


FISCAL REPORTS AND DESCRIPTIONS

The setup screen for many reports includes options to run reports by Department, Unit, Worker or All. Note: The Current Primary Worker printed on reports is the one listed on the Workgroup selected in various records in SSIS, i.e. Payments, Time Records, Do Not Claim Determinations and Supplemental Healthcare Eligibility records. When available, the All category lists all records, even without a Workgroup selected.

Some reports are grid reports, which are customizable; others are banded reports, which are not customizable.

-  This icon signifies Grid Reports.
-  This icon signifies Banded Reports.

 *Reference: Refer to the following handouts on the Documentation page of the SSIS Fiscal Training website for more information relating to these types of reports:*

- *Grid Options in SSIS*
- *Print Options for Grids and Grid Reports*
- *Print Options for Banded Reports*

1. AC Summary






Description: This grid report lists the Alternative Care (AC) recipient span information for clients that have a PMI in SSIS and lists any client who has a MMIS recipient span for the major program of AC that is open on any date during the date range selected.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to list clients with open AC eligibility spans in MMIS and review services provided and claims submitted for AC eligible clients.

AC Summary

Setup AC Summary			
Name/SSIS Person # 			
 Begin Date	End Date	Status	
 Name/SSIS person #: Agent, Andrew #208490255			
02/05/2004	12/31/2005	Closed	
 Name/SSIS person #: Ashes, Angela #208543216			
11/22/2005	07/31/2006	Closed	
 Name/SSIS person #: Bennett, Elizabeth Ac #176255623			
01/05/2007	01/05/2008	Closed	

2. Agency Title IV-E Child Support Adjustments
 Description: Adjustments to the Title IV-E Child Support disbursements when there was no corresponding Title IV-E claim.

Available from:

- Tools>General Reports>State Reporting

Use this report to reconcile the IV-E Child Support Adjustment Amount and FFP Child Support Adjustment Amount on the IV-E Remittance Advice tab in the Child Foster Care Report. The report includes details for IV-E Child Support adjustments if no Title IV-E Claims were submitted for the client.

Agency Title IV-E Child Support Adjustments

Child Foster Care Report - Title IV-E Child Support Adjustments
 State Report Period: 2016 Q4

Initial Adjustment							
PRISM Case #	PRISM Payment #	PMI #	Disbursement Type	Disbursement Date	Disbursement Amount	Initial Adjustment 2016 Q4	Net Adjustment 2016 Q4 for 2016 Q4
0014123456789	20161111111111111111	01234567, 01243567, 01253467	PAF	11/30/2016	\$30.00	\$30.00	\$30.00
0014987654321	20162222222222222222	01234567, 01243567, 01253467	PAF	10/30/2016	\$30.00	\$30.00	\$30.00
0014555555555	20164444444444444444	01901901	PAF	10/30/2016	\$12.50	\$12.50	\$12.50
0014123456789	20167777777777777777	01234567, 01243567, 01253467	PAF	09/30/2016	\$30.00	\$30.00	\$30.00
0014555555555	20160000000000000000	01901901	PAF	09/30/2016	\$12.50	\$12.50	\$12.50
Total 2016 Q4 Initial Adjustment Amount						\$115.00	\$115.00

Final Adjustment								
PRISM Case #	PRISM Payment #	PMI #	Disbursement Type	Disbursement Date	Disbursement Amount	Initial Adjustment 2015 Q1	Final Adjustment 2015 Q1	Net Adjustment 2016 Q4 for 2015 Q1
					\$0.00			
Total 2015 Q1 Final Adjustment Amount						\$0.00	\$0.00	\$0.00

Total 2016 Q4 IV-E Child Support Adjustment Amount							\$115.00
Total 2016 Q4 FFP Child Support Adjustment Amount							\$57.50

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3. Blank Voucher

Description: This banded report prints a blank voucher for vendors to submit invoices. Users generate this report with or without a vendor listed.

Available from:

- Searches/Logs>Service Arrangements>Service Arrangement Reporting
- (Tree View) Service Arrangements>Service Arrangement Reporting
- Tools>General Reports>Service Arrangement Reporting

Use this report for vendors who need to have, on hand, vouchers to submit for billing of services provided. These vouchers can be pre-printed with a vendor's name, or blank and do not list specific client at the time of printing. When billing, if services are for a specific client, the client name would be included on the voucher.

Blank Voucher Voucher / Invoice

Service Vendor:		Cnty Vendor #:	
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Additional Instructions:

Client Name:		SSIS #:	
Contract #:		Service:	
Start Date:		End Date:	
Rate:			
# of Units:		Unit Type:	
Amount:			

I/We declare under penalties of perjury that I/we are making the within claim; that I/we have examined said claim and that the same is just and true, that the money/service therein charged was actually paid/performed for the purpose therein stated; that the services charged are official and as such are allowed by law; and no part of said claim has been paid.

Client Signature:	_____	Date:	_____
Vendor Signature:	_____	Date:	_____
Cnty Worker Signature:	_____	Date:	_____
Cnty Supervisor Signatur	_____	Date:	_____

4. Board Approval

Description: This grid report includes a summary of all Payments based on a date range, **"Paid Vendor" and "Brass Service."** The report also provides the detail behind the summary totals. Use the option on the setup screen to Hide Protected Information to ensure client names are not compromised. The report prints any Payment Requests with a status of draft, paid, pending approval, approved or submitted that meet the selection criteria. The report does not include Posted Payments or Payment Requests with a status of Denied or Suspended.

The report has two main tabs.

1. Board Approval Grid
 - Summary – By Paid Vendor, Service tab – provides summary level detail of Payments issued
 - Detail tab – provides in-depth detail of Payments issues including, for example, Chart of Account code, Units, Unit Type
2. Board Approval Report

The Board Approval Grid provides a grid report in a summary and detail format that counties can use to export and combine with other data outside of SSIS to create a board report. The grid also has the capability of adding optional columns and changing sort order.

The Board Approval Report tab provides a more formatted board report with a printed signature line. The formatted Board Approval Report tab does not include the sorting and column flexibility that is available on the grid tab.

Available from:

- Tools>General Reports>Payments
- Searches/Logs>Payments>Payment Reporting
- (Tree View) Payments>Payment Reporting

Use this report to provide county boards a summary or detailed approval report, for signature and approving Payments to vendors. Run the Board Approval Report for each check run, Payment batch or a period of time and to verify totals in your agency accounting system.

Board Approval Grid - Summary - By Paid Vendors, Service

Setup	Board Approval Grid	Board Approval Report	
Summary - By Paid Vendor, Service Detail			
Paid Vendor	Paid Cnty Vendor #	Payments	Amount
GREYHOUND BUS LINES	000016949	7	3,562.20
Svc Description	Svc Code	Payments	Amount
Transportation		116	2,733.40
Transportation		616	828.80
GREEN HORNET	000001060	1	520.00
SAFE HAVEN FOR YOUTH	000001122	1	47.53
			4,603,446.43

Board Approval Grid - Detail

Setup	Board Approval Grid	Board Approval Report			
Summary - By Paid Vendor, Service Detail					
Paid Vendor	Paid Cnty Vendor #	Client Name			
Svc Description	Svc Code	Warrant / Eff. Date	Service Start Date	Service End Date	
COA Code	Unit Type	Units	Rate	Amount	
GREAT RIVER HOMES	000001017				
Information and referral	101	05/17/2010	01/01/2010	01/31/2010	
70-770-777-00WG-7777		Annual	1.00	75.0000	75.00

Board Approval Report

Warrant / Eff. Date Range: 01/01/2010 - 01/01/2011

Paid Cnty Vendor	Total Payments	Total Amount	
AFRICAN AMERICAN ADOPTION & PERM PLN AGY, 000001134	1	50.00	
Svc Description	Svc Code	Payments	Amount
DD screening	505	1	50.00
Allen Child Foster Care, 455665	6	3,584.23	
Svc Description	Svc Code	Payments	Amount
Child family foster care	181	5	3,539.23
Individual counseling	155	1	45.00
State Of Minnesota, 000001122	1	150.00	
Svc Description	Svc Code	Payments	Amount
Chore services	623	1	150.00
Report Totals:		27	7,627.61

I hereby certify that the above amounts have been approved and allowed by the county Welfare Board for payment to the claimant as in each instance stated that said county Welfare Board authorizes and instructs the county Auditor and county Treasurer of said county to pay the same.

Signature **Title** **Date**

5. Claim Audit Report

Description: This grid report provides a history of changes made to Paid Payment Requests, Posted Payments, Payment Modifications and Time Records that are part of a Healthcare Claim. The report includes deleted Time Records that were once part of a Healthcare Claim. Edits prevent users from deleting Payments or Payment Modifications that are part of a Healthcare Claim.

The report also lists the action taken (e.g., delete or change) and the date of the action. The Staff Name listed is the person who performed the action.

Available from:

- Tools>General Reports>Healthcare Claims
- (Tree View) Healthcare Claiming>Healthcare Claim Reporting
- Searches/Logs>Healthcare Claiming>Healthcare Claim Reporting

Use this report to determine changes made to Healthcare Claims submitted to MMIS requiring further action. For example, a record included in the previously submitted Healthcare Claim changed and the Healthcare Claim is no longer billable. The user should take action to void the submitted Healthcare Claim.

Claim Audit Report

Claim #	Claim Category	Generated Date	First Service Date	Last Service Date	Claim Status	Disposition		
209890992	CW-TCM	5/13/2009 1:24:05 PM	5/4/2009	5/4/2009	Submitted	Open		
Belle, La		012345678	5620.00	1.00				
Month		CW-TCM, face-to-face						
Time records changed		1						
Client Name	Activity Date	Svc Code	Activity	Rega	Method	Status	Location	Worker
Belle, La	5/4/2009	107	Client contact	30	Phone	Completed	Child's residence	Stacey Alsdurf
Action	Data #	Staff Name	Trans Date	Field Label	Old Value	New Value		
Change	209861896	Janel Heath	4/24/2013 2:00:16 PM	Method	1-Face to face	2-Phone		

6. Claim Detail

Description: This grid report includes claim information with the details of the Time Records and/or Payments included in each Healthcare Claim. The Healthcare Claims are in a main grid with two grids below the Healthcare Claim – one for Time Records and one for Payments. If there are no Payments or Time Records associated with the Healthcare Claim, only the claim record displays in the grid; there will be no sub-grids.

Available from:

- Tools>General Reports>Healthcare Claims
- (Tree View) Healthcare Claiming>Healthcare Claim Reporting
- Searches/Logs>Healthcare Claiming>Healthcare Claim Reporting

Use this report to see details of a Healthcare Claim. The report includes the details of the amounts claimed and what was actually paid. Filtering by the Claim Status of Partially Paid, Denied or To Be Denied identifies claims submitted to MMIS where the Payment is less than the submitted amount.

Claim Detail

Setup Claim Detail																							
Claim Category	Client Name	Claim Status	First Service Date	Last Service Date	Units	Amount	Allowed Units	Paid Amount	Claim Detail														
LTCC	Chance, Bobby K	Draft	02/26/2007	02/26/2007	120	\$9,368.13																	
Payments: Count 1, Total Amount: \$7,859.00																							
<table border="1"> <thead> <tr> <th>Service Start Date</th> <th>Service End Date</th> <th>Svc Code</th> <th>Rate</th> <th>Units</th> <th>Amount</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>02/25/2007</td> <td>02/25/2007</td> <td>605</td> <td>\$78.5900</td> <td>100.00</td> <td>\$7,859.00</td> <td>Office</td> </tr> </tbody> </table>										Service Start Date	Service End Date	Svc Code	Rate	Units	Amount	Location	02/25/2007	02/25/2007	605	\$78.5900	100.00	\$7,859.00	Office
Service Start Date	Service End Date	Svc Code	Rate	Units	Amount	Location																	
02/25/2007	02/25/2007	605	\$78.5900	100.00	\$7,859.00	Office																	
Time Records: Count 1, Total Regarding Duration (Min): 300																							
<table border="1"> <thead> <tr> <th>Activity Date</th> <th>Svc Code</th> <th>Activity</th> <th>Re: HH:MM</th> <th>Method</th> <th>Location</th> <th>Worker</th> </tr> </thead> <tbody> <tr> <td>02/26/2007</td> <td>605</td> <td>Screening</td> <td>5:00</td> <td></td> <td></td> <td>Donais, Sherry Ann IV</td> </tr> </tbody> </table>										Activity Date	Svc Code	Activity	Re: HH:MM	Method	Location	Worker	02/26/2007	605	Screening	5:00			Donais, Sherry Ann IV
Activity Date	Svc Code	Activity	Re: HH:MM	Method	Location	Worker																	
02/26/2007	605	Screening	5:00			Donais, Sherry Ann IV																	
Rule 5	Change, Cherry	Draft	08/01/2006	08/31/2006	31	\$23,360.65																	

7. Claim Exception Report

Description: This grid report lists clients that have an active Supplemental Healthcare Eligibility record and lists the months eligible contacts not claimed. If the Person has a Do Not Claim Determination for a Claim Category during the selected date range, these months are not included in the Months Not Claimed column.

