Sun Mon Tue Wed Thr Fri Sat
Days of Operation: Y Y Y Y Y Y Y

Procedure	Alt. Rate	Billing Rate	Unit Type	FRC Mode	SFC/CDS	Mask	Location	Staff	Duration Def/Min/Max	Special Rates Pop	App
291 DAY TX REHAB HALF DAY	80.00		PROGRAM 1	10	91	91	0	1	0	-8/8/240	Y

Report PSP 371 - Periodic Completion Due Report

Report Description:

This report shows clients who have an annual update due within the specified number of days.

Running the Report:

This report is run on demand. It has one input parameter that specifies the number of days. User may change this number when requesting the report. For example, instead of Periodic Review due within the next 90 days, user can specify within the next 30 days or 60 days.

Using the Report:

This report is used to identify the clients that have the annual CSI Periodic Review due within the next specified time period. The report output is then distributed to the printer queue mapped to reporting unit found in the CLIENTS record in the column named PRIMARY_REPORTING_UNIT.

Technical Notes:

This report assumes that client must have at least one Periodic record entered in the system. The output will not show due or overdue Periodic Review if there is no prior Periodic history.

Output File:

MHS_OUTPUT_REPORT:
REPORT_PSP371.*****_LIS

Periodic Completion Due Report

4-Oct-2007

Page 1

Report PSP 371

Report Target Date: 18-Nov-2007

Reporting Units	Staff Number	Staff Name	Client Number	Client Name	Last CSI Periodic Record Date	Last Date of Service
110012	000000001	STAFF 1	000002028	TEST RENE	4-Oct-2007	
110012	000000002	STAFF 2	000002019	TEST LORI		18-Feb-2005
110012	000000003	STAFF 3	000002034	TEST HOLIE		19-Nov-2000
110012	000000004	STAFF 4	000003033	TEST KATHI		25-Jun-2004
110012	000000005	STAFF 5	000003043	TEST STACEY		28-Mar-2002
110012	000000006	STAFF 6	000003047	TEST TYALA		7-Dec-2001
110012	000000007	STAFF 7	000003045	TEST WINEMA		26-Aug-2003
110012	000000008	STAFF 8	000003058	TEST DIANE		6-Aug-2003

 Confidential Client Information

Report PSP 372 - Periodic Completion Due Report

Report Description:

This report shows clients who have an annual update due within the specified number of days.

Running the Report:

This report is run on demand. It has one input parameter that specifies the number of days. User may change this number when requesting the report. For example, instead of Periodic Review due within the next 90 days, user can specify within the next 30 days or 60 days.

Using the Report:

This report is used to identify the clients that have the CSI periodic completion due within the next specified time period. The report output is then distributed to the printer queue mapped to reporting unit found in the EPISODE record in the column named REPORTING_UNIT.

Technical Notes:

This report assumes that client must have at least one Periodic record entered in the system. The output will not show due or overdue Periodic Review if there is no prior Periodic history.

Output File:

```
MHS_OUTPUT_REPORT:  
REPORT_PSP372.*****_LIS
```

Periodic Completion Due Report

4-Oct-2007

Page 1

Report PSP 371
 Report Target Date: 18-Nov-2007

Reporting Units	Staff Number	Staff Name	Client Number	Client Name	Last CSI Periodic Record Date	Last Date of Service
110012	00000001	STAFF 1	000002028	TEST	RENEE	4-Oct-2007
110012	00000002	STAFF 2	000002019	TEST	LORI	18-Feb-2005
110012	00000003	STAFF 3	000002034	TEST	HOLLIE	19-Nov-2000
110012	00000004	STAFF 4	000003033	TEST	KATHI	25-Jun-2004
110012	00000005	STAFF 5	000003043	TEST	STACEY	28-Mar-2002
110012	00000006	STAFF 6	000003047	TEST	TYALA	7-Dec-2001
110012	00000007	STAFF 7	000003045	TEST	WINEMA	26-Aug-2003
110012	00000008	STAFF 8	000003058	TEST	DIANE	6-Aug-2003

 Confidential Client Information

Report PSP 373 - Periodic Completion Overdue Report

Report Description:

This report shows clients who have an annual update overdue.

Running the Report:

This report is run on demand. It has one input parameter that specifies the number of days. User may change this number when requesting the report. For example, instead of Periodic Review due within the next 90 days, user can specify within the next 30 days or 60 days.

Using the Report:

This report is used to identify the clients that have the CSI periodic completion is overdue. The report output is then distributed to the printer queue mapped to reporting unit found in the CLIENTS record in the column named PRIMARY_REPORTING_UNIT.

Technical Notes:

This report assumes that client must have at least one Periodic record entered in the system. The output will not show due or overdue Periodic Review if there is no prior Periodic history.

Output File:

```
MHS_OUTPUT_REPORT:  
REPORT_PSP373.*****_LIS
```

Periodic Completion Over Due Report

30-Oct-2007

Page 1

Report PSP 373

Report Cutoff Date:14-Dec-2007

Reporting Unit	Staff Number	Staff Name	Client Number	Client Name	Last Service Date	Review Due	Last CSI Periodic Record Date	
09002	00000001	STAFF 1	000002034	TEST	HOLLIE	16-May-2001	19-Nov-2000	16-May-2000
09002	00000002	STAFF 2	000002019	TEST	LORI	6-Dec-2003	18-Feb-2005	6-Dec-2002
09002	00000003	STAFF 3	000003033	TEST	KAIHI	18-Nov-2003	25-Jun-2004	18-Nov-2002
09002	00000004	STAFF 4	000003043	TEST	SPACEY	25-Oct-2002	28-Mar-2002	25-Oct-2001
09002	00000005	STAFF 5	000003047	TEST	TYALA	9-Nov-2002	7-Dec-2001	9-Nov-2001
09002	00000006	STAFF 6	000003058	TEST	DIANE	14-Jan-2004	6-Aug-2003	14-Jan-2003
09002	00000007	STAFF 7	000003045	TEST	WINEMA	4-Nov-2003	26-Aug-2003	4-Nov-2002

 Confidential Client Information

Report PSP 374 - Periodic Completion Overdue Report

Report Description:

This report shows clients who have an annual update overdue.

Running the Report:

This report is run on demand. It has one input parameter that specifies the number of days. User may change this number when requesting the report. For example, instead of Periodic Review due within the next 90 days, user can specify within the next 30 days or 60 days.

Using the Report:

This report is used to identify the clients that have the CSI periodic completion is overdue. The report output is then distributed to the printer queue mapped to reporting unit found in the EPISODE record in the column named REPORTING_UNIT.

Technical Notes:

This report assumes that client must have at least one Periodic record entered in the system. The output will not show due or overdue Periodic Review if there is no prior Periodic history.

