



SSIS Fiscal V15.4 Release Training

12/08/2015

Presented by: Janel Heath – SSIS Fiscal Trainer

V15.4 Release Training Includes:

Healthcare Claiming

- ▣ Added Exclusion indicator column to reports
- ▣ Removed DD & LTC Supplemental Healthcare Eligibility information from reports
- ▣ Added Purpose to the Time Proofing tab
- ▣ New Proofing message #2308 for ECS
- ▣ New Assessment/Exit Code – 49
- ▣ CADI name change
- ▣ ECS now in effect to use for Workgroups
- ▣ ICD-10 Update

V15.4 Release Training Includes:

Child Foster Care (CFC) Report

- ▣ Security Function Names changed
- ▣ New Message when the connection between SSIS Worker and SSIS DHS is down
- ▣ Field & Column changes
- ▣ Child Count Proofing category removed
- ▣ New Manage Grid Settings
- ▣ Flipping Claims
- ▣ Legacy IV-E claims now display a DOC field instead of a MAPCY field

V15.4 Release Training Includes:

- ▣ Change to Use Other Vendors on Service Arrangements
- ▣ BRASS Changes for 2016
- ▣ Access Table Viewer from SSIS Admin
- ▣ Searches/Logs menu updated
- ▣ Another option available to email banded reports
- ▣ What should you remember?
- ▣ Additional Resources

V15.4 Healthcare Claiming Changes



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Client Time Detail Report

Added Exclusion

- Y = Exclusion entered on the Time Record
- N = No Exclusion entered on the Time Record

Client Name	Date	Regarding Duration (Min.)	Svc Code	Activity	Status	Method	Location	Claimed	Exclusion
Date of Birth									
Duration		:00:01 AM	60	193 Client contact	Completed	Face to face	Child's residence		N
Employee Type		:00:01 AM	120	101 Consultation	Completed	Other	Field/home		N
Est. Date of Birth									
Exclusion									
On Behalf Of #									
PMI #		00:00 PM	30	490 Travel in county	Completed	Face to face	Other		N
Program		:00:01 AM	10	490 Client contact	Completed	Phone	Office		N
SSIS Person #		:00:01 AM	60	490 Collateral contact	Completed	Face to face	Office		N
SSIS Workgroup #									

Note: This is an optional column.

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Payments – Not Automated Potentially Billable Report

Added Exclusion

- Y = Exclusion entered on the Payment
- N = No Exclusion entered on the Payment

Setup Payments - Not Automated Potentially Billable									
HCPCS/Modifiers									
Client Name	Service Start Date	Service End Date	Svc Code	Service Vendor	Rate	Units	Amount	Exclusion	
County Defined Field				Intervention; mental health professional or practitioner					
County Person #	01/31/2008	446		GARDEN CONSTRUCTION	\$75.0000	5.00	\$375.00	Y	
Current Primary Worker	01/31/2008	446		GARDEN CONSTRUCTION	\$50.0000	5.00	\$250.00	N	
Date of Birth	01/31/2008	446		GARDEN CONSTRUCTION	\$5.0000	5.00	\$25.00	N	
Date of Death									
Exclusion									
Gender				Intervention mental health rehabilitation worker					
HCPCS Unit Type	12/31/2007	446		GARDEN CONSTRUCTION	\$75.0000	5.00	\$375.00	N	
HCPCS/Mod Code	12/31/2007	446		GARDEN CONSTRUCTION	\$75.0000	(5.00)	(\$375.00)	N	
HCPCS/Mod Description									

Note: This is an optional column.

DD Screening Detail Report

Removed DD Supplemental Healthcare Eligibility information

- Still includes:
 - Diagnoses entered in SSIS
 - MMIS DD Screening information

DD Screening Detail						
Name: Dee Dee, Dolly						
Date of Birth: 09/10/1969	Age: 46	Date of Death:				
SSIS Person #: 210494952	County Person #:	SSN:				
SWNDX #:	PMI #: 01365583					
SSIS Diagnosis						
Type	Code	Diagnosis	Primary	Start Date	End Date	
ICD-9-CM	385.82	CHOLESTERIN GRANULOMA	No	01/30/2014		
ICD-10-CM	E87.0	Hyperosmolality and hypernatremia	No	01/01/2014		
ICD-10-CM	F12	Cannabis related disorders	No			
MMIS DD Screening						
Action Date	Action Type	Status				
02/01/2008	Annual review	Approved				
Diagnosis Type	Case Manager					
Diagnosis 1	Diagnosis 2					
Diagnosis 3	Diagnosis 4					
MMIS DD Screening						
Action Date	Action Type	Status				
08/06/2007	Full team screening	Approved				
Diagnosis Type	Case Manager					
Diagnosis 1	Diagnosis 2					
Diagnosis 3	Diagnosis 4					

LTC Screening Detail Report

Removed LTC Supplemental Healthcare Eligibility information

- ▣ Still includes:
 - ▣ Diagnoses entered in SSIS
 - ▣ MMIS LTC Screening information

LTC Screening Detail						
Name: Listen, Larry						
Date of Birth: 05/01/1965	Age: 50	Date of Death:				
SSIS Person #: 208490650	County Person #:	SSN:				
SWNDX #:	PMI #: 02460879					
SSIS Diagnosis						
Type	Code	Diagnosis	Primary	Start Date	End Date	
HCD-9-CM	007.0	BALANTIDIASIS	No			
MMIS LTC Screening						
Activity Date	Activity Type		Status			
03/29/2007	Telephone screen		Denied			
Diagnosis Type	Case Manager					
Primary Diagnosis	Secondary Diagnosis					

Note: DD & LTC Screenings with Service Dates after 09/30/2013 are no longer claimed through SSIS. DD & LTC Screening Supplemental Eligibility is no longer needed for claiming in SSIS.

Healthcare Time Proofing Grid

Added Purpose

- ▣ View information entered in the Purpose field of a Time Record from Time Proofing
- ▣ Easily determine if an Exclusion should be added or if further research is needed

Note: This is an optional column.