If there is a Healthcare Claim or Do Not Claim record for the person for the HCPCS/modifier(s) for that Claim Category, for the dates selected for the report, the report prints "Claim or Do Not Claim records exist for all months within selected dates" in the Months Not Claimed column.

Available from:

- Tools>General Reports>Healthcare Claims
- (Tree View) Healthcare Claiming>Healthcare Claim Reporting
- Searches/Logs>Healthcare Claiming>Healthcare Claim Reporting

Use this report to research clients with eligibility for Targeted Case Management claim categories where claims do not exist. Follow up for each of the months listed to determine why a claim did not generate. For example, Time or Payment records entered may not be correct and changes need to be made or there were not any claimable activities provided during that month and no further action is required. Running this report helps to maximize reimbursement for services provided.

Claim Exception Report

Claim Category	Start Date	End Date	Months Not Claimed
Current Primary Worker :			
Current Primary Worker : Alsdurf, Stacey			
Name : Raccoon, Rochelle #209847194			
CW-TCM	03/10/2009		APR-11; MAY-11;
Name : Void, Maria #208730864			
MH-TCM	10/15/2005		Claim or Do Not Claim records exist for all months within selected dates.

8. Client Eligibility Report

Description: This banded report prints all MMIS Eligibility, IV-E Eligibility, and Supplemental Eligibility information in SSIS for the clients selected along **with the client's basic demographic information and diagnosis code**. This menu option is available for Clients with the status of Client or Uncleared Client only. The Do Not Claim section displays in order by Claim Category and then Start Date. Revenue Account Code information displays in order by Revenue Account Code and then Start Date.

Available from:

- Client node in the tree>Action>Print for one client
- (Workgroup node in the tree) Action>Print to select multiple clients in the Workgroup

Use this report to display all eligibility for the selected client(s). This is helpful when combining program eligibility information for one or more clients within a Workgroup.

Client Eligibility Report

Client Eligibility Report			
Persons to Include Filter: Phyllis Proofing Cwtcm			
Name: Phyllis Proofing Cwtcm			
Date of Birth: 09/19/1991	Age: 23	Date of Death:	
SSIS Person #: 183696209	County Person #:	SSN:	
SWNDX #:	PMI #:	02169380	
Eligibility Spans			
Major Program	Status	Begin Date	End Date
FF - MinnesotaCare Parents =<275% FPG	A - Active	06/01/2006	
FF - MinnesotaCare Parents =<275% FPG	D - Denied	03/01/2006	05/31/2006
MA - Federally-Paid Medical Assistance	C - Closed	03/01/2002	02/28/2006
Living Arrangements			
Facility Name:		NPI/UMPI:	
Type: 80 - Community	Begin Date: 07/01/1999	End Date:	
PPHP Data			
Product:		Other Insurance:	
Begin Date: 06/01/2006		End Date:	
Provider Name: HEALTHPARTNERS		NPI/UMPI: A585713900 Provider County: Hennepin	
Last Cap Pay Period:		Change Reason:	
Disenrollment Reason:		Tracking:	
Product:		Other Insurance:	
Begin Date: 01/01/2006		End Date: 02/28/2006	
Provider Name: UCARE		NPI/UMPI: A565813600 Provider County: Hennepin	
Last Cap Pay Period:		Change Reason:	
Disenrollment Reason:		Tracking:	
Product:		Other Insurance:	
Begin Date: 10/01/2004		End Date: 12/31/2005	
Provider Name: UCARE		NPI/UMPI: A565813600 Provider County: Hennepin	
Last Cap Pay Period:		Change Reason:	
Disenrollment Reason:		Tracking:	
CW-TCM Supplemental Eligibility			
Start Date: 01/01/2006	End Date:	CW-TCM Review Date:	
TEFRA Override Start Date:		TEFRA Override End Date:	
Workgroup Name:			
Worker:		Workgroup Status:	
Workgroup Open Date:		Workgroup Close Date:	

9. Client Time Detail

Description: This grid **report displays** "On behalf of" Time Records recorded in Staff Activity for a time period specified by the user. This report does not include Non-Client Specific time. This report includes a column indicating if a Healthcare Claim generated for the Time Record.

Available from:

- Tools>General Reports>Healthcare Claims
- (Tree View) Healthcare Claiming>Healthcare Claim Reporting
- Searches/Logs>Healthcare Claiming>Healthcare Claim Reporting

Use this report to determine client-specific Time Records potentially claimable to MMIS. The Claimed column lists a Y for those records where a Healthcare Claim generated and is blank for those not yet generated. Claims submitted manually or in another system, such as MN-ITS, display as blank. Group the report by Worker Name and Client Name to list the clients alphabetically and group the time for each client together. Adding the optional column of County Sub-Service provides additional service information. Some Agencies use the County Sub-Service for MSHO clients and this code may indicate which health plan to bill outside of SSIS.

Client Time Detail

Setup		Client Time Detail							
Worker ▲									
Client Name	Date	Regarding Duration (Min.)	Svc Code	Activity	Status	Method	Location	Claimed	
Worker : Heath, Janel									
Beaufeaux, Phoebe	6/5/2013 9:00:00 AM	90	438	Client contact	Completed	Face to face	Nursing facility		
Tribianni, Joey	6/17/2013 12:00:01 AM	60	193	Client contact	Completed	Face to face	Field/home		
Tribianni, Joey	6/2/2013 12:00:01 AM	60	193	Client contact	Completed	Face to face	Field/home		

10. COA Maximums

Description: This banded report lists COA Maximums for a particular Description, Date range, and any or all fields of a Chart of Accounts code. The report includes or excludes item Details, Comments and Descriptions.

Available from:

- Tools>General Reports>Maximums

Use this report to monitor spending in accounts, i.e., maximum amounts, (original and changes) available, encumbered not spent, and expended amounts, for a specified time period. This report is useful towards the end of a calendar year or funding cycle as fund availability becomes more limited.

COA Maximums

COA Maximums

Date Range: 01/01/2015 - 12/31/2015

COA Details: Include Details

COA Group Comments: Exclude Comments

COA Description: Exclude COA Description

Description	Start Date	End Date	Maximum	Available	Expended	Approved Svc Arr	Svc Arr Remaining
Adult extended employment	01/01/2015	12/31/2015	\$50,000	\$49,023	\$977	\$0	\$0
70-701-717-5387-7094	01/01/2015	12/31/2015	\$50,000	\$49,023	\$977	\$0	\$0
Mary for 2015	01/01/2015	12/31/2015	\$1,000,000	\$998,542	\$1,458	\$0	\$0
05-430-710-3970-6002	01/01/2015	12/31/2015	\$1,000,000	\$998,542	\$1,458	\$0	\$0
Testing ECS Services	01/01/2015	12/31/2015	\$10,000,000	\$9,999,590	\$410	\$0	\$0
11-425-762-3241-6072	01/01/2015	12/31/2015	\$10,000,000	\$9,999,590	\$410	\$0	\$0
Group Max Totals:			\$11,050,000	\$11,047,155	\$2,845	\$0	\$0

11. CW-TCM Eligibility

Description: This grid report lists the CW-TCM Eligibility Effective dates by client.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report for a listing of all CW-TCM Supplemental Healthcare Eligibility entered. Review Supplemental Healthcare Eligibility dates and TEFRA Override dates as needed. Add WG Open and Close Dates to this report to determine if Supplemental Healthcare Eligibility is still in effect.

CW-TCM Eligibility

Setup		CW-TCM Eligibility			
Current Primary Worker		Name			
PMI #	Start Date	End Date	TEFRA Override Start Date	TEFRA Override End Date	
[-] Name : December, February #208663736					
00000000	04/01/2003		04/01/2003	02/29/2004	
[-] Name : December, March #208663742					
00000000	05/03/2003		02/01/2004	02/29/2004	
[-] Name : December, September #208663790					
00000000	06/01/2006		12/01/2006	03/31/2007	

12. CW-TCM Eligibility Review

Description: This grid report lists clients with a CW-TCM Supplemental Healthcare Eligibility record and an annual review is due based on the selected date range.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to monitor CW-TCM eligibility that is due for review or past due. The report lists the date of the last Annual review as well as the due date of the next review. CW-TCM must be reviewed annually in order to claim.

CW-TCM Eligibility Review

Setup CW-TCM Eligibility Review			
Current primary worker <input type="text" value="Name / SSIS person #"/>			
Annual review date	Annual review due date	PMI #	Start date
[-] Current primary worker :			
[-] Name / SSIS person # : Cwtcm, Orange Suppelig #183986539			
02/28/2005	2/28/2006	012345678	3/2/2002
[-] Name / SSIS person # : Cwtcm, Sprouts Annrev #183709476			
08/01/2006	8/1/2007	012345678	4/1/2005

13. DD Screening Detail

Description: This banded report prints the MMIS DD screenings. The MMIS screening information for the person displays if the MMIS Action Date is within the selected date range. The report includes Diagnosis information from the MMIS screenings and from SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to view Diagnosis information from MMIS Screenings and SSIS. This also helps to determine if a new DD Screening is due.

DD Screening Detail

DD Screening Detail					
Name: Handeland, Amy M					
Date of Birth: 10/31/1984		Age: 29		Date of Death:	
SSIS Person #: 000000000		County Person #:		SSN: 000-00-0000	
SWNDX #:			PMI #: 00000000		
SSIS Diagnosis					
Type	Code	Diagnosis	Primary	Start Date	End Date
ICD-9-CM	317	MILD INTELLECTUAL DISABILITIES	Yes	10/31/1986	
ICD-9-CM	301.83	BORDERLINE PERSONALITY DISORDER	No	8/12/2006	
SSIS DD Screening					
Screening Date			Ready to Claim		
6/4/2013			Yes		
Workgroup Name			Worker		
LTC, Person,A , AS Assessment 5/13/2013			Bjorn Bear		
Workgroup Status		Workgroup Start Date		Workgroup Close Date	
Open		2/1/2006			
MMIS DD Screening					
Action Date		Action Type		Status	
1/1/2014		Annual review		Approved	
Diagnosis Type		Case Manager			
ICD-9-CM		BJORN BEAR			
Diagnosis 1			Diagnosis 2		
317 - MILD INTELLECTUAL DISABILITIES			296.30 - RECURR DEPR PSYCHOS-UNSP		
Diagnosis 3			Diagnosis 4		
300.02 - GENERALIZED ANXIETY DIS					

Note: DD Screenings are no longer claimed through SSIS as of 09/30/2013.

14. Do Not Claim Detail

Description: This banded report lists Do Not Claim information entered in **the client's** Supplemental Healthcare Eligibility folder for clients within the selected Date Range and Claim Category. The user can include Address information, Diagnosis Information, MMIS Recipient Eligibility, PPHP Data, TPL Policies, Payments for Claimable Services and Time Records for Claimable Services for the Claim Category of the Do Not Claim record. The MMIS recipient eligibility information and the PPHP data display all of the records for the client if it is included. Also included is Plan Prior Authorization information such as Authorization Number, Start Date, End Date, etc. Results are not limited by the Date Range on the Setup tab. If no Do Not Claim Reason checkboxes are selected on the setup screen, all records that meet the additional criteria are returned.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to:

- Assist with MCO billing
- Identify clients who have a Do Not Claim record entered because the client was not receiving MA/MN Care but who has since started receiving MA/MN Care services
- To monitor claimable services provided to a person with a Do Not Claim Determination record
- To identify potentially billable Time Records or Payments that were not claimed due to a Do Not Claim record with a reason of MSHO or TPL
The information for the potentially billable Time Record or Payment can be used for manual billing

The report has the option to include client address information and includes client demographic information.