Output File:

MHS_OUTPUT_REPORT:
REPORT_PSP374.*****_LIS

Periodic Completion Due Report - by Episode Reporting Unit

30-Oct-2007

Page 1

Report PSP 374

Report Cutoff Date:14-Dec-2007

Reporting Unit	Staff Number	Staff Name	Client Number	Client Name	Last Service	Review Due	Last CSI Periodic Record Date	
01002	00000000	STAFF	000003447	TEST	TYALA	9-Nov-2002	7-Dec-2001	9-Nov-2001
01002	00000000	STAFF	000003545	TEST	WINEMA	4-Nov-2003	26-Aug-2003	4-Nov-2002
010036	00000000	STAFF	000002719	TEST	LORI	6-Dec-2003	18-Feb-2005	6-Dec-2002
010036	00000000	STAFF	000003558	TEST	DIANE	14-Jan-2004	6-Aug-2003	14-Jan-2003
010036	00000000	STAFF	000003333	TEST	KAIHI	18-Nov-2003	25-Jun-2004	18-Nov-2002
01107	00000000	STAFF	000002834	TEST	HOLLIE	16-May-2001	19-Nov-2000	16-May-2000
01107	00000000	STAFF	000003443	TEST	STACEY	25-Oct-2002	28-Mar-2002	25-Oct-2001

 Confidential Client Information

Report PSP 376 - Healthy Families Exact Match Report by RU

Report Description:

PSP 376 reports exact matches between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligibility and can only be run if the previous process (Report MHS 380) was completed successfully.

In Report 380, Healthy Families beneficiaries were matched with INSYST clients by name, DOB, and SSN; or, by name DOB, and CIN. This procedure picks up the matched clients with “9H” aid codes

Report 376 is run by Reporting Unit.

Effective as of the 8.13 release only active clients will be displayed in this report.

Running the Report:

Use the Report Menu to request this report.

Report Prompts:

Use the Reports Menu to run this report. You are given a yes/no prompt for a download file. The default answer is “No.”

The record layout will be formatted as:

Match Criteria	
Match_key	Data elements: name, date of birth, SSN (3 of 3)
Match_count	Levels of match: the number of matches found
From INSYST	
Client_number	The number of the client
Client_name	The name of the client
Birth_date,	Alphanumeric field containing the client’s date of birth formatted as <code>yyyymmdd</code>
Social_security_number,	The Social Security number of the client
Eligibility_county_code	Client’s county of residence
MediCal_number	Client’s MediCal number
Primary_aid_code	Aid code from MediCal eligibility

Eligible_year	Year of last MediCal eligibility record
Eligible_month	Month of last MediCal eligibility record
From HFP⁷	
Subscriber_cin	Client index number of the covered child
Subscriber_last_name	The name of the covered child reported by the subscriber
Subscriber_first_name	The name of the covered child reported by the subscriber
From HFP⁸	
Date_of_birth	The date on which the covered child was born
County_of_residence	Two-digit county code that identifies the county of residence of the subscriber
E1 ⁹ _subscriber_ssn	The social security number of the covered child
E1_subscriber_hfp_number	The covered child's Healthy Families plan number
Format E1_begin_date	Eligibility segment 1:the beginning date for this MSD period formatted as yyymmdd.
E1_end_hfp_or_ffp_claim_date	Eligibility segment 1: The ending date of this MSD period formatted as yyymmdd

Using the Report:

Use this report to show “exact matches” between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligible people in the MMEF file by RU.

Output Files:

```
MHS_OUTPUT_REPORT:
  HFP_COMPLETE_MATCH_PSP376_****.LIS
  HFP_COMPLETE_MATCH_PSP376_****.CSV
  REPORT_PSP366_****.LOG
```

Where “*****” is the RU.

⁷ HFP = Healthy Families Program

⁸ HFP = Healthy Families Program

⁹ E stands for an Eligibility Segment, of which there are four occurrences. So E1 indicates Eligibility Segment 1.

Report PSP 377 - Healthy Families Partial Match by RU

Report Description:

PSP 377 reports “partial matches” between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligible people in MMEF file. This report can only be run if the previous process (Report MHS 380) was completed successfully.

In Report 380, Healthy Families beneficiaries were matched with INSYST clients by name, DOB, and SSN; or, by name, DOB, and CIN. This procedure picks up the partial matches (2 out of 3 matched for clients with “9H” aid codes).

This report is run by Reporting Unit.

Effective as of the 8.13 release only active clients will be displayed in this report.

Running the Report:

Use the Report Menu to request this report.

Report Prompts:

Use the Reports Menu to run this report. You are given a yes/no prompt for a download file. The default answer is “No.”

The record layout will be formatted as:

Match Criteria	
Match_key	Data elements: name, date of birth, SSN (2 of 3)
Match_count	Levels of match: the number of matches found
From INSYST	
Client_number	The number of the client
Client_name	The name of the client
Birth_date,	Alphanumeric field containing the client’s date of birth formatted as yyymmdd
Social_security_number,	The Social Security number of the client
Eligibility_county_code	Client’s county of residence
MediCal_number	Client’s MediCal number
Primary_aid_code	Aid code from MediCal eligibility
Eligible_year	Year of last MediCal eligibility record
Eligible_month	Month of last MediCal eligibility record

From HFP¹⁰	
Subscriber_cin	Client index number of the covered child
Subscriber_last_name	The name of the covered child reported by the subscriber
Subscriber_first_name	The name of the covered child reported by the subscriber
From HFP¹¹	
Date_of_birth	The date on which the covered child was born
County_of_residence	Two-digit county code that identifies the county of residence of the subscriber
E1 ¹² _subscriber_ssn	The social security number of the covered child
E1_subscriber_hfp_number	The covered child's Healthy Families plan number
Format E1_begin_date	Eligibility segment 1:the beginning date for this MSD period formatted as yyyyymmdd.
E1_end_hfp_or_ffp_claim_date	Eligibility segment 1: The ending date of this MSD period formatted as yyyyymmdd

Using the Report:

Use this report to review partial matches between INSYST clients who have had an open episode within the last 15 months and Healthy Families eligible person from MMEF file by RU. If matched, consider entering Medi-Cal eligibility into Insyst for this client if there is no existing eligibility information in the system.

Output Files:

MHS_OUTPUT_REPORT:
 HFP_PARTIAL_MATCH_PSP377_****.LIS
 HFP_PARTIAL_MATCH_PSP377_****.CSV
 REPORT_PSP377_****.LOG

Where "****" is the Reporting Unit.

¹⁰ HFP = Healthy Families Program

¹¹ HFP = Healthy Families Program

¹² E stands for an Eligibility Segment, of which there are four occurrences. So E1 indicates Eligibility Segment 1.

Overview of California MMEF Eligibility Processing Reports

MHS 380-387 & 389

Identifying eligibility for Medi-Cal, Medicare, and insurance is an important task in maintaining the provision of services. The information is critical financial information for your local mental health department.

These Datatrieve procedures process the California State Monthly Medi-Cal Eligibility File (MMEF) data so counties can maintain a complete eligibility history on the InSyst database. This process is also essential for the cCura3/InSyst integration.

