Business Objects

Queries and Reports for CMS Net and CCS Claims

Updated 03/21/2013

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Introduction/Background

Business Objects is the software gateway for accessing data through a secured site on the Internet. The State Department of Health Care Services (DHCS) has developed two reporting systems that enable you to view **CMS Net Eligibility Reports** and **CCS Paid Claims** through Business Objects.

To use Business Objects you need, at a minimum, access to the Internet and Microsoft Internet Explorer Version 6.0.

- County users connect to the DHCS Extranet site https://biportal.dhcs.ca.gov/InfoViewApp/
- State users connect to the DHCS Intranet site http://dhitseecboiip02/InfoViewApp/
- You will also need a Business Objects User ID and Password issued by the State. To obtain a password, please fill out DHCS 4074 on the CMS Net Website.

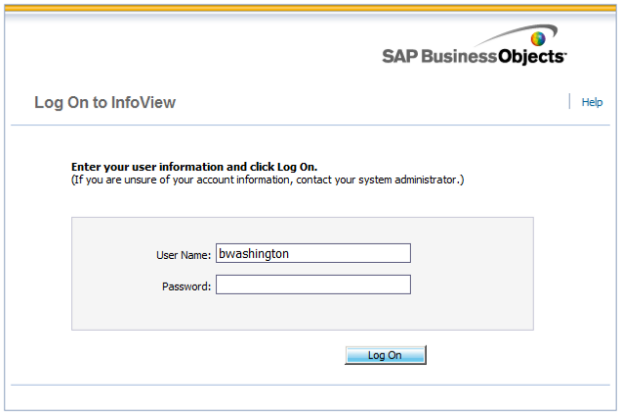
The number of reports through this reporting site will continue to grow based on program needs and your feedback.

Business Objects Passwords

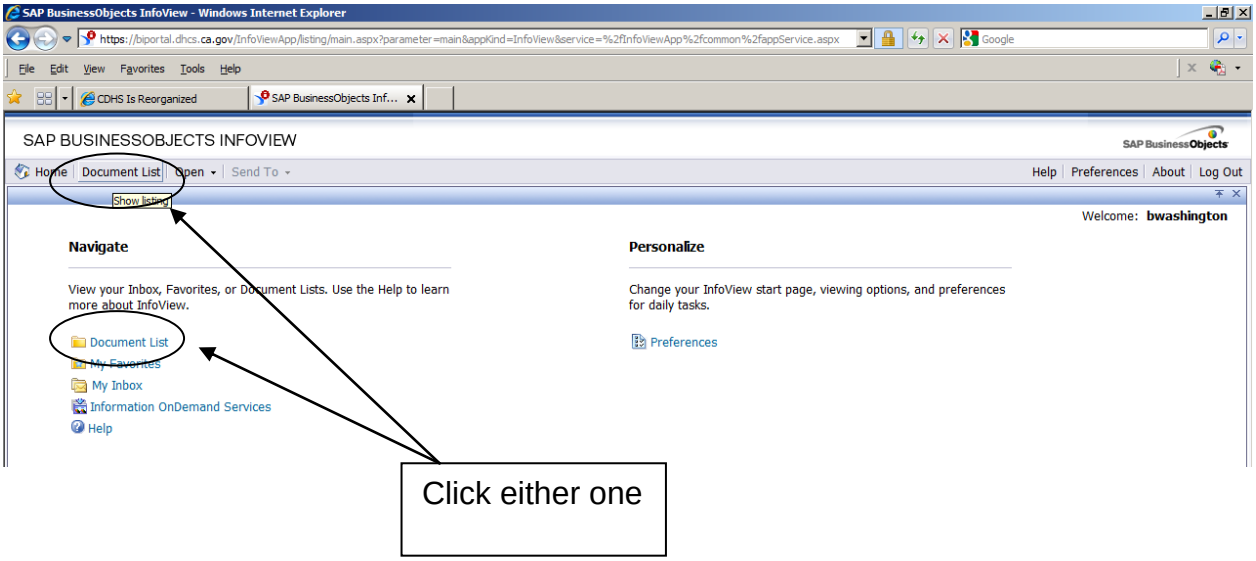
The Business Objects password instruction document has instructions for setting a new password and changing an existing one. It is located at http://www.dhcs.ca.gov/services/ccs/cmsnet/Documents/BOPasswordInst.pdf.

Opening Business Objects and Running a Corporate Document

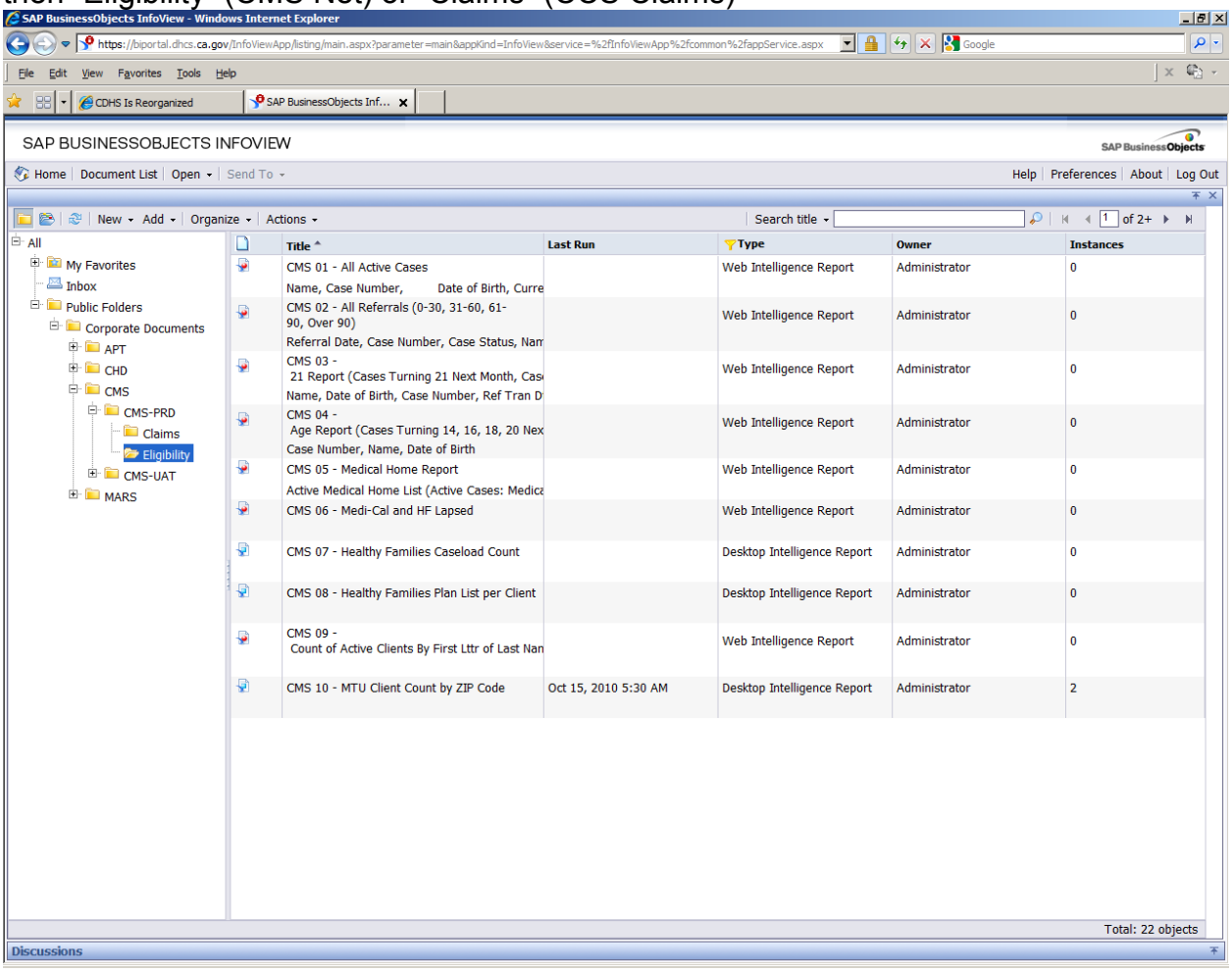
Type your User name and Password, and then click Log on.



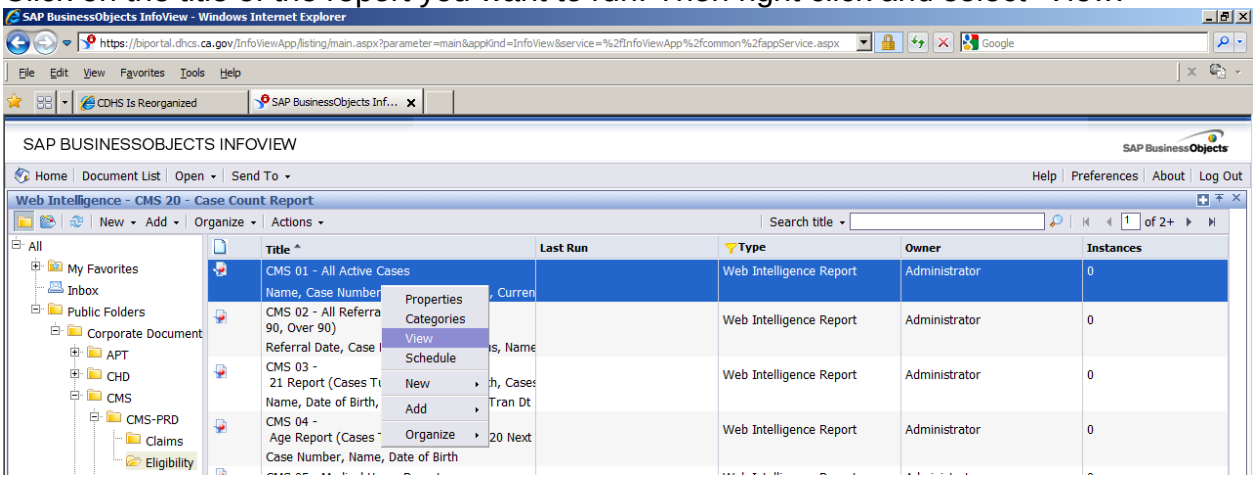
Click on “Document List”



Click on “Public Folders,” then “Corporate Documents,” then “CMS,” then “CMS-PRD,” then “Eligibility” (CMS Net) or “Claims” (CCS Claims)



Click on the title of the report you want to run. Then right click and select “View.”

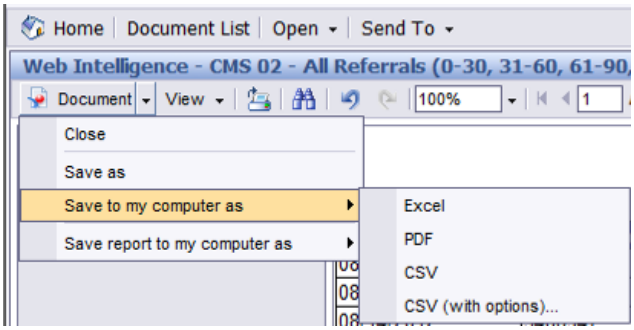


To run another report, click “Document List” on the top left of the screen, then choose another report to run.

Saving the Report as Excel, Adobe PDF, or Comma Separated Values (CSV)

Open the report in “View” mode

Click the down arrow next to the “Document” icon on the toolbar



To save the entire document: Highlight “Save to my computer as…” and click either Excel, PDF, or CSV

To save just the current tab of the document: Highlight “Save report to my computer as…” and click either Excel, PDF, or Text

The following corporate documents will default to opening as Adobe PDF format. You can click the “View in HTML format” button to save the report as Excel or CSV.

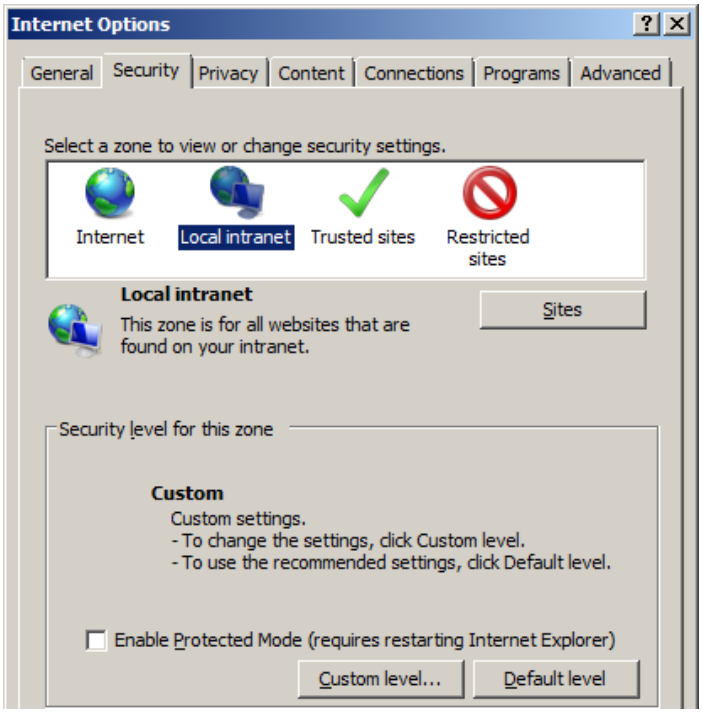
- CMS 07 – Healthy Families Caseload Count
- CMS 08 – Healthy Families Plan List per Client
- CMS 10 – MTU Client Count by ZIP Code
- CMS 11 – Cases Closed Due to Death of Client

Report closing if you save to Excel, PDF or Text

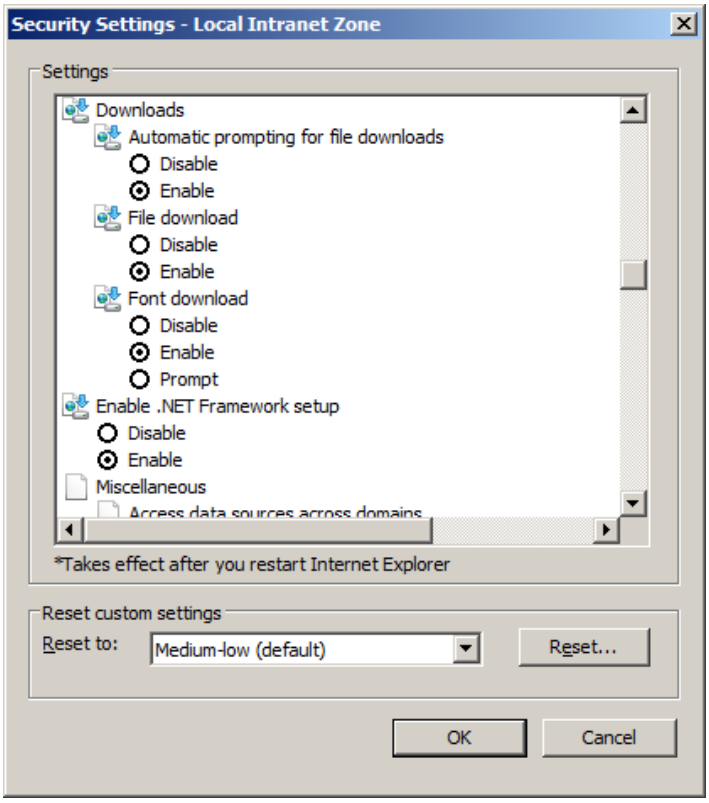
Some computers have a popup bar that says “To help protect your security, Internet Explorer blocked this site from downloading files to your computer. Click here for options…”

When you click the bar and click “Download File…”, the report disappears from the screen and you are taken to the beginning Business Objects welcome screen and have to navigate to the report all over again. The following steps will fix this.

Internet Explorer Menu: Tools > Internet Options. Click the “Security” tab, then click the “Custom Level” button



Scroll down until you see a section titled “Downloads.” Make sure “Automatic prompting for file downloads” and “File download” are both marked “Enable.” Click “OK,” “Yes” (when the computer asks “Are you sure you want to change the settings for this zone?”) then “OK.”



Eligibility (CMS Net) Corporate Documents

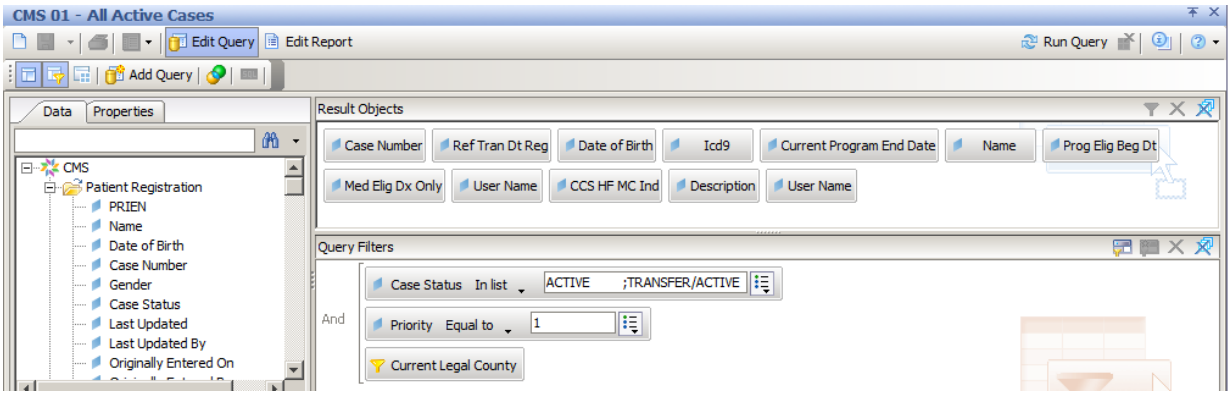
All reports automatically refresh with data as of yesterday in CMS Net unless otherwise stated.

CMS 01 – All Active Cases

Lists all active cases sorted by last name. *Revised 3/21/2013*

Use: Baseline for active count

Prompt: None



3/21/13 7:55 AM

CMS 01 - All Active Cases

Name	Case Number	Date of Birth	Current Referral Date	Current Program Begin Date	Current Program End Date	Fund Src	Med Elig Dx Only	Icd9	Description	County Case Manager	Regional Case Manager
Total:											

CMS 02 – All Referrals (0-30, 31-60, 61-90, Over 90)

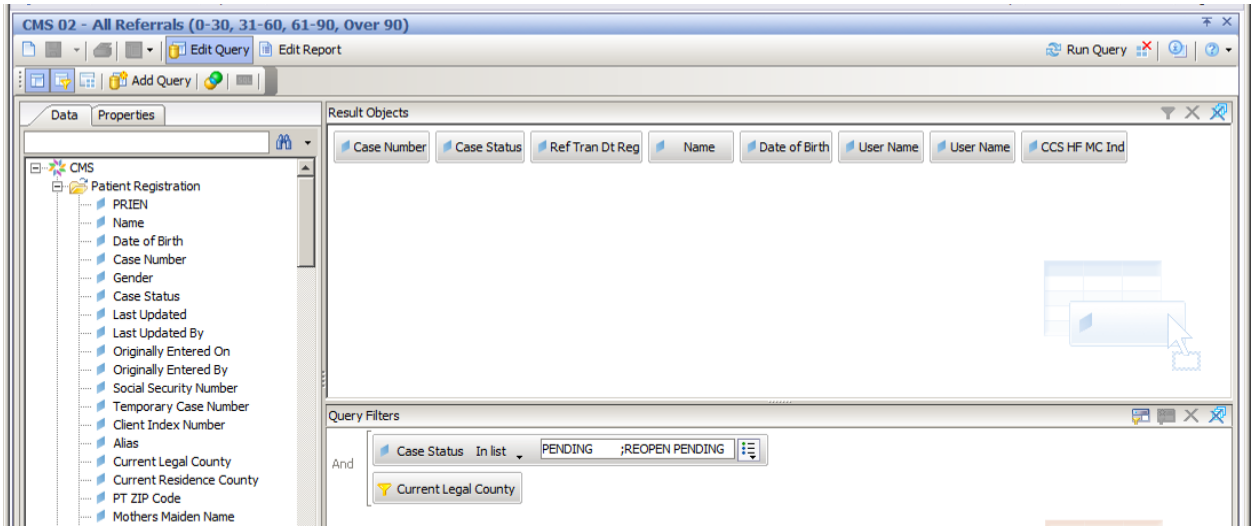
This report lists all clients in a pending or reopen pending status. It groups clients by the number of days between the referral and today's date. *Revised 3/21/2013*

Four tabs are included in this report:

- 0-30
- 31-60
- 61-90
- Over 90

Use: Monitoring referral processing efficiency, identifying referrals exceeding due process timelines, and identifying "lost" or "forgotten" referrals

Prompt: None



10/2/12 8:26 AM

All Referrals 0-30 Days

Referral Date	Case Number	Case Status	Date of Birth	Name	Funding Src	County Case Manager	Regional Case Manager

Total:

CMS 03 – 21 Report (Cases Turning 21 Within 3 Months, Next Month, Cases Over 21)