Do Not Claim Detail

Setup Preview

78%

10

Do Not Claim Detail

Do Not Claim, Person A

Person Information							
Date of Birth: 09/25/1961	Age: 52	Gender: Female	Date of Death:	SSN: 000-00-0000			
SSIS Person #: 000000000	County Person #:	PMI #: 00000000	SWNDX #: 000000000				
Address Type: Physical location	Effective Date: 08/21/2010	End Date:					
In Care of:							
Address: 123 Main Street Minneapolis, MN 00000							
Directions/Comments:							
Diagnosis Information							
Source	Type	Diagnosis Code	Diagnosis	Action/Activity Date	SSIS Diagnosis Start Date	SSIS Diagnosis End Date	Primary
LTC Screening	ICD-9-CM	715.09	GENERAL OSTEOARTHRISIS	01/23/2014			
SSIS Entry	ICD-9-CM	296.7	BIPOLAR I DISORDER RECENT/CURRENT NOS		10/25/2010		Yes
MMIS Recipient Eligibility							
Major Program: MA - Federally-Paid Medical Assistance		Eligibility Type: 16 - 1619B					
Status: Active	Begin Date: 09/01/2012	End Date:					
Major Program: QM - Qualified Medicare Beneficiary		Eligibility Type: DQ - Disabled QMB Only					
Status: Active	Begin Date: 05/01/2012	End Date:					
PPHP Data							
Product: MA37 - SPECIAL NEEDS BASICCARE							
Begin Date: 07/01/2012		End Date:					
Provider Name: UCARE		NPI/UMPI: A565813600					
Provider County: Bjorn County		Other Insurance:					
Do Not Claim							
Claim Category: MH-TCM		Start Date: 11/01/2010		End Date:			
Reason: Other							
Plan:							
Individual Policy Number:			Group Policy Number:				
Comments: UCare health insurance							
Worker: Worker, Bee		Workgroup Name: Do Not Claim, Person A AMH Case Management 10/25/2010					
Workgroup Status: Closed		Workgroup Open Date: 10/25/2010		Workgroup Close Date: 08/31/2011			

03/27/2014 - 10:30 am Page 10 of 508 - SSIS

Do Not Claim Detail cont.

Setup Preview

92%

21

Do Not Claim Detail

Do Not Claim, Person A

Do Not Claim				
Do Not Claim Plan Prior Authorization				
Authorization Number: 987987				
Start Date: 11/01/2009		End Date:		
Additional Information: MHTCM - low intensity Add HCPCS/Modifiers here Other info?				
Time Records for MH-TCM Claimable Services				
Activity Date: 07/15/2009	Pgm: CMH	Svc Code: 490	Service Description: Child Rule 79 case management	Cnty Sub-Svc: 01
Re: hh:mm: 1:0	Activity: Client contact	Status: Completed	Method: Face to face	Location: Field/home
Worker: Sahr, Beth		Workgroup: Workgroup Name Here with dates 01/01/01		
Cnty Acctg:				
Activity Date: 07/13/2009	Pgm: CMH	Svc Code: 490	Service Description: Child Rule 79 case management	Cnty Sub-Svc: 01
Re: hh:mm: 2:0	Activity: ICS plan/develop/revi	Status:	Method:	Location:
Worker: Sahr, Beth		Workgroup: Workgroup Name Here with dates 01/01/01		
Cnty Acctg:				
Activity Date: 07/10/2009	Pgm: CMH	Svc Code: 490	Service Description: Child Rule 79 case management	Cnty Sub-Svc: 01
Re: hh:mm: 0:30	Activity: Travel in county	Status: Completed	Method:	Location:
Worker: Sahr, Beth		Workgroup: Workgroup Name Here with dates 01/01/01		
Cnty Acctg:				

15. Do Not Claim Determination

Description: This grid report lists clients that have a Do Not Claim Determination record. The Reason for the Do Not Claim Determination record displays on the report. Optional columns available on this report include: Plan, Individual Policy Number, and Group Policy Number for MCO billing.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review Do Not Claim Determination records and determine if further actions are necessary. For example, billing to a MCO outside of SSIS or adding an end date to the Do Not Claim record so a claim can now be submitted through SSIS.

Do Not Claim Determination

Setup Do Not Claim Determination				
Current Primary Worker ▲				
Name	Start Date	End Date	Claim Category	Reason ▼
[-] Current Primary Worker : Desaer, Ruth				
Rule, Grandpa #184275514	07/02/2007		Rule 5	TPL
Rule, Puppy #184275579	11/01/2007		Rule 5	Other
Rule, Puppy #184275579	11/01/2007		MH-TCM	Other
Rule, Tiger #184275605	10/01/2007		CW-TCM	Other
[-] Current Primary Worker : Holte, Deanna				
Thornberry, Jason #102003895	01/01/2007		RSC-TCM	
Thornberry, Jason #102003895	01/09/2007		VA/DD-TCM	

16. HCPCS/modifiers and Claimable Services

Description: This banded report lists HCPCS/modifiers by Claim Category and their associated claimable services and activities.

The report is grouped by Claim Category. Each Claim Category includes a grouping for each HCPCS/modifiers. Claimable services under each of the HCPCS/modifiers display. Any claimable activities associated with the claimable service display under the service.

The report Setup screen has a check box that allows the user to select an individual Claim Category or multiple claim categories. If no check boxes are selected, the results are the same as checking all of the check boxes.

A check box option is available on the **Report setup screen to "Include Active Only."** **Active records** are records with no end date or a future end date.

Available from:

- Admin>Tools>General Reports>Programs and Services
- Tools>General Reports>Programs and Services

Use this report to list HCPCS/modifiers including the billable BRASS service and SSIS Activity code for each automated claim category as well as some non-automated HCPCS/modifiers. This report is a helpful resource to determine which combinations of services and activities are claimable or not claimable.

HCPCS/modifiers and Claimable Services

HCPCS/modifiers and Claimable Services

Include Active Only: Yes

Claim Category: All

Claim Category: CW-TCM

T2023 U3

CW-TCM, face-to-face

Start date	End date	HCPCS unit type	Diagnosis required	Include time	Include payments
1/1/2004		Month	Yes	Yes	No
Billing information					
Client must be less than 21 years of age as of the 1st of the month. Client cannot be receiving CW-TCM in the same calendar month as RSC-TCM.					
Claimable Services/Activities					
Svc code	Claimable Services/Activities		Start date	End date	
192	Family Assessment Case Management		1/1/2004		
	7 - Client contact		1/1/2004		
	8 - Collateral contact		1/1/2004		
	15 - CW-TCM eligible contact 60+ mi. from cnty. border		1/1/2004		
108	Family Assessment Response		1/1/2004		
	7 - Client contact		1/1/2004		
	8 - Collateral contact		1/1/2004		

17. IV-E Information by Continuous Placement

Description: This grid report includes a list of children in continuous placements that were either open at any point during the date range, or with a continuous placement start date within the date range. The listing includes the most recent information received from MAXIS regarding **that child's IV-E** eligibility and reimbursability for the particular continuous placement (if any). A child may display on the report multiple times if they have more than one continuous placement within the date range and filters specified.

Available from:

- Tools>General Reports> IV-E Eligibility

Use this report to review IV-Eligibility information received from MAXIS. This information is helpful to review in preparation for generating and proofing the Child Foster Care Report.

IV-E Information by Continuous Placement

Setup IV-E Information by Continuous Placement																
Name	Age	SSIS Person #	Start Date	Discharge Date	MAXIS Eligibility Results	Elig Begin Date	Elig End Date	Primary Worker								
Aberle, Denny	17	155675494	06/25/2000					J - Judd, Dan								
<table border="1"> <thead> <tr> <th>Reimb Year-Month</th> <th>Test Results</th> <th>Timestamp</th> <th>MAXIS Worker</th> </tr> </thead> <tbody> <tr> <td colspan="4"><No data to display></td> </tr> </tbody> </table>									Reimb Year-Month	Test Results	Timestamp	MAXIS Worker	<No data to display>			
Reimb Year-Month	Test Results	Timestamp	MAXIS Worker													
<No data to display>																
Accardo, Magan	15	115657534	01/01/2000					J - Judd, Dan								
<table border="1"> <thead> <tr> <th>Reimb Year-Month</th> <th>Test Results</th> <th>Timestamp</th> <th>MAXIS Worker</th> </tr> </thead> <tbody> <tr> <td colspan="4"><No data to display></td> </tr> </tbody> </table>									Reimb Year-Month	Test Results	Timestamp	MAXIS Worker	<No data to display>			
Reimb Year-Month	Test Results	Timestamp	MAXIS Worker													
<No data to display>																
Accardo, Magan	15	115657534	10/31/2000					J - Judd, Dan								
<table border="1"> <thead> <tr> <th>Reimb Year-Month</th> <th>Test Results</th> <th>Timestamp</th> <th>MAXIS Worker</th> </tr> </thead> <tbody> <tr> <td colspan="4"><No data to display></td> </tr> </tbody> </table>									Reimb Year-Month	Test Results	Timestamp	MAXIS Worker	<No data to display>			
Reimb Year-Month	Test Results	Timestamp	MAXIS Worker													
<No data to display>																
Accent, Alec Andrew	19	104510778	10/28/2000					Intern, Intern								
<table border="1"> <thead> <tr> <th>Reimb Year-Month</th> <th>Test Results</th> <th>Timestamp</th> <th>MAXIS Worker</th> </tr> </thead> <tbody> <tr> <td colspan="4"><No data to display></td> </tr> </tbody> </table>									Reimb Year-Month	Test Results	Timestamp	MAXIS Worker	<No data to display>			
Reimb Year-Month	Test Results	Timestamp	MAXIS Worker													
<No data to display>																
Acclaim, Anise Annabella	15	121835274	04/24/2000					Meyer, Gina								
<table border="1"> <thead> <tr> <th>Reimb Year-Month</th> <th>Test Results</th> <th>Timestamp</th> <th>MAXIS Worker</th> </tr> </thead> <tbody> <tr> <td colspan="4"><No data to display></td> </tr> </tbody> </table>									Reimb Year-Month	Test Results	Timestamp	MAXIS Worker	<No data to display>			
Reimb Year-Month	Test Results	Timestamp	MAXIS Worker													
<No data to display>																

18. IV-E Placement by Date Range with DOC Assessment

Description: This grid report lists children in a IV-E placement during the Date Range selected on the Setup tab. The report includes IV-E placement occurrences that do not have continuous placements. All DOC Assessments **for the child "in effect" during the Placement dates are included on the report.** The DOC points and DOC Assessment Effective Date for the DOC Assessment displays. **If there are no DOC Assessments "in effect" during the Placement dates for the child, the child still displays on the report with the placement information but the DOC fields will be blank.** If there are multiple IV-E placements for the child within the date range selected, the child displays multiple times on the report.

DOC Assessments "in effect" during the Placement dates include:

- All DOC Assessments with a DOC Assessment Effective Date after the Placement start date and on or before the Placement end date, and
- One DOC Assessment with an effective date that is either equal to the Placement start date or most immediately precedes it.

Available from:

- Tools>General Reports>Placement

Use this report to determine IV-E placements that have DOC Assessments but do not have a corresponding continuous placement record or where there is a continuous placement and no DOC if placed prior to 01/01/2015.

IV-E Placements by Date Range with DOC Assessments

Setup IV-E Placements by Date Range with DOC Assessments						
Name	Age	Placement Start Date	Placement End Date	Bus. Org./Provider	Placement setting	Primary worker
Accardo, Magan	15	04/28/2006		BARBELLA CHILD FOSTER CARE	Foster family home - non-relative	J - Judd, Dan
		DOC Assessment Effective Date		DOC Assessment Points		
<No data to display>						
Acclaim, Anise Annabella	15	04/24/2007		Jello Foster Home	Foster family home - non-relative	Meyer, Gina
		DOC Assessment Effective Date		DOC Assessment Points		
<No data to display>						
Accord, Abigail Angelita	16	03/12/2007		Jello Foster Home	Foster family home - non-relative	Meyer, Gina
		DOC Assessment Effective Date		DOC Assessment Points		
<No data to display>						

19. LTC Screening Detail

Description: Use this banded report to view MMIS screening information. The MMIS screening information for the person displays if the MMIS Activity Type Date is within the selected date range. The report includes Diagnosis information from the MMIS screenings and from SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to view Diagnosis information from MMIS Screenings and SSIS Diagnosis Entry. This also helps to determine if a new LTC Screening is due.

