Alameda County
Behavioral Health Care Services

Insyst
MHS
Mini Report Manual
9.5

BHCS – Information System Support Services

Phone: (510) 567-8181
(M-F 7:30am to 4:30pm)
FAX: (510) 567-8161

E-Mail: ISHelpDesk@acbhcs.org

BHCS Web Site: WWW.ACBHCS.ORG/PROVIDERS

Provider Relations (800) 878-1313

Table of Contents:

12/2016

Report MHS 206
Staff Caseload Summary Statistics Report

Report Description:

For each staff person, this report shows active caseload: the number of clients served for the period, the total units of direct and indirect services, the total time spent on direct and indirect services.

Using the Report:

The report is used to distribute workload through the clinic and to monitor the level of service delivery by each staff person.

```
                                                                5-Dec-2016
                                                                Page 1357

                              Mental Health Services
                         Staff Caseload Summary Statistics

REPORT MHS 206A
FROM:  1-Nov-2016
TO: 30-Nov-2016 23:59:59.99
SRP-FACILITY NAME  123456
```

Staff Name	Id #	Begin Load	Open	Closed	End Load	Clients Served	Direct Units	Direct Time	Ind. Units	Ind. Time	All Units	All Time
SMITH	9999	3	0	0	3	0	0	0	0	0	0	0
		3	0	0	3		0		0		0	

```
Unique cases in this reporting unit this period: 0
```

Report PSP 117
Staff Activity Analysis Report

Report Description:

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

Using the Report:

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

```
                                                                  5-Dec-2016
                                                                     Page 1


                                Activity Analysis
                                Staff Hour Detail

Report PSP117
Alameda County

Reporting From:  1-Nov-2016
Reporting To:   30-Nov-2016
Reporting Date: 5-Dec-2016

WEST COUNTY - OP (999999)
SMITH      JOHN       (12345)              Contacts                Time/Hours
           340   Individual                    1                         1.00

                                           _____                _____
                                               1                         1.00

SMITH      JANE       (12456)              Contacts                Time/Hours
           340   Individual                    5                         6.50
           350   Group                         3                         5.00
           402   Mental Health Promotion       1                         1.00

                                           _____                _____
                                               9                        12.50

SMITH      JEAN       (10123)              Contacts                Time/Hours
           340   Individual                   13                        14.00

                                           _____                _____
                                              13                        14.00

SMITH      LINDA      (10456)              Contacts                Time/Hours
           330   Assessment                    5                        10.00
           340   Individual                   45                        36.08
           350   Group                         3                        11.33

                                           _____                _____
                                              54                        57.42
```

12/2016

Report PSP 131
Reporting Unit Service Summary by Provider

Report Description:

This report shows the total services by type for the specified reporting unit during the specified time period.

Using the Report:

Use this report as a planning tool, to audit service entry and program productivity.

```
                                                                      16-Dec-1992
                                                                          Page 1
                                     Service Summary
                             Direct and Indirect Services


Report PSP131
Reporting Period:  From 01-Nov-1992 to 30-Nov-1992

Service Site                     Service Total                    Total Hours

WESTSIDE OUTPATIENT    (999999)

      310 Collateral                  10                                 13.80
      330 Assessment                  84                                123.40
      340  Individual                318                                330.50
      350  Group                     176                                581.50
      360  Medication                218                                102.80

      Sub Total for Direct Services  806                               1152.10

         Total Services for  999999  806                               1152.43
```

Report MHS 854

Primary Staff and Co-Staff Activity Summary Report

Report Description:

This report prints only the summary pages from MHS 855.

Report MHS **854A** reports client units and staff time by procedure code.

Report MHS **854B** reports client units and co-staff time by procedure code.

```
                          Staff Activity Analysis
                Hours and Units of Direct/Indirect Service by Staff

Report MHS 854A - Total
Report Period From: 1-Mar-1994
Report Period To:   31-Mar-1994
Reporting Date:     12-apr-1994  08:00:36.37

Provider/Reporting Unit: WESTWOOD CH (999999)

      SFC Procedure Code/Name               Time/Hours          Units

       01 571 BROKERAGE SERVICES                 2.06               4
       07 577 INTEN CARE CORD KATIE A (ICC)      7.57               6
                                            _____        _____
      SFC TOTAL                                  9.63              10

       10 310 COLLATERAL - CAREGIVER           14.04              10
       30 324 96151 BEHAVIORAL EVAL             1.27               1
       30 581 PLAN DEVELOPMENT                  3.15               2
       40 381 INDIVIDUAL REHABILITATION        38.12              11
                                            _____        _____
      MHS Total                               56.58              24

                                            _____        _____
      Reporting Unit Total Direct             66.21              34


                         CoStaff Activity Analysis
                Hours and Units of Direct/Indirect Service by CoStaff

Report MHS 854B - Total
Report Period From: 1-Mar-1994
Report Period To:   31-Mar-1994
Reporting Date:     12-apr-1994  08:03:03.99

Provider/Reporting Unit: WESTWOOD CH (999999)

      SFC Procedure Code/Name               Time/Hours          Units

       30 325 90889 PSYDIAGEVAL NONFACE/FACE     0.33               1
                                            _____        _____
      MHS Total                                 0.33               1
                                            _____        _____
      Reporting Unit Total Direct               0.33               1
```