In completing the following processes you must pay close attention to dates and to log files. These procedures must be run in sequence. A mistake in date entry or the sequence of a program could mean the loss of essential revenue if not caught. Even if you catch the mistake, a date entry mistake can result in loss of processing time and valuable staff time; delays in claims payments; and could possibly incur costs for assistance from customer support.

Overview

The procedure begins by downloading MMEF information from the State ITWS website (www.dmh.ca.gov). Once you have retrieved the eligibility data from the state, the process continues by running the MMEF extract file and extracting matches between information on the tape and client data in InSyst.

These matches are then extracted. The resulting data can then be used to run various eligibility reports.

Note: Effective in InSyst version 8.14, the record layout for the MMEF has increased from 1339 bytes to 1779 bytes to incorporate Medicare Part D.

Retrieving Eligibility Information from the State

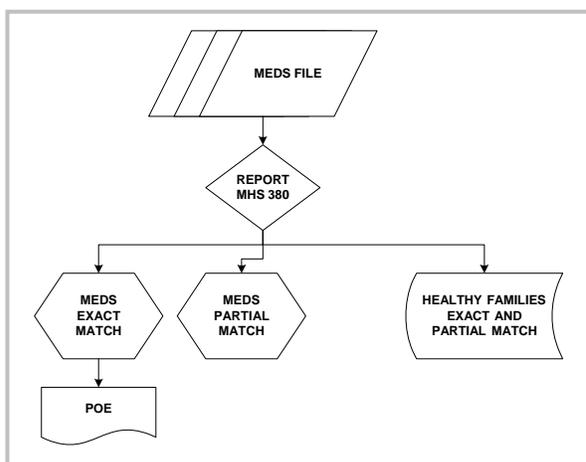
You can receive the data by downloading it from the State ITWS website. The goal of the California State Department of Mental Health's (DMH) ITWS website is to provide a simple method to transfer timely information to and from other state departments, county mental health facilities, or other entities conducting official state business.

On a monthly basis, download the zip file `MEDS cc - $yyyymm$ -1779.zip`, where cc is the county code and $yyyymm$ is the file date. The unzipped file is named `MEDS- cc .TXT`, where cc is the county code. This is the MMEF Eligibility Extract database for import of Monthly MMEF Extract File data from DMH.

Report MHS 380 - Matching (Phase 1)

The initial step extracts data from the MMEF extract file to prepare for reporting. *You must run Report MHS 380 with close attention to dates.* The dates must match the dates on the MMEF file.

MHS 380 creates three files: exact and partial match files for MMEF eligibility, and a Healthy Families data file. MHS 380 checks *all* the aid codes and reports out any with “9H” designations to the Healthy Families data file.



Report Description

This procedure matches the following data items in the MMEF file with those in the InSyst database:

1. *client name*: 10 characters of LAST NAME, and 5 characters of FIRST NAME must match.
2. *client birth date* (DOB)
3. *client SSN*
4. *client identification number* (CIN)

There are two levels of match:

Exact: either 1. SSN, name, DOB; or 2. CIN, name, DOB

Partial: two out of three data elements match. (name, DOB, SSN, CIN).

Effective in InSyst version 8.14, Report MHS 380 will use the new, longer MMEF record format (1779 bytes).

Running the Report

Use the Reports Menu to run this report. You are prompted to enter the two-digit month and four-digit year.

- *Note: This year and month must correspond to the year and the month of the MMEF file that has been downloaded.*

Input Data File

The input data file is: GLOBAL_DATA_FILES:STATE_MEDS_cc_YYYYNN.DAT where cc = the 2-digit county code and YYYYNN is the MMEF file year and month.

Output Data Files

Three output data files may be written by this procedure:

GLOBAL_DATA_FILES:REPORT_MHS380_MATCH.DAT - contains MMEF records with 100% matching criteria satisfied.

GLOBAL_DATA_FILES:REPORT_MHS380_PARTIAL_MATCH.DAT - contains MEDS records with 2 out of 3 data elements matched.

GLOBAL_DATA_FILES:REPORT_PSP365.DAT – contains the Healthy Families data file.

Output Report

None.

Report MHS 381 - Processing (Phase 2)

This step processes client eligibility and can only be run if the previous process (Report MHS 380) was completed successfully. MHS 381 has been enhanced as of June 2001 to scan for records falling within numeric ranges rather than single digits, and to scan all three eligibility codes.

Records falling within the numeric range of 001 to 499 are selected as valid while records with numeric values between 500 and 999 are invalidated.

Report Description

In phase 1, MMEF beneficiaries were matched with InSyst clients by name, DOB, SSN, or CIN. This next procedure picks up the matched clients (only matched clients will be processed), checks on various data fields, and takes the following actions:

If a client is found eligible on Medi-Cal, and the aid code of the eligible month is not County Medical Services Program (CMSP) or any other county-defined exception aid code in the REPORT_MHS381_CMSP_TABLE table, then a new medical eligibility record can either be inserted into InSyst or verified in "Batch" depending on run option (see 'Running the Report').

Exception records will be written in the following categories.

- ◆ If the client has a Share of Cost in that month, then write the data to REPORT_MHS381_SOC_DOM.
 - ◆ If the client has a CMSP or other aid code exception, then write the data to REPORT_MHS381_CMSP_DOM.
 - *** No POE is generated for CMSP/aid-code exception clients.***
 - ◆ If the client is eligible for Medicare or other insurance coverage(s), then write the data to REPORT_MHS381_MEDICARE_DOM. Effective version 8.14, this report will include and process Medicare Part D eligibility information.
 - ◆ If the county code in the record indicates that the client has a different responsible county, then write data to REPORT_MHS381_NONCOUNTY_DOM.
- *Note: All of the above exception data can be optionally selected and run in a report.*

Running the Report

Use the Reports Menu to run this report. You are prompted for the two-digit start month, four-digit start year, two-digit end month, and four-digit end year. Enter "R" to write a record into MEDICAL_ELIGIBILITY or "V" to write the record into ELIGIBILITY_VERIFICATION.

Effective as of InSyst v8.14, InSyst will contain an option for facility NPI in the EDS lookup. As EDS currently uses legacy provider (cds provider code), InSyst will dynamically decide to use the cds code or facility NPI at run time. When the state makes the changes to EDS Echo will release code for the facility NPI lookup automatically.

- *Note: The dates entered in this report will determine the time range for the following reports: 382, 383, 384, 385, 386. These dates will also determine how many months of eligibility will be written.*

Input Data File

This is the file with “exact match” MMEF data. It derives from the Phase 1 matching process.

MHS_WORK:REPORT_MHS380_MATCH.DAT

Output to Database Relations

This report may automatically insert data in InSyst in either MEDICAL_ELIGIBILITY or ELIGIBILITY_VERIFICATION (depending on your selection).

Output Data Files

These files are the exception records.

