



**WISCONSIN DEPARTMENT
of HEALTH SERVICES**

Division of Public Health – Bureau of Aging and Disability Resources

WellSky/SAMS

Guide to Generating Reports

Benefit Specialists

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WellSky/SAMS Guide to Generating Reports

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Introduction

The WellSky Aging and Disability database application is used to track activities conducted by disability benefit specialists (DBS) and elder benefit specialists (EBS) at aging and disability resource centers (ADRC) and aging units in counties and tribes throughout Wisconsin.

Throughout this guide, the database application will be referred to as WellSky or WellSky/SAMS.

ADRC specialists and other ADRC staff including supervisors, receptionists, resource database staff, and outreach staff; tribal aging and disability resource specialists (tribal ADRS); and dementia care specialists use a separate set of WellSky/SAMS guides to record client tracking contacts and activities.

Account Access

Access to WellSky/SAMS is restricted to account holders authorized by the Department of Health Services. Though a single system is used statewide, **users may only access data entered by staff within their local agency**. If there are multiple users at the same local agency with the same data access permissions, those users will be able to view each other's data entries and modifications. Further access restrictions are based on state DBS and EBS program policies about client confidentiality.

Notes about the Guide to Generating Reports

This guide is designed to provide the basic tools users need to learn how to create, view, and print key information summaries within WellSky/SAMS. Because WellSky/SAMS is widely used in governmental health departments and agencies throughout the country, many options and features exist within the software that are not applicable for use by benefit specialists in Wisconsin. Therefore, this guide demonstrates targeted data entry actions, eliminating the capture of unnecessary and irrelevant data and focusing on uses that are relevant to benefit specialists.

Within this guide you will find hyperlinks from the table of contents to key sections of the document as well as additional hyperlinks within the document itself.

Learning Objectives

- Learn how to access the list of supplied reports.
- Learn how to create new *Report Definitions* (change the parameters of reports that have been created for your use).
- Learn how to generate a new report.
- Learn how to print and save a report.
- Learn how to delete saved *Report Definitions*.

Additional WellSky/SAMS Reference Guides and Resources

For Benefit Specialists

- [Browser Configuration and Login Guide](#)
- [Navigation and Formatting Guide](#)
- [Data Entry and Case Tracking Guide](#)

- [Quick Guide](#)
- WellSky/SAMS Online Help Guide

For ADRC, Tribal ADRS, and DCS

- Browser Configuration and Login Guide
- WellSky/SAMS Data Entry Guide for Aging and Disability Resource Centers, Tribal Aging and Disability Resource Specialists, and Dementia Care Specialists
- WellSky/SAMS Guide to Generating Reports for Aging and Disability Resource Centers, Tribal Aging and Disability Resource Specialists, and Dementia Care Specialists
- Client Tracking System Requirements Technical Assistance document

I. Creating Reports—Overview

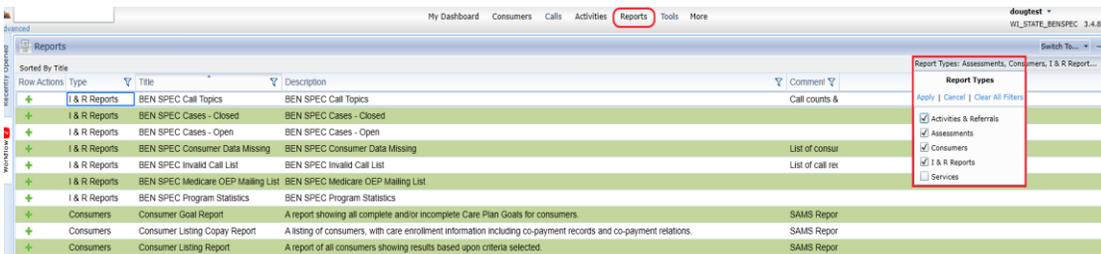
WellSky/SAMS offers a powerful, easy-to-understand method of generating reports. A variety of reports are available in WellSky/SAMS to help you track *Consumer* cases, check for data entry errors, and generate program statistics. Users can make modifications to the report filters and layout using *Report Definitions*, access saved reports, and create new report parameters to regularly view and print real-time data.

A. Accessing Reports

1. From the *Main Navigation Bar*, select **Reports**.



2. A *Reports Screen* will open displaying a list of available reports. Click on the **Report Types** dropdown menu in the upper right corner of the *Reports Screen* and select **I & R Reports** to filter your list of reports. These are typically the only *Report Types* you will use.
3. Click on **Apply** in the **Report Types** dropdown menu area to view the available list of *I & R Reports*.