Svc Code	Activity Date	Activity	Regarding Duration (Min)	Method	Status	Location	Worker	Purpose
County Person #	01/01/2013	Client contact	60	Face to face	Completed	Field/home	Heath, Janel	test

New Assessment/Exit Code

LTC Screenings from MMIS for AC and ECS clients

▣ 49 – Citizenship Verified

Document Number:	10101010101	Status:	A - Approved
Activity Date:	10/20/2015	Activity Type:	05 - Document Change Only
Program Type:	29 - Essential Community Supports		
Case Manager:			
CDCS:	<input type="radio"/> Yes <input checked="" type="radio"/> No	CDCS Amount:	
Verification Code:			
Assessment Results/Exit Reason 1:	49 - Citizenship Verified		
Results/Exit Reason 2:			
Effective Date:	10/20/2015		
Diagnosis Codes:			
Diagnosis Type:			
Primary Diagnosis:			
Secondary Diagnosis:			

- Graces/Visa
 - Address/Phone/Email/State Detail
 - Adolescent Services
 - Name/Race
 - Relationship
 - Employment
 - Disability/Diagnosis/Substance
 - Health/Insurance
 - Medication/Checkup
 - CW/Education/Infant and Toddler
 - CMH Screenings and Assessments
 - Court Actions
 - Permanency
 - MAPC/DOC Assessments
 - Workgroups & Intakes
 - Client Eligibility Log
 - Healthcare Eligibility from MMIS
 - DD Screenings
 - DT & H
 - Eligibility Spans
 - LTC Screenings
 - Rescare
 - PPHP Data
 - PPHP Exclusions
 - Recipient Cases
 - Service Agreements
 - TPL Policies
 - Waivers
 - Supplemental Healthcare Eligibility
 - Fiscal Details
 - Special Studies
 - Attached Files
 - Documents

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CADI Name Change

- ▣ Effective 10/01/2015
 - ▣ Changed from:
 - Community Alternatives for Disabled Individuals
 - ▣ New Name
 - Community Access for Disability Inclusion
- ▣ Programs affected:
 - ▣ 173 – Child – Community Access for Disability Inclusion
 - ▣ 673 – Adult – Community Access for Disability Inclusion

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Essential Community Supports (ECS)

New Program added in V15.4 to identify ECS Workgroups

- ▣ Available in Intakes, Workgroups, Contact/Activities, Service Arrangements & Payments
- ▣ Destruction Date for closed ECS Workgroups is 10 years from the closing date

Note: Can now close ECS workgroups for clients not receiving services any longer

Identification:			
Name:	Stanley Green - AECS Case Management 9/15/2015		
Description:	Stanley Green	SSIS Workgroup #:	010101010
Type:	Case Management	Agency Workgroup #:	20020020
Program:	Adult - Essential Community Supports	SSIS Case #:	101010101
Agency Case Extension:			
Status:			
Start Date / Time:	9/15/2015 12:00 AM	Status:	Open
Close Reason:			
Close Date / Time:		Destruction Date:	
Security / Workers:			
Unit:	Waiver Services	Primary Worker:	Parker, Peter

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ICD-10 Testing Done!!!

- ▣ Healthcare Claims Generated!
- ▣ Healthcare Claims Batches Submitted!
- ▣ Four Mental Health Billable Diagnosis Codes lists available in the Fiscal Mentor Manual:
 - ▣ [Mental Health Billable ICD-9 Codes in Alpha Description Order](#)
 - ▣ [Mental Health Billable ICD-9 Codes in Code Order](#)
 - ▣ [Mental Health Billable ICD-10 Codes in Alpha Description Order](#)
 - ▣ [Mental Health Billable ICD-10 Codes in Code Order](#)

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Are all your ICD-10 Codes Entered?

The screenshot shows the SSIS software interface. On the left, a 'Claim Errors' dialog box is open, displaying the message: 'Diagnosis: A Mental Health diagnosis is required.' Below this, a table lists activities for 'Client, A. MHTCM - 10/20/20'. The table has columns for Svc Code, Activity Date, Activity, Regarding Duration (Min), Method, Status, Location, and Worker. One row is visible with Svc Code '490', Activity Date '10/20/2015 12:00:00 AM', Activity 'Client contact', Method '5 Phone', Status 'Completed', Location 'Office', and Worker 'Bear, Bjorn'. Below the table, a 'Count: 44' is displayed. A dotted arrow points from the error message to the 'Diagnosis' checkbox in the 'Time Proofing' section, which is currently checked. Another dotted arrow points from the error message to the 'Count: 44'.

- ▣ SSIS Update #430 – 10/06/2015
- ▣ SSIS Update #433 – 11/24/2015



V15.4 Child Foster Care (CFC) Report Changes



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Security Functions Name Change

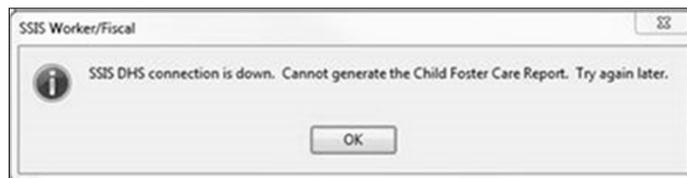
- ▣ Previously
 - ▣ Create IV-E Abstract Report
 - ▣ Submit IV-E Abstract Report
- ▣ Current
 - ▣ Create Child Foster Care Rpt
 - ▣ Submit Child Foster Care Rpt

Roles with these Functions will update automatically for all users

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New Message – No Connection



The SSIS DHS database and your agency’s SSIS database must be connected to generate the Child Foster Care Report.

COA Column Added to Child Foster Care Claims Grids

- ▣ Child Foster Care Report Claims Grid
- ▣ Child Foster Care Claims Search

IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	COA
CFC Claim #											
Orly Sub-Svc Description	05 06/30/2015	08/04/2015		Relative Uncensored	NYL	\$660.90	\$0.00	\$0.00	\$0.00	\$660.90	11-430-710-3810-6077
Orly Sub-Svc Number	05 07/31/2015	08/04/2015		Relative Uncensored	NYL	\$682.93	\$0.00	\$0.00	\$0.00	\$682.93	11-430-710-3810-6077
COA											
COY Placement #						\$1,343.83	\$0.00	\$0.00	\$0.00	\$1,343.83	
Continuous Placement Start Date											
Date of Birth	05 01/31/2015	02/09/2015		Chambersburg Family Foster Home	1	\$976.50	\$0.00	\$976.50	\$488.25	\$488.25	11-430-710-3810-6077
Eligible Amount						\$976.50	\$0.00	\$976.50	\$488.25	\$488.25	
Eligible DOC Points											
Eligible MAPCY Level											
						\$2,320.33	\$0.00	\$976.50	\$488.25	\$1,832.08	

Note: This is an optional column.