MHS_WORK:REPORT_MHS381_SOC.DAT

MHS_WORK:REPORT_MHS381_CMSP.DAT

MHS_WORK:REPORT_MHS381_MEDICARE.DAT

MHS_WORK:REPORT_MHS381_NON_COUNTY.DAT

Report MHS 382 - Partial-Match Clients Report

Report Description

This report reads the *partial-match* client data which was produced by REPORT_MHS380.

- *Note: Partial-match clients are defined as clients who have either SSN and DOB, SSN and Name, Name and DOB, CIN and DOB, or CIN and Name, that matched with an existing InSyst client.*

Running the Report

Use the Reports Menu to run this report. You are prompted for “Y” or “N” to generate the optional, comma delimited data download file.

- *Note: The report period is determined in Report_MHS381. If you wish to run the report for a different time span, you must re-run MHS381.*

Input data file:

MHS_WORK:REPORT_MHS380_PARTIAL_MATCH.DAT

Output report:

This file is created in
MHS_OUTPUT_REPORT:MEDS_PARTIAL_MATCH_MHS382.LIS

Optional data download

You may elect to download the report data to a comma delimited data file:

MHS_OUTPUT_REPORT:MEDS_PARTIAL_MATCH_MHS382.DAT

Data fields in the download file:

INSYST CLIENT NAME

INSYST SSN NUMBER

INSYST BIRTH DATE format NN/DD/YYYY

INSYST CLIENT NUMBER

MEDS CLIENT NAME

MEDS ID

MEDS BIRTH DATE format NN/DD/YYYY

MEDS COUNTY CODE

MEDS AID_CODE

All Medi-Cal eligible month/year

CLIENT ID NUMBER (CIN)

Example of Output File: Report_MHS382

2008 State MEDS Tape: Action Report 1 - Partial Match Report 12-Jun-

Page 2
 Report MHS 382
 Month of State Meds Tape: 06/2008
 Process period: 6/2008 to 6/2008

The list below are the partial matches between existing INSYST active clients and State MEDS Tape. These discrepancies require manual correction. Please make sure that the client information in INSYST is correct. After correction, put a 'Y' on the Match column to indicate clients with 100% match. Please manually enter the client's eligibility record for the month.

Client Name	Insyst SSN MEDS-ID	CIN	DOB	Insyst Client#	County Code	Aid Code	Match(Y/N)
INSYST BROWNSMITH KATIE	999134528		7/17/1963	000099959			
MEDS BROWN-SMITH KATIE	999134528	96599499C	7/17/1963		99	30	
Eligible months:	/ 05/2008 04/2008	03/2008	02/2008	01/2008	12/2007	11/2007 10/2007	09/2007
	08/2007 07/2007 06/2007						
	05/2007 04/2007	03/					
INSYST FROST JAKE	999908570		3/09/1972	000099965			
MEDS FROST JACOB	999908570	93693599E	3/09/1972		99	84	
Eligible months:	/ 05/2008 04/2008	03/2008	02/2008	01/2008			
INSYST KING RICHY	999882337		3/29/1968	000099948			
MEDS KING DICK	999882337	96034999A	3/29/1968		99	64	
Eligible months:							
INSYST MAKINSON ART	999048504		11/01/1949	000099907			
MEDS MCINTIRE ART	999048504	90512699C	11/01/1949		99	3N	
Eligible months:	/ 05/2008						
INSYST NIRMAL ROBERT	999085730		9/14/1983	000099970			
MEDS NIRMAL ROB	999085730	93372099D	9/14/1983		99	84	
Eligible months:	/ 05/2008 04/2008	03/2008	02/2008				

Client name mismatch total: 5

 Confidential Information

Report MHS 383 - Share of Cost Report

Report Description

One of the "exception" data files generated by REPORT_MHS381 shows client eligibility with Share of Cost. This report writes to an output file so that operations staff can identify Share of Cost clients and take the appropriate action, depending on state and local policy.

Running the Report

Use the Reports Menu to run this report. You are prompted for "Y" or "N" to generate the optional, comma-delimited data download file.

- *Note: The report period is determined in Report_MHS381. If you wish to run the report for a different time span, you must re-run MHS381.*

Input data file

MHS_WORK:REPORT_MHS381_SOC.DAT

Output report

This file is created in
MHS_OUTPUT_REPORT:MEDS_SHARE_OF_COST_MHS383.LIS

Optional data download

You may elect to download the report data to a comma delimited data file:

MHS_OUTPUT_REPORT:MEDS_SHARE_OF_COST_MHS383.DAT

Data fields in the download file:

CLIENT NAME

CLIENT NUMBER

SSN

COUNTY CODE

AID CODE

ELIGIBLE MONTH/YEAR

SHARE OF COST AMOUNT

Example of Output File: Report_MHS383

State MEDS Tape: Action Report 2 - Share of Cost

19-Sep-1997
Page 1

Report MHS 383
 Month of State Meds Tape: 07/1997
 Process period: 4/1996 to 7/1997

This report lists all Medi-Cal clients with Share-of-Cost. Use it as your work sheet. After you clear the Share-of-Cost (SOC) in the full amount for the month, check 'Y' in the column of Cleared(Y/N). After the full amount of SOC is cleared, manually enter the client's eligibility record.

Client Name	Client Number	MEDS ID	Cty Code	Aid Code	Elig Mon/Year	SOC Amount	Cleared(Y/N)
JONES	JAMES	111111191	38	63	04/1996	\$382	_____
JONES	JAMES	111111191	38	63	05/1996	\$382	_____
JONES	JAMES	111111191	38	63	06/1996	\$382	_____
JONES	JAMES	111111191	38	63	07/1996	\$382	_____
JONES	JAMES	111111191	38	63	08/1996	\$382	_____
JONES	JAMES	111111191	38	63	09/1996	\$382	_____
JONES	JAMES	111111191	38	63	10/1996	\$382	_____
JONES	JAMES	111111191	38	63	11/1996	\$382	_____
JONES	JAMES	111111191	38	63	12/1996	\$382	_____
JONES	JAMES	111111191	38	63	01/1997	\$394	_____
JONES	JAMES	111111191	38	63	02/1997	\$394	_____
JONES	JAMES	111111191	38	63	03/1997	\$394	_____
JONES	JAMES	111111191	38	63	04/1997	\$394	_____
JONES	JAMES	111111191	38	63	05/1997	\$394	_____
JONES	JAMES	111111191	38	63	06/1997	\$394	_____
JONES	JAMES	111111191	38	63	07/1997	\$394	_____

 Confidential Information

Report MHS 384 - Exclusion of CMSP and County Selected Aid Codes Report

One of the "exception" data files generated by REPORT_MHS381 includes CMSP clients defined by the aid code under which they are deemed eligible. No eligibility records are written by this procedure for clients whose aid code exists in the CMSP Table.

Report Description

This report identifies CMSP and other clients in the MMEF Extract File whose aid code exists in the CMSP Table, as populated by the county.

Running the Report

Use the Reports Menu to run this report. You are prompted for "Y" or "N" to generate the optional, comma delimited data download file.

