Future

- Denied Claims Definitions
- Denied Claims Reports
- Webinar to discuss additional reports
  - Phone: 877-402-9757 access code: 989-9630

HIPAA ICIS Integrated Client Information System **HOME PAGE**

Change Agency 092

Welcome page

- Logout

Data Entry

- Contacts

Prevention Data Entry

Third Party Options

Other Options

- Agency Information
- Client Information

Reports

- ICIS Reports
- PI Reports
- CCP Reports

Forms

- Cost Report Forms
- HIPAA ICIS Forms

Help

- Help
- Help Desk
- Consolidated Claims Processing and OHCA/DMHSAS Merger Information

Supervisor's Options

- Reset Tfee4 Request Managers

When do claims get paid?
When can I see the reports in ICIS?

November 2011

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 Insert claims by noon	3	4	5
6 OHCA/HP (Business Objects) Data Updated	7	8	9 CCP Reports Updated	10 Claims Paid	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

DSS 1002

List of Reportable Services by Contract Sources

Provider: [redacted] / (02AG)
ICIS Agency #: [redacted]

Contract Source Code	Contract Source Desc
02AG	SABasicOPHalfwayResMSDetox
17AA	SAHIVIDUOutreach
21AB	SADualResHalfway
42AR	SADrugCourtResidential(12&12)
46AR	SADrugCourtResidential(12&12)

Last update: 10/04/2011

Provider Location	Contract Source	Description	Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Date	End Date
[redacted]	02AG	SABasicOPHalfwayResMSDetox	99082	HF				07/01/2010	03/31/2011
	02AG	SABasicOPHalfwayResMSDetox	H0002	HF	HN			07/01/2010	12/31/2299

DSS 1005

Provider Budget in MMIS by Contract Source

This report can help ODMHSAS providers identify contract budget allocations by fund to determine claims amounts billed and the balance remaining. Please note: the allocation reflects 11/12 of the contract amounts. The last 1/12 will be added at the end of the state fiscal year so that the full contract amounts will be available to bill down.

To drill down each contract source by month, double click on any of the dollar amounts corresponding to the contract sources. Data is updated weekly, see "Based on data through:" at the top of this report to show the date cutoff reflected in the report.

If you have any question, please contact Maggie Green (405) 522-5778 or mgreen@odmhsas.org

This report is Based on data through: 10/12/2011

Providerid:

ICIS Id

Fiscal Year: 2012

Source/ Source Name	Fund Source/Name	Allocation	Claims Amount	Remaining Amount
(01AA) MH Adult Basic	19201 (General Revenue (FY12))	$2,752,305.00	$478,257.20	$2,274,047.80
(02AA) SA Basic OP	19201 (General Revenue (FY12))	$22,688.00	$6,184.26	$16,503.74
(24AA) MH Child Trauma	19201 (General Revenue (FY12))	$48,583.33	$8,589.66	$39,993.67
(25AA) MH PATH	41000 (Federal Categorical)	$162,068.54	$35,050.70	$127,017.84
(45AA) MH Court Treatment (Team 1)	19201 (General Revenue (FY12))	$107,525.00	$20,846.55	$86,678.45
(55AA) MH Child Basic	19201 (General Revenue (FY12))	$233,384.00	$36,916.93	$196,467.07
(55AA) MH Child Basic	44000 (Federal Block)	$16,275.00	$2,948.58	$13,326.42
(70AA) Gambling	20000 (Revolving)	$41,250.00	$5,626.08	$35,623.92
(83AA) MH Child Care Consultation	19201 (General Revenue (FY12))	$8,708.00	$0.00	$8,708.00
(83AA) MH Child Care Consultation	20000 (Revolving)	$8,708.00	$0.00	$8,708.00
(84AA) MH Female Jail Diversion	20000 (Revolving)	$122,100.00	$13,515.54	$108,584.46

DSS 1020

Pended Services

When an ODMHSAS-contracted facility provides more services than they are contracted for on a monthly basis, and the services meets all other criteria for payment (e.g., does not exceed PA cap, service is in contract, etc), these services are called 'pended.' At the beginning of each month's pay cycle, there is an attempt to pay for these pended services first, before new services are paid. This report shows the services which appear to be pended and could possibly be aid in the next month's cycle. However, there are many reasons why they are not paid in the next month's cycle. For example, if the PA is cancelled for the client, those services would not get paid. Also, 'Billed Amount' is not a guarantee that the service will be paid at that amount.