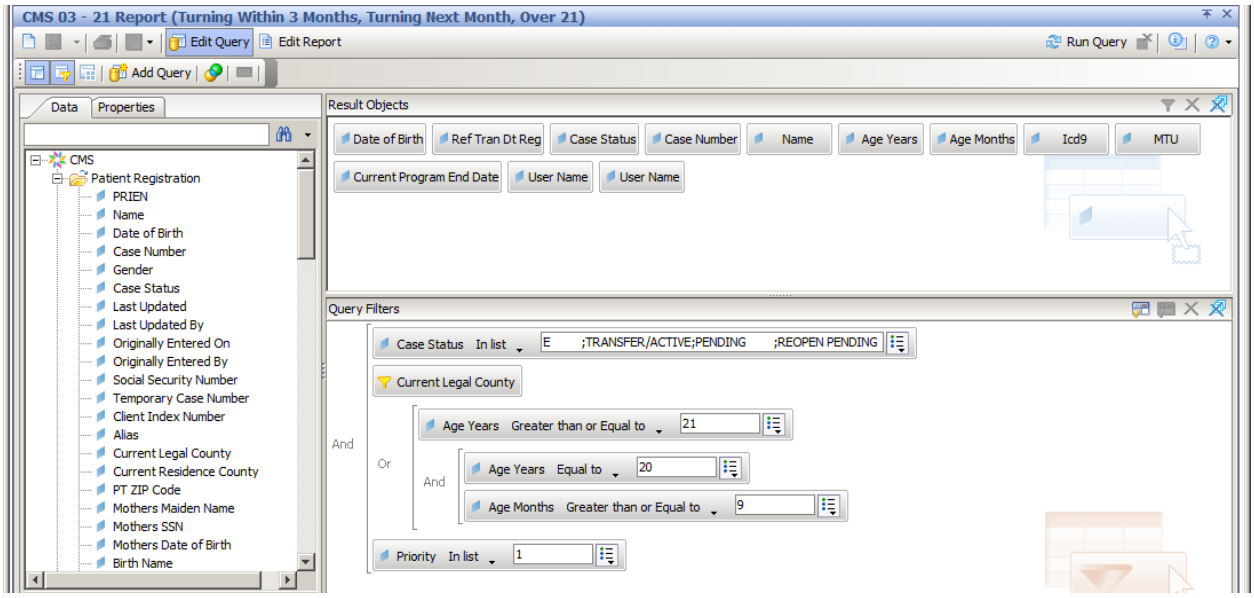
This report lists all clients turning 21 in the next 3 months, next month, and clients over age 21. *Revised 3/21/2013*

Three tabs are included in this report:

- Turning 21 Next 3 Months
- Turning 21 Next Month
- Over 21

Use: Follow up on essential services/equipment before client ages out of program, financial staff use for timely closure, therapy staff use to double check to ensure DME complete before closure (DME checklist)

Prompt: None



10/2/12 8:28 AM

Cases Turning 21 Next 3 Months

Name	Date of Birth	Case Number	Program End Date	Icd9	MTU	County Case Manager	Regional Case Manger

Total:

CMS 04 – Age Report (Cases Turning 14, 16, 18, 20 Next Year)

This report lists all active and pending clients that are turning 14, 16, 18, and 20 next year. This report is used for transition planning. ***This report will not open in Adobe PDF.*** *Revised 3/21/2013*

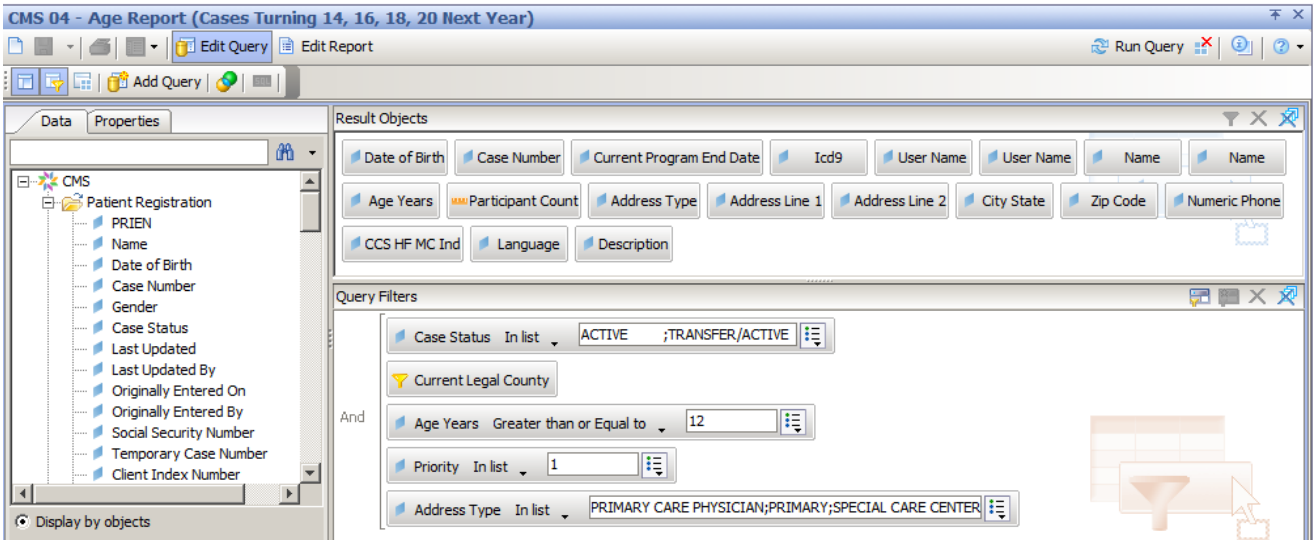
Four tabs are included in this report:

- Turning 14 Next Year
- Turning 16 Next Year
- Turning 18 Next Year
- Turning 20 Next Year

Note: Address types PRIMARY, PRIMARY CARE PHYSICIAN, and SPECIAL CARE CENTER will appear if the client has that address type.

Use: CCS Performance Measure 4 – Transition Planning

Prompt: None



Cases Turning 20 Next Year

Case #	Name	DOB	Program End Date	Funding Source	ICD9	ICD9 Description	Language	County Case Mgr

Grand Total: 454

	PRIMARY					
Regional Case Mgr	Name	Address Line 1	Address Line 2	City State	Zip Code	Phone

PRIMARY CARE PHYSICIAN					
Name	Address Line 1	Address Line 2	City State	Zip Code	Phone

CMS 05 – Medical Home Report

This report lists all clients with a medical home, without a medical home, and a summary totals page. *Revised 3/21/2013*

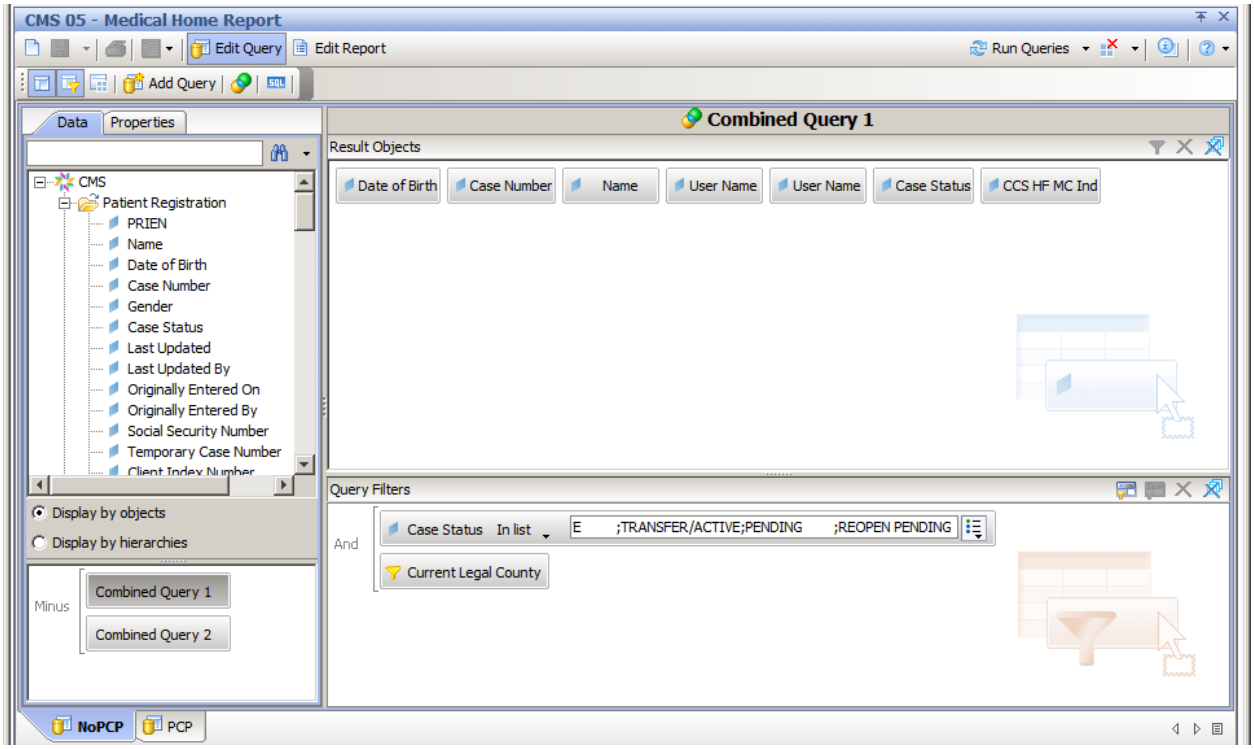
Three tabs are included in this report:

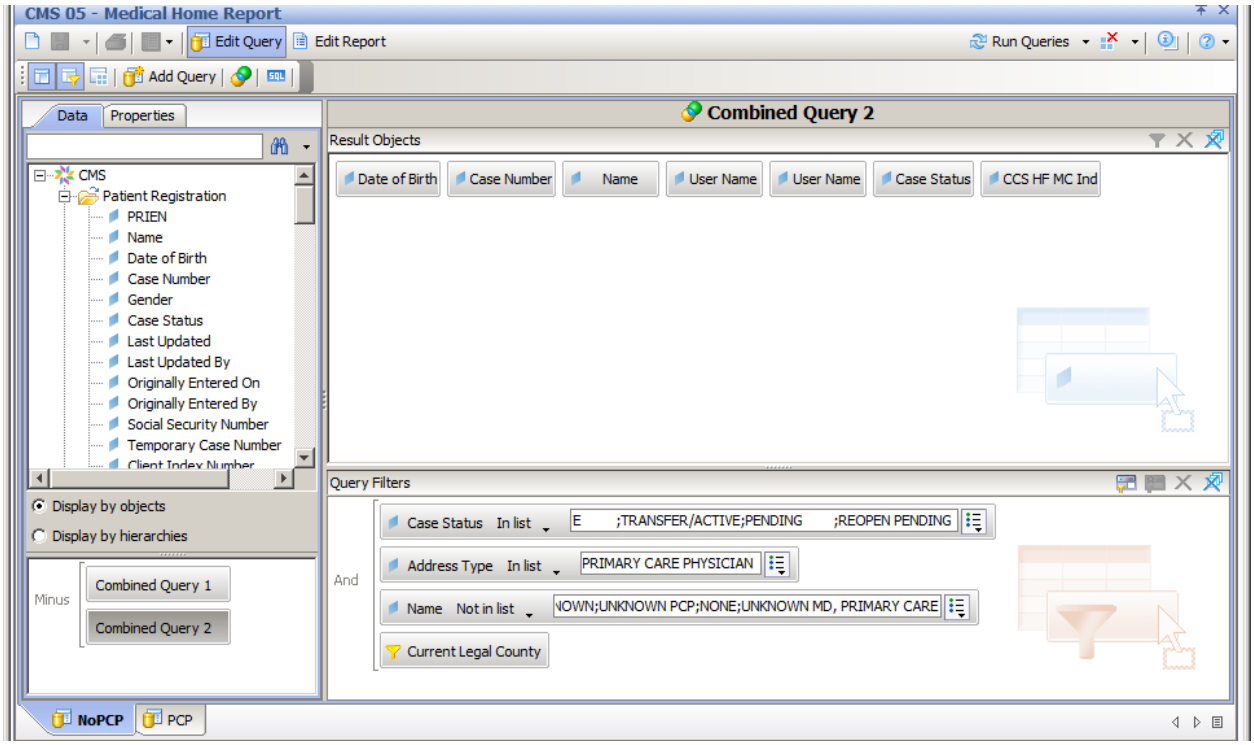
- Summary
- No Medical Home
- With Medical Home

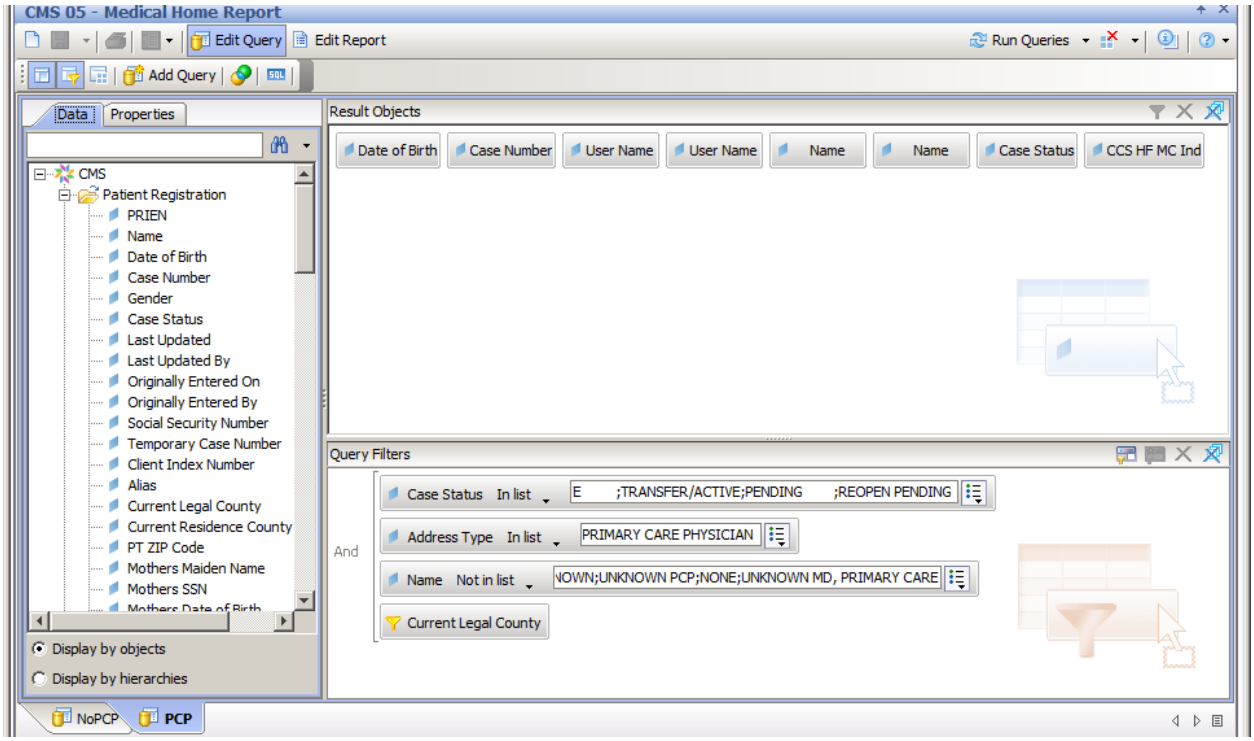
Note: Clients are separated by no medical home and have a medical home. Clients with a medical home of NOT FOUND IN SYSTEM; UNKNOWN; UNKNOWN PCP ;NONE; and UNKNOWN MD, PRIMARY CARE are counted as no medical home.

Use: CCS Performance Measure 1 – Medical Home, follow-up to ensure Medical Home is assigned, local case management follow-up/check.

Prompt: None




CMS 05 - Medical Home Report
Edit Query
Edit Report
Run Queries
Add Query
Data
Properties
Combined Query 2
Result Objects
Date of Birth
Case Number
Name
User Name
User Name
Case Status
CCS HF MC Ind
CMS
Patient Registration
PRIEN
Name
Date of Birth
Case Number
Gender
Case Status
Last Updated
Last Updated By
Originally Entered On
Originally Entered By
Social Security Number
Temporary Case Number
Display by objects
Display by hierarchies
Minus
Combined Query 1
Combined Query 2
Query Filters
And
Case Status In list
E ;TRANSFER/ACTIVE;PENDING ;REOPEN PENDING
Address Type In list
PRIMARY CARE PHYSICIAN
Name Not in list
NOWN;UNKNOWN PCP;NONE;UNKNOWN MD, PRIMARY CARE
Current Legal County
NoPCP
PCP


CMS 05 - Medical Home Report
Edit Query
Edit Report
Run Queries
Add Query
Data
Properties
Result Objects
Date of Birth
Case Number
User Name
User Name
Name
Name
Case Status
CCS HF MC Ind
CMS
Patient Registration
PRIEN
Name
Date of Birth
Case Number
Gender
Case Status
Last Updated
Last Updated By
Originally Entered On
Originally Entered By
Social Security Number
Temporary Case Number
Client Index Number
Alias
Current Legal County
Current Residence County
PT ZIP Code
Mothers Maiden Name
Mothers SSN
Display by objects
Display by hierarchies
Query Filters
And
Case Status In list
E ;TRANSFER/ACTIVE;PENDING ;REOPEN PENDING
Address Type In list
PRIMARY CARE PHYSICIAN
Name Not in list
NOWN;UNKNOWN PCP;NONE;UNKNOWN MD, PRIMARY CARE
Current Legal County
NoPCP
PCP

12/26/12 1:40 PM

Medical Home Summary

Case Status	Medical Home	No Medical Home	Total
Active	11,221	1,932	**13,153**
Pending	177	462	**639**
Total	**11,398**	**2,394**	**13,792**

12/26/12 1:40 PM

Active, Pending Cases With No Medical Home

Case Number	Name	Date of Birth	Case Status	Fund Src	Medical Home	County Case Manager	Regional Case Manager

Total:

12/26/12 1:40 PM

Active, Pending Cases With a Medical Home

Case Number	Name	Date of Birth	Case Status	Fund Src	Medical Home	County Case Manager	Regional Case Manager

Total:

CMS 06 – Medi-Cal, MC TLICP, and HF Lapsed

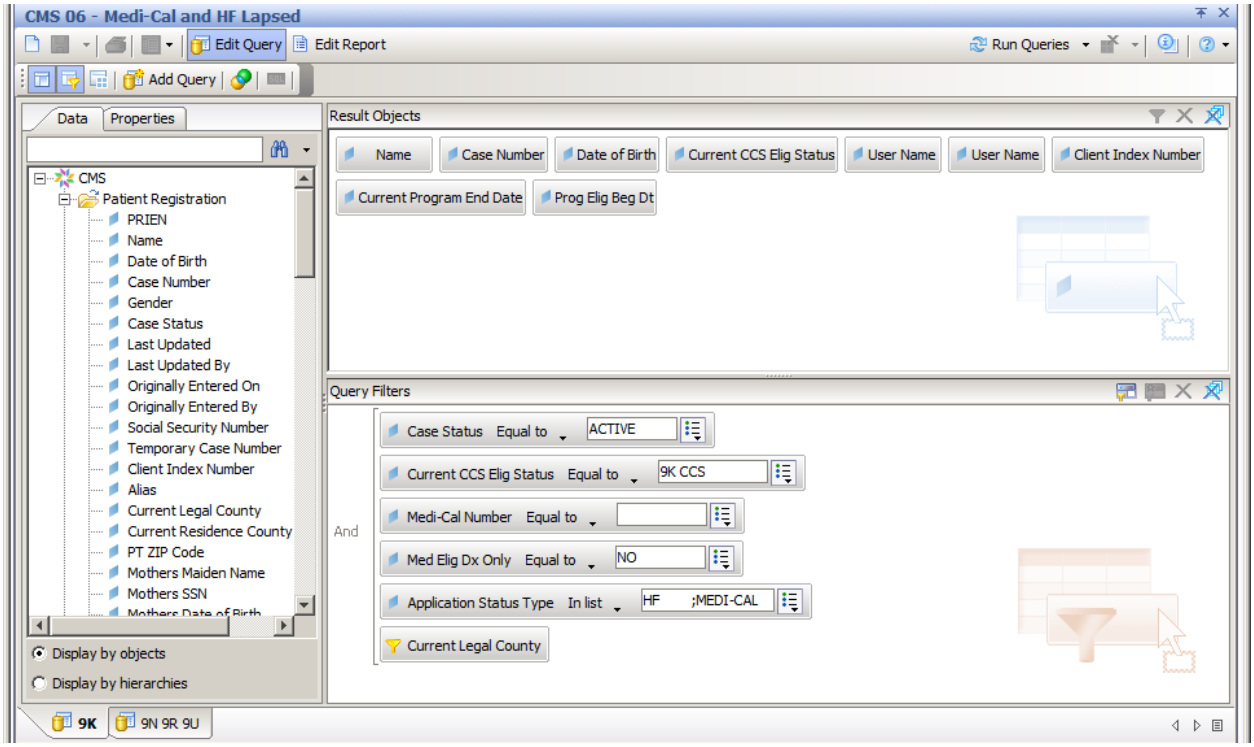
This report pulls cases with lapsed Medi-Cal, Medi-Cal/Targeted Low Income Children Program (MC/TLICP), and/or Healthy Families (HF), grouped by CCS eligibility status. *Revised 3/21/2013*