Report MHS 855

Staff Analyst Totals

Report Description:

This report shows the total services by type for the specified reporting unit during the specified time period. There are three versions of the report: Totals, Primary Clinician and Co-Staff Reports.

Using the Report:

Use this report as a planning tool, to audit service entry and program productivity.

NOTE: Time on this report is reported in 100ths of an hour, NOT in hours and minutes.

```
                    Staff Activity Analysis - TOTAL
              Hours and Units if Direct/Indirect Service by Staff


Report MHS 855 Staff - TOTAL
Report Period From:  1-Dec-2007
Report Period To:   31-Dec-2007
Reporting Date:      1-Feb-2008 05:14:50.89


WEST MHS ADULT (99999)                   Units        Time/Hours      No Show Units

    300   No Show                                                            21
    311   Collateral                        10            6.99
    381   Individual Rehabilitation        213          257.94
    581   Plan Development                  30           43.51
                                    _____   _____      _____
Reporting Unit Total Direct               253          308.44               21
```

Report MHS 696
Service Detail and Audit Report

Report Description:

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

Using the Report:

Review the report for accuracy against the clients chart, and make needed corrections. For example, delete duplicates, delete/re-enter services recorded or entered incorrectly, or enter new services if necessary.

```
                        Monthly Client Services Listing


Report MHS696
Written by BHCS -- IS System Support
Run Date:  3-Feb-2010 21:32:27.63
Services from:  1-Jan-2010 through 31-Jan-2010

WEST MHS ADULT      (99999)

ATTENTION: Report has been modified to reflect Medi-Cal Elig/Aid Code, Insurance, Medicare and HPAC.
      Aid Codes with an asterisk (*) are restricted aid codes, handle appropriately per client
      circumstances. The Primary Diagnosis from the episode along with the ICD10 translation has been
      added as of 10/1/2015.

CLIENT: SMITH JOHN          999999999
_____
INSYST INSURANCE/MEDI-CAL INFORMATION: Medi-Cal Elig Record for 10/2011 :   12345678A     Aid Code: 00
                            Insurance Policy Record in InSyst:  No Active Policy Record in InSyst
                            Medicare Policy Record in InSyst:  Yes
                            HPAC Policy Record in InSyst:      No Active Policy Record in InSyst
_____

Srv Date      Procedure        Staff       Time   Co-Staff    Time    Grp# Loc  Prg/ER/Dup  PrmDX/ICD10

9-Nov-2016  644 99213 INDV   9999 MOORE  00:25               00:00    1   3    N/N/        296.04/F30.2


                        ***********************
                        Confidential Information
                        ***********************
```

Report OPS 983
Monthly Client Address Report

Report Description:

This report is generated once a month and sent to your printer queue to list bad addresses to be corrected.

```
Report OPS983

Time Period:  1-Nov-2016 30-Nov-2016 23:59:59.99

E BAY COMM REC PROJ MHSA FACT-(99999)


ATTENTION: In order to successfully claim to Medicare and or Medi-Cal, as per the Federal guidelines
           and State regulations a complete and accurate address including the zip+4 in InSyst is
           required. Failure to provide the required address may result in a Medicare and or Medi-cal
           DENIAL.


           Please note that services were entered by your program for the clients on this report
           within the time period.

           There are multiple reasons why your client would be on this report:

           (1). There is no address in InSyst and you need to obtain one and enter it.

           (2). The address is marked as BAD and you need to obtain the good address and enter it.

           (3). The street name is missing, UNKNOWN, unknown, UNK or unk and needs to be corrected.

           (4). The zip plus-4 field is blank and needs to be corrected OR zip plus-4 has an invalid
           number.

           (5). There is an address but when compared with the CITY/STATE/ZIP master file it does not
           have a match.
```

			Effective	
Client#	Client Name	Client Address	Date	Errors
==				
99999999 -	JOHN DOE -	1234 None ST, OAKLAND, CA 94608-0	13-Nov-2015	4
99990000 -	MARY SMITH -	1234 Hello ST 123, OAKLAND, CA 94612-0	01-Jun-2014	4
00009999 -	JAMES SMITH -	1234 Totally ST, OAKLAND, CA 94601-0	18-Oct-2016	4

```
                      ************************
                      Confidential Information
                      ************************
```

Report PSP 613
Missing CSI Data Report

Report Description:

This report shows all clients that are missing initial or annual update Registration or Episode Opening data.