LTC Screening Detail

LTC Screening Detail

Date Range: Custom (01/01/2013 - 03/27/2014)
 Report on: All
 Ready to Claim: All

Name: LTC, Person A

Date of Birth: 01/01/1956	Age: 58	Date of Death:
SSIS Person #: 000000000	County Person #:	SSN: 000-00-0000
SWNDX #:	PMI #: 00000000	

SSIS Diagnosis

Type	Code	Diagnosis	Primary	Start Date	End Date
ICD-9-CM	338.21	CHRONIC PAIN DUE TO TRAUMA	Yes		

SSIS Diagnosis

Type	Code	Diagnosis	Primary	Start Date	End Date
ICD-9-CM	311	DEPRESSIVE DISORDER NEC	No		

SSIS LTC Screening

Screening Date	Ready to Claim	
5/21/2013	Yes	
Workgroup Name	Worker	
LTC, Person,A , AS Assessment 5/13/2013	Bjorn Bear	
Workgroup Status	Workgroup Start Date	Workgroup Close Date
Closed	5/13/2013	9/16/2013 11:07:26 AM

MMIS LTC Screening

Activity Date	Activity Type	Status
9/16/2013	Person to person assessment	Approved
Diagnosis Type	Case Manager	
ICD-9-CM	BJORN BEAR	
Primary Diagnosis	Secondary Diagnosis	
338.21 - CHRONIC PAIN DUE TO TRAUMA		

Note: LTCC Screenings are no longer claimed through SSIS as of 09/30/2013.

20. MH Rule 5 Eligibility

Description: This banded report lists Rule 5 Eligibility dates for clients in SSIS. The report has options to include Diagnosis information, Recipient Eligibility Spans, Living Arrangements, and /or TPL policies.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Review the MH Rule 5 Eligibility for needed additions or changes as well as verifying the client has a billable Mental Health Diagnosis code entered.

MH Rule 5 Eligibility

Name		SSIS Person #	PMI #	Date of Birth*	Gender
Car, Carla		208811745	00000000	05/01/2000	Female
Rule 5 Eligibility					
Rule 5 Screening Date:	08/16/2005	Rule 5 End Date:		Meets MH Rule 5 Level of Care:	Yes
Current Primary Worker:		Workgroup:			
Rule 5 Screening Date:	08/01/2005	Rule 5 End Date:	08/15/2005	Meets MH Rule 5 Level of Care:	No
Current Primary Worker:		Workgroup:			
Diagnosis					
Type	Code	Diagnosis	Primary	Start Date	End Date
ICD-9-CM	001.9	CHOLERA NOS			
ICD-9-CM	316	PSYCHIC FACTOR W OTH DIS			
Eligibility Spans					
Major Program	Status	Begin Date	End Date		
DM - Demonstration to Maintain Indep. & Employment (DMIE)	Active	08/01/2006			
DM - Demonstration to Maintain Indep. & Employment (DMIE)	Closed	09/01/2005	07/31/2006		
DM - Demonstration to Maintain Indep. & Employment (DMIE)	Closed	10/01/2003	08/31/2005		
Living Arrangements					
Type	Begin Date	End Date	Facility Name	NPI/UMPI	
54 - Rehab option facility for children	08/05/2005		Bjorn County Rehabilitation	A000000000	
80 - Community	07/01/1995	08/05/2005			

21. MH Rule 5 Summary

Description: This is a summary grid report listing the MH Rule 5 Eligibility dates for clients in SSIS. This report includes information from the MH Rule 5 Supplemental Healthcare Eligibility screen.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review and determine if additions or changes to the MH Rule 5 Eligibility records in necessary.

MH Rule 5 Summary

Setup MH Rule 5 Summary			
Current primary worker <input type="text" value="Name - SSIS Person #"/>			
PMI #	Screening date	End date	Rule 5 level of care
▶ Current primary worker : Nelson, Sue			
▣ Name - SSIS Person # : Wonderland, Alice A #208143613			
00000000	01/01/2005		Yes

22. MH-TCM Eligibility

Description: This banded report includes all MH-TCM Eligibility records that meet the selected report setup criteria and that were open for any day during the selected Date Range. Options are available to include Diagnosis information, Living Arrangement information and/or MMIS Recipient Eligibility information.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to list all MH-TCM Supplemental Healthcare Eligibility. Review the report for needed additions or changes as well as verifying the client has a billable Mental Health Diagnosis code entered.

MH-TCM Eligibility

MH-TCM Eligibility					
Name	SSIS Person #	PMI #	Date of Birth	Gender	
Mhtcm, Axton Icdten	192063620	02803723	01/15/1948	MALE	
MH-TCM					
Start Date	End Date	Current Primary Worker	Workgroup	Workgroup #	
06/01/2015		Desaer, Ruth	Mhtcm September ICDTen AMH Case Management 9/1/2015	192063685	
Diagnosis					
Type	Code	Diagnosis	Primary	Start Date	End Date
ICD-10-CM	F10.14	Alcohol abuse with alcohol-induced mood disorder	Yes		
Eligibility Spans					
Major Program	Status	Begin Date	End Date		
MA - Federally-Paid Medical Assistance	Active	12/01/2005			
MA - Federally-Paid Medical Assistance	Closed	09/01/2005	11/30/2005		
MA - Federally-Paid Medical Assistance	Closed	07/01/2005	08/31/2005		
Living Arrangements					
Type	Begin Date	End Date	Facility Name		NPI/UMPI
80 - Community	07/01/2003				

23. MH-TCM Summary

Description: This summary grid report lists the MH-TCM Eligibility dates for clients in SSIS. This report only includes information from the MH-TCM Supplemental Healthcare Eligibility screen.

Available from:

- Tools>General Reports> Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review and determine if additions or changes to the MH-TCM Supplemental Healthcare Eligibility records are necessary.

MH-TCM Summary

Setup MH-TCM Summary		
Current primary worker <input type="text" value="Name - SSIS Person #"/>		
PMI #	Start date	End date
Current primary worker : Nelson, Sue		
Name - SSIS Person # : Mercer, Mario Cmhrs #209125162		
00000000	01/01/2008	
Name - SSIS Person # : Wonderland, Alice A #208143613		
00000000	07/01/2009	

24. MMIS DD Screenings

Description: This grid report lists MMIS DD Screening data for clients in SSIS. The report includes MMIS DD Screenings for clients that have a PMI in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review clients DD Screening information in MMIS and their diagnoses. SSIS uses the diagnosis codes from these screenings in the Healthcare Claiming process.

MMIS DD Screenings

Setup MMIS DD Screenings							
Name/SSIS Person # <input type="text"/>							
PMI #	Action Type	Action Date	Case Manager	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
Name/SSIS Person # : Bear, Grizzly #208663552							
00000000	Annual review	07/24/2006	Salmon Trout	V79.8	299.01		
00000000	Full team screening	04/19/2006		V79.8	299.01		

25. MMIS Eligibility Span

Description: This banded report lists MMIS Eligibility spans for clients in SSIS.

The report includes clients with eligibility from MMIS open on any day within the selected Date Range.

Available from:

- Tools>General Reports> Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review MMIS Eligibility span information for clients. The setup screen allows users to search by client to narrow search results.

MMIS Eligibility Span

Period: Custom
 Date Range: From: 00/00/0000 To: 00/00/0000
 First Name: alfred
 Last Name: afraid
 Note: Estimated date of birth prints with an asterisk.

Name	SSIS Person #	PMI #	Date of Birth*	Gender	
Alfred, Alfred	208820137	00000000	10/10/1986*	Male	
MMIS Eligibility Information:					
Major Program	Eligibility Type	Status	Begin Date	End Date	MMIS Case Number
MA - Federally-Paid Medical Assistance	DC - Disabled Child Ages 18 thru 20	Active	03/01/2006		
MA - Federally-Paid Medical Assistance	CK - Children Ages 2 thru 18	Closed	11/01/1996	02/28/2006	

26. MMIS LTC Screenings

Description: This grid report lists the people who have a PMI and MMIS LTC screenings records in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review clients with MMIS LTC Screenings and their diagnoses. SSIS uses the diagnosis codes from these screenings in the Healthcare Claiming process.

MMIS LTC Screenings

Setup		MMIS LTC Screenings				
Name/SSIS Person #						
PMI #	Activity Type	Activity Date	Case Manager	Primary Diagnosis Code	Secondary Diagnosis Code	
[-] Name/SSIS Person # : Agent, Andrew - 208490255						
00000000	Reassessment	09/29/2006		715.90		
00000000	Person to person assessment	08/01/2006		715.90	414.0	
00000000	Case management/administrative activity	07/31/2006		715.90	414.0	
00000000	Person to person assessment	11/22/2005		715.90	414.0	

27. MMIS Service Agreement

Description: This grid report lists MMIS Service Agreement data for clients with a PMI in SSIS and includes the line items for each MMIS Service Agreement. This report includes MMIS Service Agreements for clients that have a PMI in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to monitor units available on MMIS Service Agreements by including Units Requested and Units Used for each line item. These units are the amounts from the last MMIS Eligibility upload to SSIS. Units Used do not reflect Healthcare Claims paid since the last nightly upload. Review real time totals in MMIS, if necessary.

MMIS Service Agreement

Setup MMIS Service Agreement								
Name/SSIS Person #								
Prior Authorization Number	Type	Start Date	End Date	Status	Total Cap Amount	Total Amount Used		
Name/SSIS Person # : California, Caroline #208079157								
63629021132	Agreement - DD Conversion	1/1/2007	12/31/2007	Approved	\$.00	\$.00		
60109011474	Agreement - DD Conversion	1/1/2006	12/31/2006	Approved	\$.00	\$38,298.13		
Provider Name	NPI/UMPI	Start Date	End Date	Amount Requested	Units Requested	Amount Used	Units Used	HCP/CS/Modifie
Test County 46	A987654321	01/01/2006	09/30/2006	\$27,992.43	9	\$27,992.43	9	G0156 - Home h
Test County 46	A987654321	10/01/2006	12/31/2006	\$9,541.20	3	\$9,541.20	3	S5110 - Family tr
Test County 46	A987654321	11/27/2006	12/31/2006	\$2,089.92	672	\$0.00	0	S5135 - Compan
Test County 46	A987654321	10/01/2006	12/31/2006	\$647.40	30	\$0.00	0	T1016 UC - Wai

28. Other Healthcare Eligibility

Description: This banded report prints the eligibility information for clients who have a PPHP span, an Active Eligibility Span, and a Do Not Claim Determination record for any Claim Category during requested dates. Waiver information displays if the client has had a waiver in effect during any time period whether or not a waiver span is within the selected Date Range of the report.

The report setup includes a Do Not Claim Reason filter. If the user selects a Do Not Claim Reason on the report setup, only clients who meet the criteria and have a Do Not Claim Determination record with a Reason selected display. Do Not Claim Determination records with no Reason selected display when the check box for No Reason is selected. If no Do Not Claim Reason checkboxes are selected on the setup screen, all records that meet the criteria are returned. The report setup also includes a Plan filter to include only the Plan or Plans selected.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review clients, Prepaid Health Plan (PPHP) information, Recipient Eligibility Spans and Do Not Claim Determination records for the Date Range selected. Use this report to assist with submitting claims to providers outside of SSIS.

Other Healthcare Eligibility

Setup Preview

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Other Healthcare Eligibility

Date Range: Custom (No "From" Date - No "To" Date)
 First Name: alice
 Note: Report displays clients that have a PPHP span, a Recipient Eligibility span and a Do Not Claim Determination for the requested dates.

Name: Wonderland, Alice A

Date of Birth: 01/08/1993 Age: 22 years Date of Death:
 SSIS Person #208143613 County Person #: 208143613 SSN: 208-14-3613
 SWNDX #: PMI #: 02598503

Recipient Eligibility Spans

Major Program	Status	Begin Date	End Date
MinnesotaCare Citizen Kids/PWS	Active	09/01/2008	
MinnesotaCare Citizen Kids/PWS	Closed	06/01/2004	07/31/2006

Living Arrangements

Type	Begin Date	End Date
Community	3/1/2002	

PPHP

Begin Date	End Date	Product	Other Insurance
NPI/UMPI		Provider Name	Provider County
09/01/2006			
A565813800		UCARE	Hennepin
03/01/2002	07/31/2006		
A565813800		UCARE	Hennepin

Do Not Claim Determination

Claim Category	Reason	Start Date	End Date
Plan	Individual Policy Number	Group Policy Number	
CW-TCM	County Use 1	12/14/2009	

List more details here

Do Not Claim Determination

Claim Category	Reason	Start Date	End Date
Plan	Individual Policy Number	Group Policy Number	
MH-TCM	MH-TCM (MCO)	11/01/2009	
Medica	123456789	55555	

Other pertinent information

Do Not Claim Plan Prior Authorization

Authorization Number	Start Date	End Date
987987	11/01/2009	

Additional Information
 MH-TCM - low intensity
 Add HCPCS/Modifiers here
 Other info?