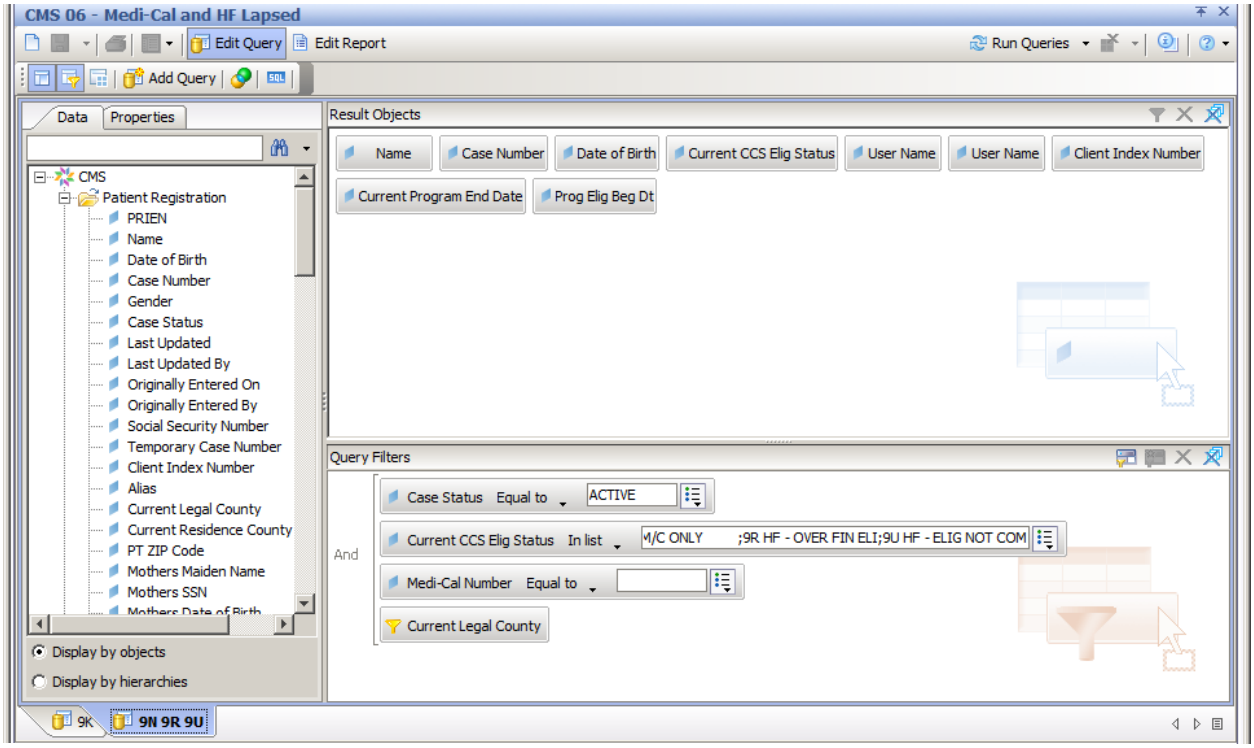
This report has four tabs:

- 9K MC, MC/TLICP, or HF Lapsed
- 9N MC Lapsed
- 9R MC/TLICP or HF Lapsed
- 9U MC/TLICP or HF Lapsed

Use: Contact clients to get back on Medi-Cal, close 9N and 9K cases when no response from the family is received, or identify clients to begin the application process.

Prompt: None





12/26/12 3:06 PM

9K MC, MC/TLICP, or HF Lapsed

Name	Case Number	CIN	Date of Birth	Program Beg Date	Program End Date	County Case Manager	Regional Case Manager

Total:

12/26/12 3:06 PM

9N MC Lapsed

Name	Case Number	CIN	Date of Birth	Program Beg Date	Program End Date	County Case Manager	Regional Case Manager

Total:

12/26/12 3:06 PM

9R MC/TLICP or HF Lapsed

Name	Case Number	CIN	Date of Birth	Program Beg Date	Program End Date	County Case Manager	Regional Case Manager

Total:

12/26/12 3:06 PM

9U MC/TLICP or HF Lapsed

Name	Case Number	CIN	Date of Birth	Program Beg Date	Program End Date	County Case Manager	Regional Case Manager

Total:

CMS 07 – MC TLICP and HF Caseload Count

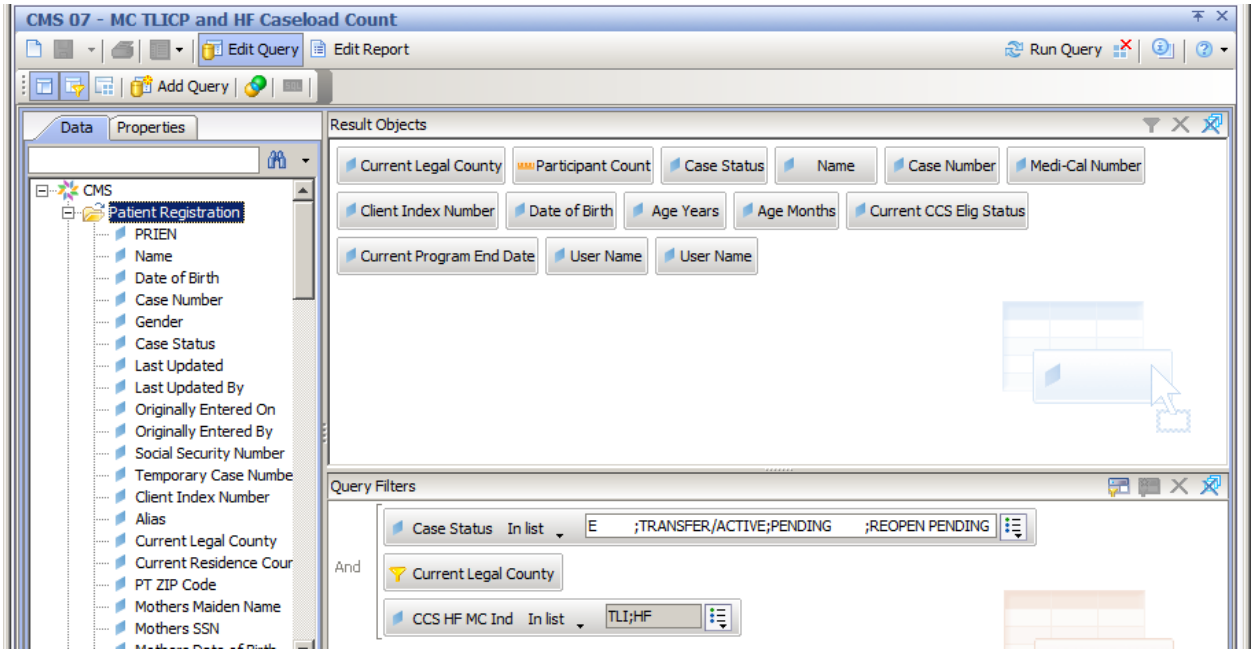
List of Medi-Cal/Targeted Low Income Program and Healthy Families clients by Active or Pending case status and aid code. Count of total active and total pending clients included in report. Healthy Families status is pulled using the aid code from the Medi-Cal number. *Revised 3/21/2013*

This report has three tabs:

- MC TLICP and HF Summary
- HF Detail
- MC TLICP Detail

Use: Caseload counts for HF and MC/TLICP, MC/TLICP tracking

Prompt: None



12/26/12 3:42 PM

Medi-Cal/Targeted Low Income Children Program and Healthy Families Caseload Summary

A/P	Aid Code	Current Legal County	Count
PENDING	9H	[redacted]	7
		PENDING Total:	7

A/P	Aid Code	Current Legal County	Count
ACTIVE	0C	[redacted]	77
	8X		5
	9H		2,199
		ACTIVE Total:	2,281

Grand Total: 2,288

12/26/12 3:34 PM

Healthy Families Caseload Detail

Aid Code	Name	Case Number	CIN	Date of Birth	Age Years	Age Months	CCS Eligibility Status	Program End Date	County Case Manager	Regional Case Manager

Grand Total:

12/26/12 3:34 PM

Medi-Cal/Targeted Low-Income Children's Program Caseload Detail

Aid Code	Name	Case Number	CIN	Date of Birth	Age Years	Age Months	CCS Eligibility Status	Program End Date	County Case Manager	Regional Case Manager

Grand Total:

CMS 08 - Active HF Other Coverage Plan

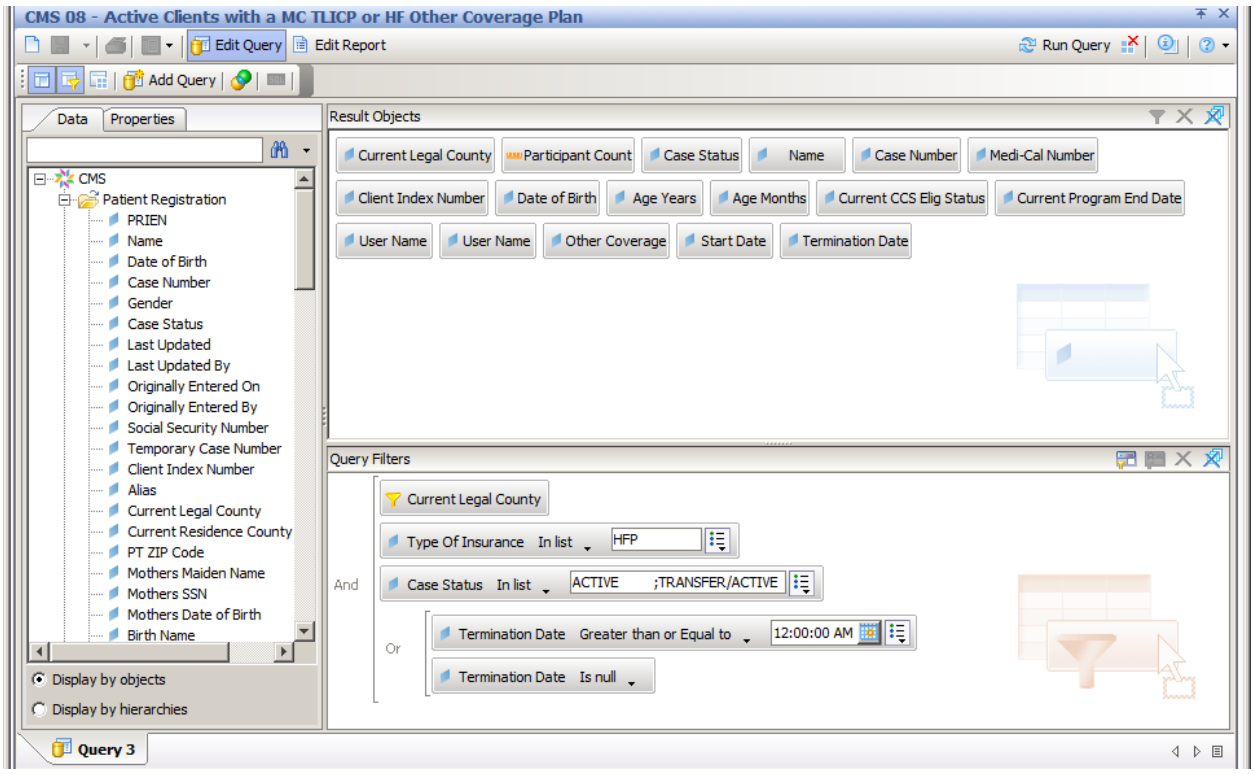
List of clients with an active Healthy Families plan in the Healthy Families Coverage screen of CMS Net. One tab lists all clients with MC/TLICP or HF as their primary Medi-Cal coverage. The other tab lists no Medi-Cal number or a primary Medi-Cal coverage that is not MC/TLICP or HF, but still has an active Healthy Families Other Coverage. *Revised 3/21/2013*

This report has two tabs:

- HF or MC TLICP With HF Oth Cvg
- Not HF or MC TLICP With HF Oth Cvg

Use: Identify which clients are added to which coverage, check coverage to add a new coverage or end date an existing one, monitor correct assignment of plans. Second tab is used primarily for cleanup purposes.

Prompt: None



12/27/12 9:08 AM

Clients Primary HF or MC/TLICP Eligible in MEDS, with HF Other Coverage

Case Number	Name	CIN	Aid Code	CCS Eligibility Status	Program End Date	Other Coverage	Covg Start Date	Covg End Date	County Case Manager	Regional Case Manager

Grand Total:

12/27/12 9:08 AM

Clients Not Primary HF or MC/TLICP Eligible in MEDS, with HF Other Coverage

Case Number	Name	CIN	Aid Code	CCS Eligibility Status	Program End Date	Other Coverage	Covg Start Date	Covg End Date	County Case Manager	Regional Case Manager

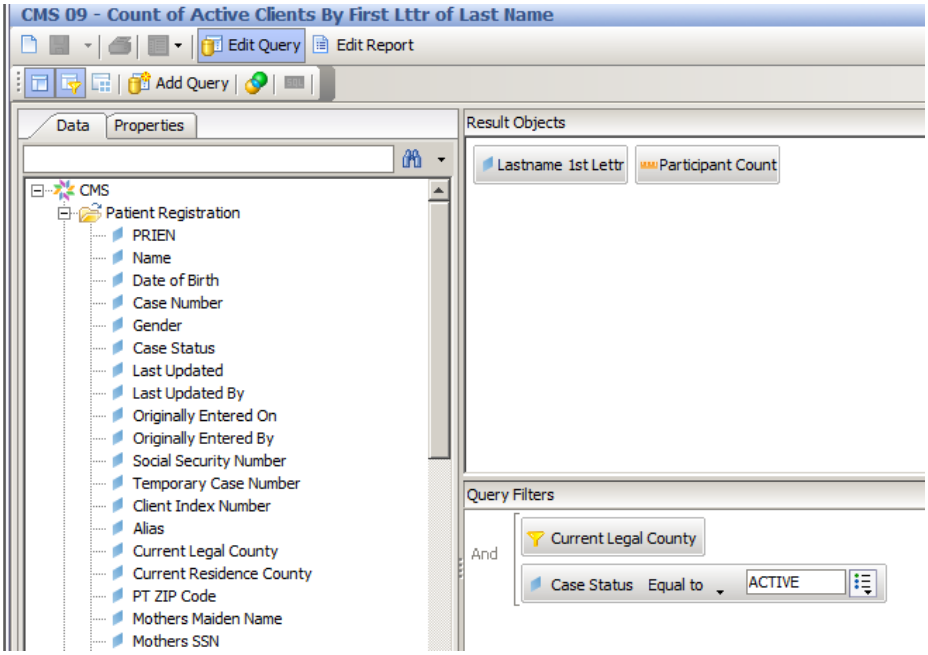
Grand Total:

CMS 09 – Count of Active Clients by First Lttr of Last Name

Count of active and pending cases, alpha sorted by first letter of client's last name.
Revised 3/21/2013

Use: Case Distribution

Prompt: None



Count of Active Clients By First Lttr of Last Name

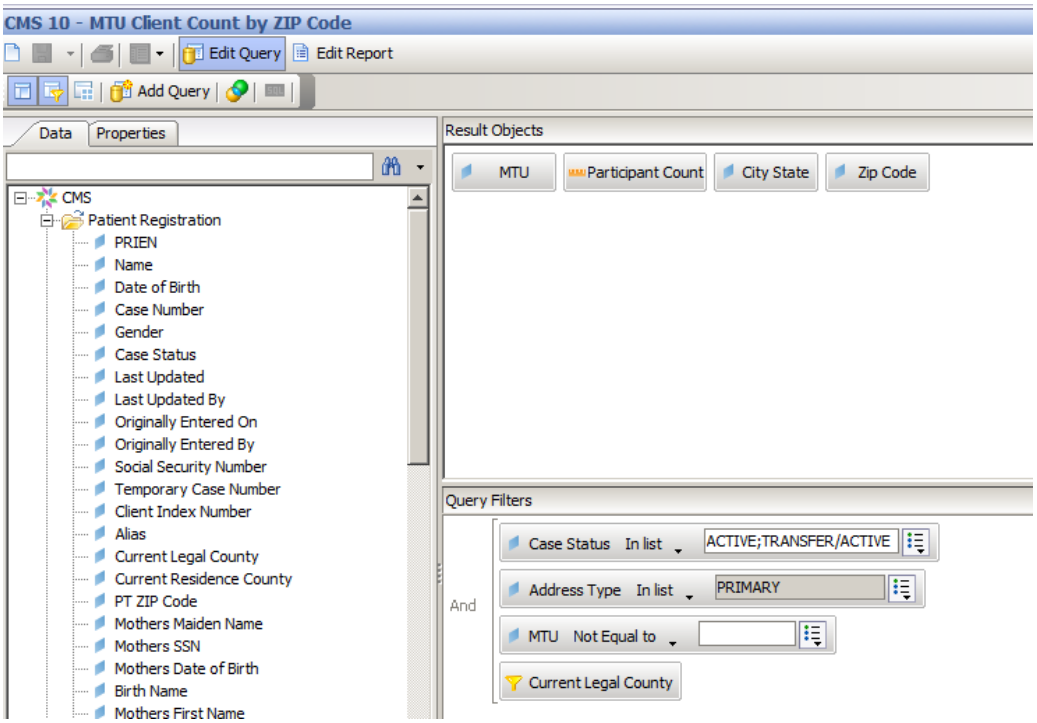
Lastname 1st Lettr	Participant Count
	2
A	872
B	748
C	1,108
D	447
E	262
F	371
G	951
H	618
I	79
J	256
K	179
L	635
M	1,353
N	338
O	326
P	653
Q	66
R	999
S	1,043
T	439
U	28
V	454
W	295
X	3
Y	61
Z	126
Total:	12,712

CMS 10 – MTU Client Count by ZIP Code

Count of clients in MTU by Zip Code. If a MTU appears that is not used by your county, it usually is because a case was transferred to your county but not closed to the MTU in the prior county. *Revised 3/21/2013*

Use: Special Education Local Plan Authority (SELPA), MTU satellite location

Prompt: None



Active MTU Client Count by Zip Code

CHULA VISTA MTU

Zip Code	City State	Count
91902	BONITA, CA	6
91910	CHULA VISTA, CA	50
91911	CHULA VISTA, CA	77
91913	CHULA VISTA, CA	22
91914	CHULA VISTA, CA	9
91915	CHULA VISTA, CA	23
92118	CORONADO, CA	4
92020	EL CAJON, CA	1
92021	EL CAJON, CA	1
91932	IMPERIAL BCH, CA	1
91932	IMPERIAL BEACH, CA	10
92040	LAKESIDE, CA	1
91950	NATIONAL CITY, CA	45
92102	SAN DIEGO, CA	1
92113	SAN DIEGO, CA	1
92117	SAN DIEGO, CA	1
92123	SAN DIEGO, CA	1
92124	SAN DIEGO, CA	1
92139	SAN DIEGO, CA	3
92154	SAN DIEGO, CA	51
92173	SAN DIEGO, CA	1
92173	SAN YSIDRO, CA	34
91977	SPRING VALLEY, CA	1
	Total:	345

EL CAJON MTU

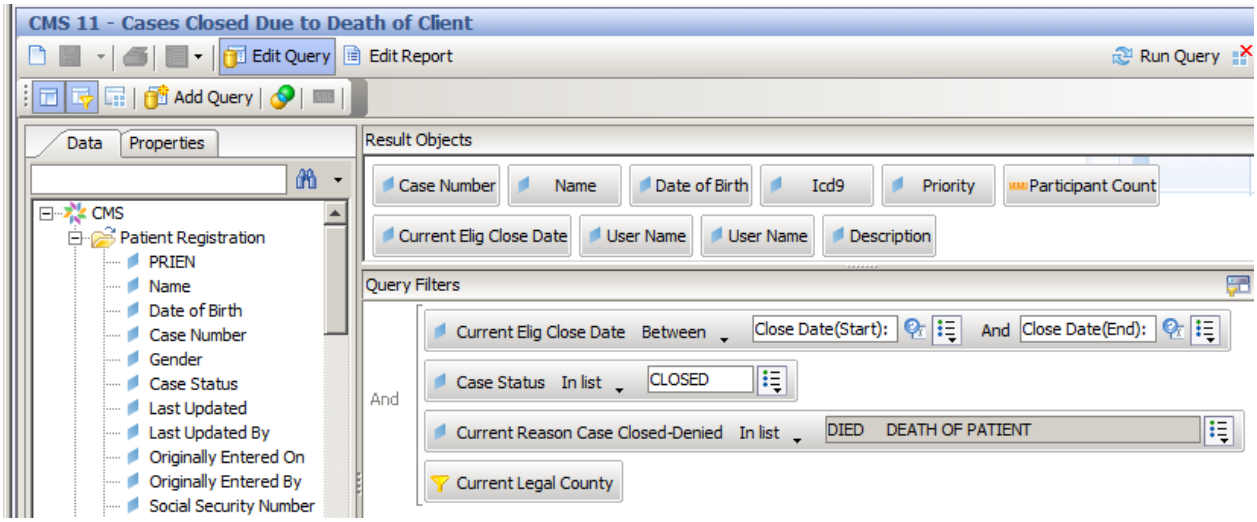
Zip Code	City State	Count
91901	ALPINE, CA	7
91906	CAMPO, CA	4
91911	CHULA VISTA, CA	1
92019	EL CAJON, CA	26
92020	EL CAJON, CA	35
92021	EL CAJON, CA	70
92027	ESCONDIDO, CA	1
91935	JAMUL, CA	1
92040	LAKESIDE, CA	26
91941	LA MESA, CA	14
91942	LA MESA, CA	15
91945	LEMON GROVE, CA	7