- *Note: The report period is determined in Report_MHS381. If you wish to run the report for a different time span, you must re-run MHS381.*

Input data file

MHS_WORK:REPORT_MHS381_CMSP.DAT

Output report

This file is created in
MHS_OUTPUT_REPORT:MEDS_CMSP_CLIENTS_MHS384.LIS

Optional data download

You may elect to download the report data to a comma delimited daa file:

MHS_OUTPUT_REPORT:MEDS_CMSP_CLIENTS_MHS384.DAT

Data fields in the download file:

CLIENT NAME

CLIENT NUMBER

SSN

COUNTY CODE

AID CODE

ELIGIBLE MONTH/YEAR

REPORTING UNIT(S) OF CLIENT'S OPEN EPISODE**CMSP/County defined Aid Code table**

In order for this procedure to know which aid codes are excluded, a Datatrieve table must be maintained by the county staff. The location of the table is CDD\$DEFAULT.DTR and the table name is REPORT_MHS381_CMSP_TABLE.

Datatrieve Code for County Maintained Table

```
REDEFINE TABLE CDD$DEFAULT.DTR.REPORT_MHS381_CMSP_TABLE
65: 1
ELSE 0
END_TABLE
```

- **Note:** You populate this table by putting the CMSP aid-code on the left, followed by a colon, then the value 1. For more than one CMSP aid-code, each code must be on a separate line. Example above shows 65 as one of the CMSP aid-codes.

Example of Output File: Report_MHS384

State MEDS Tape: Action Report 3 - Exclusion of CMSP and Other Aid Codes 3-Sep-1997

Report MHS 384

Page 1

Month of State Meds Tape: 07/1997

Process period: 4/1996 to 7/1997

This report includes all clients with an aid code in the CMSP table. No Medi-Cal eligibility record was written. The MEDS Excluded Aid codes are: 95 99
Please verify clients' coverage.

Client Name	Client Number	Meds-Id	Cty Code	Aid Code	Elig Mon/Year	Open RU
HOWE CARL	111111191	134568769	38	99	02/1997	7777DT 7777CS 7777MH
HOWE CARL	111111191	134568769	38	95	03/1997	7777DT 7777CS 7777MH
HOWE CARL	111111191	134568769	38	95	04/1997	7777DT 7777CS 7777MH

Confidential Information

Report MHS 385 - Medicare and Other Health Coverage Information Report

One of the "exception" data files generated by REPORT_MHS381 includes clients who are eligible for Medicare and/or other insurance coverage.

Report Description

This procedure reports third party insurance information (does not write third party insurance information to the database) and allows you the option of writing *pending Medicare policies* to the InSyst database. These policies would not be effective until operations staff have reviewed them.

Running the Report

Use the Reports Menu to run this report. Enter "Y" or "N" to accept or reject the following options:

- ◆ Write part A Medicare policies for company 9997?
- ◆ Write part B Medicare policies for company 9999?
- ◆ Write Medicare partial hospitalization policies for company 9994?
- ◆ Generate download option.

Additionally, the prompt "Insurance Companies to print" appears. The default response is ALL, but possible responses are PARTA, PARTB, PARTD, OTHER, PARTIAL_HP, or any combination of those separated by a forward slash [/].

- *Note: The report period is determined in Report_MHS381. If you wish to run the report for a different time span, you must re-run MHS381.*

Technical Note

Pending Medicare policies are only written if the value in "Medicare Status" on the MMEF is 1 through 5 or 7. The "Estimated Effective Date" is based on the oldest period of eligibility in the report period requested in MHS380.

For each client, if the MMEF record indicates that the client is eligible for:

1. *Part A Medicare*, then check InSyst database for existing 9997(Part A), 9995(Part A secondary), or 9998(Railroad) for this client.

If 9997, 9995, or 9998 is found, skip the record. No action taken.

If none of 9997, 9995, 9998 can be found, then Write Part A 9997 Medicare for the client (if user selected write option). Mark the record for reporting.
2. *Part B Medicare*, then check InSyst database of existing 9999(Part B) or 9996(Part B secondary) or 9998(Railroad) for this client.

If 9999, 9996, or 9998 is found, skip the record. No action taken. If none of 9999, 9996, 9998 can be found, then Write Part B 9999 Medicare for the client (if user selected write option). Mark the record for reporting.

Also, Check InSyst database of existing 9994 (Partial HP) or 9993 (Partial HP secondary) or 9998 (Railroad) for this client. If 9994, 9993, or 9998 is found, skip the record. No action taken.

If none of 9994, 9993, 9998 can be found, then Write Partial HP 9994 Medicare for the client (if user selected write option). Mark the record for reporting.

Input data file

MHS_WORK:REPORT_MHS381_MEDICARE.DAT

Output Report

MHS_OUTPUT_REPORT:MEDS_OTHER_INSURANCES_MHS385.LIS

Effective in InSyst version 8.14, Medicare Part D eligibility information will be processed in Report MHS 381 and a new output section will be included in this report to print Part D eligibility information.

Output Data to Database

Optionally writes Medicare policies to INSURANCE_POLICIES in InSyst MHS database.

Optional Data Download

You may elect to download the report data to a comma delimited data file:

MHS_OUTPUT_REPORT:MEDS_OTHER_INSURANCES_MHS385.DAT

Data fields in the download file:

CLIENT NAME

CLIENT NUMBER

SSN

MEDICARE POLICY NUMBER

INSURANCE COMPANY ID

INSURANCE COMPANY NAME OR OTHER HEALTH COVERAGE'S CODE/LABEL

SUGGESTED EFFECTIVE DATE FOR THE MEDICARE POLICY

MEDICARE PART D

Translation table

A Datatrieve table,

CDD\$DEFAULT.DTR_REPORTS.REPORT_MHS385_OTHER_INS_TABLE, is used to translate the one-character "Other Health Coverage" code to narrative, based on the state definition.

Example of Output File: Report_MHS385

State MEDS Tape: Action Report 4 - Medicare or Other Health Coverage Information

13-Jun-2008

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Report MHS 385

Month of State Meds Tape: 06/2008

Process period: 6/2008 to 6/2008

User selected options on writing Medicare policies automatically:

Part A(9997)-YES Part B(9999)-YES Partial Hospitalization(9994)-YES

This report includes clients who have Medicare Part A/B/D or other health insurance coverage. There may be a pending Medicare record for the client. Please verify and confirm. Please manually enter all third party insurance information for the clients in this report.