29. Paid Payment Audit

Description: This grid report provides a history of changes made to Paid Payment Requests, Posted Payments, and Payment Modifications. This report also includes deleted Payments, Refunds and Cancellations.

The report lists the action taken (e.g., delete, change, or add), the date of the action and the person who performed the action. Records on the report print with the original information first, followed by each change to the Payment.

Available from:

- Tools>General Reports>Payments
- (Tree View) Payments>Payment Reporting
- Searches/Logs>Payments>Payment Reporting

Use this report as an audit trail of changes made to Payments and who made the changes.

Paid Payment Audit Report

Paid Payment Audit Report										
Setup										
init										
Vendor Client Service Payment										
Payment #	Service County Vendor #	SSIS Person #	Service County Sub-svc Number	Service Start Date	Service End Date	Units	Unit Type	Rate	Amount	
Payment Type	Service SSIS Bus. Org. #	Client Name	Service Description	COA Code	COA Code Description		IV-E Sub Code			
	Service Vendor	PMI #	County Sub-svc Description	Spec Cost Code	Spec Cost Description		Location			
Deleted	License #	County Workgroup #	HCPCS/Modifier	Service Arrangement #	Warrant / Eff. Date	Warrant / GL Number	1099 Code			
	210750040	000001025	210749112	531	04/07/2010	04/08/2010	5.00	15 Minutes	\$75.0000	\$375.00
Posted payment	115665217	Regina Spektor	In-home family support service	11-425-750-3311-6094	In Home Services MR Waiver					
	PATH PAYEE	00010421							Field/home	
Y		LIC	55125	210750028	05/01/2010	123456789	Y			
Changes										
Action	Trans Date	User Name	Field Label	Old Value	New Value					
Delete	04/22/2011 10:50:52 AM	Lexie Kjos	Payment #	210750040	210750040					

30. Payments – Not Automated Potentially Billable

Description: This grid report displays Payments with a status of Paid that have HCPCS/modifiers in the Not Automated Claim Category.

Examples include services for:

- Consumer Directed Community Supports (CDCS)
- PASRR Level II Screening to record AMH Level II Evaluations (PASRR)

An option is available to run the report for a specific person or all clients that meet the selection criteria. The report may be limited to a specific BRASS service.

Available from:

- Tools>General Reports>Healthcare Claims
- (Tree View) Healthcare Claiming>Healthcare Claim Reporting

Use this report to identify potentially billable Payment records to claim outside of SSIS. Clients display on the report if the client is associated with a Payment with the status of Paid and has service dates that are either completely or partially within the selected Date Range.

Payments – Not Automated Potentially Billable

Setup Payments - Not Automated Potentially Billable							
HCPCS/Modifiers - Description							
Client Name	Service Start Date	Service End Date	Svc Code	Service Vendor	Rate	Units	Amount
[-] HCPCS/Modifiers - Description : 90882 - Community intervention, indiv.							
Armageddon, Mama	01/01/2008	01/31/2008	446	GARDEN CONSTRUCTION	\$75.0000	5.00	\$375.00
Nack, Gary Jones	01/01/2008	01/31/2008	446	GARDEN CONSTRUCTION	\$5.0000	5.00	\$25.00
Dirt, Mike T VII	01/01/2008	01/31/2008	446	GARDEN CONSTRUCTION	\$50.0000	5.00	\$250.00
[-] HCPCS/Modifiers - Description : 90882 HM HW UD - Community intervention, indiv., transitional by rehab worker/state employee							
Daisy, Shasta	03/15/2008	03/17/2008	446	GARDEN CONSTRUCTION	\$75.0500	5.00	\$375.25

31. Placements without Service Arrangements

Description: This grid report lists placements that have more than one day not covered by a Service Arrangement for selected substitute care services during the specified dates. Information displays on this report if the placement business organization does not match the service vendor on the Service Arrangement or the placement dates do not match the service dates on the Service Arrangement. If a placement has a change in business organization during the date range of the report, each placement will display for each business organization separately.

Available from:

- Tools>General Reports>Placement

Use this report to identify placements without a corresponding Service Arrangement if your agency uses Service Arrangements.

Placements without Service Arrangements

Setup Placements without Service Arrangements								
Name	DOB	Start Date	End Date	Effective I	Bus. Org./Provi	Bus. Org.	County Vendor	Worker
Aberle, Denny	4/14/1998	6/25/2002		6/25/2002	BACH HOME	115311675	454577396	J - Judd, Dan
Accardo, Magan	11/1/1999	4/28/2006		4/28/2006	BARBELLA CHILD	114874434	005459339	J - Judd, Dan
Accent, Alec Andrew	6/8/1996	10/28/2005		10/28/2005	Jello Foster Home	102306083		Intern, Intern
Acclaim, Anise Annabella	12/7/1999	4/24/2007		4/24/2007	Jello Foster Home	102306083		Meyer, Gina
Accolade, Alex Alan	4/25/1995	4/12/2005		4/12/2005	Else Marina Foste	102306094		Seaquist, Stephanie
Accord, Abigail Angelita	12/4/1998	3/12/2007		3/12/2007	Jello Foster Home	102306083		Meyer, Gina
Accrual, Andy	3/10/2000	1/1/2015		1/1/2015	FRIKKEN CHILD F	115674577	000001046	Donais, Sherry Ann
Acura, Alicia Lucia	10/17/1995	7/17/2001		7/17/2001	Else Marina Foste	102306094		Meyer, Gina
Acura, Maggie Lynne	12/15/1995	10/25/2001		10/25/2001	Jello Foster Home	102306083		Gmeyer, Gina
Adams, Shelly	1/17/1995	2/18/2002		2/18/2002	M. Smith Foster H	102306464		Folstad, Wanda

32. Potentially Eligible Northstar Payments

Description: This banded report provides summary data that provides a breakdown of payments for Family Foster Care (Services 180/181) and EFC-SIL (Service 188). Assists the local agency in analyzing the costs included and excluded in the Northstar Care Fiscal Reconciliation. The summary includes sums and percentages for payments claimed vs. not claimed, summary of payments not claimed by reason and summary of payments not claimed by Special Cost Code.

This report is a breakdown of Payments that did not create a Northstar claim. This report indicates the reason for the payment not claiming with the **remainder falling into an "Other" category. This report displays information** on 180, 181 and 188 payments for the date range selected that did not create a Northstar Claim. This summary section of this report includes all payments for service 180, 181 and 188 for the date range selected on the setup tab.

The first section is the Payment breakdown of *Total Paid* by quarter, total claimed and total not claimed. The second section includes the unclaimed payments and breaks them out into Non-claimable special cost codes, No license # on payment and over the 6 month grace period, Invalid license totals, Discharge date totals and all other errors. The All other errors includes payments not claimed for any other reason than those listed out specifically in this report. The third section breaks out the Non-Claimable special cost code total into the totals for the specific special costs codes that are not eligible for Northstar claiming.

Available from:

- Tools>General Reports>Payments

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Potentially Eligible Northstar Payments

Payment Period: Q1 2016 - Q4 2016

Payment Breakdown			
Payment Period	Total Paid	Total Claimed	Total Not Claimed
2016 Q1	\$17,432.48	(\$7,252.86)	\$24,685.34
2016 Q2	\$17,319.65	\$0.00	\$17,319.65
2016 Q3	\$14,195.27	(\$1,212.72)	\$15,407.99
2016 Q4	\$8,596.57	(\$494.66)	\$9,081.23
Total	\$57,543.97	(\$8,950.24)	\$66,494.21

Not Claimed Breakdown				
Non - Claimable SCC	No License #	Invalid License	Discharge Date	Other Errors
\$5,884.08	\$2,456.75	\$3,048.54	\$0.00	\$13,295.97
\$4,241.60	\$1,982.70	\$0.00	\$3,361.83	\$7,733.52
\$1,134.00	\$2,090.52	\$1,524.27	\$3,230.14	\$7,429.06
\$2,136.80	\$0.00	\$2,661.66	\$2,192.94	\$2,089.83
\$13,396.48	\$6,529.97	\$7,234.47	\$8,784.91	\$30,548.38

Percent Not Claimed of Total Paid		
Payment Period	Total Claimed %	Total Not Claimed %
2016 Q1	(41.61%)	141.61%
2016 Q2	0.00%	100.00%
2016 Q3	(8.54%)	108.54%
2016 Q4	(5.64%)	105.64%
Average	(13.95%)	113.95%

Not Claimed Breakdown Percent of Total Paid				
Non - Claimable SCC	No License #	Invalid License	Discharge Date	Other Errors
33.75%	14.09%	17.49%	0.00%	76.27%
24.49%	11.45%	0.00%	19.41%	44.65%
7.99%	14.73%	10.74%	22.76%	52.33%
24.86%	0.00%	30.96%	25.51%	24.31%
22.77%	10.07%	14.80%	16.92%	49.39%

Not Claimed Breakdown by Percent						
Payment Period	Non - Claimable SCC	No License #	Invalid License	Discharge Date	Other Errors	Total Not Claimed
2016 Q1	23.84%	9.95%	12.35%	0.00%	53.86%	100.00%
2016 Q2	24.49%	11.45%	0.00%	19.41%	44.65%	100.00%
2016 Q3	7.36%	13.57%	9.89%	20.96%	48.22%	100.00%
2016 Q4	23.53%	0.00%	29.31%	24.15%	23.01%	100.00%
Average	19.80%	8.74%	12.89%	16.13%	42.43%	100.00%

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Potentially Eligible Northstar Payments – Page 2

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Potentially Eligible Northstar Payments

Non-Claimable Special Cost Code Breakdown							
Payment Period	Clothing (SCC 01, 02)	Admin (SCC 14)	Corrections (SCC 94)	Not COFR (SCC 95)	Non-Reim FC (SCC 96)	Non - Reim EFC-SIL (SCC 97,98)	All Other SCC
2016 Q1	\$0.00	\$5,734.08	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00
2016 Q2	\$0.00	\$4,241.60	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2016 Q3	\$0.00	\$1,050.00	\$0.00	\$0.00	\$84.00	\$0.00	\$0.00
2016 Q4	\$0.00	\$2,136.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$13,162.48	\$0.00	\$0.00	\$84.00	\$0.00	\$150.00

Non-Claimable Special Cost Code Percent of Total Paid							
Payment Period	Clothing (SCC 01, 02)	Admin (SCC 14)	Corrections (SCC 94)	Not COFR (SCC 95)	Non-Reim FC (SCC 96)	Non - Reim EFC-SIL (SCC 97,98)	All Other SCC
2016 Q1	0.00%	32.89%	0.00%	0.00%	0.00%	0.00%	0.86%
2016 Q2	0.00%	24.49%	0.00%	0.00%	0.00%	0.00%	0.00%
2016 Q3	0.00%	7.40%	0.00%	0.00%	0.59%	0.00%	0.00%
2016 Q4	0.00%	24.86%	0.00%	0.00%	0.00%	0.00%	0.00%
Average	0.00%	22.41%	0.00%	0.00%	0.15%	0.00%	0.21%

Non-Claimable Special Cost Code Percent of Not Claimed							
Payment Period	Clothing (SCC 01, 02)	Admin (SCC 14)	Corrections (SCC 94)	Not COFR (SCC 95)	Non-Reim FC (SCC 96)	Non - Reim EFC-SIL (SCC 97,98)	All Other SCC
2016 Q1	0.00%	23.23%	0.00%	0.00%	0.00%	0.00%	0.61%
2016 Q2	0.00%	24.49%	0.00%	0.00%	0.00%	0.00%	0.00%
2016 Q3	0.00%	6.81%	0.00%	0.00%	0.55%	0.00%	0.00%
2016 Q4	0.00%	23.53%	0.00%	0.00%	0.00%	0.00%	0.00%
Average	0.00%	19.52%	0.00%	0.00%	0.14%	0.00%	0.15%

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33. PPHP Data

Description: This grid report lists Prepaid Health Plan information for clients that have a PMI in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review **client's** Prepaid Health Plan information from MMIS.

PPHP Data

Setup PPHP Data						
Name/SSIS Person # ▲						
PMI #	Provider Name	NPI/UMPI	Begin Date	End Date	Product	
[-] Name/SSIS Person # : Agent, Andrew #208490255						
00000000	MEDICA	A405713900	10/01/2006		-	
00000000	MEDICA	A405713900	09/01/2006	09/30/2006	-	
[-] Name/SSIS Person # : Agent, Annie #208490426						
00000000	BLUE PLUS	A065813800	01/01/2006		-	
00000000	BLUE PLUS	A065813800	05/01/2004	12/31/2005	-	

34. Programs and Service Associations – by Program

Description: This banded report lists the defined Program and Service Associations, grouped by Program. The report compiles a complete list of the state-defined services for each program area.