Using the Report:

Client Registration, Episode Opening or Annual Update forms should be compared to the data entered in INSYST. If data is missing on the forms then the form should be returned to the assigned Clinical Staff for completion.

```
                                                          4-Jun-2007
                                                             Page 1
                    Missing CSI Initial or Annual Periodic Data


REPORT PSP613
Prepared by Behavioral Care Information Systems
Clients in Open Status on:  4-Jun-2007 11:01:19.49
   with Initial or Annual Periodic Data missing or not updated since:  1-Jul-2006

Run Date :  4-Jun-2007 11:01:19.49


                                       Opening        Last Service    July
Client Name                 Client #   Date           Date            Opening Date

WEST MHS ADULT 99999

SMITH          SCOTT        99999999   22-Aug-2006    30-May-2007
SMITH          DAILEY       00000000   25-Jul-2002    5-Feb-2007      ******




                    ************************
                    Confidential Information
                    ************************
```

Report MHS 140
Client Information Face Sheet

Report Description:

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

Using the Report:

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

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

```
Report MHS 140


                             CLIENT INFORMATION FACE SHEET

         Report MHS 140
         Run Date: 21-MAY-1993                                                    PAGE 1

*******************************************************************************************
                             C O N S U M E R   I N F O R M A T I O N
Name:      JOHN DOE            Number:    12345         Birthdate: 15-AUG-1977
Address:   123 SUMMER WAY      SSN        XXX-XX-XXXX    Sex: F       Age: 15
           GOLDVILLE, CA 99697 Other ID#: 110789        Language:  English
Phone:     (   )   -           Marital:   Never Married Education: 8 years
Staff:                         Disability:None          Ethnicity: White   Hispanic Origin: Unknown
Aliases:   None
RP Owes:   $57.00                         Medicaid: 123496789      Last Eligibility: 02/1993
Insurance: MOLINA MEDICAL CENTER (1234)
_____
                        PERSON TO NOTIFY IN CASE OF EMERGENCY:
Name: _____ Relationship: _____
Address: _____ Phone: _____-_____ Night: _____-_____
*******************************************************************************************
                             C L I N I C A L   H I S T O R Y
                        Primary                      Total Last     Legal Legal   Stability
RU        Opening     Closing    Dianosis Clinician Physician Units Service  Status Consent Rating&Date
------OPEN EPISODES----------------------------------------------------------------------
XXXXX    16-NOV-1992            298.90   DOE,JOHN   SMITH     13 22-FEB-1993 W60000
XXXXX     2-FEB-1992            295.70   DOE,JOHN   SMITH     22  2-FEB-1993 W60000
------CLOSED EPISODES--------------------------------------------------------------------
XXXXX    23-FEB-1993 23-FEB-1993 295.90  SMITH,MARY DOE        0               W51500
XXXXX     2-FEB-1993  3-FEB-1993 295.90  SMITH,MARY DOE        0               W51500
XXXXX    26-JUL-1992 26-JUL-1992 295.90  SMITH,MARY DOE        1 26-JUL-1992 W51500
*******************************************************************************************
Total Episode Count = 5
```

Report BHCS 121
Program Medi-Cal Verification Caseload Report

Report Description:

This report lists all the clients with open cases for each reporting unit. It includes client name, client number, opening date, closing date, age, primary diagnosis, primary staff, last service, Medi-Cal verification, and aid code.