Payment Quarter Column Name Changed

Payment Quarter ➡ Payment Period

- ☐ Child Foster Care Claim Search
- ☐ Child Foster Care Claims tab (CFC Report)
- ☐ RCA Claims tab (RCA Report)

IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	Payment Period
Northstar Claim				Elsa							
Original CFC Claim #	02/28/2015	03/06/2015		Allen Child Foster Care	NYL	\$2,085.16	\$0.00	\$0.00	\$0.00	\$2,085.16	2015 Q1
Payment #											
Payment Period						\$2,085.16	\$0.00	\$0.00	\$0.00	\$2,085.16	
PRM User type				Erin							
PMI #	01/31/2014	02/01/2015		Allen Child Foster Care	NYL	\$774.07	\$0.00	\$0.00	\$0.00	\$774.07	2015 Q1
Reported Age						\$774.07	\$0.00	\$0.00	\$0.00	\$774.07	
Rule Code Description											
Service Code											
Service County Vendor #											
						\$10,186.08	\$3,636.32	\$3,690.53	\$1,845.27	\$2,859.23	

Note: This optional column displays the Payment Period in which the Payment was Paid.

Another Bug Terminated

Legacy IV-E Claims now display a blank Eligible DOC points field on the claims screen instead of a blank MAPCY Level field



IV-E Washington, Ellen (2/1/2011 - 2/28/2011) Maintenance **Payment**

Claim Summary

Client Name: IV-E Washington, Ellen IVE Claim: Yes No Northstar Claim: Yes No

Vendor Payment Amount: \$573.00 Eligible Amount: Non-Eligible Amount:

SSIS Person #: 2099... Reported Age: 4

Claim Details

Maximum Allowed: Eligible DOC Points: Exclude Supplemental Amount: Yes No

IV-E Maintenance %: IV-E Maintenance Amount: FFP Maintenance Amount:

IV-E Intake & Plan: FFP Intake & Plan:

CFC Claim #: 211253655 Maint Claim #: Legacy IV-E Claim: Yes No

Original CFC Claim #: Payment #: 210976734 Flipped: Yes No

State Report #: 211048112

Child Count Proofing – IV-E Eligibility Category Removed

Before:

Child Foster Care Claims Child Count Detail	Payment Proofing Child Count Proofing	Claimed Payment Proofing IV-E Recoveries	Child Count Ratios IV-E Remittance Advice
<input checked="" type="checkbox"/> Continuous Placement <input checked="" type="checkbox"/> Extended Foster Care <input checked="" type="checkbox"/> Placement <input checked="" type="checkbox"/> Placement Authority	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> IV-E Eligibility <input checked="" type="checkbox"/> Child Count Warnings		<input type="button" value="Search"/> <input type="button" value="Clear All"/> <input type="button" value="Select All"/> <input type="button" value="Restore Defaults"/>

After:

Child Foster Care Claims Child Count Detail	Payment Proofing Child Count Proofing	Claimed Payment Proofing IV-E Recoveries	Child Count Ratios IV-E Remittance Advice
<input checked="" type="checkbox"/> Continuous Placement <input checked="" type="checkbox"/> Extended Foster Care <input checked="" type="checkbox"/> Placement <input checked="" type="checkbox"/> Placement Authority	<input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Child Count Warnings		<input type="button" value="Search"/> <input type="button" value="Clear All"/> <input type="button" value="Select All"/> <input type="button" value="Restore Defaults"/>

New Manage Grid Settings for Child Foster Care Claims

Available from:

- Child Foster Care Report Claims Grid
- Child Foster Care Claims Search

Manage Grid Settings ✖

Name	Type	
Default Grid Settings	System	<input type="button" value="Select"/>
IV-E Claims - By FFP Type	System	<input type="button" value="Save"/>
IV-E Claims - By Rule Code	System	<input type="button" value="Delete"/>
IV-E Claims - Non-Rule 5 by Rule Code	System	
IV-E Claims - Rule 5 Only	System	<input type="button" value="Close"/>

IV-E Claims - By FFP Type

Review FFP Type for your Title IV-E Claims

Child Foster Care Claims Payment Proofing Claimed Payment Proofing Child Count Ratios Child Count Detail Child Count Proofing IV-E Recoveries IV-E Remittance Advice												
FFP Type <input type="text"/> Rule Code <input type="text"/> Payment Period <input type="text"/>												
	Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
	FFP Type : Minnesota											
					\$65,240.33	\$32,632.24	\$63,592.34	\$31,796.21	\$1,599.89	\$799.95	\$48.10	\$36.08
					\$65,240.33	\$32,632.24	\$63,592.34	\$31,796.21	\$1,599.89	\$799.95	\$48.10	\$36.08

- Use this Manage Grid Setting to determine if you are getting Tribal FFP when expecting it

IV-E Claims - By FFP Type cont.

Are there claims with Rule Code OT2 under the Minnesota FFP Type?

