**Major Reports**

**Report Name: Report Purpose: Intended Users: Filters Data Elements**

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| 1 | Summary Trend by Month | To summarize the adjudication statuses by month | Provider/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names), Funding Type (All, Medicaid, Commercial and Escrow), Insurance Carriers (e.g. Blue Cross Blue Shield), Insurance Plan (e.g. HMO Blue) | Months, Claim Lines, Amount Billed, Claim Lines, Amount Billed, Amount Paid, % of Claim Lines Paid, Avg Amount Paid, Claim Lines, Amount Denied, Claims Lines, Amount Voided, Claim Lines, Amount Pending, % of Claim Lines Pending, % of Amount Billed Pending |
| 2 | Summary by Payer for Provider Payments | To summarize the adjudication statusespayer for provider payments | Provider/DOH |
| 3 | Summary Trend by Municipality | To summarize the adjudication statuses by municipality | Municipality/DOH |
| 4 | Summary Trend by Provider Payment | To summarize the adjudication statuses by provider payment | Provider/DOH |
| 5 | Detail Claim Transactions Report | To show claim detail transactions for paid, pending and denied transactions | Provider/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names), Funding Type (All, Medicaid, Commercial and Escrow), Insurance Carriers (e.g. Blue Cross Blue Shield), Insurance Plan (e.g. HMO Blue) | Member Last Name, Member First Name, DOB, Source System, Source System Member Id, Municipality, Billing Agent , Billing Provider, SFA Claim Number, Source System Claim Number, Diagnosis Code, Procedure Code, Modifier 1, Modifier 2, Modifier 3, Modifier 4Units, Amount Billed, Allowable Amount, Contractual Adjustment, Deductible, Copay / Coinsurance, Other Adjustment, Amount Paid, Amount Denied, Amount PendingPayer, Payer Sequence, Claim Iteration, Date of Service , Date Received by SFA, SFA Claim Creation Date, Date Submitted to Payer , Date Adjudicated by Payer, SFA 835/RA Creation Date, Adjustment Reason Code, Adjustment Reason Code Description, Remittance Advice Remark Code, Remittance Advice Remark Code Description |
| 6 | Detail Claim Report | To show the final/current adjudication status of a claim | Provider/DOH |
| 7 | Exception Report Summary (Claims Web Portal Status) | To show batches with errors | All | From Date, To Date , System Source (All, NYEIS, KIDS), Billing Provider | Ref #, Date Entered into Web Portal, Source System, File Name, Trading Partner ID/Submitter ID, Batch Number, Billing Provider, Override Date Received, File Type (P: Professional) (H: Hospital), Total Claim Count, Detail Claim Count, Date Loaded, Last Processed, TA1 (Y/N), 999 (Y/N), 999 Pass: P Rejected, Claims with Errors (original), Claim Posted, Total Errors (including detail claim count), Status, Original/Resubmission/Void |
| 8 | Exception Report Detail (Claims Web Portal Status) | To show the specific claims that had errors within the batch | All | From Date, To Date , System Source (All, NYEIS, KIDS), Billing Provider | Ref #, Date Entered into Web Portal, Source System, File Name, Trading Partner ID/Submitter ID, Batch Number, Billing Provider Name, Billing Provider NPI, Billing Provider Tax ID, Rendering Provider Name, Rendering Provider NPI, First Name, Last Name, DOB, Date of Service, Amount Billed, Batch Error Edit 1, Batch Error Edit 2, Batch Error Edit 3, Batch Error Edit 4, Web Portal Claim Number, Date Posted, Original/Resubmission/Void,  |
| 9 | Provider Payment Profile Summary | To review a summary of provider payments by month | Provider/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names), Payer Category (All, Medicaid, Commercial and Escrow), Insurance Carriers (e.g. Blue Cross Blue Shield), Insurance Plan Name (e.g. HMO Blue) | Month Billed, Amount Billed, Amount Pending, Amount Paid, Percentage Pending, Percentage Paid  |
| 10 | Provider Payment Profile Detail  | To review and analyze payments and checks made to billing providers | All | Payer Category, Amount Billed, Amount Paid, Amount Pending, Percentage Paid, Percentage Pending, Check or Trace Number, Insurance Carrier, Insurance Plan Name, Municipality, Check Date, Medicaid Cycle, Amount Billed, Adjustments, Amount Paid, Check Amount, Safety Net Repayment Amount, Claims, View Details (Hyperlink Details) |