CMS 11 – Cases Closed Due to Death of Client

List of clients who were closed due to closure reason “Death of Client”. This report shows all ICD9 and diagnosis information for each client. *Revised 3/21/2013*

Use: Death reviews, review outcomes

Prompt: Current Eligibility Close Date (Start and End)



3/20/13 1:59 PM

Cases Closed Due to Death of Client

*** Query Name:CMS 11 ***

Close Date(Start): 7/1/2012 12:00:00 AM
Close Date(End): 12/31/2013 12:00:00 AM

Case Number	Name	County Case Manager	Regional Case Manager	DOB	ICD9 1	ICD9 1 Description
[redacted]						

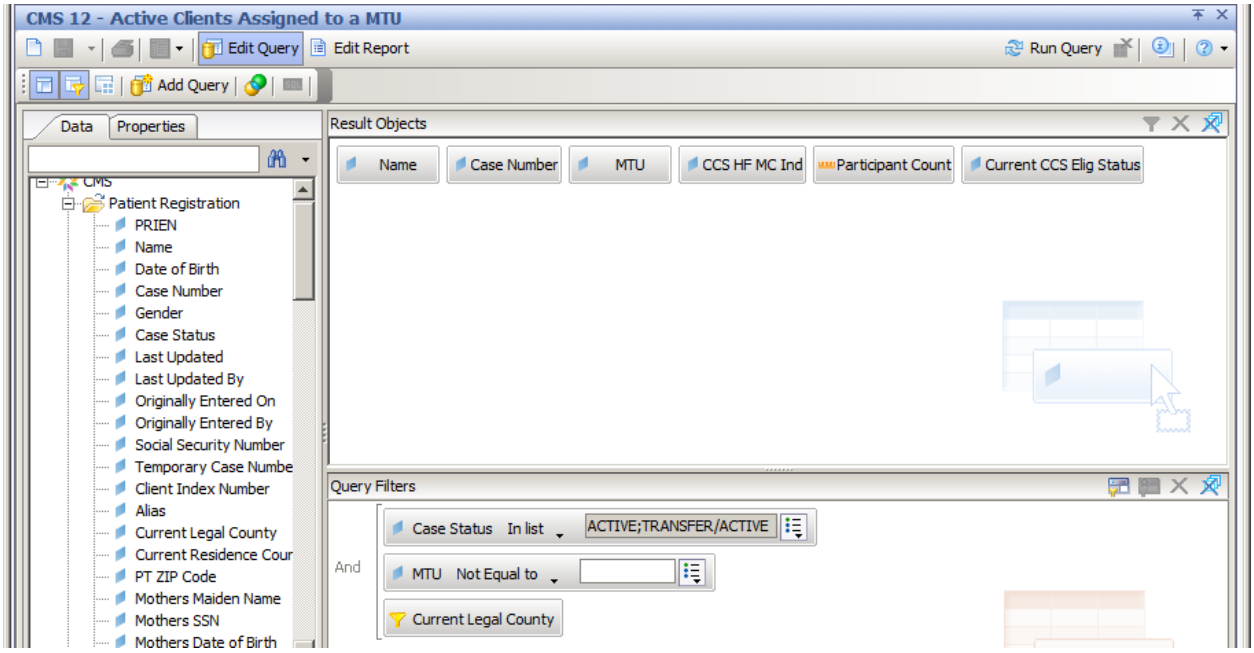
Grand Total: 4

CMS 12 – Active Clients Assigned to a MTU

List of clients per MTU with their funding source. Funding source totals at bottom of report. Funding source information from Medi-Cal Aid Code. *Revised 3/21/2013*

Use: Caseload distribution- correct assignment of clients; quarterly invoicing

Prompt: None



3/20/13 3:36 PM

Active MTU Client Count by Funding Source

Funding Source	Count
CCS	308
HF	24
MC	1,416
TLI	47
Total:	1,795

3/20/13 3:36 PM

Active MTU Client Detail with Funding Source

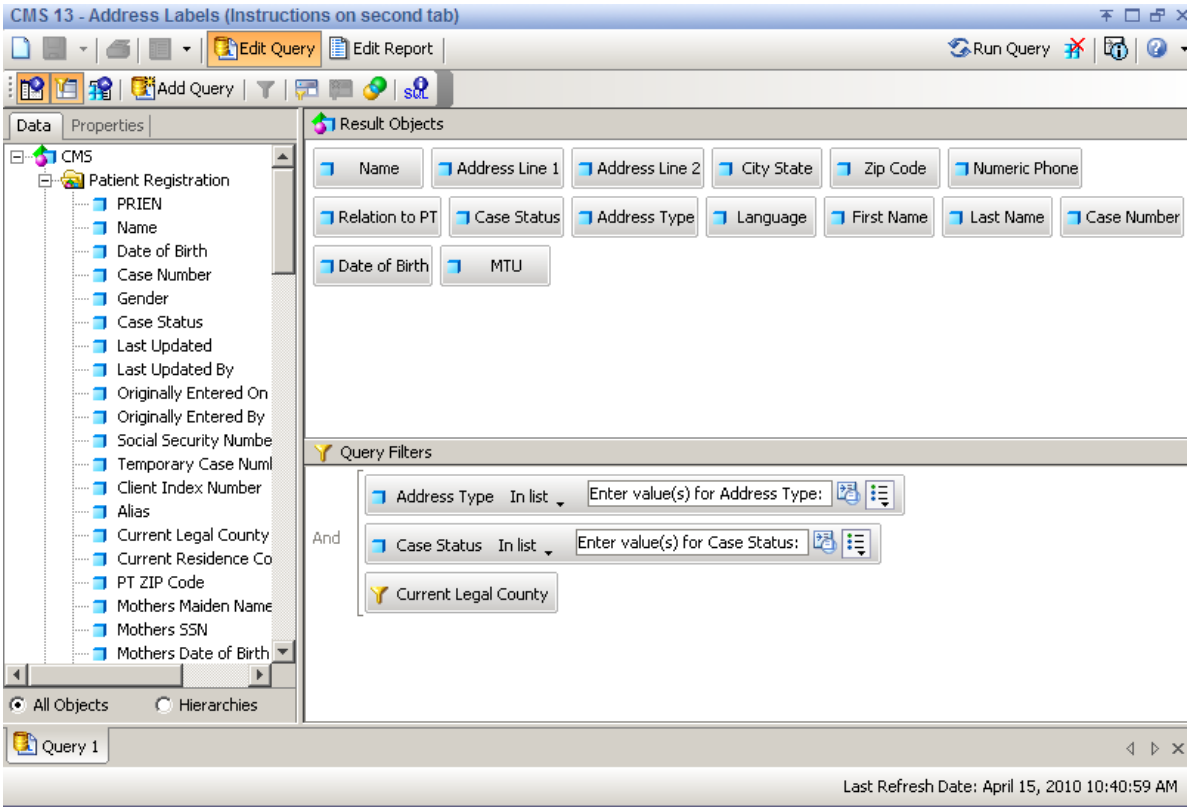
CHULA VISTA MTU

Name	Case Number	CCS Elig Status	Funding Source
[redacted]			

CMS 13 – Address Labels (Instructions on second tab)

List of clients with address information, used in printing labels. The second tab of the report contains instructions for creating address labels in Microsoft Word 2003.

Prompt: Address Type, Case Status



Report contains the following fields:

- Addressee Name
- Address Line 1
- Address Line 2
- City State
- Zip Code
- Phone Number
- Language
- Relation to PT
- Client First Name
- Client Last Name
- Case Number
- Date of Birth
- MTU
- Case Status
- Address Type

CMS 14 – Active Pending Counts and List

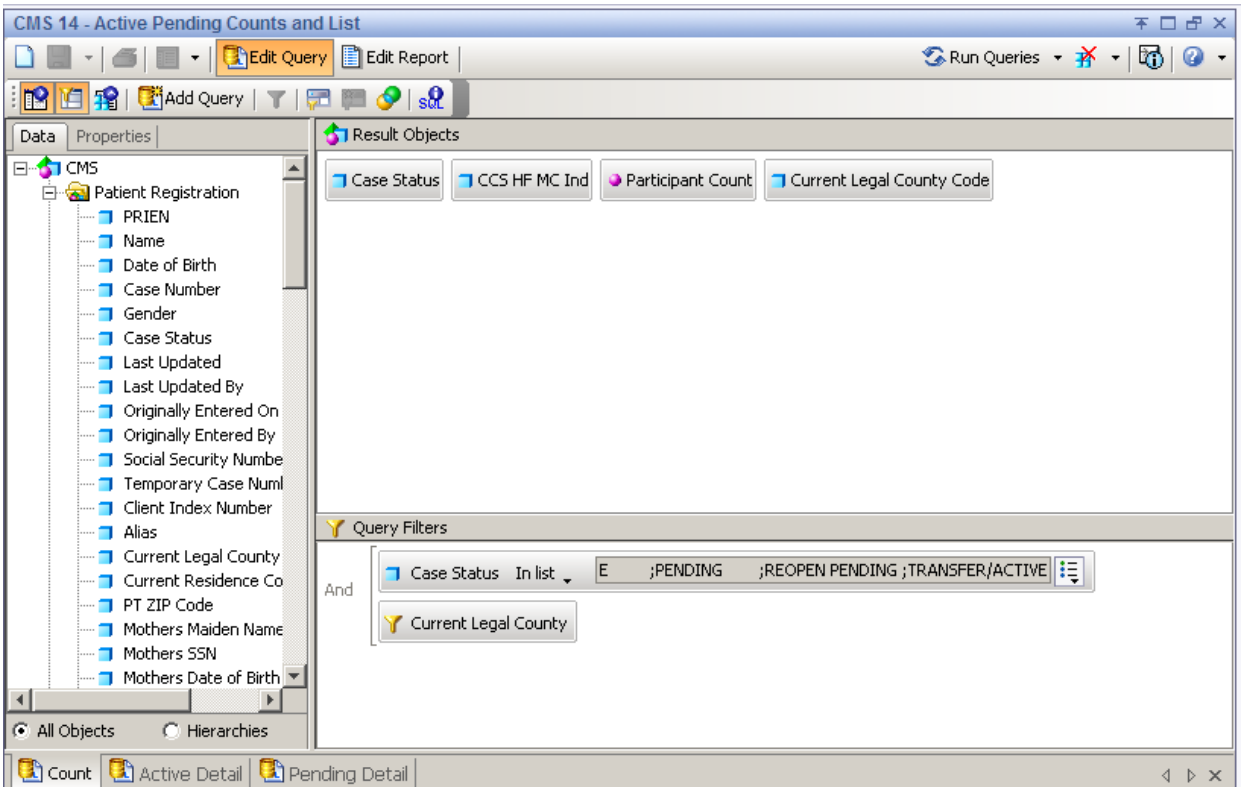
Four tabs are included in this report:

- Active and Pending Count by Case Status, Funding Source
- Active and Pending Count by Funding Source, Case Status
- Active List
- Pending List

Prompt: None

Active and Pending Count by Case Status, Funding Source

Count of clients by Case Status, then Funding Source



Active and Pending Count by Case Status, Funding Source

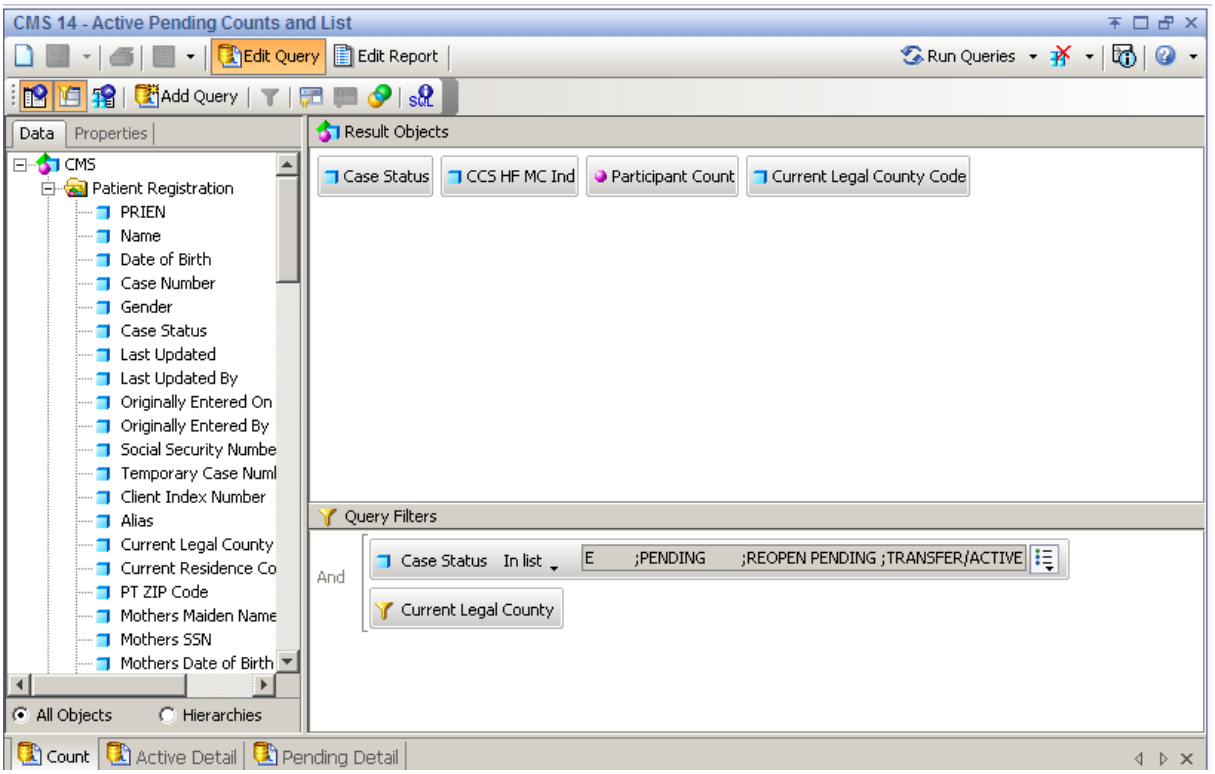
Case Status	Funding Source	Participant Count
ACTIVE	CCS	2
	HF	1
	MC	8
ACTIVE TOTAL:		**11**

Case Status	Funding Source	Participant Count
PENDING	CCS	1
	HF	1
	MC	3
PENDING TOTAL:		**5**

GRAND TOTAL:		**16**

Active and Pending Count by Funding Source, Case Status

Count of clients by Funding Source, then Case Status



Active and Pending Count by Funding Source, Case Status

Funding Source	Case Status	Participant Count
CCS	ACTIVE	1
	PENDING	1
CCS		**2**

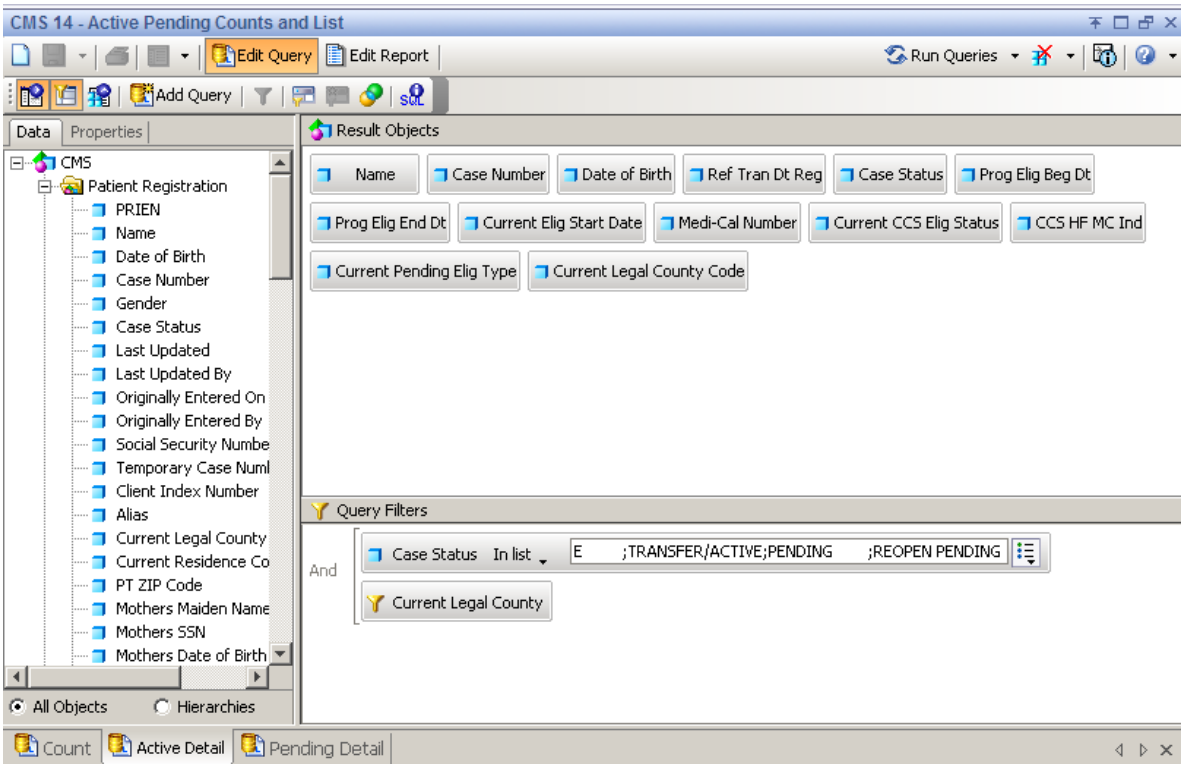
Funding Source	Case Status	Participant Count
HF	ACTIVE	2
	PENDING	1
HF		**3**

Funding Source	Case Status	Participant Count
MC	ACTIVE	8
	PENDING	3
MC		**11**

GRAND TOTAL:		**16**

Active List

List of active clients.

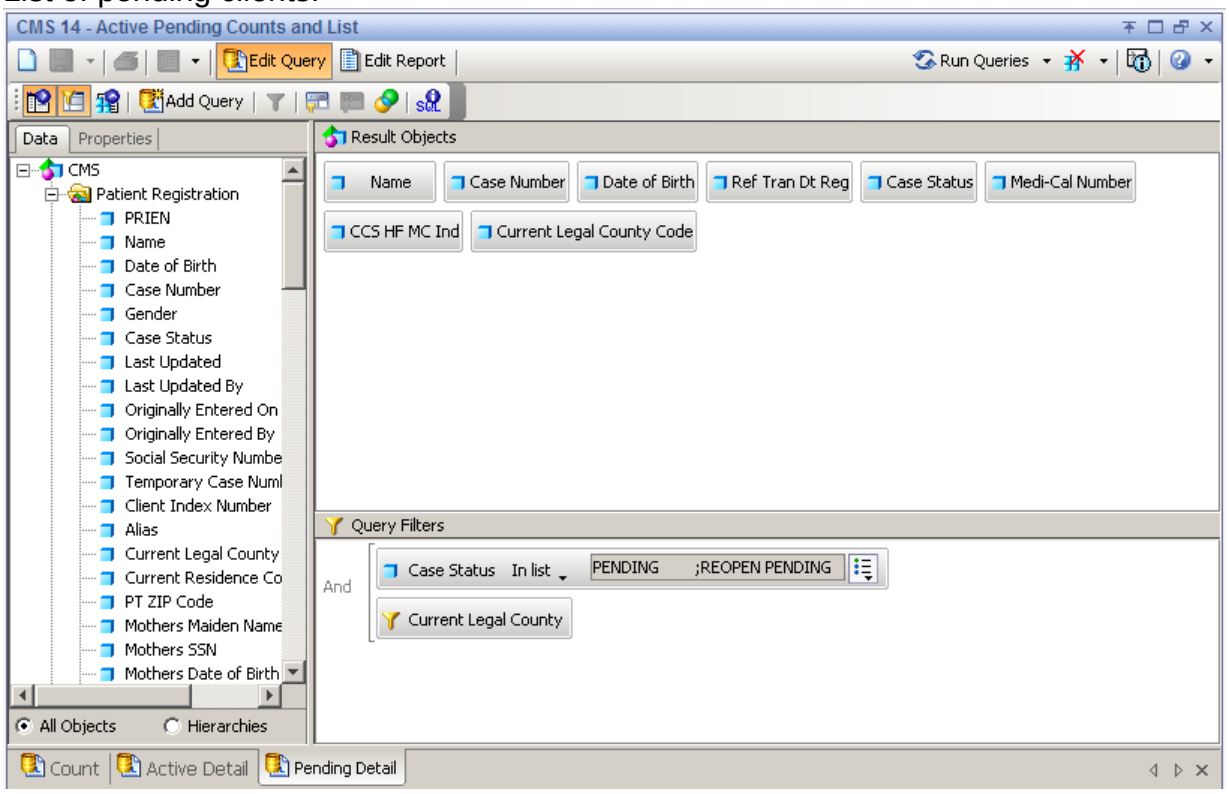


Active List

Name	Case #	DOB	Ref/Trans Dt	Case Status	Prog Beg Dt	Prog End Dt	Elig Start Dt	Elig Status	Medi-Cal Number	Fund Sr
CASE NAME	CASE #	DOB	09/05/2009	ACTIVE	09/05/2010	09/04/2011	09/05/2009	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	01/23/2006	ACTIVE	03/08/2010	03/07/2011	03/01/2009	9U HF - ELIG NOT COM	MC #	HF
CASE NAME	CASE #	DOB	05/22/2010	ACTIVE	05/23/2010	05/22/2011	05/23/2010	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	07/20/2010	ACTIVE	07/04/2010	07/03/2011	07/04/2010	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	06/04/2008	ACTIVE	06/04/2010	06/03/2011	08/01/2009	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	06/04/1999	ACTIVE	06/04/2010	06/03/2011	06/04/1999	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	12/16/1999	ACTIVE	03/21/2010	03/20/2011	01/08/2001	9K CCS	MC #	CCS
CASE NAME	CASE #	DOB	10/16/2008	ACTIVE	01/09/2010	01/08/2011	04/01/2009	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	09/14/2010	ACTIVE	06/03/2010	06/02/2011	06/03/2010	9N M/C ONLY	MC #	MC
CASE NAME	CASE #	DOB	02/20/2008	ACTIVE	02/14/2010	02/13/2011	02/14/2008	9N M/C ONLY	MC #	MC
CASE NAME	3858742	DOB	11/13/2006	ACTIVE	12/22/2009	12/21/2010	12/22/2006	9U HF - ELIG NOT COM	MC #	HF
ACTIVE TOTAL:	11									

Pending List

List of pending clients.