- Review Race and Placement to determine if the Title IV-E Claim is eligible for Tribal FFP

Child Foster Care Claims Payment Proofing Claimed Payment Proofing Child Count Ratios Child Count Detail Child Count Proofing IV-E Recoveries IV-E Remittance Advice												
FFP Type <input type="text"/> Rule Code <input type="text"/> Payment Period <input type="text"/>												
	Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
	FFP Type : Mile Lacs Band Tribe											
					\$941.10	\$781.11	\$941.10	\$781.11	\$0.00	\$0.00	\$0.00	\$0.00
	FFP Type : Minnesota											
	Rule Code : 1											
					\$51,553.19	\$25,776.67	\$51,553.19	\$25,776.67	\$0.00	\$0.00	\$0.00	\$0.00
	Rule Code : 4											
					\$4,999.01	\$2,536.00	\$0.00	\$0.00	\$4,853.12	\$2,426.58	\$145.89	\$109.42
	Rule Code : 5											
					\$3,428.27	\$1,714.14	\$3,332.39	\$1,666.20	\$95.88	\$47.94	\$0.00	\$0.00
	Rule Code : 8											
					\$10,207.06	\$5,103.54	\$9,386.44	\$4,693.22	\$820.62	\$410.32	\$0.00	\$0.00
	Rule Code : OT2											
					\$90.00	\$45.00	\$90.00	\$45.00				
	Rule Code : SL											
					\$1,650.00	\$825.00	\$1,650.00	\$825.00				
					\$71,927.53	\$36,000.35	\$66,012.02	\$33,006.09	\$5,769.62	\$2,884.84	\$145.89	\$109.42
	FFP Type : White Earth Band of Ojibwe											
					\$774.02	\$374.32	\$562.96	\$467.25	\$204.90	\$102.45	\$6.16	\$4.62
					\$73,642.65	\$37,355.78	\$67,516.08	\$34,254.45	\$5,974.52	\$2,987.29	\$152.05	\$114.04

IV-E Claims - By Rule Code

Breakdown of Title IV-E Claims by Rule Code and Payment Period

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
Rule Code : 1											
Payment Period : 2015 Q1											
Placement, Cambria	12/10/2014	12/31/2014	01/08/2015	(\$873.62)	(\$436.81)	(\$873.62)	(\$436.81)	\$0.00	\$0.00	\$0.00	\$0.00
Nizar Iva, Thea	02/01/2015	02/28/2015	03/09/2015	(\$892.92)	(\$446.46)	(\$892.92)	(\$446.46)	\$0.00	\$0.00	\$0.00	\$0.00
Floped, Celine	03/01/2015	03/01/2015	03/03/2015	\$200.00	\$100.00	\$200.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00
Floped, Ferghus	03/01/2015	03/02/2015	03/03/2015	\$300.00	\$150.00	\$300.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00
Floped, Hayward	03/02/2015	03/02/2015	03/03/2015	\$425.00	\$212.50	\$425.00	\$212.50	\$0.00	\$0.00	\$0.00	\$0.00
				(\$841.54)	(\$420.77)	(\$841.54)	(\$420.77)	\$0.00	\$0.00	\$0.00	\$0.00
Payment Period : 2015 Q2											
				\$53,335.83	\$26,978.55	\$53,335.83	\$26,978.55	\$0.00	\$0.00	\$0.00	\$0.00
				\$52,494.29	\$26,557.78	\$52,494.29	\$26,557.78	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : 4											
				\$5,210.07	\$2,643.07	\$0.00	\$0.00	\$5,058.02	\$2,529.03	\$152.05	\$114.04
Rule Code : 5											
				\$3,428.27	\$1,714.14	\$3,332.39	\$1,666.20	\$95.88	\$47.94	\$0.00	\$0.00
Rule Code : 8											
				\$10,207.06	\$5,103.54	\$9,386.44	\$4,693.22	\$820.62	\$410.32	\$0.00	\$0.00
Rule Code : OSH											
				(\$90.00)	(\$45.00)	(\$90.00)	(\$45.00)	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : OT2											
				\$562.96	\$467.25	\$562.96	\$467.25	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : SIL											
				\$1,830.00	\$915.00	\$1,830.00	\$915.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$73,642.65	\$37,355.78	\$67,516.08	\$34,254.45	\$5,974.52	\$2,987.29	\$152.05	\$114.04

IV-E Claims - By Rule Code cont.

Use to balance your Remittance Advice for reporting revenue on the SEAGR Report

- These amounts are included on the IV-E Remittance Advice tab

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
Rule Code : 1											
Payment Period : 2015 Q1											
				(\$841.54)	(\$420.77)	(\$841.54)	(\$420.77)	\$0.00	\$0.00	\$0.00	\$0.00
Payment Period : 2015 Q2											
				\$53,335.83	\$26,978.55	\$53,335.83	\$26,978.55	\$0.00	\$0.00	\$0.00	\$0.00
				\$52,494.29	\$26,557.78	\$52,494.29	\$26,557.78	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : 4											
				\$5,210.07	\$2,643.07	\$0.00	\$0.00	\$5,058.02	\$2,529.03	\$152.05	\$114.04
Rule Code : 5											
				\$3,428.27	\$1,714.14	\$3,332.39	\$1,666.20	\$95.88	\$47.94	\$0.00	\$0.00
Rule Code : 8											
				\$10,207.06	\$5,103.54	\$9,386.44	\$4,693.22	\$820.62	\$410.32	\$0.00	\$0.00
Rule Code : OSH											
				(\$90.00)	(\$45.00)	(\$90.00)	(\$45.00)	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : OT2											
				\$562.96	\$467.25	\$562.96	\$467.25	\$0.00	\$0.00	\$0.00	\$0.00
Rule Code : SIL											
				\$1,830.00	\$915.00	\$1,830.00	\$915.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$73,642.65	\$37,355.78	\$67,516.08	\$34,254.45	\$5,974.52	\$2,987.29	\$152.05	\$114.04

IV-E Claims - By Rule Code cont.

Child Foster Care Claims	Payment Proofing	Claimed Payment Proofing	Child Count Ratios
Child Count Detail	Child Count Proofing	IV-E Recoveries	IV-E Remittance Advice
IV-E Maintenance Amount:	\$67,516.08	FFP Maintenance Amount:	\$34,254.45
IV-E Recovery Amount:	(\$482.00)	FFP Recovery Amount:	(\$241.00)
IV-E Child Support Amount:	(\$668.81)	FFP Child Support Amount:	(\$334.41)
Net IV-E Maintenance Amount:	\$66,365.27	FFP Maintenance Reimbursement Amount*:	\$33,679.00
IV-E Intake & Plan Amount:	\$5,974.52	FFP Intake & Plan Amount:	\$2,987.29
IV-E Training Amount:	\$152.05	FFP Training Amount:	\$114.04
Net IV-E Administration Amount:	\$6,126.57	FFP Administration Reimbursement Amount*:	\$3,101.00
		FFP Total Reimbursement Amount*:	\$36,780.00

*Annotated fields are rounded

- ☐ The amounts shown with bolded boxes are the same amounts shown on the IV-E Claims – By Rule Code Manage Grid Setting footer