As of 3/23/2011, this report is updated manually until ODMHSAS has a complete understanding of the billing cycle process. Please remember that ODMHSAS receives service/claims data up to two weeks late. You should always refer to the 'Last Update' field. If it is more than two weeks old, please contact Mark A. Reynolds at mareynolds@odmhsas.org.

CS	Member ID	Billing ID	ICN	Detail #	Process Date	Proc	Mod1	Mod2	Mod3	Mod4	First date	Last date	Billed Amount	Billed Quanity	Last Update
02AA	357	760J	2011274623214	1	10/12/11	H0002	HF	HN			07/05/2011	07/05/2011	25.32	1	10/20/2011
02AA	972	760J	2011274607083	1	10/12/11	H2017	HF				07/06/2011	07/06/2011	60.80	4	10/20/2011
02AA	188	760J	2011273624033	1	10/12/11	H2017	HF	HQ			07/07/2011	07/07/2011	25.32	6	10/20/2011
02AA	964	760J	2011274615755	1	10/12/11	T1017	HF	HN			07/07/2011	07/07/2011	65.52	4	10/20/2011
02AA	930	760J	2011274605705	1	10/12/11	H0002	HF	HN			07/07/2011	07/07/2011	25.32	1	10/20/2011
02AA	350	760J	2011274615801	1	10/12/11	H2017	HF				07/08/2011	07/08/2011	60.80	4	10/20/2011
02AA	240	760J	2011274623838	1	10/12/11	H0002	HF	HN			07/08/2011	07/08/2011	25.32	1	10/20/2011
02AA	414	760J	2011274608036	1	10/12/11	H0002	HF	HN			07/11/2011	07/11/2011	25.32	1	10/20/2011

DSS 1014

Amount Paid by Week, Check, and CS for 12 & 12, INC.

Printed Date: 10/26/2011

Report Description:

This report is to aid providers in identifying the services that were paid under each type of contract source or payer source. This report allows providers to see the amount they were paid for each week and is detailed by check number. Under each check, the amount is broken down by the contract source. Furthermore, by double-clicking on the contract source or amount, the report will drill-down to show all the individual services that were under that specific contract source. The grand total at the end of the report is strictly the amount the provider has been paid for the specific time period selected for the report.

This report is derived from Warrant Dates (check issued dates), which only occur on Wednesdays. This means that the report will not run correctly if given incorrect date parameters (e.g. Friday through Monday). A good date parameter would be looking at all the payments for this fiscal year (7/1/2010 through the current date). Also, while providers can be paid weekly, every week may not show up on this report. Only weeks with reported paid or voided services are included in this report.

The data in this report will be between a week and two weeks old at all times.

The MMIS works with a running total for each provider. This means that if a provider has only a void for one week, with no other services reported, then that provider will have a negative running balance. For instance, if a provider voids 100 dollars worth of services during one week, then reports 90 dollars worth of services the next week, the report for the first week would display ($100.00), and $90.00 the second week. In this case, "Credits" would be displayed instead of a check number. No check would be issued due to the negative overall balance of ($10.00). This amount would be deducted the next time services are reported.

Helpful hints to this report:

- Any service that was not paid by ODMHSAS is assigned a contract source of 50.
- The numbers below the dates are check numbers issued by OHCA
- If "Credits" appears, no check has been issued because the agency has a negative balance.

