

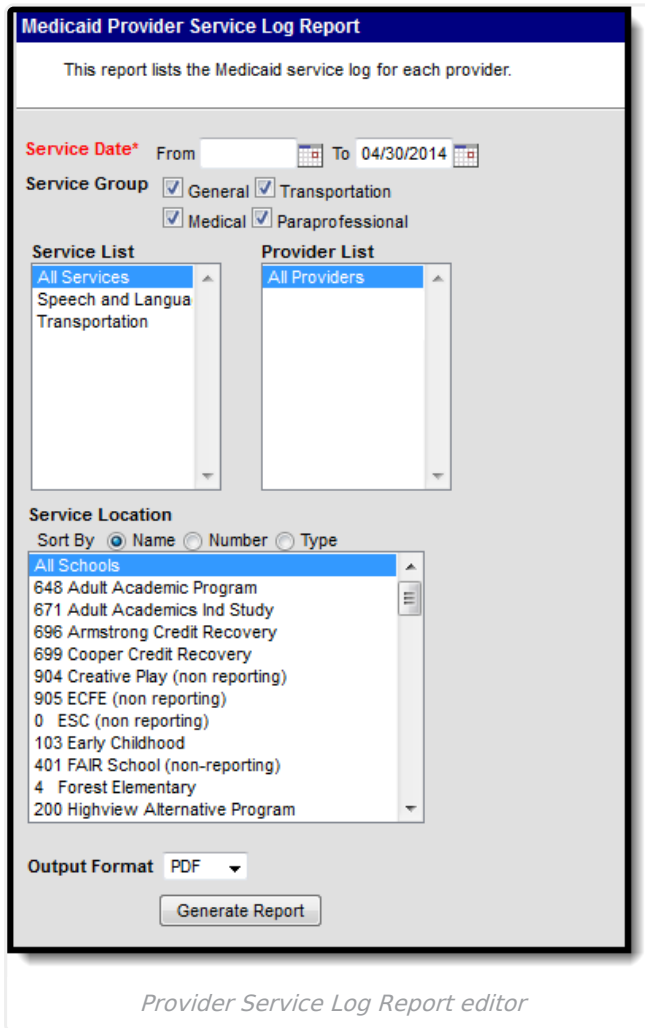
# Medicaid Provider Service Log

Last Modified on 12/14/2025 8:45 pm CST

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Tool Search: Provider Service Log Detail Report

The Provider Service Log Detail Report list the services being provided to students by each provider for each service group type and by location.



**Medicaid Provider Service Log Report**

This report lists the Medicaid service log for each provider.

**Service Date\*** From  To 04/30/2014

**Service Group** ☒ General ☒ Transportation  
☒ Medical ☒ Paraprofessional

**Service List**  
 All Services  
 Speech and Language  
 Transportation

**Provider List**  
 All Providers

**Service Location**  
 Sort By ☒ Name ☐ Number ☐ Type

All Schools  
 648 Adult Academic Program  
 671 Adult Academics Ind Study  
 696 Armstrong Credit Recovery  
 699 Cooper Credit Recovery  
 904 Creative Play (non reporting)  
 905 ECFE (non reporting)  
 0 ESC (non reporting)  
 103 Early Childhood  
 401 FAIR School (non-reporting)  
 4 Forest Elementary  
 200 Highview Alternative Program

**Output Format** PDF

*Provider Service Log Report editor*

See the [Student Information Reports Tool Rights](#) article for the tool rights needed to generate this report.

## Report Logic

Information returned on the report uses saved Medicaid Service Log Entries recorded between the entered Service Dates. Based on the selected Service Groups, matching information will be returned.

## Report Editor

The following options are available for selection on the Provider Service Log Report Editor.

Field	Description
<b>Service Date</b>	Entered dates aid in narrowing services to the entered date range. Dates are entered in <i>mmddyy</i> format or can be selected by choosing the calendar icon and picking a date. Both the From date and the To date are required in order to generate the report.
<b>Service Group</b>	Four options based on the Service Groups assigned to the services as entered in System Administration. At least one option needs to be selected to generate the report. If an option is not selected, that group does not display in the Service List. Options are: <ul style="list-style-type: none"> <li>• General</li> <li>• Transportation</li> <li>• Medical</li> <li>• Paraprofessional</li> </ul>
<b>Service List</b>	Lists the services as entered in <a href="#">Medicaid Services</a> . These are not necessarily services that are assigned to students, just services that are available within the district.
<b>Service Provider</b>	Lists all active <a href="#">Providers</a> who are currently providing services to students. At least one provider or All Providers must be selected in order to generate the report.
<b>Service Location</b>	Lists the locations (school names) where Medicaid services are provided. Choose at least one option by either the Name of the location, the Number of the location or the Type of location.
<b>Report Format</b>	The report can be generated in either PDF, DOCX, or HTML format.