IV-E Claims – Non-Rule 5 by Rule Code

Identifies the FFP Maintenance, FFP Intake and Plan and FFP Training Amounts for Rule Codes not Rule 5

Rule Code	Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount
☐ Rule Code : 1					\$43,773.04	\$21,886.54	\$43,773.04	\$21,886.54	\$0.00	\$0.00	\$0.00	\$0.00
☐ Rule Code : 4					\$1,647.99	\$836.03	\$0.00	\$0.00	\$1,599.89	\$799.95	\$48.10	\$36.08
☐ Rule Code : OSH					\$4,201.04	\$2,100.52	\$4,201.04	\$2,100.52	\$0.00	\$0.00	\$0.00	\$0.00
☐ Rule Code : OT2					\$9,267.17	\$5,932.02	\$9,267.17	\$5,932.02	\$0.00	\$0.00	\$0.00	\$0.00
☐ Rule Code : SL					\$10,285.69	\$5,142.86	\$10,285.69	\$5,142.86	\$0.00	\$0.00	\$0.00	\$0.00
					\$69,174.93	\$35,897.97	\$67,526.94	\$35,061.94	\$1,599.89	\$799.95	\$48.10	\$36.08

(IV-E Claim equals Yes) and (Rule Code does not equal 5) Customize...

- ☐ $FFP\ Maintenance\ Amount + FFP\ Intake\ \&\ Plan\ Amount + FFP\ Training\ Amount = Total\ FFP\ Amount$

IV-E Claims - Rule 5 Only

Identifies the Rule 5 FFP Maintenance and FFP Intake and Plan Amounts

- Report Total FFP for Rule 5 Only on Line F28 on the SEAGR Report

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount
Payment Period : 2015 Q1					\$5,001.01	\$2,500.52	\$4,873.93	\$2,436.97	\$127.08	\$63.55
Payment Period : 2015 Q2					\$7,726.05	\$3,863.03	\$7,519.96	\$3,759.98	\$206.09	\$103.05
					\$12,727.06	\$6,363.55	\$12,393.89	\$6,196.95	\$333.17	\$166.60

- FFP Maintenance Amount + FFP Intake & Plan Amount = Total FFP Amount

Reporting Title IV-E Revenue – Line F1 – SEAGR Report

- Find FFP Total Reimbursement Amount from the IV-E Remittance Advice tab of the CFC Report
 - The FFP Recovery Amount and FFP Child Support Amount are already deducted from this total
- Subtract Total FFP Amount for Rule 5 Only claims
 - Use the IV-E Claims – Rule 5 Only Manage Grid Setting on the Child Foster Care Claims tab of the CFC Report to find this total
 - This is the same amount report on Line F28

IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Recovery Amount	FFP Recovery Amount	IV-E Child Support Amount	FFP Child Support Amount	Net IV-E Maintenance Amount	FFP Maintenance Reimbursement Amount
\$57,516.06	\$14,254.45	(\$42,205)	(\$2,471.05)	(\$668.81)	(\$334.41)	\$66,365.27	\$33,675.00
IV-E Intake & Plan Amount	FFP Intake & Plan Amount	IV-E Training Amount	FFP Training Amount	Net IV-E Administration Amount	FFP Administration Reimbursement Amount		FFP Total Reimbursement Amount*
\$5,574.52	\$2,387.25	\$152.05	\$114.64	\$5,126.57	\$1,101.60		\$34,790.00

Client Name	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Total IV-E Amount	Total FFP Amount	IV-E Maintenance Amount	FFP Maintenance Amount	IV-E Intake & Plan Amount	FFP Intake & Plan Amount
Payment Period : 2015 Q1					\$5,001.01	\$2,500.52	\$4,873.93	\$2,436.97	\$127.08	\$63.55
Payment Period : 2015 Q2					\$7,726.05	\$3,863.03	\$7,519.96	\$3,759.98	\$206.09	\$103.05
					\$12,727.06	\$6,363.55	\$12,393.89	\$6,196.95	\$333.17	\$166.60



Any Questions?

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Flipping Child Foster Care Claims



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What Makes a CFC Claim Flip?

A claim flips when something related to a Northstar and/or Title IV-E claim changes and invalidates all or part of that claim.

- ☐ The negative claim is the flipped claim
- ☐ Flipped claims reference the Original CFC Claim #
- ☐ The flipped claim & the new positive claim are not always created at the same time

IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Irish										
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$941.10)	\$0.00	(\$941.10)	(\$781.11)	(\$159.99)
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$941.10	\$0.00	\$0.00	\$0.00	\$941.10
						\$0.00	\$0.00	(\$941.10)	(\$781.11)	\$781.11

Note: Previously the original claim would display in Claimed Payment Proofing and a Payment Modification was needed to back out the original claim and create a new claim.

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See Which Claims Will Flip Before You Generate

Claims flip automatically when you Generate the Child Foster Care Report.

To see which claims will flip:

- ☐ Create and Save the report header
- ☐ **DO NOT GENERATE YET**
- ☐ Run Claimed Payment Proofing
- ☐ Identify claims that will flip

Note: Not all claims will flip automatically.

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Why Claims Flip

- ▣ Client changes
 - ▣ PMI added or removed
- ▣ IV-E Eligibility
 - ▣ Determined and now eligible, or ended
 - ▣ Not Eligible for all Service Dates
- ▣ IV-E Reimbursability
 - ▣ Reimbursability determined or ended
 - ▣ Not Reimbursable for Service Dates
- ▣ Placement changes
 - ▣ Settings
 - ▣ Dates
 - ▣ Courtesy Supervision changed to Y
 - ▣ New DOC Assessments or MAPCY Assessments Approved at a lower level
- ▣ Payment changes
 - ▣ IV-E Reimbursable Indicator
 - ▣ License #
 - ▣ IV-E sub code

Note: These are some examples, there are many changes that may cause a claim to flip.