As of 4/26/2011, this report does not account for services that were provided before 7/1/2010. This means services provided before 7/1/2010, then billed after 7/1/2010, will not appear in the payments and therefore overall payment will be off from the agency's RA found in MMIS. This is a planned addition and will be included in the near future. Furthermore, this report does not include include any services that were paid under a drug court contract source, because of the differences in calculations those services will be reported on a separate report.

Week of: 10/26/2011 Total Paid: $3,960.56

003781419	**$3,960.56**	
	02AG	$3,547.64
	50	$412.92

DSS 1028

Services Paid by Medicaid with a Valid ODMHSAS Contract Source Reported

Report Description:

This report identifies services that were paid through the MMIS system by Medicaid, but also had a valid ODMHSAS contract source reported. None of the services in this report were paid by ODMHSAS.

This report also excludes any services that were denied. It will only include the services that were entered for the timeframe.

The services are grouped by Contract Source and agency, providing totals for both billed and paid amounts.

ICN and Detail	begdate	enddate	warrant date	Billed	Paid	RecipientID	Last Name	First Name
01AA								
2011192619746	1 07/01/2011	07/01/2011	07/20/2011	51.88	48.88	42		
2011192620329	1 07/01/2011	07/01/2011	07/20/2011	11.60	8.60	32		
2011192620511	1 07/01/2011	07/01/2011	07/20/2011	81.90	52.40	45		
2011242616672	1 07/01/2011	07/01/2011	09/07/2011	9.75	9.75	37		
2011242619775	1 07/01/2011	07/01/2011	09/07/2011	32.76	20.96	61		
5211215001917	1 07/01/2011	07/01/2011	08/10/2011	16.38	10.48	21		
5211215002061	1 07/01/2011	07/01/2011	08/10/2011	67.52	62.28	21		
2011199609308	1 07/05/2011	07/05/2011	07/27/2011	19.50	16.50	37		
2011199610170	1 07/05/2011	07/05/2011	07/27/2011	19.50	19.50	97		
2011199609589	1 07/07/2011	07/07/2011	07/27/2011	19.50	19.50	76		
2011199609694	1 07/07/2011	07/07/2011	07/27/2011	7.25	4.25	32		
2011199609696	1 07/07/2011	07/07/2011	07/27/2011	39.00	39.00	53		
2011199610391	1 07/07/2011	07/07/2011	07/27/2011	16.38	10.48	72		
2011199609709	1 07/08/2011	07/08/2011	07/27/2011	11.60	8.60	32		
2011242616131	1 07/08/2011	07/08/2011	09/07/2011	19.50	19.50	95		

DSS 1027

Monthly Drug Court Budget Snapshot from MMIS

Report Description:

This report is to aid drug court providers in easily identifying their budget and slot informtion in one report.

If your agency does not have a Drug Court contract your agency will not appear in this report.

The data in this report will be between one week and two weeks old at all times.

To see a break down of your agency's slot's please use the 'DSS 1021' report

To view a drill-down report of all the monthly services that are included in the 'FFS paid' column please use the 'DSS 1016' report.

DSS 1016

Services Paid under the Monthly Drug Court Run

Report Description:

This report is to aid drug court providers in identifying the services that were paid under each Drug Court run, which occurs once each month. Under each month, the amount is broken down by the contract source. By double-clicking on the contract source or amount, the report will drill-down to show all the individual services that were paid under that specific contract source. The drill-down option gives agencies the opportunity to export the reported services to Excel and compare them against their own records. The instructions for exporting are below.

If your agency does not have a Drug Court contract your agency will not appear in this report.

This report identifies only the Drug Court services included in the monthly payment issued to the provider. Therefore, any service that was paid by Medicaid is not contained in this report. Denied and pended services are also excluded.

The data in this report will be between one week and two weeks old at all times.

Data Field Descriptions:
ICN and num: Identifying Claim Number for MMIS and detail line
Quant: Units Billed
Code: Indicates whether the claim was voided (V) or paid (P)

DSS 1019

Customers Included for Monthly Drugcourt Slots

Report Description:

This report is to aid drug court providers in identifying the individuals that accounted for the monthly slots.