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| 11 | Claims Aging Summary Report by Municipality | To summarize the aging (not fully adjudicated) claims by Municipality | Municipality/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names), Funding Type (All, Medicaid, Commercial and Escrow), Insurance Carriers (e.g. Blue Cross Blue Shield), Insurance Plan (e.g. HMO Blue) | Municipality, Total Claims Aging, Total Claims Pending, Total Claims Suspended, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days, Municipality(Municipality Rpt) Provider(Provider Rpt)Insurance Plan and Carrier Name(Payer Rpt), Total Amount Billed Aging, Total Amount Billed Pending, Total Amount Billed Suspended, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days |
| 12 | Claims Aging Summary Report by Provider | To summarize the aging (not fully adjudicated) claims by provider | Provider/DOH |
| 13 | Claims Aging Summary Report by Payer | To summarize the aging (not fully adjudicated) claims by payer | Provider/DOH |
| 14 | Claims Aging Detail | To show the details of claims that are not fully adjudicated | Provider/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names),  | Last Name, First Name, DOB, Municipality, Billing Provider, SFA Claim Number, Source System Claim Number, Insurance Carrier, Insurance Plan Name, Amount Submitted, Date of Service, Date Received, Date Submitted to Payer, Days Aging |
| 15 | Adjudicated Claims Turnaround Summary by Payer | To review the turnaround time of fully adjudicated claims by Payer | Provider/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names), Funding Type (All, Medicaid, Commercial and Escrow), Insurance Carriers (e.g. Blue Cross Blue Shield), Insurance Plan (e.g. HMO Blue) | Insurance Carrier, Insurance Plan Name, Total Claims, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days, Municipality(Municipality Rpt) Provider(Provider Rpt)Insurance Plan and Carrier Name(Payer Rpt and Rpt 18), Total Amount Billed, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days, < 30 Days, 31 ‐ 60 Days, 61 ‐ 90 Days, 91 ‐ 120 Days, > 121 Days |
| 16 | Adjudicated Claims Turnaround Summary by Municipality | To review the turnaround time of fully adjudicated claims by Municipality | Municipality/DOH |
| 17 | Adjudicated Claims Turnaround Summary by Provider | To review the turnaround time of fully adjudicated claims by Provider | Provider/DOH |
| 18 | Adjudicated Claims Turnaround Detail | To review and analyze the individual turnaround time of fully adjudicated claims | Provider/DOH |
| 19 | Municipality of Residence/Fiscal Responsibility Differences Detail | To review children's who Municipality of residence does not match the Municipality of responsibility | Municipality/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal  | Last Name, First Name, Source System Member Id, Municipality of Residence, Municipality of Fiscal Responsibility, Provider Name, Service Type, Authorization |
| 20 | Medicaid Code 35 Error Detail | To research and resolve claims that are receiving a Medicaid Code 35 Error | All | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal  | Last Name, First Name, DOB, Source System Member ID, System Source, Billing Provider, First Authorization Date, Medicaid Number, Total Amount |
| 21 | Claims Needing Attention Detail | To review and work claims that require attention due to denials or rejections | Provider/DOH | From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York, Individual Municipality Names),  | Last Name, First Name, DOB, Source System, Source System Member Id, Municipality, Billing Provider, Rendering Provider, SFA Claim Number, Source System Claim Number, Date of Service , Diagnosis Code, Procedure Code, Modifier 1, Modifier 2, Modifier 3, Modifier 4, Units, Amount Billed, Amount Denied, SFA Denial Code, SFA Denial Code Description |
| 22 | Denial and Rejection Trend Report ‐ Number of Claims | To analyze rejection trends by the number of claims | Provider/DOH | Denial/Rejection Type (SFA Denial, 277 Rejection, 835 Denial), From Date, To Date , Date Type (Date of Service, Date Received, Claim Creation Date, Submission Date, Adjudication Date, 835 Creation Date), System Source (All, NYEIS, KIDS), Billing Provider , Provider Type (Ordering, Prescribing, Referring, Attending/Rendering) , Provider Name, Municipality Type (Authorizing, Fiscal Responsibility, Residence), Municipality (All, New York City, Rest of New York,  | Claim Adjustment Reason Code, Claim Adjustment Reason Code Description, Month‐1, Month‐2, Month‐3, Month‐4, Total, Claim Adjustment Reason Code, Claim Adjustment Reason Code Description, Month‐1, Month‐2, Month‐3, Month‐4, Total  |
| 23 | Denial and Rejection Trend Report ‐ Amount Billed | To analyze rejection trends by the amount billed | Provider/DOH |  |  |