Flipped Claim Example #1

- ▣ The original CFC Claim was submitted with:
 - ▣ IV-E Claim = No (No IV-E Eligibility)
 - ▣ Northstar Claim = Yes
- ▣ IV-E Eligibility Determination completed
 - ▣ Client is IV-E Eligible for the dates of service
- ▣ Original Claim flips and creates a negative claim
- ▣ New CFC Claim created
 - ▣ IV-E Claim = Yes, Northstar Claim = Yes

Client Name	IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Terrienne											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster	1	\$1,026.90	\$0.00	\$1,026.90	\$513.45	\$513.45
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster	1	(\$1,026.90)	\$0.00	\$0.00	\$0.00	(\$513.45)
							\$0.00	\$0.00	\$1,026.90	\$513.45	(\$513.45)

Flipped Claim Example #1 cont.

New Claim

Flipped Claim
 □ References Original CFC Claim #

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Flipped Claim Example #2

- The original CFC Claim was submitted with:
 - IV-E Claim = No
 - Northstar Claim = Yes
- License # added to Payment
- Original Claim flips and creates a negative claim
- New CFC Claim created
 - IV-E Claim = Yes
 - Northstar Claim = Yes

IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Clained Proofing, Nel										
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$920.40	\$0.00	\$920.40	\$460.20	\$460.20
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$920.40)	\$0.00	\$0.00	\$0.00	(\$920.40)
						\$0.00	\$0.00	\$920.40	\$460.20	(\$460.20)

Flipped Claim Example #2 cont.

Flipped Claim

- References Original CFC Claim #

New Claim

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Flipped Claim Example #3

- The original CFC Claim was submitted with:
 - IV-E Claim = Yes
 - Northstar Claim = Yes
- IV-E Reimbursable changed to No on Payment
- Original Claim flips and creates a negative claim
- New CFC Claim created
 - IV-E Claim = No
 - Northstar Claim = Yes

IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Irish										
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$941.10)	\$0.00	(\$941.10)	(\$781.11)	(\$159.99)
Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$941.10	\$0.00	\$0.00	\$0.00	\$941.10
						\$0.00	\$0.00	(\$941.10)	(\$781.11)	\$781.11

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Flipped Claim Example #3 cont.

The screenshot displays two instances of the 'Claim Summary' form. The top form, labeled 'Flipped Claim', shows a client named 'Claimed Proofing, Irish' with a 'Flipped' status. The bottom form, labeled 'New Claim', shows the same client with a 'New' status. Both forms include fields for Vendor Payment Amount, Eligible Amount, Non-Eligible Amount, Total IV-E Amount, Total FFP Amount, Northstar Amount, Service Start/End Dates, and Warrant/Eligibility Dates. The 'Flipped' form also shows an 'Original CFC Claim #' of 207353625 and a 'Payment #' of 206896638. The 'New Claim' form shows a 'CFC Claim #' of 207469583 and the same 'Payment #' of 206896638. A box labeled 'Flipped Claim' with a reference to 'Original CFC Claim #' points to the top form. A box labeled 'New Claim' with a downward arrow points to the bottom form.

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How Payment Modifications affect Flipped Claims

- If a Payment Modification, (ex. COA changed), is completed before the CFC Report is submitted:
 - The Flipped Claim & New Claim are removed when the report is regenerated
 - A negative claim is created
 - This negative claim is marked Flipped = No because it was created from the Adjustment Reversal
 - A new claim is created using the Correcting Entry Adjustment, if all other business rules are met

Note: Not all Payment Modifications will create new claims. Be sure to check Payment Proofing if a claim does not generate.

Payment Modification or Flipped Claim

Add the Flipped column to your grid to help determine which negative claims are Flipped and which negative claims are the result of a Payment Modification

Client Name		IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	Flipped
Client Name : Claimed Proofing, Marco													
		Basic Maintenance	12/10/2014	12/30/2014	07/01/2015	Chambersburg Family Foster Home	1	(\$455.49)	\$0.00	\$0.00	\$0.00	(\$455.49)	No
		Basic Maintenance	12/11/2014	12/31/2014	07/01/2015	Chambersburg Family Foster Home	1	\$455.49	\$0.00	\$0.00	\$0.00	\$455.49	No
								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Client Name : Claimed Proofing, Marj													
		Maintenance	02/01/2015	02/28/2015	04/06/2015	Chambersburg Family Foster Home	1	(\$1,143.24)	\$0.00	(\$1,143.24)	(\$571.62)	(\$571.62)	Yes
								(\$1,143.24)	\$0.00	(\$1,143.24)	(\$571.62)	(\$571.62)	
Client Name : Claimed Proofing, Mch													
		Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$1,375.80)	\$0.00	(\$1,375.80)	(\$687.90)	(\$687.90)	Yes
		Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	\$1,375.80	\$0.00	\$0.00	\$0.00	\$1,375.80	No
								\$0.00	\$0.00	(\$1,375.80)	(\$687.90)	\$687.90	
Client Name : Claimed Proofing, Neil													
								\$44,179.61	(\$3,045.32)	\$43,396.56	22,037.03	(\$11,324.33)	

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Flipped Claim Example #4

- ▣ The original CFC Claim for a Group Facility (183) was submitted with:
 - ▣ IV-E Claim = Yes
 - ▣ Northstar Claim = No
- ▣ License information changed
- ▣ Original Claim flips and creates a negative claim
- ▣ No new CFC Claim created
- ▣ Payment displays in Payment Proofing

Client Name		IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Nova												
		Maintenance	05/01/2015	05/31/2015	06/10/2015	Mapletree Group Home	8	(\$5,218.23)	(\$177.94)	(\$5,040.29)	(\$2,520.15)	\$0.00
								(\$5,218.23)	(\$177.94)	(\$5,040.29)	(\$2,520.15)	\$0.00

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Flipped Claim Example #4 cont.

The screenshot shows a software interface for claim management. Key elements include:

- Client Summary:** Client Name: Claimed Proofing, Nova. N-E Claim: Yes. Northstar Claim: Yes. No.
- Financials:** Vendor Payment Amount: (\$5,218.23), Eligible Amount: (\$5,218.23), Non-Eligible Amount: (\$177.94), Total IV-E Amount: (\$5,040.29), Total FFP Amount: (\$2,520.15), Northstar Amount: \$0.00.
- Service Dates:** Service Start Date: 05/01/2015, Service End Date: 05/31/2015, Warrant / Eff Date: 06/10/2015.
- Client Details:** Rule Code: 9 - Child residential facility, FFP Type: Minnesota.
- Claim Information:** CFC Claim #: 207645595, Original CFC Claim #: 207618633, Payment #: 207169940, Flipped: Yes.