Pending List

Name	Case #	DOB	Ref/Trans Dt	Case Status	Prog Beg Dt	Prog End Dt	Pend Elig Type	Medi-Cal Number	Fund Sr
CASE NAME	CASE #	DOB	07/16/2010	REOPEN PENDING	05/27/2009	05/26/2010		MC #	MC
CASE NAME	CASE #	DOB	05/13/2010	REOPEN PENDING	06/19/2009	06/19/2009		MC #	MC
CASE NAME	CASE #	DOB	09/20/2010	REOPEN PENDING	06/29/2009	06/28/2010		MC #	CCS
CASE NAME	CASE #	DOB	09/07/2010	REOPEN PENDING	12/01/2008	09/30/2009		MC #	MC
CASE NAME	CASE #	DOB	08/12/2010	REOPEN PENDING	01/28/2010	08/11/2010		MC #	HF
PENDING TOTAL:	5								

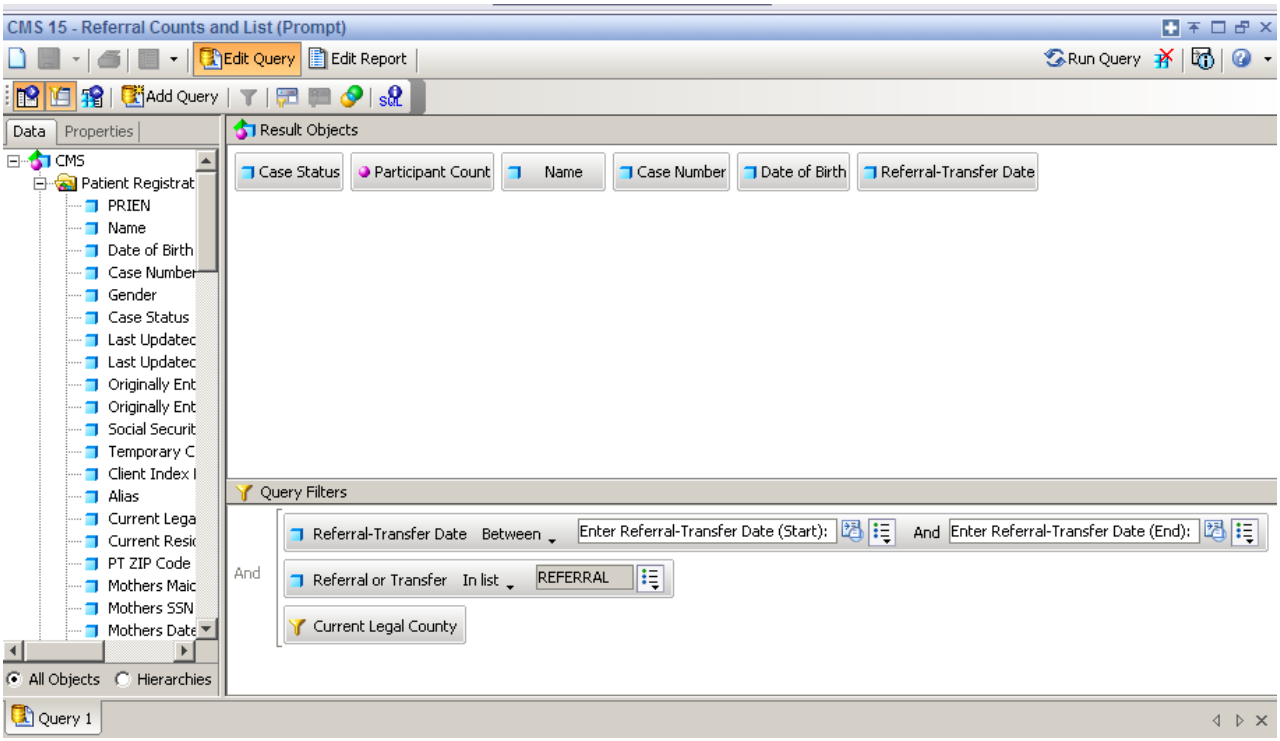
CMS 15 – Referral Counts and List (Prompt)

Report will display clients with a referral date between the Referral Date Start and Referral Date End.

Two tabs are included in this report:

- Referral Counts
- Referral List

Prompt: Referral Date Start, Referral Date End



Referral Counts

Case Status	Participant Count
ACTIVE	6
CLOSED	3
DENIED	5
NOT OPEN	2
PENDING	1
REOPEN PENDING	1
TRANSFER/ACTIVE	1
TOTAL:	**19**

Referral List

ACTIVE

Name	Case Number	Date of Birth	Referral Date
CASE NAME	CASE #	DOB	02/16/2010
CASE NAME	CASE #	DOB	02/26/2010
CASE NAME	CASE #	DOB	01/14/2010
CASE NAME	CASE #	DOB	02/10/2010
CASE NAME	CASE #	DOB	02/25/2010
CASE NAME	CASE #	DOB	02/05/2010
Count:	**6**		

CLOSED

Name	Case Number	Date of Birth	Referral Date
CASE NAME	CASE #	DOB	02/16/2010
CASE NAME	CASE #	DOB	02/26/2010
CASE NAME	CASE #	DOB	01/14/2010
Count:	**3**		

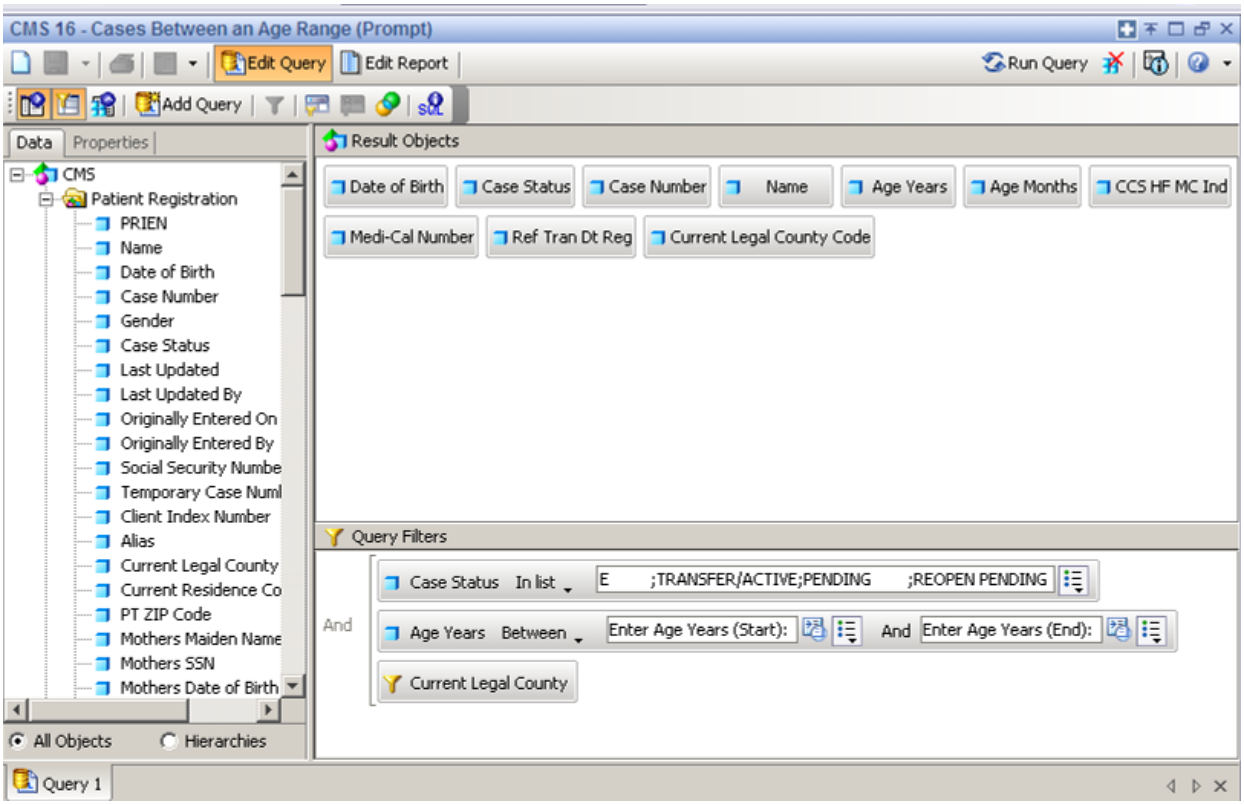
DENIED

Name	Case Number	Date of Birth	Referral Date
CASE NAME	CASE #	DOB	02/16/2010

CMS 16 – Cases Between an Age Range (Prompt)

Report will display clients with an age between Age Years Start and Age Years End. Report groups clients by age.

Prompt: Age Years Start, Age Years End



Cases Between a Specific Age Range

Age 16

Name	Case Number	Date of Birth	Referral Date	Age Years	Age Months	Case Status	Medi-Cal Num	Funding Src
CASE NAME	CASE #	DOB	05/08/2003	16	8	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	04/21/2005	16	2	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	10/17/2005	16	4	ACTIVE	MC #	MC

TOTAL: 3

Age 17

Name	Case Number	Date of Birth	Referral Date	Age Years	Age Months	Case Status	Medi-Cal Num	Funding Src
CASE NAME	CASE #	DOB	02/08/2010	17	1	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	03/22/2010	17	4	ACTIVE	MC #	HF
CASE NAME	CASE #	DOB	07/16/2010	17	8	REOPEN PENDIN	MC #	MC
CASE NAME	CASE #	DOB	03/19/2010	17	9	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	11/04/2009	17	11	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	11/14/2001	17	8	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	04/14/2010	17	5	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	01/11/2009	17	4	ACTIVE	MC #	CCS
CASE NAME	CASE #	DOB	12/18/2006	17	8	ACTIVE	MC #	MC
CASE NAME	CASE #	DOB	09/18/2000	17	10	ACTIVE	MC #	MC

TOTAL: 10

GRAND TOTAL: 13

CMS 17 – Active Pending Diagnoses Counts and List (Prompt)

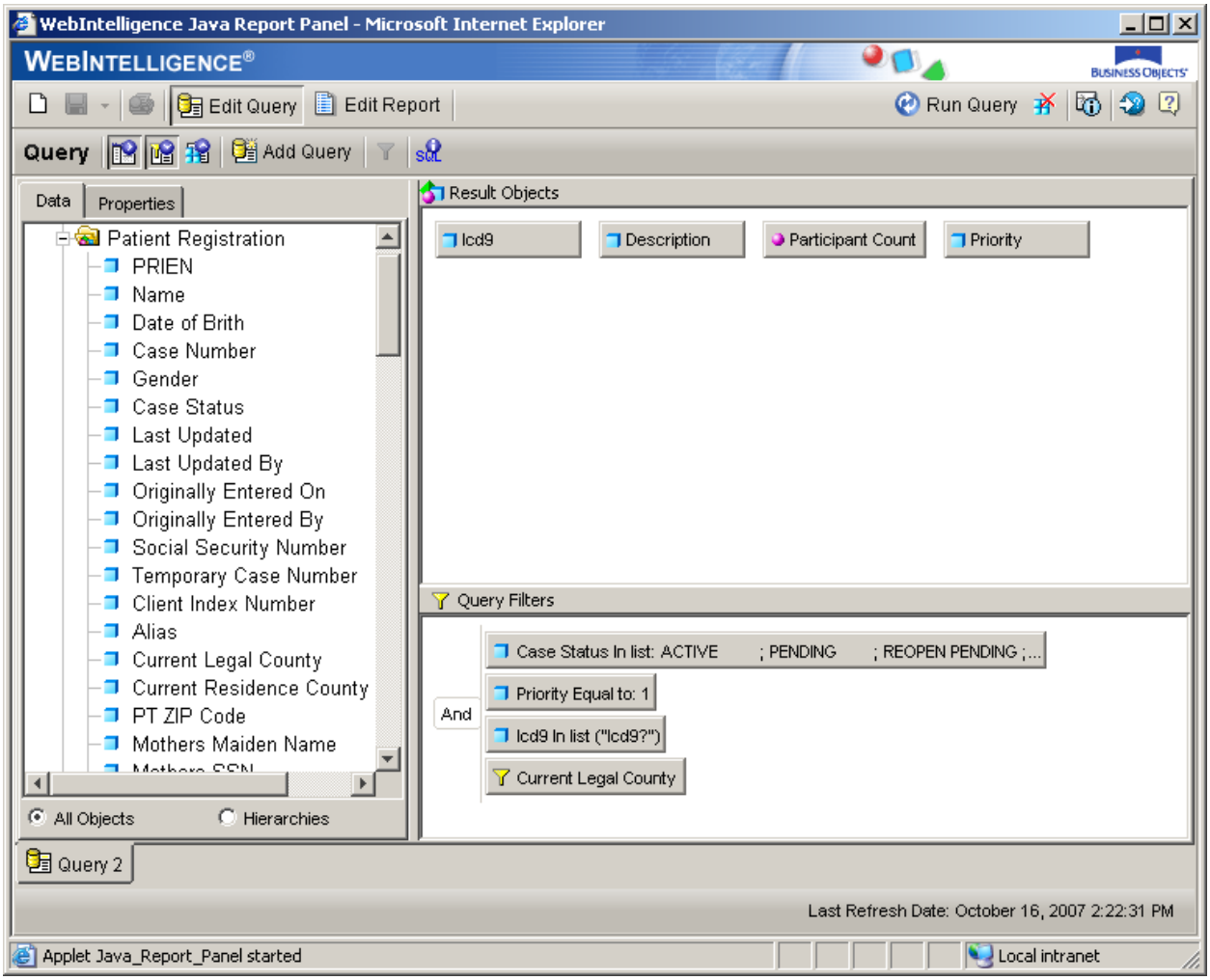
Two tabs are included in this report:

- Active Pending Cases Diagnoses Counts
- Active Pending Cases Diagnoses List

Prompt: Range of ICD9 Codes

Active Pending Cases Diagnoses Counts

Count of Active and Pending Cases by Diagnosis.

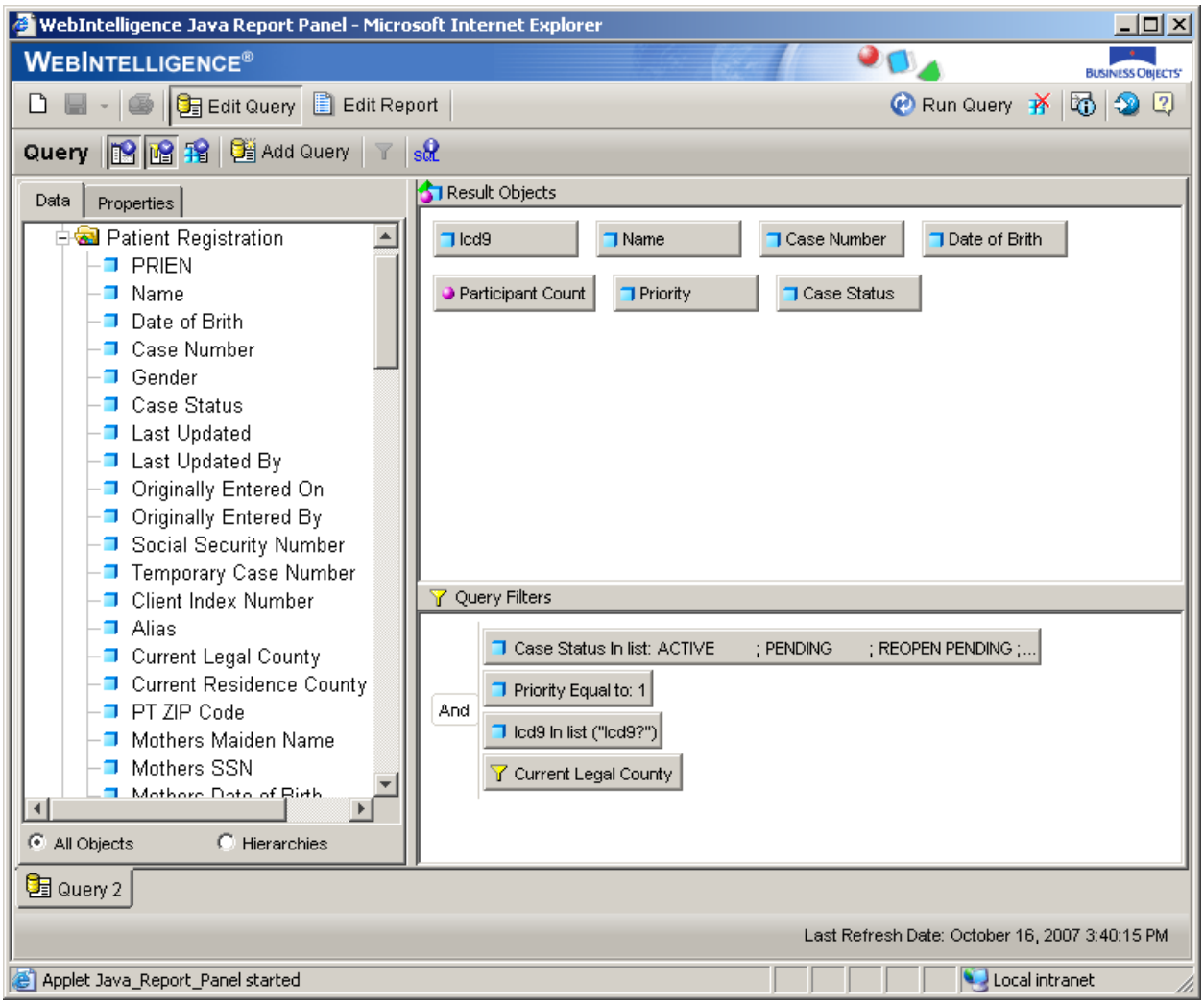


Active Pending Cases Diagnoses Counts

Icd9	Description	Count
396.0	MITRAL VALVE STENOSIS AND AORTIC VALVE STENOSIS	15
396.1	MITRAL VALVE STENOSIS AND AORTIC VALVE INSUFFICIENCY	2
396.2	MITRAL VALVE INSUFFICIENCY AND AORTIC VALVE STENOSIS	5
396.3	MITRAL VALVE AND AORTIC VALVE INSUFFICIENCY	1
396.3	MITRAL VALVE INSUFFICIENCY AND AORTIC VALVE INSUFFICIENCY	18
396.8	MULTIPLE INVOLVEMENT OF MITRAL AND AORTIC VALVES	1
396.9	MITRAL AND AORTIC VALVE DISEASES, UNSPECIFIED	7
397	DISEASES OF OTHER ENDOCARDIAL STRUCTURES	1
397.0	DISEASES OF TRICUSPID VALVE	18
398.0	RHEUMATIC MYOCARDITIS	1
398.90	RHEUMATIC HEART DISEASE, UNSPECIFIED	10
398.91	RHEUMATIC HEART FAILURE (CONGESTIVE)	1
401.0	MALIGNANT ESSENTIAL HYPERTENSION	14
401.1	BENIGN ESSENTIAL HYPERTENSION	24
401.9	HYPERTENSION	1
401.9	UNSPECIFIED ESSENTIAL HYPERTENSION	193
402	HYPERTENSIVE HEART DISEASE	2
402.10	HYPERTENSIVE HEART DISEASE, BENIGN, WITHOUT HEART FAILURE	1
402.90	HYPERTENSIVE HEART DISEASE, UNSPECIFIED, WITHOUT HEART FAILURE	6
402.91	HYPERTENSIVE HEART DISEASE, UNSPECIFIED, WITH HEART FAILURE	1
402.91	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH CONGESTIVE HEART FAILURE	1
403	HYPERTENSIVE RENAL DISEASE	2
	Total:	**325**

Active Pending Cases Diagnoses Listing

List of Active and Pending Cases by ICD9 Code.