Available from:

- Tools>General Reports>Programs and Services
- Admin>Tools>General Reports>Programs and Services

Use this report to review BRASS Services and Activities available for use in each of the SSIS Program areas. The report lists Start and End dates as well as the details for any related HCPCS/modifiers for each of the services.

Programs and Service Associations – by Program

Program and Service Associations - By Program

Program: 120 - Early Intervention: Infants & Toddlers with Disab				
Include Active Only: Yes				
Include HCPCS/Modifiers: Yes				
Program: 120-EID-Early Intervention: Infants & Toddlers with Disab				
Code	Service Description	Assoc Start	Assoc End	
107	Child Welfare Assessment	1/1/1999		
Activities	Activity Start	Activity End		
Client contact				
Collateral contact				
Consultation				
Coordination				
Court appearance				
Court documentation				
Court evaluation				
CW-TCM eligible contact 60+ mi. from cnty. border				
Documentation				
Eligibility/financial/fee assessment				
Service planning				
Transportation				
Travel in county				
Travel out of county				
HCPCS/modifier	HCPCS/Modifier Description	Claim Category	Claimable Service Start Date	Claimable Service End Date
Claimable Activities		Claimable Activity	Start Date	End Date
T2023 U3 U4	CW-TCM, telephone	CW-TCM	1/1/2004	
	CW-TCM eligible contact 60+ mi. from cnty. t 1/1/2004			
T2023 U3	CW-TCM, face-to-face	CW-TCM	1/1/2004	
	Client contact		1/1/2004	
	Collateral contact		1/1/2004	
	CW-TCM eligible contact 60+ mi. from cnty. t 1/1/2004			

35. Programs and Service Associations – by Service

Description: This banded report lists the defined BRASS Program and Service Associations grouped by Service. A Service may or may not be associated with a HCPCS/modifier. If associated with a HCPCS/modifier, the Service may have one or more records listed. If the Service is not claimable for any HCPCS/modifiers, the column headings for the HCPCS/modifier and claimable Services do not display. The Service may also have specific claimable Activities associated with the HCPCS/mod and Service combination.

Available from:

- Tools>General Reports>Programs and Services
- Admin> Tools>General Reports>Programs and Services

Use this report to review BRASS Services and Activities available for each SSIS Program. The report lists Start and End dates for each Service/HCPCS association as well as the details for any related HCPCS/modifiers for each of the Services.

Program and Service Associations – by Service

Program and Service Associations - By Service

BRASS Program Area: 1 - Children's Services
 Include Active Only: Yes
 Include HCPCS/Modifiers: Yes

Service: 101 Information and Referral

Program	Assoc Start	Assoc End
100-CW-Child Welfare (General)	1/1/1999	

Activities	Activity Start	Activity End
Consultation		
Coordination		
Program information		
Resource information		
Resource referral		
Screening		

36. Revenue Account List

Description: This grid report lists the Revenue Account information for clients in SSIS. Agencies create Revenue Account Codes for additional tracking of spending.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to verify Revenue Account codes assigned to clients. For example, when a Revenue Account Code separates **Children’s Mental Health** from Adult Mental Health based on age, verify the age of a client to see if the code needs to change. Some agencies track funding divided between school-based workers vs. social services staff. If a client has changed from one program area to another, the code should change as well. A client can have only one Revenue Account Code active for each of the claim categories. Revenue Account Code functionality replaces how many agencies previously used the Patient Account Number field. SSIS uses the Patient Account Number field for the interface with MMIS.

Revenue Account List

Setup Revenue Account List						
Current Primary Worker <input type="text" value="Name/SSIS Person #"/>						
SSIS Person #	Claim Category	Revenue Account	Start Date	End Date	Age	
Name/SSIS Person # : Apple, Billy Bob #101947848						
101947848	Waiver and AC	5731 - Adult CADI	01/01/2007		46	
Name/SSIS Person # : Apple, Green #208270432						
208270432	CW-TCM	P-98756 - center division	09/13/2007		6	

37. SEAGR Conversion Report

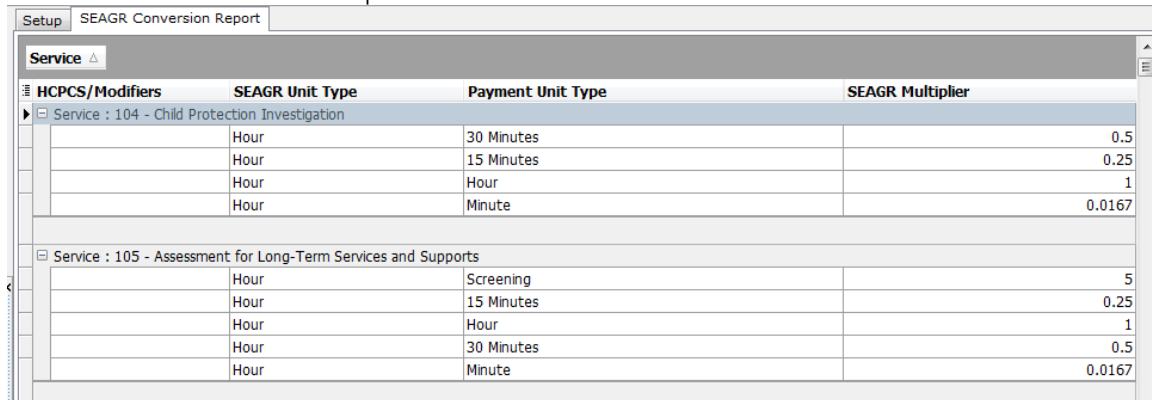
Description: This grid report lists the Unit conversion for the SEAGR report. The report is helpful if users are not sure why SEAGR units converted a specific way on their Payments. The only SEAGR conversion records included on this report are the records where all of the following are in effect on the date that the report is run: BRASS Service, HCPCS/modifier (if applicable), and the SEAGR Conversion record. If any of these records ended before the date that the report runs, the record does not print on the report.

Available from:

- Tools>General Reports>State Reporting

Use this report as a reference of how Payment Unit Types convert for SEAGR purposes.

SEAGR Conversion Report



HCPCS/Modifiers	SEAGR Unit Type	Payment Unit Type	SEAGR Multiplier
Service : 104 - Child Protection Investigation			
	Hour	30 Minutes	0.5
	Hour	15 Minutes	0.25
	Hour	Hour	1
	Hour	Minute	0.0167
Service : 105 - Assessment for Long-Term Services and Supports			
	Hour	Screening	5
	Hour	15 Minutes	0.25
	Hour	Hour	1
	Hour	30 Minutes	0.5
	Hour	Minute	0.0167

38. SEAGR Year to Date

Description: This grid report combines all generated quarterly reports within the same calendar year.

Available from:

- Tools>General Reports>State Reporting

Use this report to run a yearly summary of SEAGR quarterly reports within the same calendar year.

SEAGR YTD Summary

Setup	SEAGR YTD Summary	SEAGR YTD Detail	SEAGR Cost Allocation					
Progr.	Program Description	Purchased Service	Purchased Units	Staff Expense	Hours	Total Expended	Total %	
1	Children's Services	\$256.00	6.00	\$880.00	15.33	\$1,136.00	6.80	
2	Child Care	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	
3	Chemical Dependency	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	
4	Mental Health	\$4,640.00	39.50	\$1,801.00	21.70	\$6,441.00	38.56	
5	Developmental Disabilities	\$8,262.00	142.37	\$0.00	0.00	\$8,262.00	49.47	
6	Adult Services	\$518.00	12.77	\$345.00	3.28	\$863.00	5.17	

SEAGR YTD Detail

Setup	SEAGR YTD Summary	SEAGR YTD Detail	SEAGR Cost Allocation					
Svc Code	Svc Description	Purchased Svc	Units	Unit Type	Staff Expense	Hours	Total Expended	
101	Information and Referral	\$0	0.00		\$0	0.00	\$0	
	Original	\$0	0.00		\$0	0.00	\$0	
	Adjustment	\$0	0.00		\$0	0.00	\$0	
	Direct Allocation Adjustment				\$0	0.00	\$0	
102	Community Education and Prevention	\$0	0.00		\$0	0.00	\$0	
	Original	\$0	0.00		\$0	0.00	\$0	
	Adjustment	\$0	0.00		\$0	0.00	\$0	
	Direct Allocation Adjustment				\$0	0.00	\$0	

SEAGR Cost Allocation Report

SEAGR Cost Allocation Report			
Year: 2010			
Period: Q1 (Jan 1 - Mar 31)			
Cost Pool Total Purchased Services:	\$12,358.00	Staff Provided Social Service Expenditures:	\$2,525.25
Direct Allocations Staff Hours:	3.00	Total Direct Allocations:	\$75.75
Total Cost Pool Staff Hours:	22.90	Adjusted Staff Expenditures:	\$2,449.50
Average Cost/Hour:	\$106.965100		
Period: Q2 (Apr 1 - Jun 30)			
Cost Pool Total Purchased Services:	\$1,314.99	Staff Provided Social Service Expenditures:	\$500.55
Direct Allocations Staff Hours:	4.00	Total Direct Allocations:	\$131.41
Total Cost Pool Staff Hours:	10.42	Adjusted Staff Expenditures:	\$369.14
Average Cost/Hour:	\$35.437400		

39. Security Functions Report

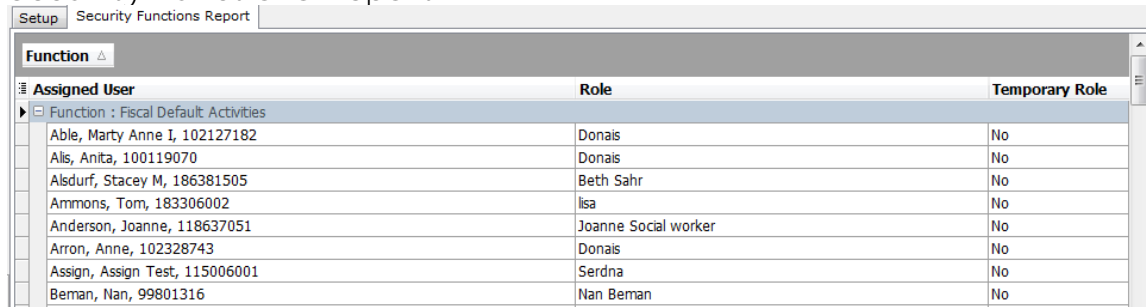
Description: This grid report lists all workers assigned to a function. When run for a specified worker without selecting a function, this report lists all functions assigned to that worker. The report lists all available functions. Users may select a specific security function, **such as** "Create Payment Requests", and the report displays all workers with that security function in their role and all roles that include that function.

Available from:

- Tools>General Reports>Security
- Admin>Tools>General Reports>Security Reports

Use this report to review users assigned to each function of SSIS as well as which Roles have each function. SSIS recommends periodically reviewing these functions for any needed additions or changes to ensure system integrity, i.e., correct functions for users and the Role of None for staff that have left the agency.

Security Functions Report



Function	Assigned User	Role	Temporary Role
Function : Fiscal Default Activities			
	Able, Marty Anne I, 102127182	Donais	No
	Alis, Anita, 100119070	Donais	No
	Alsdurf, Stacey M, 186381505	Beth Sahr	No
	Ammons, Tom, 183306002	lisa	No
	Anderson, Joanne, 118637051	Joanne Social worker	No
	Arron, Anne, 102328743	Donais	No
	Assign, Assign Test, 115006001	Serdna	No
	Beman, Nan, 99801316	Nan Beman	No

40. Service Arrangement

Description: This banded report lists all Service Arrangements that meet the selected criteria on the Setup screen. The report has the option to include Payment information.

Available from:

- Tools>General Reports>Service Arrangement Reporting
- (Tree View) Service Arrangement>Service Arrangement Reporting
- Searches/Logs>Service Arrangements>Service Arrangement Reporting

Use this report to monitor Service Arrangements and associated Payments. This report has many filter options, for example, Status, Business name, Client name or Service. Included in the report are the approved Number of Units and costs as well as the Remaining Units and Remaining Amount. This report is helpful at the end of the year to be sure enough units are available to cover services; it is also used as a listing of what Service Arrangements may need to be completed for the upcoming year.