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| 24 | Municipality Escrow Balance Report | To check municipality escrow accounts for adequate funding. | Municipality/DOH | From Date, To Date | Municipality Name, Deposits, Checks, Balance, Outstanding, Projected Balance, Shortage, Municipality Name, Starting Deposits , Starting Payments , Starting Balance , Escrow Payments During Period , Escrow DepositsDuring Period , Ending Balance |
| 25 | Municipality Escrow Invoicing | To check municipality escrow payments, deposits, and pending amounts | Municipality/DOH | From Date, To Date | Municipality Name, Starting Deposits , Starting Payments , Starting Balance , Escrow Payments During Period , Escrow Deposits During Period , Ending Balance |
| 26 | Escrow Batch Checks | To check what providers in a given municipality were paid for a given check batch | All | Check Batch Date, Municipality Name, From Date, To Date , Provider Name | Municipality Name, Provider, NPI, Provider Name, Claims Detail (Hyper Link), Municipality Name, , Payment Number, Claims Detail (Hyper Link) |
| 27 | Escrow Check ‐ Municipality | To view a municipalities escrow check by provider and the claims associated with a given payment. | Municipality/DOH |
| 28 | Escrow Check ‐ Provider | To view a provider's escrow check by municipality and the claims associated with a given payment. | DOH/Provider |
| 29 | Escrow Summary Report | A summary of provider payments out of a municipalities escrow account and deposits into the account | Municipality/DOH | Start Date, End Date, Municipality Name, Per Check OR, Per Check Date OR, Per Check Date and Municipality | Municipality, Date, Type, Check Number, Description, Payment Amount, Deposit Amount |
| The following reports are canned reports that, unless otherwise specified with a date filter by the user, automatically populate based on the current 12 month period. The reports present data both in  |
| 30 | Distribution by Payer Type | To look at the percentage distribution of all funds for EI services by payer type for a given time period. | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Payer Type, Percentage Distribution, Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Percentage Distribution |
| 31 | Lag Analysis on Adjudicated Claims by Month | To look at how long it is taking claims to fully adjudicate in a given month.  | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Payer Type, Percentage Distribution, Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Percentage Distribution |
| 32 | Number and Percent of Claim (Units) Adjudicated by Payer Type. | To look at the number as well as the percent of a payers total claims that have made it to full adjudication. | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Percentage of Claims, Absolute Number of Claims, Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Percentage of Claims |
| 33 | Percent of Claim (Units) Fully Adjudicated by Month | To look at the number as well as the percent of claims that have made it to full adjudication in a given month. | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Percentage of Dollars, Payer Type |
| 34 | Percent of Claim Dollars Adjudicated | To look at the dollar value of adjudicated claims, from all claims submitted in a given month, by payer type | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Percentage of Dollars, Payer Type |
| 35 | Total Funds Expended to Date by Month | To look at the total value of dollars expended to date, by payer type, for a given month. | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Total Dollars expended in a given month, Payer Type |
| 36 | Value of Claims Paid by Payer Type | To look at the total value of claims paid, by payer type for a given 12 month period (or period as specified by user). | DOH |  | Start Date (Month/Year), End Date (Month/Year), Last Refresh Date, Total Dollars expended in a given month, Payer Type |

Here are required Child Case Management reporting elements filtered by municipality, statewide and provider:

* Number of Referrals
* Referral Details
* MDE Status
* Eligibility Status and Details
* Number of eligible children
* Insurance status of children
* Upcoming IFSPs and Review Due Dates
* Initiation of Services and Services with No Providers
* Service Authorization and Utilization
* Caseloads by service coordinator including child names and DOB
* EIO/D Caseloads
* Transition Activities
* At- Risk Referrals and Status
* Child Counts

Here are required Provider Management reporting elements filtered by provider, service and municipality:

* Approval status
* Catchment area
* Qualified Professions, Licensure, Certifications
* Agency program director and qualified personnel,
* Employers/Employees/Contractors
* Employment histories
* Services authorized to provide, e.g. Speech Language, OT, PT, etc.
* Identification numbers, e.g. EIN, FEIN, NPI, SSN, Medicaid ID, etc.
* Provider type, e.g. agency, individual, DBA, etc.
* Service models, type of qualified personnel, areas of availability
* Provider information such as Medicaid number, national provider identification number (NPI#), name, billing address, physical address, clinical and tax identifiers, licensure information
* Employee lists and individual employment histories, current provider approval status, type of provider agreement and status