If your agency does not have a Drug Court contract your agency will not appear in this report.

Slots were devised by including all individuals that had a paid or pended drug court service at the agency by the service date.

The data in this report will be between one week and two weeks old at all times.

There are some individuals that ODMHSAS is missing their personal information from MMIS. For these customers, "Missing Info" will appear where the last name should be.

The slots are presented by contract source. By clicking on the contract source or the slot amount, the report will drill-down to show the individuals that make up the number.

DSS 1027

Effective	End	Max Clients	Max Cap	Act Clients	Act Cap	FFS Paid	Balance	Pending
FY2012								
20AA								
07/01/2011	07/31/2011	75	22,958.25	79	22,958.25	16,896.69	6,061.56	265.41
08/01/2011	08/31/2011	75	22,958.25	72	22,039.92	15,226.99	6,812.93	
09/01/2011	09/30/2011	75	22,958.25	0	0.00			
10/01/2011	10/31/2011	75	22,958.25	0	0.00			
11/01/2011	11/30/2011	75	22,958.25	0	0.00			
12/01/2011	12/31/2011	75	22,958.25	0	0.00			
01/01/2012	01/31/2012	75	22,958.25	0	0.00			
02/01/2012	02/29/2012	75	22,958.25	0	0.00			
03/01/2012	03/31/2012	75	22,958.25	0	0.00			
04/01/2012	04/30/2012	75	22,958.25	0	0.00			
05/01/2012	05/31/2012	75	22,958.25	0	0.00			
06/01/2012	06/30/2012	75	22,958.25	0	0.00			

DSS 1016

July 2011 **16,896.69**

20AA **16,896.69**

August 2011 **15,226.99**

20AA **15,226.99**

Total Paid for all Drug Court Runs: $32,123.68

DSS 1019

July 2011

20AA **79**

August 2011

20AA **72**

DSS 1042

Services by Monthly Drug Court Run

Report Description:

This report was designed to help agencies identify services that were included in the monthly drug court run. Since Drug Court claims are processed completely seperate of all other claims, only Drug Court claims will appear on this report.This report is strictly just a tool to help agencies identify where problems in billing may be.

The monthly runs that are included in this report depend upon the date paramenters entered when starting this report.

Fields in this report:

- Total for SVCs - this is the total amount for services that are linked with that month
- Paid Amount - this is the amount paid for drug court for that month
- Difference - this is the Total for SVCs minus the Paid Amount
- Payment Run - this is the date that the monthly Drug Court run occured
- Month Assigned - this is the month that the claim was counted towards
- code - this is the claim status code
- Encounter Amt - this is the amount paid for each service

DRILLDOWN: By clicking on the month or provider number you can look at the individual claims that made up that monthly total.

July, 2011

	Total for SVCs	Paid Amount	Difference	Total Check Amount	Check Number
[redacted]0F	$2,839.66	$2,839.66	$0.00	$36,664.94	003676166
[redacted]0J	$33,181.67	$33,181.67	$0.00	$46,742.88	003676179

August, 2011

	Total for SVCs	Paid Amount	Difference	Total Check Amount	Check Number
[redacted]0F	$1,767.15	$1,767.15	$0.00	$35,256.43	003706159
[redacted]0J	$42,466.05	$42,466.05	$0.00	$52,373.23	003706169

September, 2011

	Total for SVCs	Paid Amount	Difference	Total Check Amount	Check Number
[redacted]0F	$775.84	$775.84	$0.00	$274,125.41	003736042
[redacted]0J	$27,179.14	$27,179.14	$0.00	$47,148.33	003736055

October, 2011

	Total for SVCs	Paid Amount	Difference	Total Check Amount	Check Number
[redacted]0F	$16.38	$16.38	$0.00	$90,666.56	003773741
[redacted]0J	$3,760.97	$3,760.97	$0.00	$10,017.39	003773751

DSS 1006

MHSAS Eligibility Status of Open Customers

Report Description:

This report shows customers who have been admitted in CareConnection and their MHSAS eligbility status in the Medicaid Management Information System (MMIS). This report is a tool to help agencies track customer eligibility status in MMIS. The report is organized by location. The location of a customer is determined by the last CDC entered for the customer at the agency. This report is intended to help agencies identify customers who do not have MHSAS elgibility, customers whose eligibility has expired, or customers for whom eligibility is about to expire. Since eligibility can start and stop at various times, some customers have multiple lines of eligibility, and for ease of identifying the report separates sinle and multiple lines of eligibility. The SSN, date of birth (DOB), First Name, and Last Name are all fields from MMIS, that way if a customer is about to expire, the agency can easily identify the information they need to re-enroll the customer for ODMHSAS benefits. However, if the customer never appears to have DMH eligibility then the information will be taken from the CDC.

This report breaks down the eligibility status into three categories:

1. No DMH Eligibility - customer is admitted in APS, but 'MHSAS' is not on the customer's medicaid file
2. Expired - Customer had MHSAS on their file but as of today does not have DMH eligibility.
3. Active - indicates customer has active DMH eligibility in MMIS system.

This report DOES NOT determine whether a customer is eligible to receive services at an ODMHSAS-contracted agency. ODMHSAS-contracted agencies are still required to determine eligibility. If a customer is receiving services at an ODMHSAS agency without 'MHSAS' on their medicaid file, billing will not go through for ODMHSAS.

For instructions on how to enroll a customer for ODMHSAS benefits you can go to www.odmhsas.org/arc.htm.

LocationID	MemberID	AdmissionDate	MHSAS start	MHSAS end	MHSAS status	Last Name	First Name	SSN	DOB
60B	552	02/28/2011	07/01/2010	11/30/2010	expired				
60B	222	03/17/2009	07/01/2010	06/30/2011	expired				
60B	942	08/04/2010	07/01/2010	06/30/2011	expired				
60B	307	07/19/2010	07/01/2010	08/31/2011	expired				
60B	624	04/01/2009	07/01/2010	06/30/2011	expired				
60B	267	10/07/2010	07/01/2010	08/31/2011	expired				
60B	943	08/19/2010	07/01/2010	07/31/2011	expired				
60B	741	04/02/2010	07/01/2010	06/30/2011	expired				
60B	478	09/16/2010	07/01/2010	08/31/2011	expired				
60B	700	02/07/2011	07/01/2010	07/31/2011	expired				