Using the Report:

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

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

```
                  Program Medi-Cal Verification Caseload Report


Report BHCS121
ABC Hospital     (12345)


Cases active as of: 25-Dec-1992


The information on this report is accurate as of the date in the upper right hand corner of the report; the report
reflects clients open on the CASES ACTIVE AS OF: date.  The Closing Date field will be populated when a client has left
the program after the beginning of the current month.  Compare the Medi-Cal Verification and Aid Code to the information
obtained by your program from the State's Automated Eligibility Verification System (AVES) and then proceed per the Medi-
Cal verification procedures.

                   Please Note: ICD10 Diagnoses has been added as of 10/1/2015.


                                        A
                 Client      Opening    G                     Primary    Last     Medi-Cal    Aid
    Client Name  Number      Date       E    PrmDX / ICD10    Staff      Svc      Verification Code

SHEILA SMITH     09090909    11/25/15   16   312.3 / F63.81   OUT OF COU          12/2016     6V
JAMES SMITH      90909090    7/30/16    19   295.9 / F20.9    OUT OF COU          12/2016     P5



TOTAL OPEN CASES FOR ABC Hospital.                      2



                          ************************
                          Confidential Information
                          ************************
```

Report PSP 100
Primary Staff Active Caseload Report

Report Description:

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

Using the Report:

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

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

Distribution: The report should be distributed to Supervising Staff and Clinicians.

Supervising Staff
- ❖ **Review for last date of service, and notate concerns of gap in services or data entry delays**
- ❖ **Assure that all clients have valid Axis I diagnosis**
- ❖ **Pass along to Clinical Staff**

Clinical Staff
- ❖ **Review for last date of service**
- ❖ **Assure that all clients have current Axis I diagnosis (the diagnosis may have changed during development of Initial Treatment Plan).**

```
                    Primary Staff Active Caseload              20-May-1993
                                                                  Page 1
Report PSP 100
Alamada County
SRP - ABC Care Home              (12345)


Caseload for: SMITH      JOHN
Cases active as of:  3-Dec-2016
```

Client Name	Client Number	Opening Date	AGE	Primary Diagnosis	Last Service Date	Physician	Other RU Staff
RHONDA SMITH	99009900	11/29/95	78	295.70		Staff	
PAULINE SMITH	00990099	10/01/95	61	295.90		Staff	
Also Open At: SCHU FFS		7/29/99		295.90	2/05/15		MOORE

```
                        *************************
                          Confidential Information
                        *************************
```

13

Report MHS 442
Daily Service Audit Listing Report

Report Description

This shows all services (based on services stamp) entered into the computer for each clinician for the day of the report run. Information includes service date, clinician, client served, procedure, number in group, service duration, service location, and co-staff. "# in Group" and Co-staff" contain an asterisk for non-group procedures.

How to Get the Report

The report generated and queued to your printer automatically the day after services are input.

How to Use the Report

Review for accuracy. The report is intended as a data entry management tool to assist a manager in making sure all the services performed in a clinic are being entered on a timely basis. If service entry is abnormally low, an audit of the data collection and service entry process may be needed. If there is incorrect information, episode and service updating may be required.

```
                                  Daily Service Audit Listing


Report MHS442
Written by BHCS - IS System Support
CITY OF BERKELEY FSP CHILD      (12345)

Primary Therapist: AMY SMITH
Service Audit Date: 2-Dec-2016


Client #         Client Name      Procedure       Grp#    Loc     Time    Co-Staff    Name          Co-Time     PRG/ER/DUP

99999999         DOE    JOHN      311 COLLATERAL    1      1      01:30    ****        **********     00:00       N/N/



                                  ************************
                                  Confidential Information
                                  ************************
```

Report OPS 485
UC Actions Due Detail by Provider/Staff Report

Report Description

Information on this report reflects open episodes where the UC Actions are expired or will expire within the report period. Clients marked as delinquent (D in last column) below require immediate attention! Clients with ** after the expiration date are currently off track. Please review these clients to see if the episode needs to be closed or an action needs to be completed. If you require assistance please contact the Help Desk.

```
                    UC Actions Due – Detail by Provider/Staff

Report OPS485 – Detail
ABC Hospital (12345) Mode: 15 – UC Type: OPT

Report Period: 11-Dec-2016  -  8-Jan-2017

Please distribute this report to: Mary Smith (1234)

Information on this report reflects open episodes where the UC Actions are expired or will expire
within the report period. Clients marked as delinquent (D in last column) below require immediate
attention! Clients with ** after the expiration date are currently off track. Please review these
clients to see if the episode needs to be closed or an action needs to be completed. If you require
assistance please contact the Help Desk.
```

Client#	Client Name	Episode Opening Date	Period Start Date	Period End Date	Most Recent Action	Eff Date	Exp Date	Last Service Date	STAT
8888999	AMY DOE	17-Dec-2007	01-Jun-2008	30-Nov-2008	OPT Review	01-Jul-2008	30-Nov-2008	10-Jan-2008	D

```
            Total actions due: 1   Total actions Delinquent: 1


                  *************************
                  Confidential Information
                  *************************
```