## Generate the Provider Service Log Report

1. Enter the **Service Dates** of the report.
2. Select the appropriate **Service Groups** to include on the report.
3. Select the services to include on the report from the **Services List**.
4. Select the **Providers** to include on the report.
5. Select the **Service Location**.

6. Determine the **Report Format**.
7. Click the **Generate Report** button. The report will generate and appear in a new window in the selected format.

## Report Example

**Minnesota State**

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**Medicaid Provider Service Log**

Date: 01/01/2011 - 09/11/2012

Providers: 3 Services: 3 Students: 3 Logs: 7

**1. Provider: Provider, Ann Agency: Service: 1 Logs: 3 Students: 1**

<b>1.1 Service: #555 Transportation Group: Transportation ICD9 Code: 307.50: Other and unspecified disorders of eating Logs: 3 Students: 1</b>						
Student (#Student Number)	Date	Start Location	End Location	Miles	Notes	
Student, Devin(#1234567891111111)	11/11/2011					
Student, Devin(#1234567891111111)	11/12/2011					
Student, Devin(#1234567891111111)	12/12/2011					

**2. Provider: Provider, Bernadette Agency: Service: 2 Logs: 3 Students: 1**

<b>2.1 Service: #555 Transportation Group: Transportation ICD9 Code: 314.01: ADHD/Attention deficit disorder with hyperactivity Logs: 2 Students: 1</b>						
Student (#Student Number)	Date	Start Location	End Location	Miles	Notes	
Student, Ana (#234567)	09/11/2011					
Student, Ana (#234567)	09/04/2012					

**2.2 Service: #3 Eye Examinations Group: Medical ICD9 Code: 314.01: ADHD/Attention deficit disorder with hyperactivity Logs: 1 Students: 1**

Student (#Student Number)	Date	Medication Name - Form	Time	Doses	Notes	
Student, Ana (#234567)	10/15/2011	-	02:07 PM-03:07 PM	3.0		

**3. Provider: Provider, Stan Agency: Agency for Health Service: 1 Logs: 1 Students: 1**

<b>3.1 Service: #123545 bn Serv Medicaid Group: General ICD9 Code: 493.90: Asthma, unspecified Logs: 1 Students: 1</b>						
Student (#Student Number)	Date	Time	Minutes	Unit	Notes	
Student, Melissa(#567891)	05/13/2011	09:30 AM-03:30 PM	360	360.0		

Provider Service Log Report - PDF Example

Minnesota State

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Medicaid Provider Service Log

Date: 01/01/2011 - 09/11/2012

Providers: 3 Services: 3 Students: 3 Logs: 7

1. Provider: Provider, Ann Agency: Service: 1 Logs: 3 Students: 1

1.1 Service: #555 Transportation Group: Transportation ICD9 Code: 307.50: Other and unspecified disorders of eating Logs: 3 Students: 1

Student (#Student Number)	Date	Start Location	End Location	Miles	Notes
Student, Devin (#1234567891111111)	11/11/2011				
Student, Devin (#1234567891111111)	11/12/2011				
Student, Devin (#1234567891111111)	12/12/2011				

2. Provider: Provider, Bernadette Agency: Service: 2 Logs: 3 Students: 1

2.1 Service: #555 Transportation Group: Transportation ICD9 Code: 314.01: ADHD/Attention deficit disorder with hyperactivity Logs: 2 Students: 1

Student (#Student Number)	Date	Start Location	End Location	Miles	Notes
Student, Ana (#234567)	09/11/2011				
Student, Ana (#234567)	09/04/2012				

2.2 Service: #3 Eye Examinations Group: Medical ICD9 Code: 314.01: ADHD/Attention deficit disorder with hyperactivity Logs: 1 Students: 1

Student (#Student Number)	Date	Medication Name - Form	Time	Doses	Notes
Student, Ana (#234567)	10/15/2011	-	02:07 PM-03:07 PM	3.0	

3. Provider: Provider, Stan Agency: Agency for Health Service: 1 Logs: 1 Students: 1

3.1 Service: #123545 bn Serv Medicaid Group: General ICD9 Code: 493.90: Asthma, unspecified Logs: 1 Students: 1

Student (#Student Number)	Date	Time	Minutes	Unit	Notes
Student, Melissa (#567891)	05/13/2011	09:30 AM-03:30 PM	360	360.0	

Provider Service Log Report - HTML Example