Client Name	Client Number	MEDS-Id	HIC #	Elig Code	Comp Other Health Coverage	Curr Comp Code	Estimated Effective Date	Confirm
PARKS LANEY	000009991	972024509	572099505A	0	Carr D618 Fed# S9596 Plan ID 033 Type ID A	9997*	1-Aug-2007	_____
PARMAN FRANK	100009992	964936069	564999063A	0	Carr D796 Fed# S9967 Plan ID 066 Type ID A	9997*	1-Aug-2007	_____
PETERS JACK	900009995	912030759	612999756A	0	Carr D775 Fed# S9921 Plan ID 001 Type ID B	9997*	1-Aug-2007	_____
PAVID ALICE	000809992	907035949	607099946A	0	Carr D770 Fed# S9917 Plan ID 008 Type ID A	9997*	1-Aug-2007	_____
PETERS KRISTI	000000009	961499839	561499833A	0	Carr D675 Fed# S9678 Plan ID 008 Type ID B	9997*	1-Aug-2007	_____
PETERS MIKE	000011111	958152499	558999495A	0	Carr D790 Fed# S9960 Plan ID 032 Type ID A	9999*	1-Aug-2007	_____
PHARI DEB	098989898	971137449	571999447A	0	Carr D760 Fed# S9884 Plan ID 090 Type ID A	9997*	1-Aug-2007	_____
QUINN JACOB	000009990	530409109	530999102A	0	Carr D618 Fed# S9596 Plan ID 033 Type ID B	9997*	1-Aug-2007	_____
RADA FRANK	000009998	945631439	545999436A	0	Carr D675 Fed# S9678 Plan ID 002 Type ID B	9997*	1-Aug-2007	_____
RALS PAT	001234567	968685279	568999272A	0	Carr D796 Fed# S9967 Plan ID 066 Type ID A	9997*	1-Aug-2007	_____
RAWLS OSCAR	111111111	969436199	569999194A	0	Carr D796 Fed# S9967 Plan ID 066 Type ID A	9997*	1-Aug-2007	_____

Confidential Information

Report MHS 386 - Out of County POE Report

Report Description

One of the "exception" data files generated by REPORT_MHS381 includes Out of County clients based on the county codes in the MEDS tape record. This report writes the information to an output file.

Running the Report

Use the Reports Menu to run this report. You are prompted for "Y" or "N" to generate the optional download file to a comma delimited data file.

- *Note: The report period is determined in Report_MHS381. If you wish to run the report for a different time span, you must re-run MHS381.*

Input data file

MHS_WORK:REPORT_MHS381_NONCOUNTY.DAT

Output report:

This file is created in
MHS_OUTPUT_REPORT:MEDS_NONCOUNTY_CLIENTS_MHS386.LIS

Optional data download

You may elect to download report data to a comma delimited data file

MHS_OUTPUT_REPORT:MEDS_NONCOUNTY_CLIENTS_MHS386.DAT

Data fields in the download file:

CLIENT NAME

CLIENT NUMBER

SSN

COUNTY CODE

AID CODE

ELIGIBLE MONTH/YEAR

REPORTING UNIT(S) OF CLIENT'S OPEN EPISODE (up to 5)

Example of Output File: Report_MHS386

State MEDS Tape: Action Report 5 - Out of County POE

24-Sep-1997

Page 1

Report MHS 386
Month of State Meds Tape: 07/1997
Process period: 4/1996 to 7/1997

This report includes out-of-county Medi-Cal eligibility information.

Client Name	Client Number	Meds ID	Cty Code	Aid Code	Elig Mon/Year	Open RU
DOLBERN	ROBERT	111111198	642986703	38	60	04/1996 99991
DOLBERN	ROBERT	111111198	642986703	38	60	05/1996 99991
DOLBERN	ROBERT	111111198	642986703	38	60	06/1996 99991
DOLBERN	ROBERT	111111198	642986703	38	60	07/1996 99991
DOLBERN	ROBERT	111111198	642986703	38	60	08/1996 99992 99991 99991
DOLBERN	ROBERT	111111198	642986703	38	60	09/1996 99992 99991
DOLBERN	ROBERT	111111198	642986703	38	60	10/1996 99992
DOLBERN	ROBERT	111111198	642986703	38	60	11/1996 99992 99991
DOLBERN	ROBERT	111111198	642986703	38	60	12/1996 99992
DOLBERN	ROBERT	111111198	642986703	38	60	01/1997 99992
DOLBERN	ROBERT	111111198	642986703	38	60	02/1997 99992 99991
DOLBERN	ROBERT	111111198	642986703	38	60	03/1997 99992 99991
DOLBERN	ROBERT	111111198	642986703	38	60	04/1997 99992 99991
DOLBERN	ROBERT	111111198	642986703	38	60	05/1997 99992 99991
DOLBERN	ROBERT	111111198	642986703	38	60	06/1997 99992
DOLBERN	ROBERT	111111198	642986703	38	60	07/1997 99992

Confidential Information

Report MHS 387 - Sensitive Clients and Related Aid Codes

This report identifies Sensitive clients by checking the PRIMARY_AID_CODE value in the MEDICAL_ELIGIBILITY relation.

County staff will define aid codes for Sensitive clients and maintain these codes in a Datatrieve domain. When running the report, you are prompted for the start and end dates of the “processed” MEDICAL_ELIGIBILITY records you want to review. If the value in the field PRIMARY_AID_CODE is found in the County defined/maintained Sensitive client aid code domain, the report updates the field SENSITIVE_FLAG in MEDICAL_ELIGIBILITY with a value “Y”. This updated eligibility record is printed in the report output.

Report Prompts

Start Date, end date.

Output report:

MHS_OUTPUT_REPORT: SENSITIVE_SERVICES_MHS387.LIS

County defined Sensitive Aid Code table:

A datatrieve domain containing Sensitive client aid codes is installed and will be maintained by county staff. The location of the table is CDD\$DEFAULT.DTR and the domain name is REPORT_MHS387_AID_CODE_DOM.

The domain table has AID_CODE, EFFECTIVE_DATE, EXPIRATION_DATE, and RECORD_STAMP information in each record.

Example of Output File: Report_MHS387

Sensitive Clients and Related Aid Codes

6-Nov-1997

Page 1

Report MHS 387

Process period: 1-Jan-1995 to 31-Dec-1995

This report includes client's eligibility with sensitive aid code. These Aid codes are:

7M 7N 7P 7R

Client Name Mon/Year	Client Number	Medicaid Number	Cty Code	Aid Code	Elig
----- ABCDEFD KEVIN	001000058	13451234513422	0	7M	09/1995
TESTCASE DAVID	001000153	999999997		7M	01/1995

 Confidential Information

Report MHS 389 - CA State MMEF Data Upload

Report Description

This Datatrieve procedure reads the California State MMEF raw data, selects and reformats the critical data fields, and uploads them into the InSyst MENTAL HEALTH database.

Client demographic data is uploaded into the relation CA_STATE_MEDS_MASTER. The user is prompted for the number of months of MEDS eligibilty to be loaded into InSyst. The range is 1-6 months.

While loading the data, this procedure reads a "matched clients" data file created by the MHS 380 report.

For details of matching criteria, see the MHS 380 report.

Each time you run this procedure, all the previously uploaded data is erased.

*** This procedure can run only after the successful completion of REPORT_MHS380.

*** Timely operation of this MMEF upload is essential for the cCURA3/InSyst Integration.

Report PSP 391 - EOB Print Report

Report Description:

This report displays, selects and reports the available MediCal EOB file associated with year, month, and day in mhs_output_medical.