Service Arrangement

Service Arrangement							
Service dates partially within date range: 01/01/2015 - 12/31/2015							
Include Payment Information: All Payments							
Svc Arr # / Status	Service / Sub-Service Description	Start Date	End Date	# of Units	Unit Type	Rate	Amount
191284641	181 Child Family Foster	01/01/2015	01/31/2015		Day		
Draft				Remaining Units:		Remaining Amount:	
Client Name: Cwtcm, Zipper Recipient		SSIS Person #: 183861751		PMI #: 02908730			
Service Vendor:		Service County Vendor #:		County Contact: Klinghagen, Mary			
Payee Vendor:		Payee County Vendor #:		Special Cost Code:			
Svc Arr # / Status	Service / Sub-Service Description	Start Date	End Date	# of Units	Unit Type	Rate	Amount
190569569	181 Child Family Foster	04/01/2015	12/31/2015	275.00	Day	\$25.8400	\$7,106.00
Draft				Remaining Units: 275.00		Remaining Amount: \$7,106.00	
Client Name: Yoo, Howard		SSIS Person #: 116586538		PMI #: 05676600			
Service Vendor: PLACEHERE/BETTY AND BOB		Service County Vendor #: 000080100		County Contact: Klinghagen, Mary			
Payee Vendor:		Payee County Vendor #:		Special Cost Code:			

41. Service Arrangement Detail

Description: This grid report displays a grid of all Service Arrangements that meet the selected criteria. All Service Arrangement fields are available in the grid. Users may customize the grid.

Available from:

- Tools>General Reports>Service Arrangement Reporting
- (Tree View) Service Arrangement>Service Arrangement Reporting
- Searches/Logs>Service Arrangements>Service Arrangement Reporting

Use this report to monitor Service Arrangements and associated Payments. Included in the report are the approved Number of Units and costs as well as the Remaining Units and Remaining Amount. This report is helpful at the end of the year to be sure you have enough units to cover services and is used as a listing of what Service Arrangements may need to be completed for the upcoming year.

Service Arrangement Detail

Service Arrangements						
Service Arrangement #	Service Vendor	Name	Start Date	Amount	Units	
Status	Payee Vendor	Cnty Contact	End Date	Remaining Amount	Remaining Units	
Svc Code	Svc Description	COA Code	Unit Type			
	208960135 Abigail Benson2	Charger, Caleb Colton	9/18/2008	\$500.00	25.00	
Active/Payments		Anderson, Walter	12/18/2008	\$0.00	0	
416	Transportation	11-423-710-3022-6040			30 Minutes	
Payments						
Payment Type	Payment Date	Amount	Units	Service start date	Service end date	
Payment request	11/17/2010	\$500.00	25.00	09/18/2008	12/01/2008	

42. Service Arrangement Group

Description: This banded report lists all Service Arrangement Groups that meet the selected criteria. Users have the option to include Service Arrangement and/or Payment information.

Available from:

- Tools>General Reports>Service Arrangement Reporting
- (Tree View) Service Arrangement>Service Arrangement Reporting
- Searches/Logs>Service Arrangements>Service Arrangement Reporting

Use this report to monitor all Service Arrangement Groups entered. Use this report to review funding that is available and spent when Maximums are associated with a Service Arrangement Group. Each Service Arrangement and Payment associated to the Group displays.

Service Arrangement Group

Service Arrangement Group

Service dates partially within date range: 01/01/2007 - 12/31/2007

Business Name: pineapple

Include Service Arrangement Information: Yes

Include Payment Information: Yes

Service Arrangement Group	Start Date	End Date	Maximum	Available	Expended	Approved Svc Arr	Svc Arr Remaining	
sa group for homemaking	1/2/2007	4/30/2007	\$10,000	\$8,868	\$75	\$1,132	\$1,056	
Vendor Name: PINEAPPLE/ELIZABETH		County Vendor #: 000027050		SSIS Bus Org #: 115665341				
Service Arrangements								
Service/Sub	Svc Arr #	Status	Start Date	End Date	# of Units	Amount	Remaining Units	Remaining Amount
625	208149443	Inactive/Payments	4/29/2007	4/30/2007	15.00	\$1,131.75	14.00	\$1,056.30
Payment Type		Status	Start Date	End Date	# of Units	Amount	Warrant/ Eff. Date	Contract Number
Posted payment		Paid	4/1/2007	4/30/2007	1.00	\$75.45	7/10/2007	pymt test

43. Service Arrangements without Placements or Locations

Description: This grid report lists Service Arrangements for a specified substitute care service, have a service vendor and a client specified, and do not have an associated placement or location that matches the placement business organization and client during for all or part of the specified date range.

Available from:

- Tools>General Reports>Service Arrangement Reporting
- (Tree View) Service Arrangement>Service Arrangement Reporting
- Searches/Logs>Service Arrangements>Service Arrangement Reporting

Use this report to monitor Service Arrangements and associated placements. Options include clients under 18 years, under 21 years as of the report **"From" date, or All**. This report allows users to select which Substitute Care Services to include.

Service Arrangements without Placements or Locations

Setup Service Arrangements without Placements or Locations								
#	Name	Service Vendor	Start Date	End Date	Svc Code	Special Cost Code	Status	Cnty Contact
▶	Armstrong, Billie Joe	WOODLAND CENTERS TEMP RES UP TO 9	1/1/2004	6/30/2004	185		Draft	Donais, Sherry Ann IV
	Armstrong, Brad Joe	ABNER/THERESA	1/1/2007	12/31/2007	183		Active/Payments	Donais, Sherry Ann IV
	Bagley, Anthony David	Wolf Foster Home	1/1/2005	6/14/2005	483		Approved for payment	Igloo, Inga
	Breakthrough, Billy Eh	GARDEN CONSTRUCTION	1/1/2007	12/31/2007	483		Draft	Donais, Sherry Ann IV
	Cool, Frank	FOND DU LAC - ON RESERVATION - EMERG	1/1/2006	12/31/2006	171		Active/Payments	Donais, Sherry Ann IV
	Dir, Mike T VII	CASEM/BOB	1/1/2006	12/31/2006	472		Active/Payments	Donais, Sherry Ann IV
	Garland, Greg	GERARD	11/1/2005	12/31/2005	183	02	Draft	Gentle, Geri
	Gone, Amy None	CHICANOS LATINOS UNIDOS EN SERVICIO	2/1/2007	12/31/2007	483		Active/Payments	Donais, Sherry Ann IV
	Johnsen, Mary	Dan ParentPayee Biz Org	11/1/2005	11/23/2005	185		Draft	Benusa, Gerry
	North, Sydney M	ST CLOUD CHILD HOMES	1/1/2007	12/31/2007	483		Active/Payments	Nelson, Sue
	Northstar, Frank F	Jax Child Care	9/1/2014	9/30/2014	188		Active/Payments	Arleth, Laura
	Okilclearhim, Billie Joe	Cactus/Carla	1/1/2006	12/31/2006	171		Approved for payment	Donais, Sherry Ann IV
	Sorry, Sherry LJ	GERARD	1/1/2006	12/31/2006	483		Active/Payments	Donais, Sherry Ann IV
	Sorry, Sherry LJ	GERARD	10/1/2005	12/31/2005	483		Draft	Donais, Sherry Ann IV
	Sunshine, Susan	Judd's Foster Care World	10/1/2012	10/31/2012	185		Active/Payments	Sahr, Beth
	Transam, Tyler Jon	CLARINDA ACADEMY	1/1/2007	12/31/2007	183		Active/Payments	Nelson, Sue
	Tribianni, Joey	Allen Child Foster Care	1/1/2014	12/31/2014	188		Approved for payment	ZZDHS-Heath, Janel
	Tribianni, Joey	Allen Child Foster Care	1/1/2014	12/31/2014	188		Draft	ZZDHS-Heath, Janel
	Trunk, Tim	ISANTI YOUTH RANCH	3/22/2005	4/11/2005	185		Approved for payment	Gentle, Geri

44. Service by BRASS Program Area – (No Sub-Service)

Description: This banded report lists the valid Services for a BRASS Program area, and includes Service Start and Service End dates, who the service is provided by (Staff or Vendor), and whether a Sub-Service is required for the service. Agency-defined fourth and fifth digits (Sub-Service) are not included in the report.

Available from:

- Tools>General Reports>Programs and Services
- Admin> Tools>General Reports>Programs and Services

Use this report to review BRASS Service codes available for each BRASS Program area. Designation of Staff and/or Vendor provided indicates if the BRASS Service code is available for selection on Time Records or Payment Requests. Users may edit Staff and Vendor defaults to meet the agency business need except for certain instances where policy staff have determined that only an agency or vendor can provide the service.

Service by BRASS Program Area - (No Sub-service)

Service By BRASS Program Area							Without Sub-Services
BRASS Program Area: 1 - Children's Services							
Include Active Only: Yes							
BRASS Program Area: 1-Children's Services							
Code	Service Description	Svc Start	Svc End	Staff	Vendor	Sub-Svc Required	
101	Information and Referral	1/1/1991		Y	Y	N	
102	Community Education and Prevention	1/1/1991		N	Y	N	
104	Child Protection Investigation	1/1/1991		Y	Y	Y	
105	Assessment for Long-Term Services and Supports	1/1/1991		Y	Y	N	
106	Parent Support Outreach Assessment	1/1/2005		Y	Y	N	
107	Child Welfare Assessment	1/1/1991		Y	Y	N	
108	Family Assessment Response	1/1/2001		Y	Y	N	
109	Concurrent Planning Assessment	1/1/2002		Y	Y	N	
111	Mental Health Screening	1/1/2012		Y	N	N	
115	Interpreter Services	1/1/1992		N	Y	N	

45. Service by BRASS Program Area – (With Sub-Service)

Description: This banded report lists all the valid Services for a BRASS Program area, and includes Service Start and Service End dates, who the service is provided by (Staff or Vendor), and whether a Sub-Service is required for the service. Agency-defined fourth and fifth digits (Sub-service) are included in the report.

Available from:

- Tools>General Reports>Programs and Services
- Admin> Tools>General Reports>Programs and Services

Use this report to review BRASS Service codes and Sub-Service codes available for each BRASS Program area. Designation of Staff and/or Vendor provided indicates if the BRASS Service code is available for selection on Time Records or for Payment Requests. Users may edit Staff and Vendor defaults to meet the agency business need.

Service by BRASS Program Area – (With Sub-service)

Service By BRASS Program Area

With Sub-Services

BRASS Program Area: 1 - Children's Services
Include Active Only: Yes

BRASS Program Area: 1-Children's Services

Code	Service Description	Sub-Svc Number	County Sub-Service Description	Svc Start	Svc End	Staff	Vendor	Sub-Svc Required
				Sub-Svc Start	Sub-Svc End			
101	Information and Referral			1/1/1991		Y	Y	N
02	Hispanic children			1/1/1991				
102	Community Education and Prevention			1/1/1991		N	Y	N
104	Child Protection Investigation			1/1/1991		Y	Y	Y
105	Assessment for Long-Term Services and Supports			1/1/1991		Y	Y	N
106	Parent Support Outreach Assessment			1/1/2005		Y	Y	N
107	Child Welfare Assessment			1/1/1991		Y	Y	N
02	Assessment Grant 1			10/21/2004				
108	Family Assessment Response			1/1/2001		Y	Y	N
109	Concurrent Planning Assessment			1/1/2002		Y	Y	N
111	Mental Health Screening			1/1/2012		Y	N	N
115	Interpreter Services			1/1/1992		N	Y	N
116	Transportation			1/1/1991		Y	Y	N
10	Transportation grant			1/1/2005				

46. Staff Detail Report

Description: This banded report prints all user information by Department, Unit, Worker or All.

Available from:

- Tools>General Reports>Security
- Admin>Tools>General Reports>Security reports

Use this report to list each staff person and the security details of that person. Review these details on a regular basis to determine staff have the appropriate levels of security.

Staff Detail Report

Staff Detail Report

Able, Marty Anne I, 102127182

Phone: (999) 586-8886

E-mail:

County Staff ID: 0025

County entity: Social Services

Employee type: County/Tribal employee

Mental health adult initiative: No

RTC employee: No

Host county:

Role

Role: Donais

Temp Role:

From:

To:

Scope

Workgroup: Unrestricted

Workgroup edit allowed: No

Intake worker:

Intake unit:

Reporting

County of service: Brown

Staff activity required: No

Documents

Local Agency Contact: No

Document Credentials:

Department Assignments

Cowboy

Unit Assignments

Fly

Units Supervised

Fly

47. Staff Qualifications Report

Description: This grid report lists Staff Qualifications by worker.

