

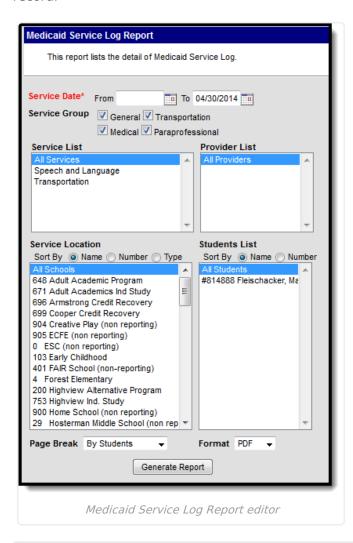
# **Medicaid Service Log Report**

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Tool Search: Medicaid Service Log Report

The Medicaid Service Log Report is used for reporting all billable services to a third-party billing agent. This report can be configured to include a page break that appears between each student record.



See the <u>Student Information Reports Tool Rights</u> article for the tool rights needed to generate this report.

### **Report Logic**



Report information is pulled from the list of <u>Medicaid Services</u> being provided at the school, the list of <u>Medicaid Service Providers</u> assigned to students based on the service location (school) where the service occurs. Depending on the entered Service Date range, included services may be currently active or have been made inactive at some point during the year.

#### **Report Editor**

The following fields are available for entry.

Field	Description
Service Date	Entered dates return services provided based on the options selected on this report editor. Dates are entered in <i>mmddyy</i> format or can be entered by selecting the calendar icon and choosing a date. Both date fields are required in order to generate the report. The To date is auto-populated with the current date.
Service Group	Selected services groups display the service list. These service groups are assigned to services when setting up the Medicaid services provided. At lease one service group needs to be selected in order to generate the report.
Service List	At least one service needs to be selected in order to generate the report. The list of services available is based on the selected service groups.
Provider List	Lists the Medicaid providers assigned to students.
Service Location	Lists the schools where Medicaid services are provided. Locations can be chosen by the Name of the location, the Location Number (school number) or Type of location. Choose a specific location or the All Schools option.
Student List	Lists the students who are receiving Medicaid services. Students can be chosen by their Name or their Student Number.
Page Break	<ul> <li>Select either By Students or By Service Group.</li> <li>By Students will print a student's service information on an individual page.</li> <li>By Service Group will print service information for a selected service group on an individual page.</li> </ul>
Format	The report can be printed in PDF, DOCX, or HTML format.

### **Generate the Service Log Report**

- 1. Enter the **Service Dates** of the report.
- 2. Select the services to include on the report from the **Services List.**
- 3. Select the **Providers** to include on the report.
- 4. Select the Service Location.
- 5. Select the **Students** to include on the report.
- 6. Determine where a page break should occur between students (by Students) or between service groups (by service groups).
- 7. Determine the desired **Format** of the report PDF, DOCX, or HTML.



8. Click the **Generate Report** button. The report will generate and appear in a new window in the selected format.

# **Report Example**

Student Name	Student, Ana						Student Number	234567	DOB	08/30/1994
	#02 ROBBIN						01/01/2011 - 12/31/			
Eligibility Date							Consent Date			
	ANSPORTATION SE									
Service Date	Service Name	Start Location	End	Location	Total Miles	CPT Code: Descript	ICD9 Code		Notes	
09/11/2011	Transportation					555 Transportation	314.01 n			
Totals					NaN					
MEDICAID ME	DICAL SERVICE LO	Medication Na		Admin. T	ime Doses	s CPT	ICD9 Code		Notes	
Service Date	Service Haine	Form	aine -	Admin. I	lille Doses	Code: Descript			Notes	
10/15/2011	Eye Examinations	-		60	3.0	3 Eye Examinations	314.01			
Totals				60	3					
Provider Name					s	Supervisor Name				

Service Log Report - Page Break by Students (PDF)

Student Name Student, Ana School Distict #02 ROBB						udent Number ervice Month/Year	234567 01/01/2011 - 12/31		
Eligibility Date					onsent Date				
Service Date	Service Name	Medication Name - Form	Admin. Time	Doses	CPT Code: Descriptio	ICD9 Code		Notes	
10/15/2011	Eye Examinations	-	60	3.0	3 Eye Examinations	314.01			
Totals			60	3	]				
Provider Name				Su	pervisor Name				
Signature				Sig	gnature _				