Running the Report:

Operations staff should run this report whenever receiving an EOB in order to review claims information. When running the report you will be prompted to provide time and date for running the report, print destination, mail notification preference. Then you will be given a list of EOB files by datestamp to pick from – InSyst will default to the most current file.

Using the Report:

After submitting MediCal claims the state gives remittent advice in the form of an EOB (Explanation of Benefits) file. This report prints that EOB file in a readable format. This report is only for MediCal proprietary EOB format.

Output File:

MHS_OUTPUT_REPORT:

MC_EOB_PSP391_YYMMDD.LIS

Claim Serial	Patient Name	Account Number	Medi-Cal Number	Birth Year	Service Mo/Yr	Days			SFC Units	Paid		
						1st	Last			Fed	Non-Fed	Denied
HL5913	TEST	B 0001	9960M99999378	----	04/2004	27	29	10	1	2,620		2,620
HL5918	TESTCASE	R 0002	9960M999992884	----	04/2004	24	28	10	1	4,367		4,367
HL5919	JOHNSON	R 0003	9930M999993019	----	04/2004	25	25	10	1	873		873
HL5920	TEST	T 0053	9967M999992215	----	01/2004	22	31	10	1	1,455		1,455
HL5921	TEST	T 0053	9967M999992215	----	02/2004	01	01	10	1	172		172
HL5923	SMITH	T 0010	9960M999994540	----	04/2004	01	18	10	1	15,721		15,721
HL5928	HUNTER	M 0362	996EM999998746	----	04/2004	07	12	10	1	5,240		5,240
HL5929	JOHNSON	P 1234	996HM999994990	----	04/2004	01	01	10	1	873		873
HL5930	JOHNSON	P 1234	996HM999994990	----	04/2004	06	22	10	1	14,848		14,848
HL5935	PHILLIPS	S 0000	9960M999997499	----	04/2004	04	07	10	1	3,494		3,494
HL5936	ROMERO	F 1111	9935M999992549	----	04/2004	30	30	10	1	873		873
HL5943	TURBOVSKY	G 0009	9960M999991484	----	04/2004	01	15	10	1	13,101		13,101

Report PSP 392 - Mental Health Services by Group Report

Report Description:

This report lists Mental Health Group Services within a Group Code, Staff, Reporting Unit and Date Range. Report PSP 392 lists the primary staff, clients who attended the group, the date they were seen, the reported service code and the group size.

Report Prompts:

You will be prompted to enter:

1. A Group Code. You can enter a wildcard (*) at this prompt if you want all the group codes for the date range specified.
2. A Reporting Unit. You can enter a wildcard (*) at this prompt if you want all the RUs for the date range specified.
 - Note: The system is set up to receive two wildcards if both the group code and reporting unit are unknown. Two wildcards will return all the sessions for the date range specified.
3. The start date in a mm/dd/yyyy numeric format.
4. The end date in a mm/dd/yyyy numeric format.

Producing the Report:

Use the Report Menu to run the report as needed.

Using the Report:

Use this report to determine how many clients received group services for a specified time.

Output File

MHS_OUTPUT_REPORT:GROUP_SERVICES_PSP392.LIS

Services by Group

29-Nov-2001

PAGE 1

Report PSP 392

Group Code: 4

Staff Number: SMOOTHE DOUGLAS (55555)

Reporting Unit: 99991

Groups seen from: 1-Jan-2000 to 31-Dec-2001

Group Code	Client ID	Client Name	R.U.	Date Seen	Service Code	Group Size
4	1000057	FORBES CARREY	99991	28-Mar-2000	351	2
4	1000058	TAMBORI TRACY	99991	28-Mar-2000	351	2
4	10000035	ARBOR BETTY	99991	29-Mar-2000	351	5
4	1000056	CARREY FRANK	99991	29-Mar-2000	351	5
4	1000059	FORBESS CARREY	99991	29-Mar-2000	351	5
4	978978981	PHYLIS FARMINGTON	99991	29-Mar-2000	351	5
4	1000058	TAMBORI TRACY	99991	29-Mar-2000	351	5
4	1000056	CARREY FRANK	99991	9-Apr-2000	351	2
4	1000057	FORBES CARREY	99991	9-Apr-2000	351	2
4	1000056	CARREY FRANK	99991	12-Apr-2000	351	2
4	1000057	FORBES CARREY	99991	12-Apr-2000	351	2
4	1000056	CARREY FRANK	99991	18-Apr-2000	351	2
4	1000057	FORBES CARREY	99991	18-Apr-2000	351	2
2	10000036	ARBOR BETTY	99991	8-May-2000	351	3
2	10000035	ARBOR BETTY	99991	8-May-2000	351	3
2	1000055	CARREY JOHN	99991	8-May-2000	351	3
4	10000036	ARBOR BETTY	99991	25-Jan-2001	351	2
4	1000059	FORBESS CARREY	99991	25-Jan-2001	351	2

 Confidential Client Information

Services by Group

29-Nov-2001

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Report PSP 392

Group Code: 6

Staff Number: WEATHER TERRY (99999)

Reporting Unit: 99991

Groups seen from: 1-Jan-2000 to 31-Dec-2001

Group Code	Client ID	Client Name	R.U.	Date Seen	Service Code	Group Size
6	10000036	ARBOR BETTY	99991	8-May-2000	351	2
6	1000058	TAMBORI TRACY	99991	8-May-2000	351	2
6	1000056	CARREY FRANK	99991	10-May-2000	351	2
6	1000058	TAMBORI TRACY	99991	10-May-2000	351	2

 Confidential Client Information

Report PSP 393 - Mental Health Groups Seen by Staff

Report Description:

Report PSP 393 lists group services by staff and date range. This report also lists the group code, clients attending the group, reporting unit, date seen, service code, and group size.

Report Prompts:

You will be prompted to enter

1. A staff number.
2. A start date in a mm/dd/yyyy numeric format.
3. An end date in a mm/dd/yyyy numeric format.

Producing the Report:

Use the Report Menu to run the report as needed.

Using the Report:

Use Report PSP 393 to determine which staff person saw which group during a specified period of time. This report is useful as a scheduling and tracking tool.

Output File

MHS_OUTPUT_REPORT:GROUP_SERVICES_BY_STAFF_PSP393.LIS

Groups seen by Staff

28-Aug-2001

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Report RSP 393

Staff: CLINICIAN BOB (70000)

Groups seen from: 1-May-2001 to 30-May-2001

Group Code	Client ID	Client Name	R.U.	Date Seen	Service Code	Group size	
1	472	LAIBST	BECKY	99151	10-May-2001	351	3
1	3463	MAIBST	DEAN	99151	10-May-2001	351	3
1	829	ROIBST	SARAH	99151	10-May-2001	351	3
3	22294	FOIBST	JEREMY	99152	10-May-2001	351	3
3	23675	SKIBST	HELIZA	99152	10-May-2001	351	3
3	22664	WUIBST	BEIN	99152	10-May-2001	351	3

 Confidential Client Information

Report PSP 394 - Mental Health Daily Open Group Report

Report Description:

This report lists Mental Health groups within a Reporting Unit. The report shows the group number, staff names, start dates, end dates and the days of the week the group meets.