Annotations with arrows point to:

- Flipped Claim:** Points to the 'Flipped' checkbox.
- References Original CFC Claim #:** Points to the 'Original CFC Claim #' field.
- Payment Proofing:** Points to the 'Payment Proofing' tab in the bottom interface.

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Flipped Claim Example #5

- The original CFC Claim was submitted with:
 - IV-E Claim = Yes
 - Northstar Claim = Yes
- Placement Date was changed to start one day later
- Original Claim flips and creates a negative claim
- No new CFC Claim created
- Payment displays in Payment Proofing

Client Name	IV-E Service Type	Service Start Date	Service End Date	Warrant / Eff Date	Service Vendor	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount
Client Name : Claimed Proofing, Peace											
	Maintenance	04/01/2015	04/30/2015	05/05/2015	Chambersburg Family Foster Home	1	(\$1,257.90)	\$0.00	(\$1,257.90)	(\$628.95)	(\$628.95)

Flipped Claim Example #5 cont.

Flipped Claim
 References Original CFC Claim #

Payment Proofing

Svc Code	Spec Cost Code	Service Start Date	Service End Date	Warrant/Eff Date	Amount	Primary Worker
181		04/01/2015	04/30/2015	05/05/2015	\$1,257.90	

Tracking Flipped Claims

Use the Child Foster Care Claim Search to see claim details and track flipped claims

Client Name	IV-E Service Type	Service Vendor	Service Start Date	Service End Date	Warrant / Eff Date	Rule Code	Vendor Payment Amount	Non-Eligible Amount	Total IV-E Amount	Total FFP Amount	Northstar Amount	Flipped
Client Name : Flipped, Celine												
IV-E Service Type : Maintenance												
		Chambersburg Family Foster Home	03/01/2015	03/31/2015	04/20/2015	1	\$575.98	\$0.00	\$0.00	\$0.00	\$575.98	No
		Chambersburg Family Foster Home	03/01/2015	03/31/2015	04/20/2015	1	\$575.98	\$0.00	\$575.98	\$287.99	\$287.99	No
		Chambersburg Family Foster Home	03/01/2015	03/31/2015	04/20/2015	1	(\$575.98)	\$0.00	(\$575.98)	(\$287.99)	(\$287.99)	Yes

Note: Claim details are not included in Payment Searches

Payment Type	Payment Status	Warrant / Eff Date	Amount	Service Vendor	Client Name	Service Start Date	Service End Date	COA Code
Posted payment	Paid	04/20/2015	\$575.98	Chambersburg Family Foster Home	Flipped, Celine	03/01/2015	03/31/2015	11-430-710-3810-6077

Why a New Positive Claim is not Created

If a claim flips and creates a negative claim, but does not create a positive claim automatically, the Payment may display in Payment Proofing

- ▣ Service Dates do not match Placement Dates
- ▣ No PMI for Client
- ▣ Placement Type/Setting is not valid
- ▣ COFR changed on the workgroup
- ▣ Missing or Invalid License
 - A Northstar Claim may be created if within the first six months

Note: These are some examples, there are many other reasons a Payment displays in Payment Proofing.

Not Everything Can Flip

- ▣ Review error and warning messages on Claimed Payment Proofing
- ▣ Legacy IV-E Claims submitted prior to the Q1 2015 CFC report
- ▣ Still working on additional proofing to flip claims automatically

Payment Modifications

Payment Modifications create negative claims and are not classified as Flipped claims.

To identify what claims will flip and complete Payment Modifications first:

- ▣ Create and Save the report header
- ▣ **DO NOT GENERATE**
- ▣ Run Claimed Payment Proofing to identify claims that need Payment Modifications
- ▣ Complete your Payment Modifications
- ▣ Generate the CFC Report

Payment Modifications cont.

If you generate your report, then complete Payment Modifications, Flipped claims associated to those Payments will be removed and new negative claims will be created.

- ▣ Flipped = No for the new negative claim
- ▣ A new positive claim may be created if eligible for Title IV-E or Northstar
- ▣ If no new positive claim is created, payment may display in Payment Proofing

Note: It is not wrong to generate the report first. Just be aware, flipped claims will no longer display as "flipped" if a Payment Modification is completed for the original claim.



Any Questions?

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More V15.4 Changes



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Service Arrangements - Use Other Vendors Enabled

- ☐ When using Special Cost Codes
 - ☐ 03 – Transportation, non-medical
 - ☐ 04 – Transportation, medical
 - ☐ 15 – Educational transportation (Pre-K – 12 only)
 - ☐ 99 – Miscellaneous
- ☐ For Services:
 - ☐ 180 – Treatment Foster Care
 - ☐ 181 – Child Family Foster Care
 - ☐ 188 – Supervised Independent Living (18 up to 21)

Service Arrangements - Use Other Vendors Enabled cont.

Programs and services:			
Program:	100 - Child Welfare (General)		34
Service:	181 - Child Family Foster Care		
County sub-service:			
HCPCS/modifier:	I		
Location:			
Fiscal details:			
Special cost code:	15 - Educational transportation (Pre-K - 12 only)	Paying county:	
MARCY level:		Supplemental per diem:	
Unit type:	Mile	Units:	200.00
SEAGR Unit type:	Day	Rate:	\$0 5500
		Amount:	\$110.00 Calc
		Remaining units:	200.00
		Remaining amount:	\$110.00
Chart of accounts:	11 - 423 - 710 - 3810 - 6040 Child Foster Care Local Funding		
Service agreement:		Arrangement group:	
I-E reimbursable:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Use other vendors:	<input checked="" type="radio"/> Yes <input type="radio"/> No
Include in voucher batch:	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pay client specific:	<input type="radio"/> Yes <input checked="" type="radio"/> No
		1099:	No
		Contract number:	

BRASS Changes for 2016

- ▣ New BRASS Code
 - ▣ 457 – Child Family Psychoeducation
- ▣ Title Change (effective 01/01/2016)
 - ▣ 196 – Adoptions & Kinship
 - ▣ Formerly called - Adoptions
- ▣ Many other changes to clarify BRASS descriptions
 - ▣ Review the changes to ensure entry in SSIS and reporting is accurate
- ▣ [Bulletin 15-32-09](#)

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Table Viewer Search

- ▣ Access Table Viewer Search from SSIS Administration



- ▣ Must have Administer System assigned to your role to access SSIS Admin

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Table Viewer Search cont.