DSS 1033

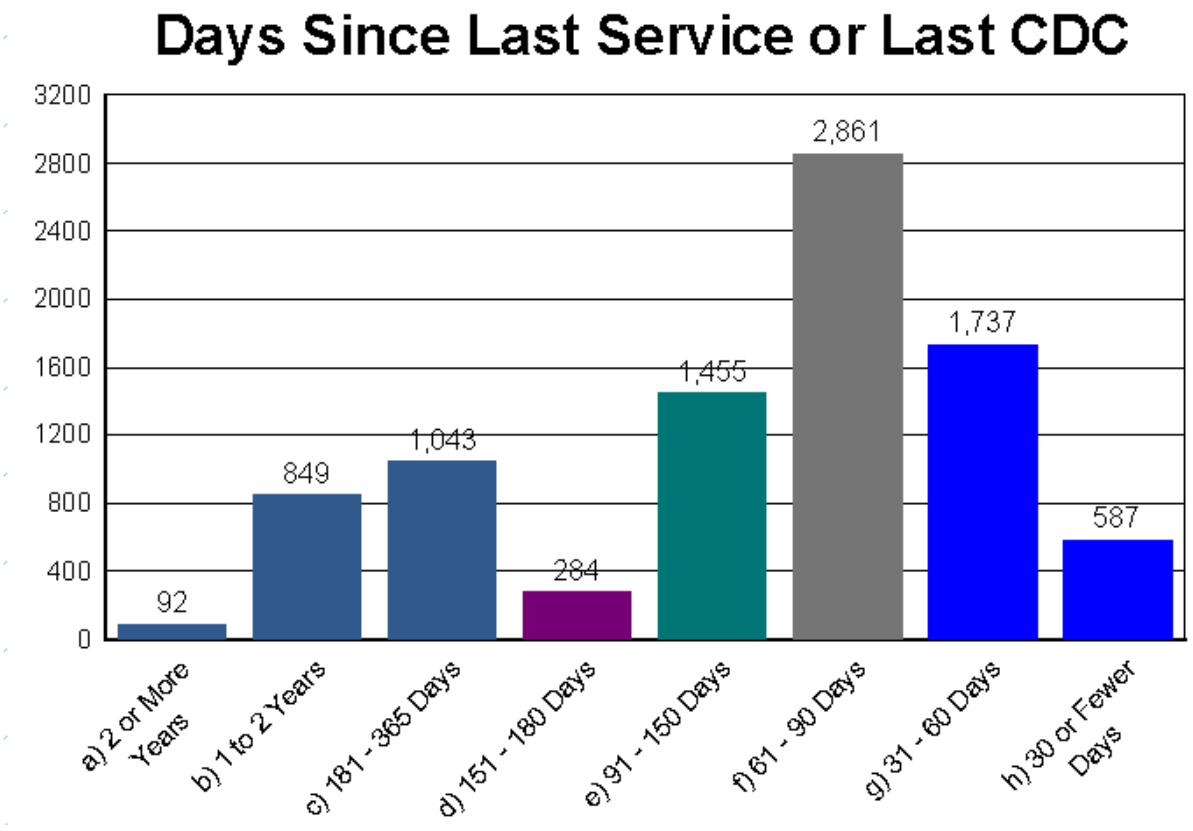
Days Since Last Service or Last CDC

Report Description:

This report was created for agencies to use as a tool to keep track of the customers that appear to be open at their agency. In the future, Customers who do not have a CDC completed or a service reported in 180 days will be automatically discharged using a discharge code of 92. Receiving these discharges hurts the overall outcomes for the agency because any improvements made in treatment will not be reflected in the data.

To be included in this report a customer must be admitted to the agency and since, has not been discharged. If the customer has also been receiving services, this report will show the last service date. The last column on the right shows the closest number, which is the numbers of days that will be used in the future for determining automatic discharges.

This report has drill down. To see the individual customers that make up a number, double-click on the number.



DSS 1038

Possible Episodes for Discharge Type 92

Report Description:

This report shows clients who have not had a CDC or a claim reported recently and may have their episode closed by ODMHSAS. This has a negative impact on a provider's outcomes because the data from the last CDC is copied to the discharge. If any positive changes had happened, those might not be recorded if the agency does not do the discharge themselves. Discharge type 92s are not processed until no claim or no CDC has been reported in more than 180 days.

Column Definitions:

Location, Member ID, Name, Admit date: Information from the admission record.
Last CDC Date: If another CDC has been submitted after the admission, this show the last CDC date.
Last Paid Svc: Shows the last paid claim.
Last Service: Show the last claim, even it if was denied, pended or paid.
Last Date CDC/Svc: Show the greatest date of the of the three dates. This is the date from which number of days will be calculated.

"Date discharge will be sent to OptumHealth Care for processing" is the date ODMHSAS will send these record **IF** the provider does not add any new CDCs or claims. If provider reports claims or CDCs withing 180 days of current date, the episode will not receive a 92 discharge.