Report Prompts:

You will be prompted to enter a Reporting Unit.

Producing the Report:

Use the Report Menu to run the report as needed.

Your operations staff may set this report to automatically resubmit by issuing this command: `$ eve mhs_report_generator:report_psp394.ctl` and TAB to the “okresubmit” line. Change “no” to “yes.”

Using the Report:

Intake workers can use this report to find what groups meet on which days, who the staff are leading the groups, and where there is an available slot. Mental Health administrators can use this report to monitor the general availability of groups and staff.

Output File

MHS_OUTPUT_REPORT:DAILY_OPEN_GROUP_PSP394.LIS

Report PSP 394

Reporting Unit : PSP Outpatient

Reporting Unit ID : 99991

Group	Staff Name	Start Date	End Date	Day	Time	Slots	
						Maximum	Available
2	BOSLY DERICK	5/08/00		W	08:00AM - 09:00AM	5	4
4	BOSLY DERICK	6/05/00			Su 08:00AM - 11:00AM	6	5
6	WINDY MARY	5/04/00			Th 08:00AM - 11:00AM	50	49
7	THERAPIST CK	1/27/00	1/27/02	M Tu W	09:00AM - 13:00AM	5	3
23	TEXIRY MARY	6/22/00			Su 10:00AM - 11:00AM	10	9
33	WINDY MARY	1/29/01		M	08:00AM - 11:00AM	5	5
34	WINDY MARY	1/29/01		Tu	08:00AM - 10:00AM	6	6
36	BOSLY DERICK	1/29/01			Su 13:00PM - 14:00PM	6	2
37	BOSLY DERICK	1/29/01		M	08:00AM - 10:00AM	6	6
38	BOSLY DERICK	1/29/01		W	08:00AM - 11:00AM	7	7

Report PSP 395 - Mental Health Group Service Roster Report

Report Description:

Report PSP 395 is a group service roster. This report can be produced daily to show all open groups scheduled to meet on that day.

Report Prompts:

You are prompted to enter the date the group is scheduled to meet in a mm/dd/yyyy numeric format.

Producing the Report:

Use the Report Menu to run the report as needed.

Your operations staff may set this report to automatically resubmit by issuing this command: `$ eve mhs_report_generator:report_psp395.ctl` and TAB to the “okresubmit” line. Change “no” to “yes.”

Using the Report:

Use this report as a data entry turnaround document for group attendance, to add drop-ins, or to mark no show/cancellations. This is a useful report for clinicians to mark who was and who wasn't present and to annotate drop-ins for the data entry person.

Output File

MHS_OUTPUT_REPORT:GROUP_SERVICES_ROSTER_PSP395.LIS

Report PSP 396 - SEQ File Data Download

Report Description:

This report converts the error information in the SEQ file and creates a CSV file with the same name and in the same directory. This report also provides more space to display “message text” when compared to the SEQ_LIS file.

Running the Report:

Use the Reports Menu to run this report.

Using the Report:

This report provides a more comprehensive look at SEQ error information than is found in the SEQ_LIS file. The report creates a CSV file that can be exported for use in data analysis programs.

The CSV file will appear in the same directory as the SEQ file once the report has run:

Directory INSYST\$PROJECT\$ROOT11\$E1: [MENTAL_HEALTH.OUTPUT.MISC]

MHS_SERVICE_10_20080321.CSV;1	1749	28-MAR-2008	11:22:31.34
MHS_SERVICE_10_20080321.LOG;1	2	21-MAR-2008	23:00:33.82
MHS_SERVICE_10_20080321.SEQ;1	6013	21-MAR-2008	23:00:35.04
MHS_SERVICE_10_20080321.SEQ_LIS;1	196	21-MAR-2008	23:14:30.46

Technical Notes:

The record layout for PSP 396 is as follows.

```

CLIENT_NUMBER      PIC X(9).  FILLER PIC X  DEFAULT VALUE IS ",".
ACCOUNT_NUMBER     PIC X(9).  FILLER PIC X  DEFAULT VALUE IS ",".
REPORTING_UNIT     PIC X(6).  FILLER PIC X  DEFAULT VALUE IS ",".
PROCEDURE_CODE     PIC X(4).  FILLER PIC X  DEFAULT VALUE IS ",".
COST_OF_SERVICE    PIC X(10). FILLER PIC X  DEFAULT VALUE IS ",".
CLEARANCES_FLAGWORD PIC X(10). FILLER PIC X  DEFAULT VALUE IS ",".
SERVICE_DATE      PIC X(23). FILLER PIC X  DEFAULT VALUE IS ",".
MESSAGE_TEXT       PIC X(54). FILLER PIC X  DEFAULT VALUE IS ",".
SUPPLEMENTAL_MESSAGE_TEXT PIC X(32). FILLER PIC X  DEFAULT VALUE IS
", ".
TIME_STAMP         PIC X(23). FILLER PIC X  DEFAULT VALUE IS ",".
MESSAGE_NUMBER     PIC X(9).  FILLER PIC X  DEFAULT VALUE IS ",".
MESSAGE_TYPE       PIC X(9).

```

Output File:

Report PSP 397 - Periodic Completion Due Report

Report Description:

The State of California requires periodic updates on clients receiving Mental Health Services. This report informs you of clients whose 1-year periodic report is due.

This report scans the table of clients and the CSI Periodic Data table in the InSyst database for the last Periodic Completed Date.

Report Prompts:

This report generates a list of clients due for review and prompts the user to begin scanning the databases for client and client service data required by the State.

User discretion determines how soon before the client's due date the report scans. Time intervals can be from 30,60,90, or so on, days. For example, if a Periodic Report was submitted to the State on Client A in November 1999, this report can be cued to print out the need for Client A's review in August, September or October 2000, depending on the user's wish.

Producing the Report:

Use the Reports Menu to produce this report.

Using the Report:

Use this report to determine those clients due for periodic assessments.

Technical Notes:

Important: Clients who have never had a periodic_date_completion report submitted to the State will not be included in Report PSP 397. This will be true of new clients as well.

Output File:

MHS_OUTPUT_REPORT:REPORT_PSP397.LIS

Periodic Completion Due Report

22-FEB-2000

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Report PSP 397

Report Target Date: 1FEB2000

Client Number	Client Name	Last Periodic Completed Date
000100078	JONES JANE	1-May-1999
100000004	ARNOT-C	1-Jul-1998
100000006	ALFA	1-Jan-1999
100000007	ARNONA ED	13-Jul-1998
100000009	ARNIEN	13-Jul-1998
100000013	ARNON-F	22-May-1999
100000028	ARNIEN	1-Jul-1998
100000031	ARNIEN	2-Aug-1998

Confidential Client Information