Use Table Viewer Search to view data in SSIS

- ▣ Example – Diagnosis Code Table
 - ▣ Non-Specific Indicator & MH Billable Indicator

DIAGNOSIS_ID	DIAGNOSIS_CD	DIAG_TYPE_CD	DIAG_DESC	DIAG_CD_START_DT	DIAG_CD_END_DT	NONSPECIFIC_IND	DIAG_BLOCK_ID	MH_BILLABLE_IND	LAST...
7207	302.85	2	GEN IDEN DIS ADOL ADULT	1/1/1984	9/30/2015	N		Y	
7208	302.89	2	PSYCHOSOCIAL DIS REC	1/1/1984	9/30/2015	N		Y	
7209	302.9	2	PSYCHOSOCIAL DIS NOS	1/1/1984	9/30/2015	N		N	
3838217	F18.298	4	Inhalant dependence with other inhalant-induced disorder	10/1/2015		N		62	N
3838205	F10.232	4	Alcohol dependence with withdrawal with perceptual disturbance	10/1/2015		N		62	N
3838240	F14.25	4	Cocaine abuse with intoxication, unspecified	10/1/2015		N		62	N
3227590	S11.20	4	Unspecified open wound of pharynx and cervical esophagus	9/30/2015	10/1/2015	Y		216	N
3838269	R45.81	4	Low self-esteem	10/1/2015		N		206	N
3838259	F14.23	4	Cocaine dependence with withdrawal	10/1/2015		N		62	N

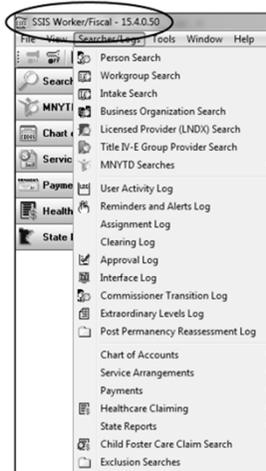
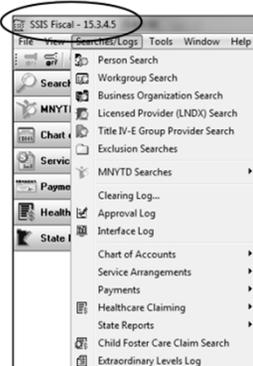
Note: For information regarding tables and information in the tables, refer to the Data Definitions documents.

Searches/Logs Menu

- ▣ Reorganized & Grouped Menu Options

- 1) Searches (Worker & Fiscal)
- 2) Logs
- 3) Fiscal Tasks

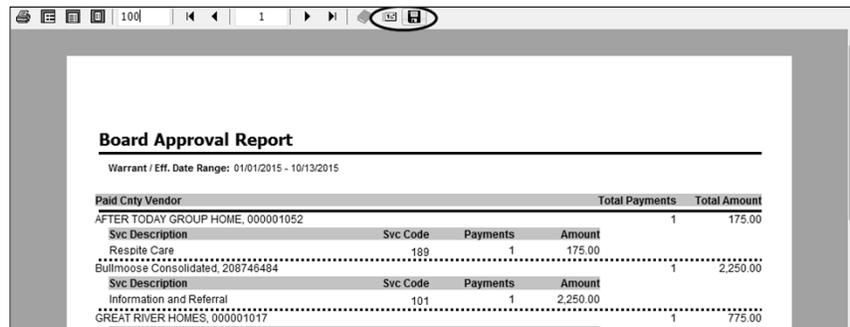
Note: Searches, Logs & Tasks that display in the Menu are dependent on the user's Role & Functions.



Save to File

Another option is available to email banded reports from SSIS

- ❑ Email Report does not work for agencies that use Office 365 or Office 2013 with Windows 8



Board Approval Report
Warrant / Eff. Date Range: 01/01/2015 - 10/13/2015

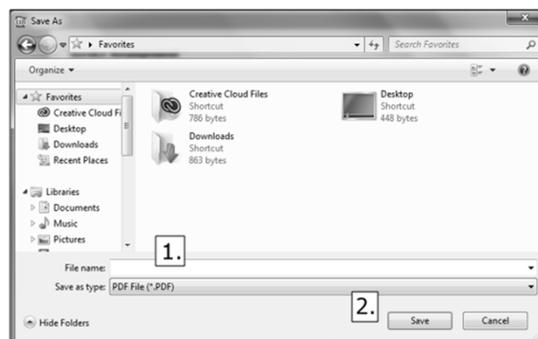
Paid Cnty Vendor	Total Payments	Total Amount
AFTER TODAY GROUP HOME, 000001052	1	175.00
Svc. Description	Payments	Amount
Respite Care	189	1
Bullmoose Consolidated, 208746484	1	2,250.00
Svc. Description	Payments	Amount
Information and Referral	101	1
GREAT RIVER HOMES, 000001017	1	775.00

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Save to File cont.

1. Enter File name
2. Save PDF
3. Attach to email



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What should you remember?

- ▣ Healthcare Claiming
 - ▣ Regenerate Healthcare Claim Batches
- ▣ Start Q4 2015 reports now
 - ▣ Regenerate if Draft reports are created
- ▣ Review documents
 - ▣ What's New in 15.4
 - ▣ Release Notes
 - ▣ Known Defects
 - ▣ Handouts



Start Your CFC Reports Now!



Additional Resources

- ▣ SSIS Help Desk
 - ▣ Email – [**dhs.ssishelp@state.mn.us**](mailto:dhs.ssishelp@state.mn.us)
 - ▣ Phone – (651) 431-4801
- ▣ Northstar Policy Questions
 - ▣ Email – [**northstar.care@state.mn.us**](mailto:northstar.care@state.mn.us)
 - ▣ Phone – (651) 431-4485
- ▣ SSIS website
- ▣ Fiscal & Worker Mentors



Thank You!