Location	Member ID	Name	Admit date	Last CDC date	Last Paid Svc	Last Service	Last Date CDC/Svc	Days
'60F	381		03/10/2006	03/19/2007			03/19/2007	1,682
'60F	940		12/30/2008	03/17/2009			03/17/2009	953
'60B	624		04/01/2009				04/01/2009	938
'60F	566		04/25/2008	04/27/2009			04/27/2009	912
'60F	171		05/06/2009				05/06/2009	903
'60F	734		05/29/2009				05/29/2009	880
'60I	111		07/22/2009				07/22/2009	826
'60F	160		02/09/2007	08/04/2009			08/04/2009	813

DSS 1039

Rendering Providers

Report based on data through: 10/22/2011

ICIS ID:

Group ID:

Provider Type - (53) Licensed Behavioral Health Practitioner

Rendering ProviderID	Name	NPI	Specialty	Specialty Effective	Specialty End	Licence #	Licence Effective	Licence End	Program	
									Medicaid	DMH
930A			536 - Under Supervision	10/01/2011	12/31/2299	TEMP	12/28/2009	12/31/2299	✓	✓
500A			123 - Ophthalmology	10/01/2011	12/31/2299				✓	✓
500A			123 - Emergency Medicine Group	10/01/2011	12/31/2299				✓	✓
500A			123 - Para Professional	10/01/2011	12/31/2299				✓	✓
500A			123 - Anesthesia/Pain Management Group	10/01/2011	12/31/2299				✓	✓
500A			123 - Oncology Clinic	10/01/2011	12/31/2299				✓	✓
240A			123 - Oncology Clinic	10/01/2011	12/31/2299				✓	✓
240A			123 - Ophthalmology	10/01/2011	12/31/2299				✓	✓
240A			123 - Anesthesia/Pain Management Group	10/01/2011	12/31/2299				✓	✓

DSS 1025 and 1035

ASI Scores: Data Quality Report

Report Description:

This measures identifies CDC episodes at agencies that might have concerns about reporting the ASI. It is impportant to note that being on this report does not mean that the CDC is wrong. The report is meant to be used as a tool to help agencies ensure data quality, which in turn improves the overall outcomes at the agencies.

Agencies Included in this report:
Only agencies that are primarily substance abuse agencies are included in this report.

Customers included in this report:
Were active and admitted at one of the above agencies (at least one service during time period)
Had a substance abuse service focus
Had at least one update or a discharge after the admission

Also customers had to meet ONE of the following criteria:
Missing ASI scores (either on admission or discharge)
Received all nines at admission and information not updated in timely manner
(7 days for CI level of care, 30 days for outpatient)
Received all nines at discharge or on the last CDC entered
Received all zeros at admission
Received all zeros at discharge or on the last CDC entered

Your agency will be highlighted in yellow. By double-clicking, you can view the total number broken down by the different issues, and by double-clicking on one of those issues you can view the customers counted under those issues. You will only be able to drill-down on your agency.

all 9s	**2**
all 9s on last CDC	**79**
all zeros on last CDC	**4**
Repeated ASI	**11**

DSS 1037

Level of Functioning Scores for Discharged Customers

Report Description:

The current LOF is an assessment of the customer's level of functioning that should be done at each transaction except 41. Refer to the Gloabl Assessment of Functioning (GAF) Scale in the DSM-IV Manual.

This report identifies the individuals that were discharged during the time period selected that had at least one service at the agency. The report identifies the LOF reported at admission and discharge, as well as giving a difference score on the end. A difference of zero means that no change occured. A positive number represents an increase in functioning, while a negative number represents a decrease of functioning.

This report was created for agencies to be able to easily identify the progress made with customers, or data concerns that an agency might have.