Active Pending Diagnoses Listing

ACTIVE

Icd9	Name	Case Number	DOB
389.02	CLIENT NAME	CASE #	11/01/2001
		1	

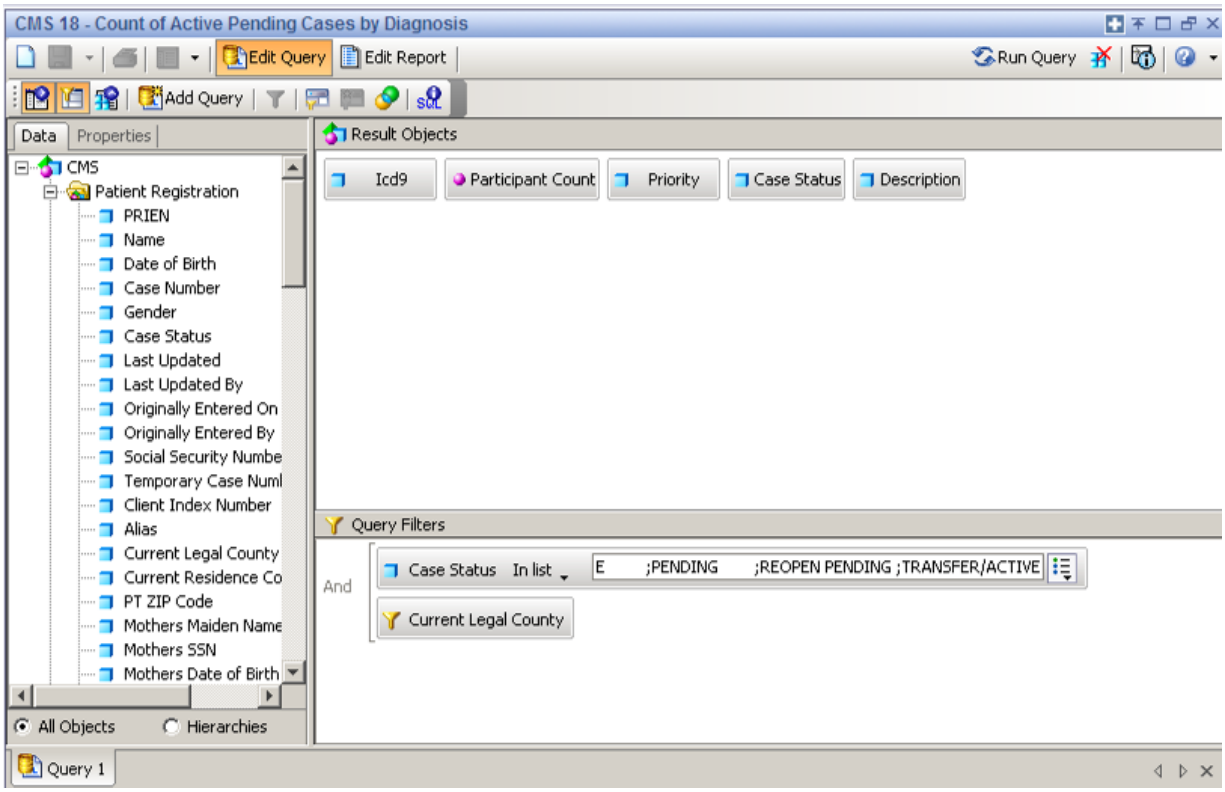
Icd9	Name	Case Number	DOB
389.10	CLIENT NAME	CASE #	05/08/2004
	CLIENT NAME	CASE #	08/01/1992
	CLIENT NAME	CASE #	04/03/1989
		3	

Icd9	Name	Case Number	DOB
389.9	CLIENT NAME	CASE #	07/31/2007
		1	
Total:		5	

CMS 18 – Count of Active Pending Cases by Diagnosis

Count of clients by Case Status, ICD9 Diagnosis, and Priority.

Prompt: None



Active Pending Diagnoses Counts 9/28/10 2:21:12 PM

ACTIVE

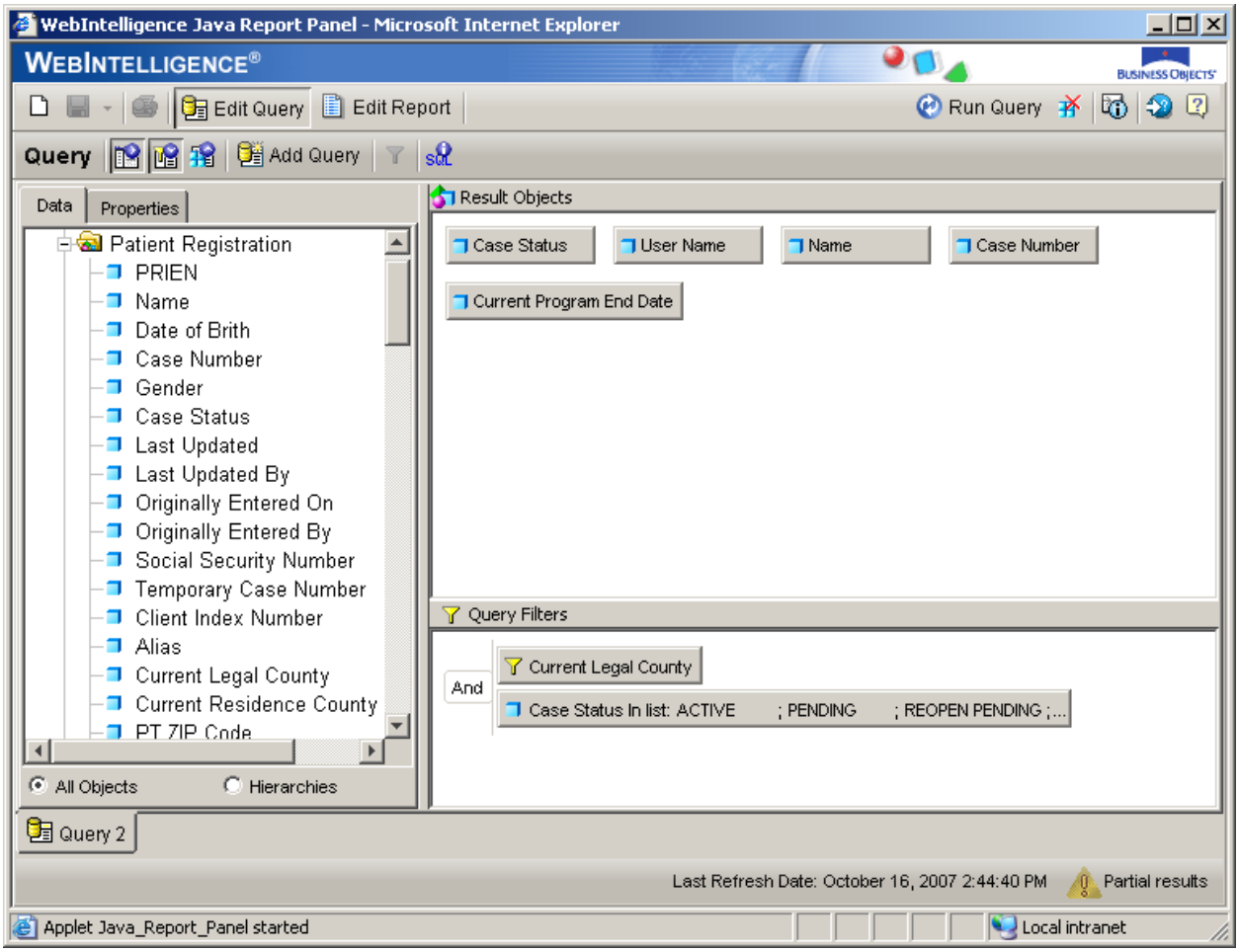
Icd9	Description	Priority	Count
000.00	UNDIAGNOSED CONDITION	1	60
		2	34
		3	9
		4	10
		5	1
Sum:			**114**

Icd9	Description	Priority	Count
001.0	CHOLERA DUE TO VIBRIO CHOLERAE	3	2
		5	1
Sum:			3

CMS 19 – Active Pending Cases by County Case Manager

Lists all active and pending cases by Case Status, then County Case Manager.

Prompt: None



Active Pending Cases by County Case Manager

ACTIVE

User Name	Name	Case Number	Current Program End Date
COUNTY CASE MGR NAME	CLIENT NAME	CASE #	
	CLIENT NAME	CASE #	08/15/08
	Count:	2	

User Name	Name	Case Number	Current Program End Date
COUNTY CASE MGR NAME	CLIENT NAME	CASE #	07/09/08
	Count:	1	

Total:	3	

PENDING

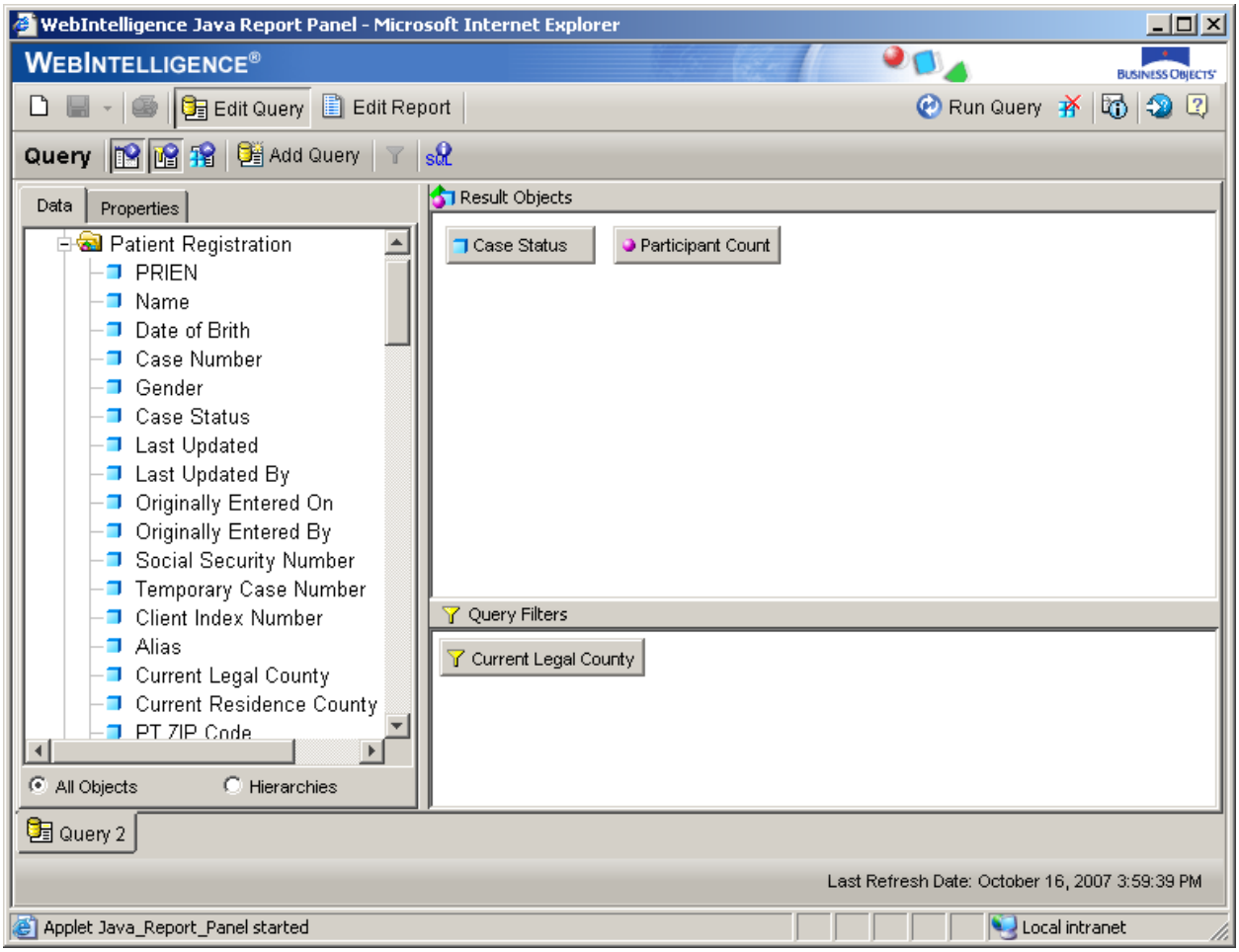
User Name	Name	Case Number	Current Program End Date
COUNTY CASE MGR NAME	CLIENT NAME	CASE #	
	Count:	1	

Total:	1	

CMS 20 – Case Count Report

Count of clients by case status.

Prompt: None



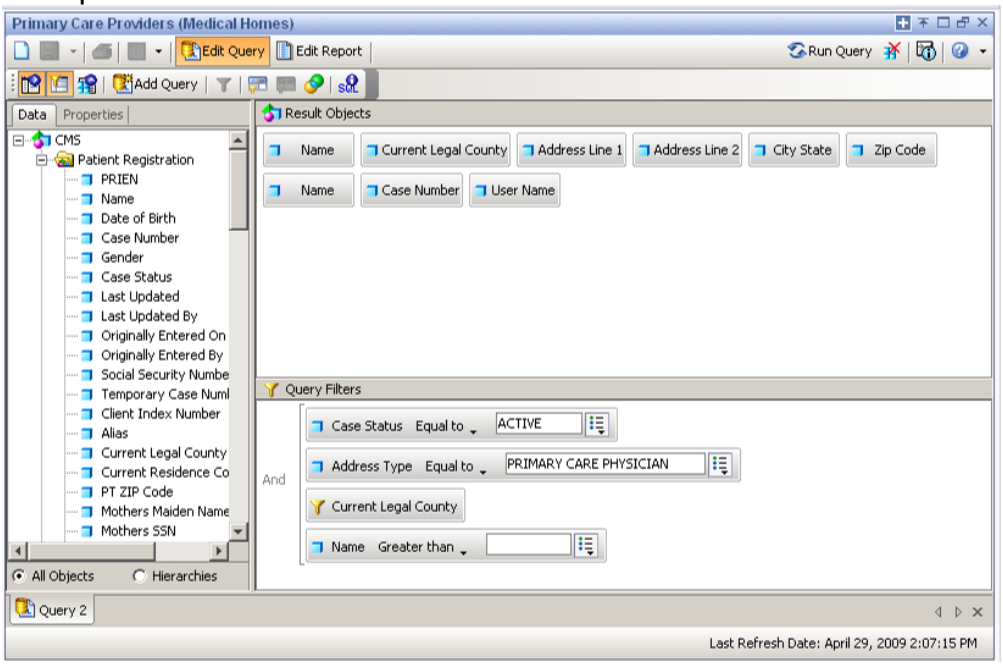
Case Count Report

Case Status	Participant Count
ACTIVE	111,149
CLOSED	255,252
DENIED	176,497
NOT OPEN	66,962
PENDING	6,506
REOPEN PENDING	1,209
TRANSFER/ACTIVE	318
Sum:	**617,893**

CMS 21 - Primary Care Providers (Medical Homes)

List of addresses of medical homes and the clients the medical home is assigned to.

Prompt: None



Primary Care Providers (Medical Homes)

AARON ZAHEER MD

Address Line 1	Address Line 2	City State	Zip	CCS Case Name	Case #	Case Manager
MEDICAL HOME ADDRESS	ADDRESS	CITY, STATE	ZIP	CLIENT NAME	CASE #	CASE MGR
				Count:	1	

ABELL MD, GEOFFREY A

Address Line 1	Address Line 2	City State	Zip	CCS Case Name	Case #	Case Manager
MEDICAL HOME ADDRESS	ADDRESS	CITY, STATE	ZIP	CLIENT NAME	CASE #	CASE MGR
MEDICAL HOME ADDRESS	ADDRESS	CITY, STATE	ZIP	CLIENT NAME	CASE #	CASE MGR
				Count:	2	

ABJELINA MD, ANNALISA

Address Line 1	Address Line 2	City State	Zip	CCS Case Name	Case #	Case Manager
MEDICAL HOME ADDRESS	ADDRESS	CITY, STATE	ZIP	CLIENT NAME	CASE #	CASE MGR
				Count:	1	

ABRAHAM BROUDY MD

Address Line 1	Address Line 2	City State	Zip	CCS Case Name	Case #	Case Manager
MEDICAL HOME ADDRESS	ADDRESS	CITY, STATE	ZIP	CLIENT NAME	CASE #	CASE MGR
				Count:	1	

CMS 22 – Annual Review

The report will prompt you to enter a Review Date (Program End Date) start and end. You can also choose to narrow down your search by using the first letter of the last name, or use the default A > Z to get all clients. *Revised 10/1/2012*

The report has three tabs:

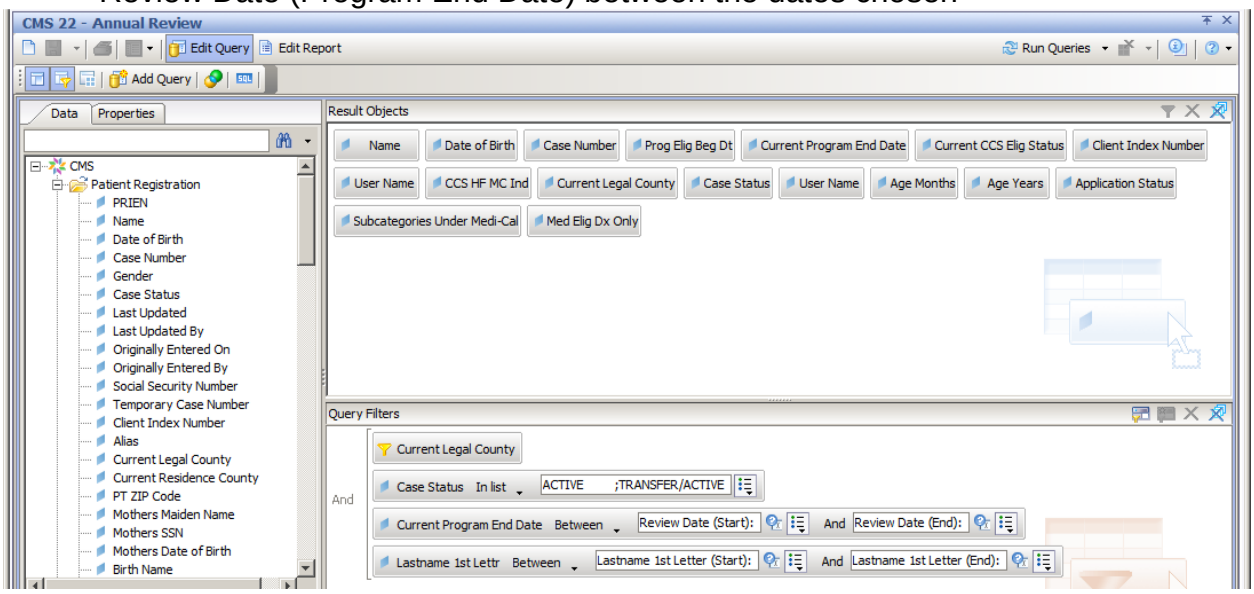
- Annual Review Report
- Active-Expired or Pend Prg Elig
- The Pending-6 Mo or Older

Prompt: First Letter of Last Name Between (Used for all three tabs; Default A > Z for all clients), Review Date (Program End Date) Start and End Date (Used for the "Annual Review Report" tab

Annual Review Report

Active clients with

- First letter of last name between the letters chosen
- Review Date (Program End Date) between the dates chosen



10/2/12 8:58 AM

Annual Review for Active Clients

*** Query Name:Annual Review ***

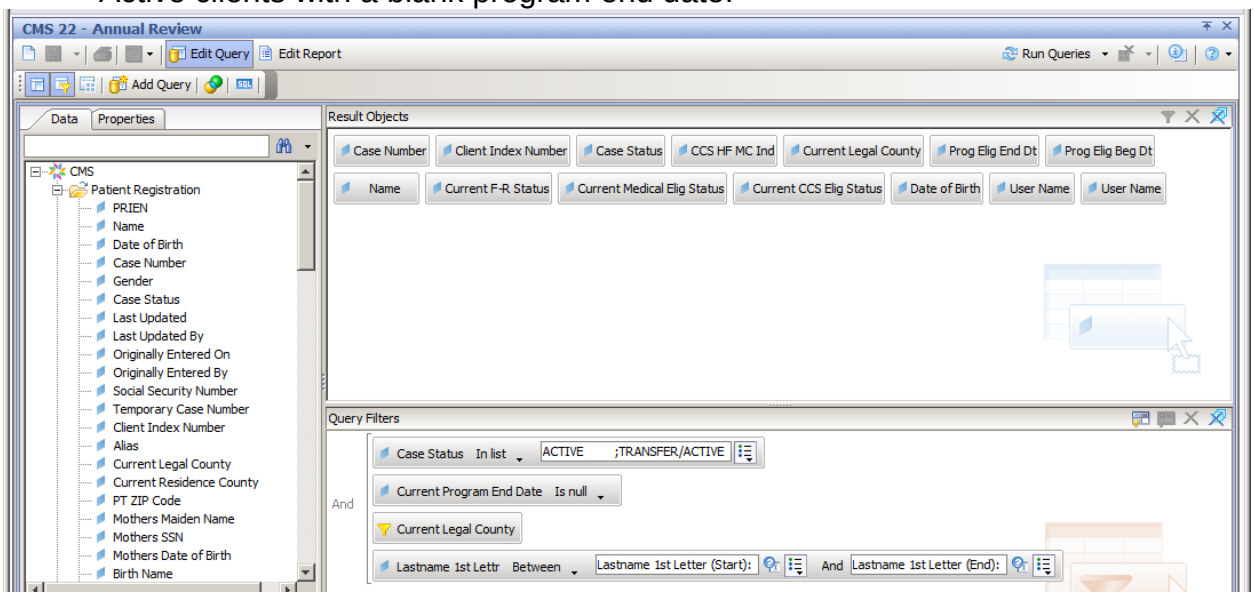
Review Date (Start): 12/1/2012 12:00:00 AM
Review Date (End): 12/31/2012 12:00:00 AM
Lastname 1st Letter (End):
Lastname 1st Letter (Start):

Case Number	Name	Date of Birth	Age Yr.	Age Mo.	CIN	Fund Src	CCS Elig Status	DX Only	Application Status	County Case Mgr	Regional Case Mgr	Program Begin Date	Program End Date
		Total:											

Active-Expired or Pend Prg Elig

Active clients with

- First letter of last name between the letters chosen
- Pending renewal, Active clients where the program eligibility has expired, or Active clients with a blank program end date.