Available from:

- Admin>Tools>General Reports>Security Reports
- Tools>General Reports>Security

Use this report for a listing of Healthcare Claiming Staff Qualifications entered for all or some of the Claim Categories. Report results list staff entered as qualified to claim as well as those staff not qualified to claim.

Staff who have a Staff Qualification of Child safety/permanency professional are listed on the report. These staff are persons responsible and capable of **making a safety assessment of a child's situation. Only Primary Workers** with this Staff Qualification are counted in the Monthly Contact with Children in Continuous Placement Report.

Staff Qualifications Report

Type	Claim Category	Start Date	End Date	Qualified	Employee Type
Name - SSIS Staff ID : Alsdurf, Stacey M - 186381505					
Healthcare claiming	CW-TCM	04/30/2000		Yes	County/Tribal employee
Healthcare claiming	LTCC	04/30/2000		Yes	County/Tribal employee
Healthcare claiming	MH-TCM	04/30/2000		Yes	County/Tribal employee
Healthcare claiming	RSC-TCM	04/30/2000		Yes	County/Tribal employee
Healthcare claiming	VA/DD-TCM	04/30/2000		Yes	County/Tribal employee
Healthcare claiming	Waiver and AC	04/30/2000		Yes	County/Tribal employee
Name - SSIS Staff ID : Ammons, Tom - 183306002					
Healthcare claiming	RSC-TCM	08/24/2007		Yes	County/Tribal employee
Name - SSIS Staff ID : Anderson, Joanne - 118637051					
Healthcare claiming	CW-TCM	02/20/2007		Yes	

48. Staff-Provided Rates

Description: This grid report lists staff provided rates entered in SSIS Admin for HCPCS/modifiers and only includes HCPCS/modifiers that have a rate in SSIS.

Available from:

- Admin. >Tools>General Reports>Programs and Services
- Tools>General Reports>Programs and Services

Use this report to review the rates entered for each HCPCS/modifier provided by the agency and claimed to MMIS or MCOs. As rates change, users should enter a Rate End date on the existing record and add a new record. Review these rates on a regular basis to ensure the agency is receiving the correct Healthcare Claiming reimbursement and reporting correct numbers on the SEAGR report.

Staff-Provided Rates

HCPCS/Modifier, Description				
Claim Category Detail	Rate	Rate Start Date	Rate End Date	HCPCS Unit Type
HCPCS/Modifier, Description : 90882, Community Intervention; mental health professional or practitioner				
EW	\$15.0000	07/02/2007		Session
HCPCS/Modifier, Description : G0156, Home health aide/extended home health aide				
AC	\$7.4500	10/01/2006		15 Minutes
BI	\$5.1200	10/01/2006		15 Minutes
EW	\$9.7589	10/01/2006		15 Minutes
CAC	\$5.1200	10/01/2006		15 Minutes
CADI	\$5.1200	10/01/2006		15 Minutes

49. Time – Not Automated Potentially Billable

Description: This grid report displays Time Records that have Services/Activities associated with a HCPCS/modifier for the Claim Category of Not Automated. Clients display on the report if the client is associated with a Time Record that has an Activity Date within the selected date range.

Examples include services for:

- Alcohol and/or drug assessment
- Assertive Community Treatment (ACT)

Time Records for claimable services/claimable activities associated with a HCPCS/modifier in the Not Automated Claim Category display on the report.

Available from:

- Tools>General Reports>Healthcare claims
- (Tree View) Healthcare Claiming>Healthcare Claim Reporting

Use this report to identify potentially billable Time Records to claim outside of SSIS. These Time Records have services associated with a HCPCS/modifier in the Claim Category of Not Automated.

Time – Not Automated Potentially Billable

Client Name	Activity Date	Svc Code	Activity	Re: HH:MM	Status	Worker	Method
HCPCS/Modifiers : 59484 - Crisis assessment, intervention and stabilization, non-residential, ind. by professional							
North, Samantha	12/31/2010	431	Client contact	4:59	Completed	Nelson, Sue	Face to face

50. VA/DD-TCM Eligibility

Description: This grid report lists the VA/DD-TCM Eligibility dates for clients in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to review all VA/DD-TCM Supplemental Eligibility records entered. Records display on this report sorted by Current Primary Worker. Review the report for needed additions or changes.

VA/DD-TCM Eligibility

Setup VA/DD-TCM Eligibility		
Current Primary Worker <input type="text" value="Name - SSIS PERSON #"/>		
PMI #	Start Date	End Date
[-] Current Primary Worker :		
[-] Name - SSIS PERSON # : Babyshambels, Joshua #208415195		
00000000	07/01/2006	
[-] Name - SSIS PERSON # : Babyshambels, Tricia #208415213		
00000000	12/01/2007	

51. Voucher by Client

Description: This banded report creates one **voucher for each of a vendor's** clients. **A voucher includes all of one client's** Service Arrangements that **match the filter criteria and have the "Include in voucher batch" set to Yes.** All Non-client specific Service Arrangements that meet the selection criteria print on one voucher. The report is grouped by payee vendor name, non-client specific arrangements (if any), then by client name. Service Arrangements sort by BRASS Service Code on each voucher.

Available from:

- (Tree View) Service Arrangement > Service Arrangement Reporting
- Searches/Logs > Service Arrangements > Service Arrangement Reporting

Use this report to create pre-printed vouchers sent to vendors to submit as a bill. This report groups the vouchers by client. A client with multiple services provided by one vendor display on the same voucher.

Voucher by Client

Return To: 444 Lafayette
444 Lafayette
Saint Paul, MN 55101

County Use
Paid Date:
Warrant #:
Notes:

Send To BACH HOME
BOX 7
SOMEWHERE, MN 55555

Voucher / Invoice BACH HOME

Cnty Vendor #: 454577396 Phone #:
Additional Instructions:

Svc Arrangement #:215286747

Description: 2015
Client Name: MNYTD, Mar
Contract #: SSIS #: 191771537
Service: 181 - Child Family Foster Care Service Dates: 1/1/2015 - 12/31/2015
COA: 66-666-666-6666-6666

Start Date:		End Date:		Rate:	\$25.8400
# of Units:		Unit Type:	Day	Amount:	

I/We declare under penalties of perjury that I/we are making the within claim; that I/we have examined said claim and that the same is just and true, that the money/service therein charged was actually paid/performed for the purpose therein stated; that the services charged are official and as such are allowed by law; and no part of said claim has been paid.

Client Signature: _____ Date: _____
Vendor Signature: _____ Date: _____
Cnty Worker Signature: _____ Date: _____
Cnty Supervisor Signature: _____ Date: _____

52. Voucher by Vendor

Description: This banded **report creates one voucher for all of a vendor's** Service Arrangements that meet the selected criteria **and have the "Include in voucher batch" set to Yes**. A voucher may have Service Arrangements for multiple clients and may include non-client specific arrangements. All Service Arrangements for the vendor print on the same report, with page breaks between vendors. The report sorts vouchers by the payee vendor's **name**. Within each voucher, Service Arrangements display in the following order:

1. Non-client specific arrangements by BRASS Service Code
2. Client specific arrangement by client name, then BRASS Service Code.

Available from:

- (Tree View) Service Arrangement>Service Arrangement Reporting
- Searches/Logs>Service Arrangements>Service Arrangement Reporting

Use this report to print and send pre-printed vouchers to vendors to submit as a bill. This report option groups the vouchers by vendor so a vendor receives one voucher with multiple clients.

Voucher by Vendor

Return To: 444 Lafayette
444 Lafayette
Saint Paul, MN 55101

County Use
Paid Date:
Warrant #:
Notes:

Send To: BEAR TEST 3 PAYEE VENDOR
123 BEAR TEST PAYEE WAY
MINNEAPOLIS, MN 99999

Voucher / Invoice BEAR TEST 3 PAYEE VENDOR

Cnty Vendor #: 000001009 Phone #: (612) 100-2000
Additional Instructions:

Svc Arrangement #:205556554

Description: Test for Create Duplicate - Action button
Client Name: Bear, Federal
Contract #:
Service Vendor: BEAR TEST 2 SVC VNDR W/PAYEE
Service: 180 - Treatment Foster Care

SSIS #: 201114630
Service Dates: 1/1/2014 - 3/30/2014
Cnty Vendor #: 000001008
COA: 14-923-910-9810-6077

Start Date:		End Date:		Rate:	\$24.5500
# of Units:		Unit Type:	Day	Amount:	

Svc Arrangement #:205556791

Description: Bear
Client Name: Bear, Mary Mary
Contract #:
Service Vendor: BEAR TEST 2 SVC VNDR W/PAYEE
Service: 106 - Parent Support Outreach Assessment

SSIS #: 204496557
Service Dates: 1/1/2014 - 6/30/2014
Cnty Vendor #: 000001008
COA: 05-997-710-9010-6040

Start Date:		End Date:		Rate:	\$45.0000
# of Units:		Unit Type:	Hour	Amount:	

Voucher / Invoice BEAR TEST 3 PAYEE VENDOR

I/We declare under penalties of perjury that I/we are making the within claim, that I/we have examined said claim and that the same is just and true, that the money/service therein charged was actually paid/performed for the purpose therein stated; that the services charged are official and as such are allowed by law, and no part of said claim has been paid.

Client Signature: _____ Date: _____
Vendor Signature: _____ Date: _____
Cnty Worker Signature: _____ Date: _____
Cnty Supervisor Signature: _____ Date: _____

53. Waiver Eligibility Detail

Description: This banded report lists Waiver, AC and ECS eligibility for clients who have a PMI in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to list detailed Eligibility information and also to determine if **the waiver client's diagnosis**.

Waiver Eligibility Detail

Waiver Eligibility Detail						
Name	SSIS Person #	PMI #	Date of Birth*	Gender		
Wordsworth, Wally	208490711	00000000	03/16/1910	Male		
MMIS Eligibility						
Major Program	Status	Begin Date	End Date			
MA - Federally-Paid Medical Assistance	Active	1/1/2007				
SL - Part B Premiums Only (SLMB)	Active	3/1/2006				
Waiver						
Type	Begin Date	Through Date	Last Screening Date			
G - LTC - CADI Diversion	2/13/2007	1/31/2008	2/13/2007			
Screening/Diagnosis						
Source	Type	Diagnosis Code	Diagnosis	Action/Activity Date	SSIS Diagnosis Start Date	SSIS Diagnosis End Date
LTC Screenings		681.10		2/13/2007		
LTC Screenings		519.4		2/13/2007		

54. Waiver Eligibility Summary

Description: This grid report lists the Waiver, AC and ECS eligibility for clients in SSIS. The report includes Waivers and AC for clients that have a PMI in SSIS.

Available from:

- Tools>General Reports>Healthcare Eligibility
- Searches/Logs>Healthcare Claiming>Healthcare Eligibility Reporting
- (Tree View) Healthcare Claiming>Healthcare Eligibility Reporting

Use this report to list summary Eligibility information from MMIS.

Waiver Eligibility Summary

Setup Waiver Eligibility Summary			
Name/SSIS Person # ▲			
Type	Last Screening Date	Begin Date	Through Date
[-] Name/SSIS Person # : Two, Timothy #208416301			
LTC - CADI Diversion	12/01/2006	12/15/2003	11/30/2007
[-] Name/SSIS Person # : Two, Tom #210424011			
DD - Diversion	09/30/2006	06/01/2001	10/31/2007

55. Worker Role/Function Report

Description: This banded report lists workers and Roles with the Functions assigned to that Role, including workers with "None" as the Role assigned. Roles with no workers or Functions assigned also display.

Available from:

- Admin>Tools>General Reports>Security Reports
- Tools>General Reports>Security Reports

Use this report to review Staff and Roles assigned to each worker. Workers who have left the agency should have a Role of None assigned.

Worker Role/Function Report

Worker Role/Function Report

On: 09/10/2015

Role : SSIS/DHS - Help Desk

Exclude Roles with no assigned functions : Yes

Exclude Roles with no assigned users : Yes

Report Notes

Note: Temp Roles that are in effect as of the current date are included. Those that have expired or are not yet in effect are excluded.

SSIS/DHS - Help Desk				
Assigned Staff	Temp Role	From	To	SSIS Staff ID
Renk-Coolcat, Bob Cat	No			116062854
Zzdhs-Abdi, Mustafa	No			308
Zzdhs-Alsduf, Stacey	No			265
Zzdhs-Bowman, Janet	No			276
Zzdhs-Britton, Shelly	No			228
Zzdhs-Charpentier, Emily	No			531
Zzdhs-Desaer, Ruth	No			259