Recipient ID	Name	Satellite	Admission	LOF	Discharge	Type	Satellite	LOF2	Difference
[redacted]677	[redacted]	04	02/16/2009	33	08/15/2011	62	02	40	7
[redacted]942	[redacted]	03	08/16/2010	38	09/19/2011	62	01	38	0
[redacted]172	[redacted]	01	01/25/2010	53	09/15/2011	62	01	53	0
[redacted]340	[redacted]	01	09/23/2010	49	08/14/2011	62	01	49	0
[redacted]256	[redacted]	01	06/29/2006	45	08/02/2011	62	01	50	5
[redacted]790	[redacted]	08	01/19/2010	50	07/18/2011	62	08	50	0
[redacted]245	[redacted]	01	12/17/2009	45	08/09/2011	62	01	45	0
[redacted]574	[redacted]	01	05/31/2011	43	08/30/2011	62	01	43	0
[redacted]412	[redacted]	01	03/31/2011	47	09/14/2011	62	01	47	0
[redacted]437	[redacted]	01	02/09/2010	53	08/22/2011	62	03	50	-3
[redacted]426	[redacted]	02	01/04/2011	55	09/01/2011	62	01	55	0
[redacted]001	[redacted]	01	04/02/2008	52	07/28/2011	62	01	52	0
[redacted]612	[redacted]	01	01/04/2011	50	07/18/2011	62	01	50	0
[redacted]720	[redacted]	01	01/27/2011	44	07/11/2011	62	01	44	0
[redacted]450	[redacted]	01	02/22/2011	63	07/21/2011	69	01	63	0
[redacted]282	[redacted]	01	03/30/2011	55	08/09/2011	62	01	55	0
[redacted]336	[redacted]	01	11/05/2007	55	07/18/2011	62	01	55	0

CDC Reports

- DSS 1023 - Simple Count of CDC/Services/Clients

CDC/Service Field Codes

- DSS 1002 - List of Reportable Services by Contract Sources
- DSS 1003 - ICIS Service Codes to HCPCS Codes Crosswalk

Service Reports

- DSS 1014 - Amount Paid by Week, Check, and Contract Source
- DSS 1008 - Random Service Report for Substance Abuse Services (Modifier1 =
- DSS 1018 - ODMHSAS Claims Rebilled to Medicaid
- DSS 1022 - Services Reported with Incorrect Contract Source
- DSS 1028 - Services Paid by Medicaid with DMH Contract Source
- DSS 1030 - Service Paid by TXIX Under a 'DH' Authorization
- DSS 1031 - Possible Overlapping Services
- DSS 1036 - Episodes with No Claims - Paid, Pended or Denied

Aging Reports

- DSS 1006 - MHSAS Eligibility Status of Open Customers
- DSS 1033 - Last Paid Service or Last CDC for Open Customers
- DSS 1038 - Possible Episodes for Discharge Type 92

CCP Extracts

- DSS 1020 - Service 4300 Denials (Pended)
- DSS 1011 - Warrant/Service Extract
- DSS 1012 - Warrant Extract Row Count
- DSS 1013 - CDC Extract
- DSS 1026 - Denied Services Extract

Drug Court Reports

- DSS 1015 - Amount Paid by Week, Check, and Contract Source for Drug Court Providers
- DSS 1016 - Services Paid by Monthly Drug Court Run
- DSS 1019 - Customers Included for Monthly Slots
- DSS 1021 - Drug Court Service Extract
- DSS 1027 - Drug Court Snapshot from MMIS
- DSS 1042 - Services by Monthly Drug Court Run

Data Quality Reports

- DSS 1025 - ASI Scores: Data Quality Report
- DSS 1035 - T-ASI Scores: Data Quality Report
- DSS 1034 - Customers with ODMHSAS Central Office Address
- DSS 1037 - Level of Functioning Scores for Discharged Customers

Other Reports

- DSS 1001 - Weekly Download of Prior Authorizations (PA) ending after 7/1/2010
- DSS 1029 - Number of CDCs by Level of Care
- DSS 1004 - Weekly Update of Prior Authorization (PA) Status for Customers with Open Admissions
- DSS 1005 - Provider Budget in MMIS by Contract Source
- DSS 1010 - Provider Budget Detail
- DSS 1009 - Utilization Report
- DSS 1017 - Zero SSN Tracking Report
- DSS 1024 - OHCA Provider Info
- DSS 1032 - Budget Report for ODMHSAS Finance Division
- DSS 1039 - Rendering Providers
- DSS 1040 - Distinct CTs Served by CS and Service
- DSS 1041 - Medicaid Paid SVCs for SOC Customers
- DSS 2011 - MER Report

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- Please sign up for DMHSAS CCP updates:
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