10/2/12 8:58 AM

Active Cases With Expired or Pending Program Eligibility and Cases with a Blank Program End Date

*** Query Name:ACTIVE ***

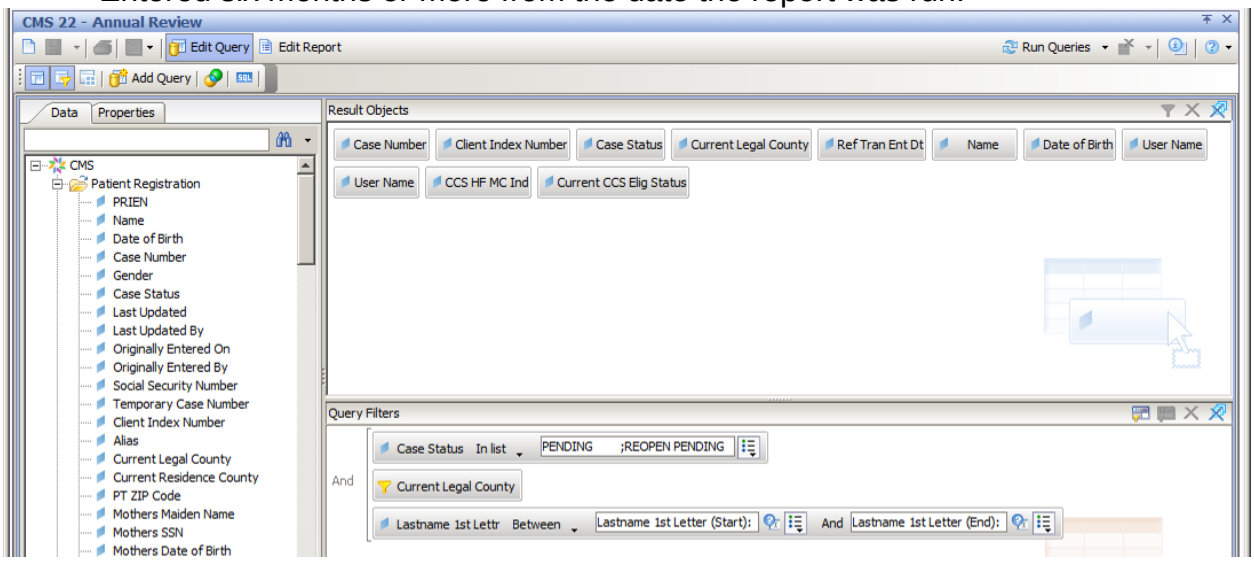
Lastname 1st Letter (Start):
Lastname 1st Letter (End):

Case Number	Name	Date of Birth	CIN	Case Status	Fund Src	CCS Elig Status	Med Elig	F-R Elig	County Case Mgr	Regional Case Mgr	Last Prog Beg Dt	# Months Past Est. End Date
												0
		Total:										

Pending-6 Mo or Older

Pending clients

- First letter of last name between the letters chosen
- Entered six months or more from the date the report was run.



10/2/12 8:58 AM

Pending Cases Entered Six Months or More in the Past

*** Query Name:PEND ***

Lastname 1st Letter (Start):
Lastname 1st Letter (End):

Case Number	Name	Date of Birth	CIN	Case Status	Fund Src	County Case Mgr	Regional Case Mgr	Date Entered	# Months Past Date Entered
		Total:							

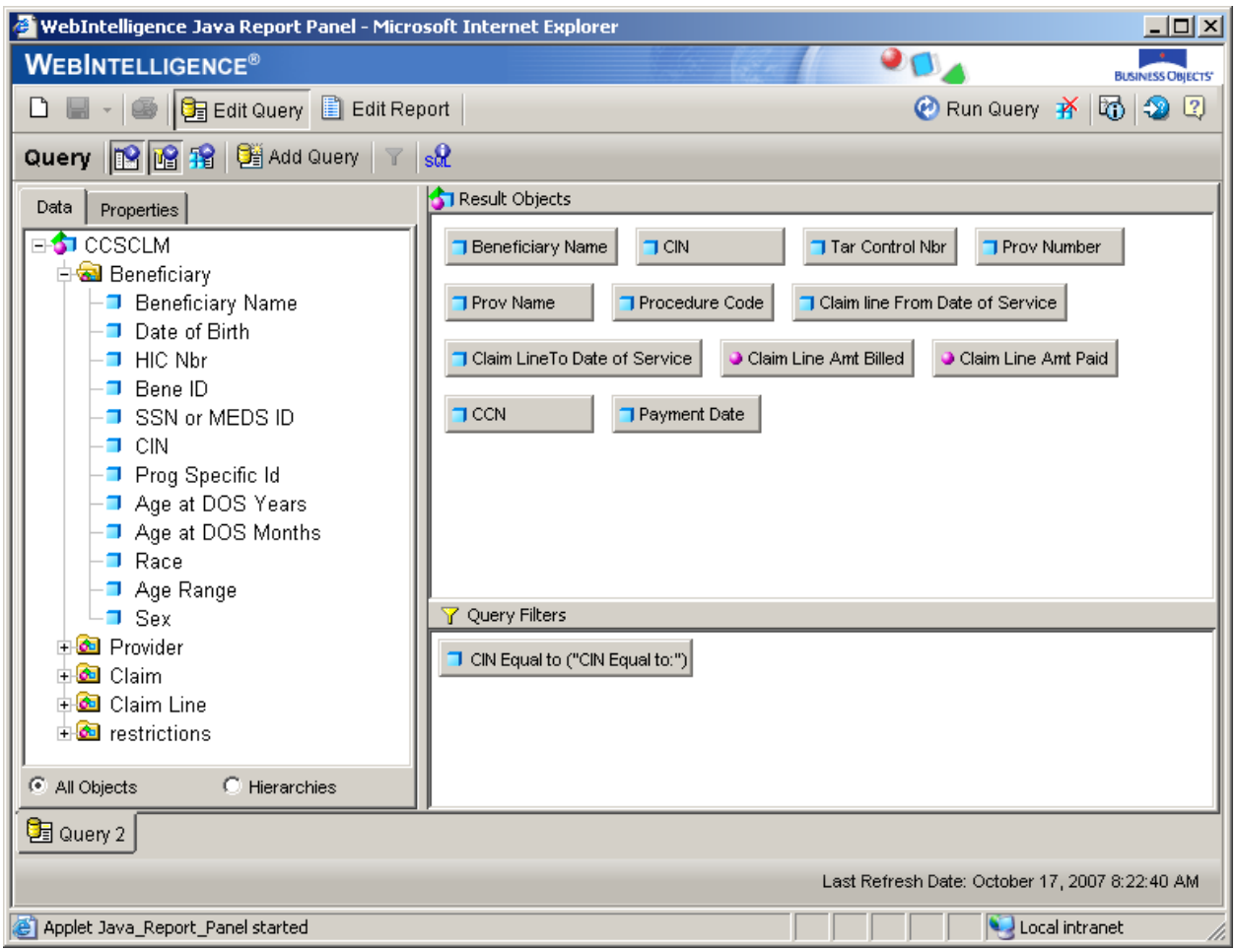
Claims (CCS Claims) Corporate Documents

Paid claims are loaded from August 2005. Claims are updated approximately monthly, and the database usually has claims up to three months prior to the current month.

Expenditures (by CIN)

Lists all claims by CIN, then SAR Number.

Prompt: Client Index Number (99999999A)



Expenditures by CIN

LAST NAME FIRST NAME

99999994A

SAR/TAR	Claim Control #	Provider #	Provider Name	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
97000001234	7110999999900	GR0000000	PROVIDER NAME	99214	4/25/2007	3/3/2007	3/3/2007	$198.00	$30.00
	7110888888800	GR0000001	PROVIDER NAME	99215	4/25/2007	3/3/2007	3/3/2007	$155.00	$100.58
	7110777999900	GR0000002	PROVIDER NAME	99216	4/25/2007	3/3/2007	3/3/2007	$30.00	$6.01
	7110999432100	GR0000003	PROVIDER NAME	99217	4/25/2007	3/3/2007	3/3/2007	$10.00	$10.00
	7110996549900	GR0000004	PROVIDER NAME	99218	4/25/2007	3/3/2007	3/3/2007	$102.00	$9.88
							Sum:	**$495.00**	**$156.47**

SAR/TAR	Claim Control #	Provider #	Provider Name	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
97000003001	7151998719900	PHA419070	PROVIDER NAME	99073012101	3/6/2006	1/19/2006	1/19/2006	$200.26	$172.27
	7151998718801	PHA419070	PROVIDER NAME	99073012101	3/6/2006	2/18/2006	2/18/2006	$200.26	$181.19
							Sum:	**$400.52**	**$353.46**

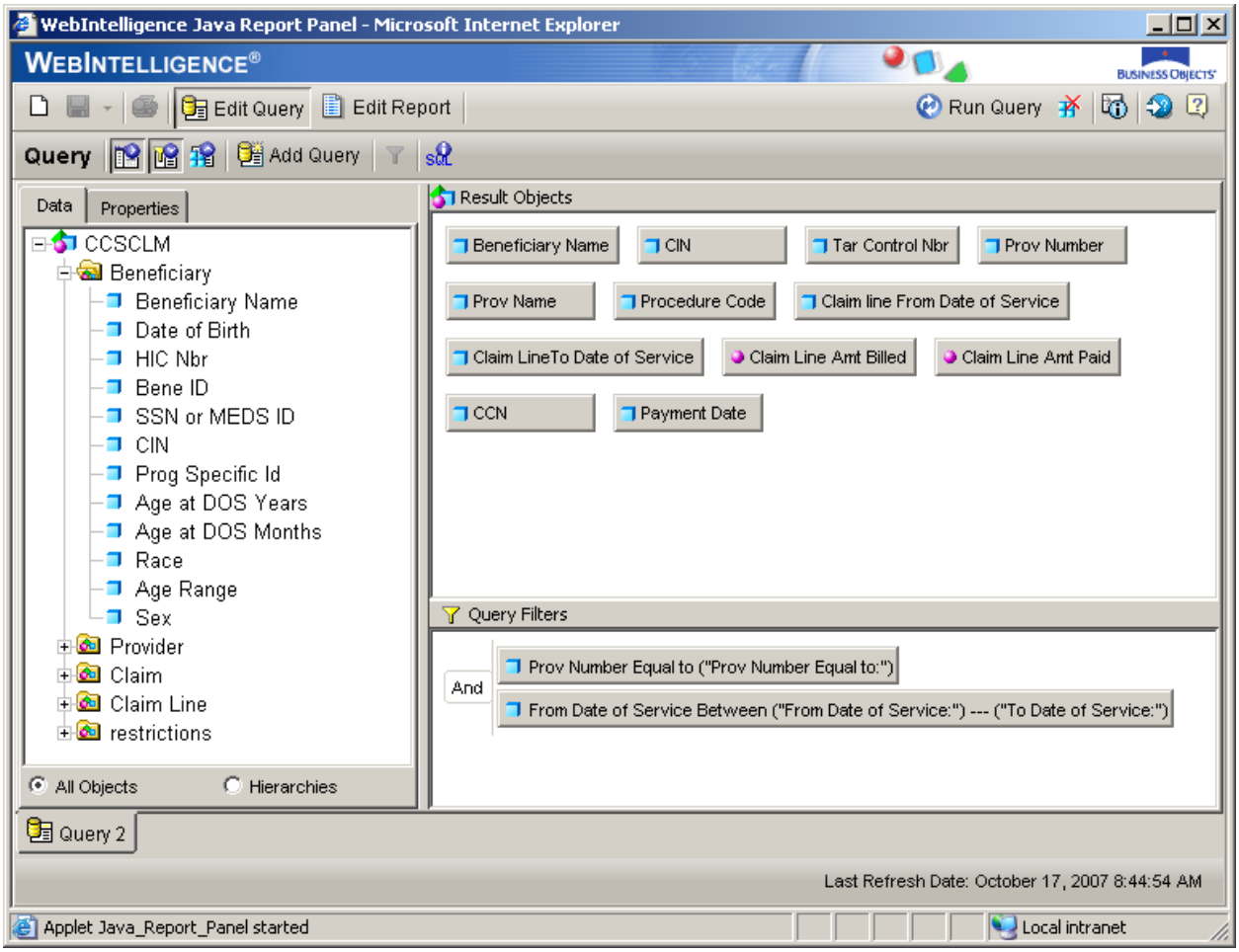
SAR/TAR	Claim Control #	Provider #	Provider Name	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
97000002771	6139999999900	PHA419070	PROVIDER NAME	00193288050	5/30/2006	1/19/2006	1/19/2006	$26.60	$24.89
	6139958888800	PHA419070	PROVIDER NAME	00193288050	5/30/2006	2/18/2006	2/18/2006	$26.60	$24.89
							Sum:	**$53.20**	**$49.78**

Total:	**$948.72**	**$559.71**

Expenditures (by Provider Number, Date of Service)

Lists claims by provider, then client.

Prompt: Provider Number, From Date of Service, To Date of Service



Expenditures by Provider

PROVIDER NAME
GR0099990

Beneficiary Name	CIN	SAR/TAR	Claim Control #	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
CLIENT NAME	CIN	00000000008	5101234567300	99214	4/25/2005	1/19/2005	1/19/2005	$200.00	$57.15
							Sum:	**$200.00**	**$57.15**

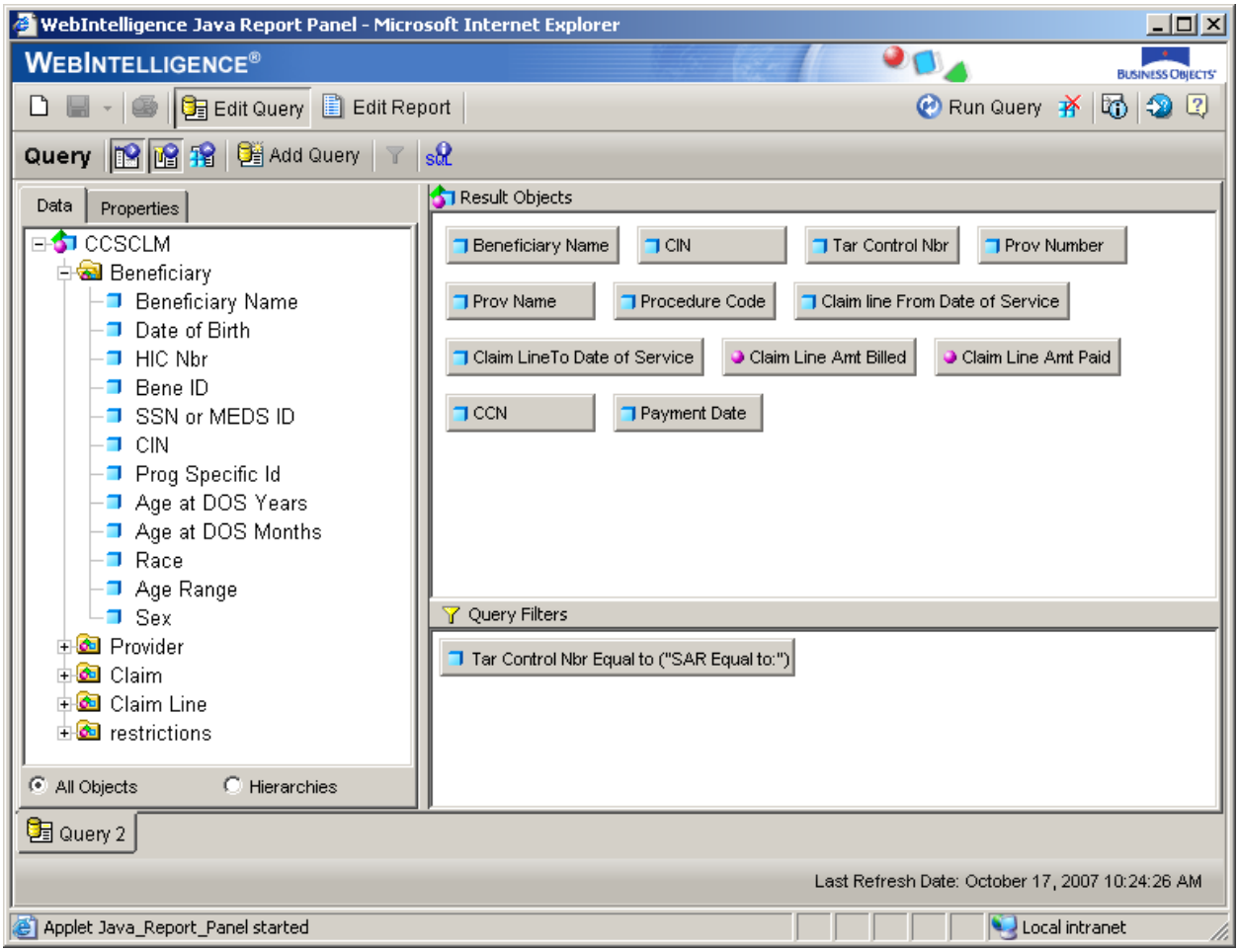
Beneficiary Name	CIN	SAR/TAR	Claim Control #	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
CLIENT NAME	CIN	00000000008	5168617144400	90920	6/27/2005	1/1/2005	1/31/2005	$650.00	$410.15
		97002451458	5140545700000	90920	6/6/2005	1/1/2005	1/31/2005	$650.00	$410.15
							Sum:	**$1,300.00**	**$820.30**

Total:	**$1,500.00**	**$877.45**

Expenditures (by SAR Number)

Lists claims by SAR number, then provider number.

Prompt: SAR Number



Expenditures by SAR

97000000000

LAST NAME FIRST NAME

99000000E

Provider #	Provider Name	Claim Control #	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
GR0000010	PROVIDER NAME	5094999999900	99255	4/18/2005	2/18/2005	2/18/2005	$288.00	$120.49
	PROVIDER NAME	5094999999901	99255	4/10/2006	2/18/2005	2/18/2005	($288.00)	($120.49)
	PROVIDER NAME	5094999999902	99255	4/10/2006	2/18/2005	2/18/2005	$288.00	$120.49
						Sum:	**$288.00**	**$120.49**

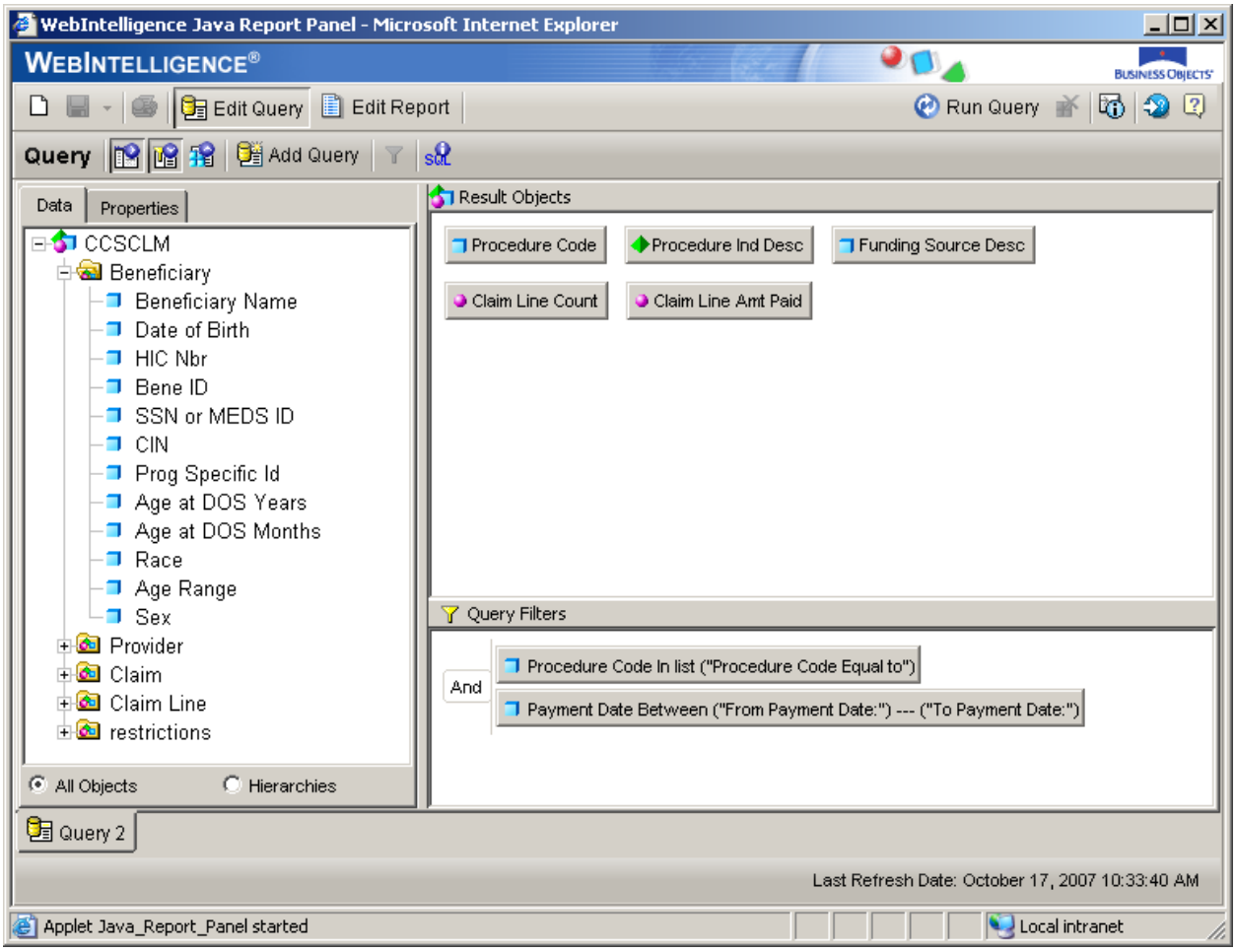
Provider #	Provider Name	Claim Control #	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
GR0094540	PROVIDER NAME	5031444444400	71020	2/22/2005	12/26/2004	12/26/2004	$63.00	$11.97
	PROVIDER NAME	5031444444401	71020	5/9/2005	4/15/2005	4/15/2005	$63.00	$11.97
	PROVIDER NAME	5031444444402	71250	5/9/2005	4/15/2005	4/15/2005	$176.00	$97.52
	PROVIDER NAME	5031444444403	72197	5/9/2005	4/15/2005	4/15/2005	$343.00	$265.08
	PROVIDER NAME	5031444444404	76880	5/31/2005	4/21/2005	4/21/2005	$90.00	$33.95
	PROVIDER NAME	5031444444405	93976	5/31/2005	4/21/2005	4/21/2005	$175.00	$36.31
	PROVIDER NAME	5031444444406	93976	4/10/2006	4/21/2005	4/21/2005	($175.00)	($36.31)
	PROVIDER NAME	5031444444407	93976	4/10/2006	4/21/2005	4/21/2005	$175.00	$36.31
						Sum:	**$910.00**	**$456.80**

Total:	**$1,198.00**	**$577.29**

Procedure Codes by Funding Source (by Payment Date, Procedure Code)

Count of total claims and sum of total paid by procedure code, then funding source.

Prompt: Procedure Code, From Payment Date, To Payment Date



Procedure Codes by Funding Source

X0502

Procedure Ind Desc	Funding Source	Claim Count	Paid
HCPCS LEVELS II AND III	CCS-ONLY	1	$2,964.00
HCPCS LEVELS II AND III	MEDI-CAL	6	$10,887.00
	Total:	**7**	**$13,851.00**

X0504

Procedure Ind Desc	Funding Source	Claim Count	Paid
HCPCS LEVELS II AND III	CCS-ONLY	3	$100.00
HCPCS LEVELS II AND III	HEALTHY-FAMILIES	1	$100.00
HCPCS LEVELS II AND III	MEDI-CAL	11	$1,100.00
	Total:	**15**	**$1,300.00**

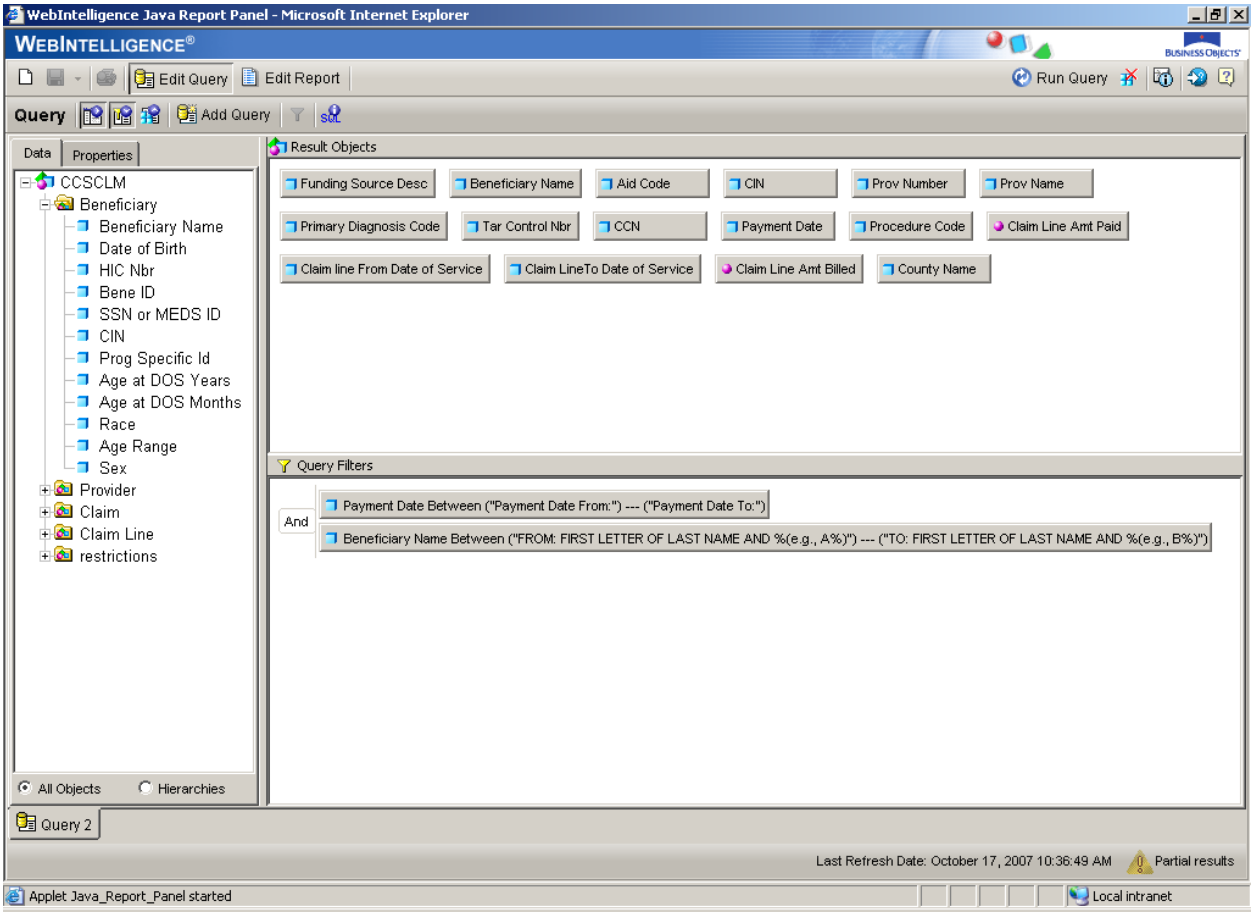
X0506

Procedure Ind Desc	Funding Source	Claim Count	Paid
HCPCS LEVELS II AND III	CCS-ONLY	6	$375.00
HCPCS LEVELS II AND III	HEALTHY-FAMILIES	5	$200.00
HCPCS LEVELS II AND III	MEDI-CAL	40	$5,025.00
	Total:	**51**	**$5,600.00**

Expenditures Detail Report (by Payment Date, First Ltr of Last Nm)

List of claims by funding source.

Prompt: From Payment Date, To Payment Date, From First Ltr of Last Nm, To First Ltr of Last Nm)



Expenditures Detail Report

ALAMEDA

MEDI-CAL

Beneficiary Name	Aid Code	CIN	Pr Diag	Provider #	Provider Name	SAR/TAR	Claim Control #	Proc Code	Pmt Dt	Paid
CLIENT NAME	60	CIN	3441	PROV #	PROV NAME	00000000008	4356999999900	Z4307	1/3/2005	$24.97
CLIENT NAME	60	CIN	3441	PROV #	PROV NAME	00000000008	4356999999901	Z7500	1/3/2005	$35.32
CLIENT NAME	6V	CIN	3431	PROV #	PROV NAME	00000000008	4356999999902	E1026	1/3/2005	$192.90
CLIENT NAME	6V	CIN	74510	PROV #	PROV NAME	00000000008	4356999999903	X4112	1/3/2005	$20.58
CLIENT NAME	30	CIN	7891	PROV #	PROV NAME	97000444999	4356999999904	99214	1/3/2005	$45.72
CLIENT NAME	60	CIN	5849	PROV #	PROV NAME	00000000008	4356999999905	4973501028	1/3/2005	$48.41
CLIENT NAME	60	CIN	5849	PROV #	PROV NAME	00000000008	4356999999906	0008703904	1/3/2005	$33.76
CLIENT NAME	60	CIN	5849	PROV #	PROV NAME	00000000008	4356999999907	7007406085	1/3/2005	$168.42
									Total:	**$570.08**

HEALTHY-FAMILIES

Beneficiary Name	Aid Code	CIN	Pr Diag	Provider #	Provider Name	SAR/TAR	Claim Control #	Proc Code	Pmt Dt	Paid
CLIENT NAME	9H	CIN	EMPTY	PROV #	PROV NAME	97000110041	4999966494000	6050501340	1/3/2005	$317.62
CLIENT NAME	9H	CIN	EMPTY	PROV #	PROV NAME	97000210041	4999966494100	6050501330	1/3/2005	$240.42
									Total:	**$558.04**

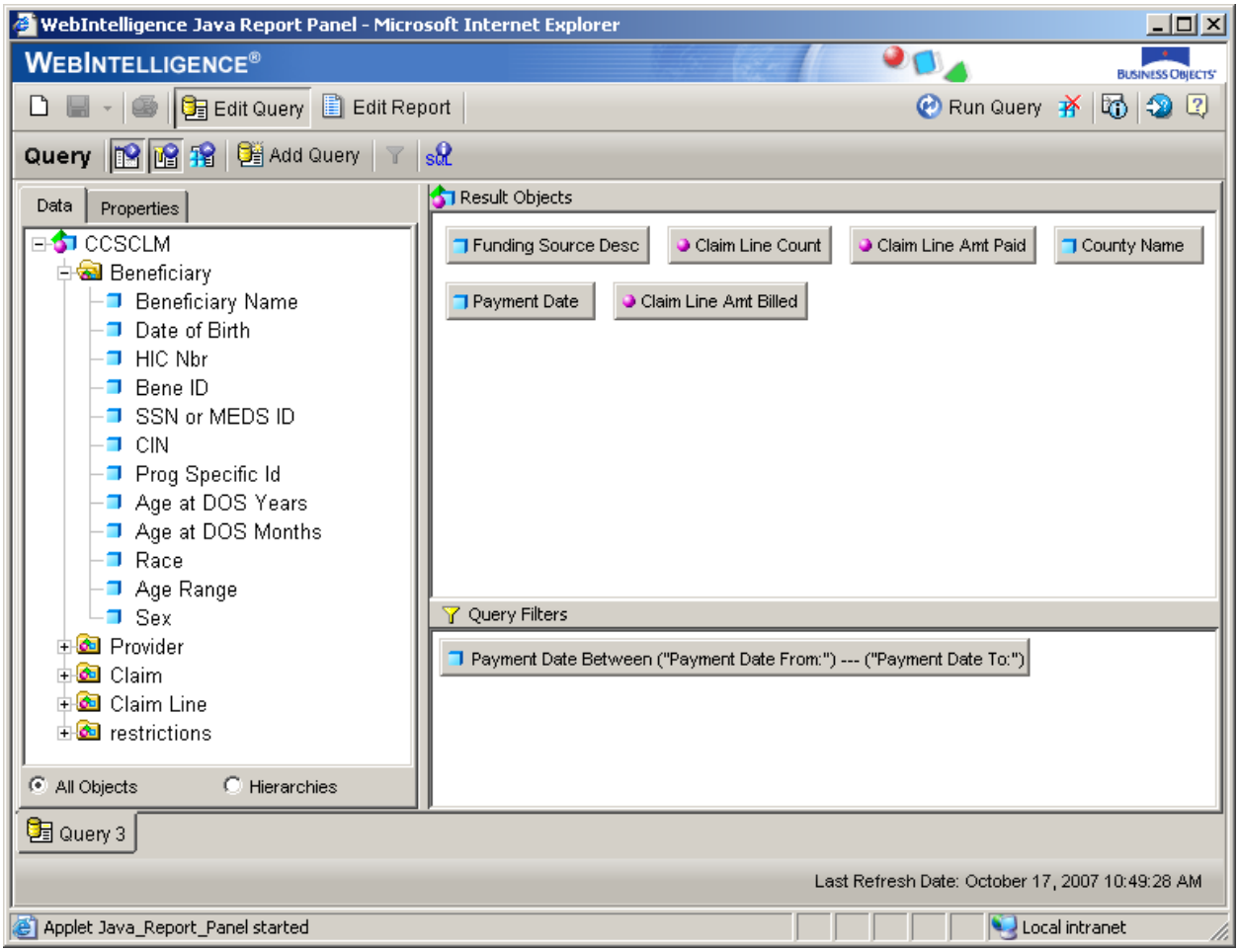
CCS-ONLY

Beneficiary Name	Aid Code	CIN	Pr Diag	Provider #	Provider Name	SAR/TAR	Claim Control #	Proc Code	Pmt Dt	Paid
CLIENT NAME	9K	CIN	1707	PROV #	PROV NAME	97000999999	4355999999200	80053	1/3/2005	$21.11
CLIENT NAME	9K	CIN	1707	PROV #	PROV NAME	97001000000	4355999999201	82248	1/3/2005	$10.03
CLIENT NAME	9K	CIN	1707	ZZT40271F	PROV NAME	97001000001	4355999999202	82977	1/3/2005	$14.38
									Total:	**$322.07**

Paid Claims by Funding Source - Summary Report (by Payment Date)

Count of number of claims and sum of total billed and paid by funding source.

Prompt: From Payment Date, To Payment Date



Paid Claims by Funding Source

COUNTY

Funding Source	Payment Date	Claim Count	Billed	Paid
CCS-ONLY	1/2/2007	106	$40,596.67	$18,168.68
	Sum:	**106**	**$40,596.67**	**$18,168.68**

Funding Source	Payment Date	Claim Count	Billed	Paid
HEALTHY-FAMILIES	1/2/2007	117	$46,132.43	$22,610.21
	Sum:	**117**	**$46,132.43**	**$22,610.21**

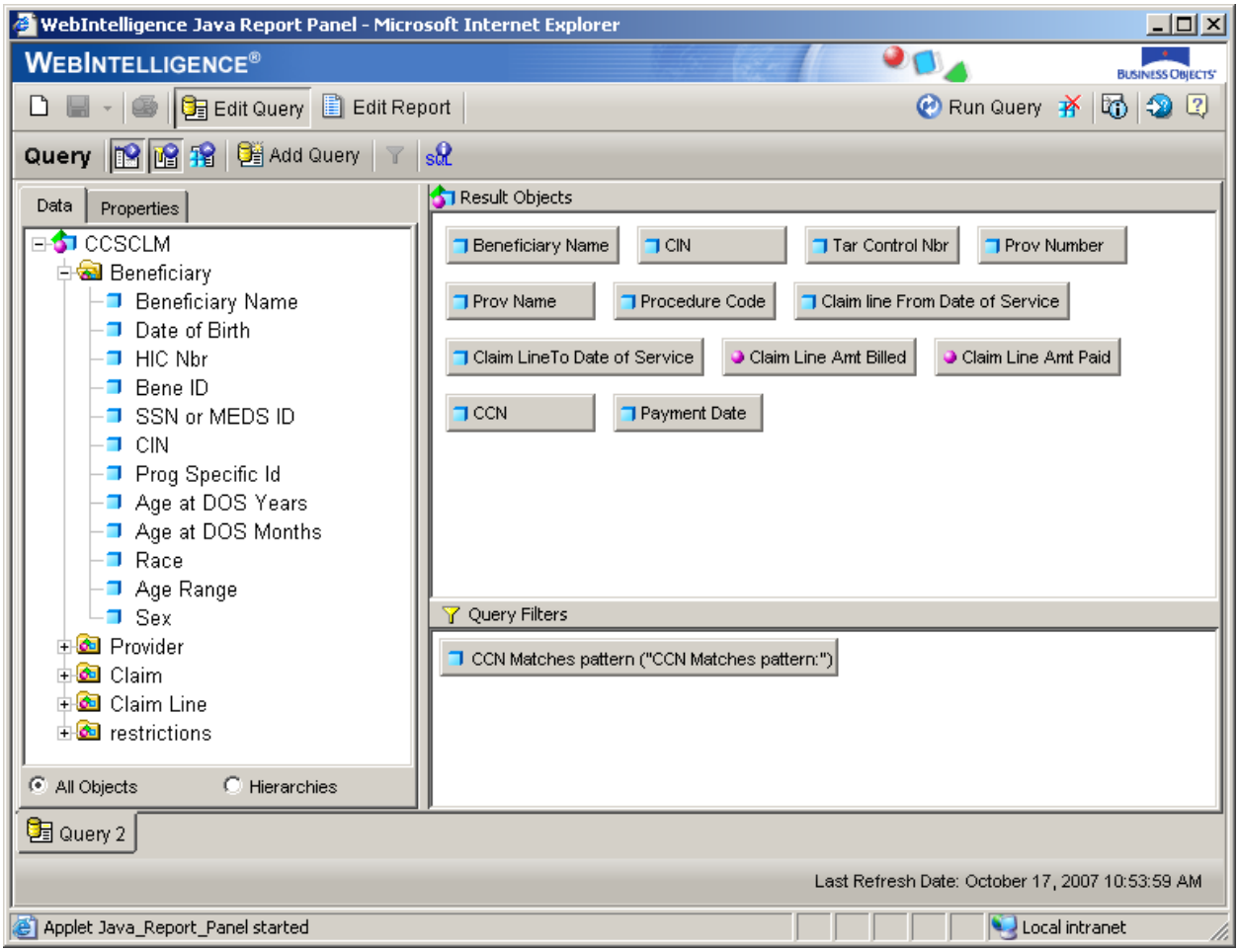
Funding Source	Payment Date	Claim Count	Billed	Paid
MEDI-CAL	1/2/2007	1447	$2,852,329.75	$794,347.97
	Sum:	**1447**	**$2,852,329.75**	**$794,347.97**

Total:	**1670**	**$2,939,058.85**	**$835,126.86**

Expenditures (by CCN)

List of claims by CCN, then SAR.

Prompt: Claim Control Number (99999999999%; % returns all lines of the claim)



Expenditures by CCN

LAST NAME FIRST NAME

99999999A

SAR/TAR	Claim Control #	Provider #	Provider Name	Proc Code	Pmt Dt	Frm DOS	To DOS	Billed	Paid
97000999900	6250609999900	PROV #	PROVIDER NAME	80048	9/18/2006	11/7/2005	11/7/2005	$253.00	$11.83
	6250609999901	PROV #	PROVIDER NAME	81003	9/18/2006	11/7/2005	11/7/2005	$46.00	$4.39
	6250609999902	PROV #	PROVIDER NAME	82803	9/18/2006	11/7/2005	11/7/2005	$731.00	$37.77
	6250609999903	PROV #	PROVIDER NAME	87088	9/18/2006	11/7/2005	11/7/2005	$39.00	$12.18
	6250609999904	PROV #	PROVIDER NAME	Z7502	9/18/2006	11/7/2005	11/7/2005	$535.00	$47.64
	6250609999905	PROV #	PROVIDER NAME	Z7610	9/18/2006	11/7/2005	11/7/2005	$124.00	$18.65
							Sum:	**$1,728.00**	**$132.46**

Total:	**$1,728.00**	**$132.46**