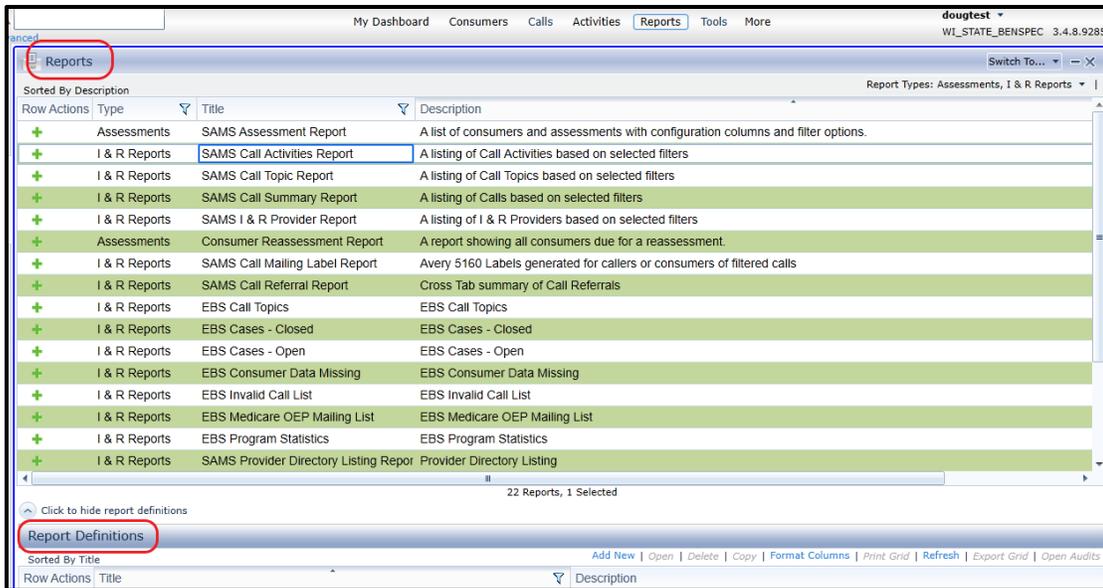


B. Reports List Screen Layout

The *Reports List Screen* is divided into two panels.

- The top panel displays the available report templates that you will use to create your own customized reports. These templates are created by database administrators for your use.
- The bottom panel displays saved *Report Definitions* that you, or others in your region, have created and saved from the report templates supplied in the upper panel. A report is always generated from a *Report Definition*, **but you are encouraged to discard rather than save the definitions in WellSky** after running a report, since you will typically be setting new definitions (filters) each time you run a report.

Note: Any *Report Definitions* displayed in the lower panel will be associated specifically with the report you have selected in the top panel. In the example below, there are no saved *Report Definitions* associated with the selected *Call Activities Report*.



Data in the columns of both panels can be sorted and filtered, and column widths can be adjusted just as in other *List Screens* in WellSky/SAMS. Also, the columns in the *Report Definitions Panel* can be formatted to display, hide, and change the order in which the columns are displayed as in other WellSky/SAMS *List Screens*. For more details about formatting *List Screens*, see *WellSky/SAMS Navigation and Formatting Guide*.

C. Generating a Report

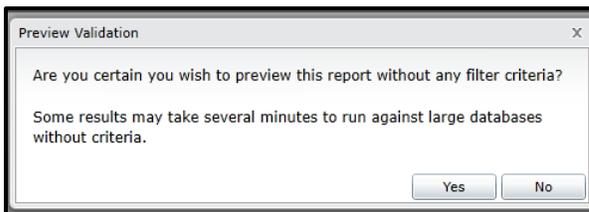
1. Double-click on the desired report from the *Reports* (top) *Panel* or click on the **green plus sign (+)** in the *Row Actions* column.
2. A *Report Definition* data entry screen will display. Enter your report parameters. (See individual reports below for suggested parameter entries.)

The screenshot shows the 'Report Definition - SAMS Call Topic Report - Call Topics by Outcome' screen. The top navigation bar includes 'Save', 'Save and Close', 'Close', 'Reject Changes', 'Make a Copy', 'Open Audits', and 'Preview'. The 'Comments' section is at the top, followed by 'OK | Expand All | Collapse All'. The 'Details' section includes fields for 'Title' (Call Topics by Outcome), 'Subtitle' (By County), and 'Description'. The 'Shared With' section includes 'Provider' (DBS Xample) and 'Modifications Allowed' (All). The 'Report Settings (2/4)' section includes 'Print Parameters' (No), 'Group By' (Outcome), and 'Subgroup By' (Topic). The 'Sort By' section includes 'Start Date'. The 'Report Header (0/1)' section includes 'Report Comments'. The 'Call (0/21)' section includes fields for 'Agency', 'Provider', 'Agent', 'Start Date (on or after)', 'Start Date (on or before)', 'End Date (on or after)', 'End Date (on or before)', 'Call Type', 'Caller Type', 'Age Group', 'Disability', and 'Referred By'.

3. Click **OK**.
4. Click the **Preview** dropdown menu.

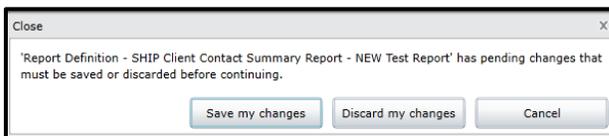


5. Select the desired preview format to view the new report.
6. If you changed no report parameters, you will receive the following message:

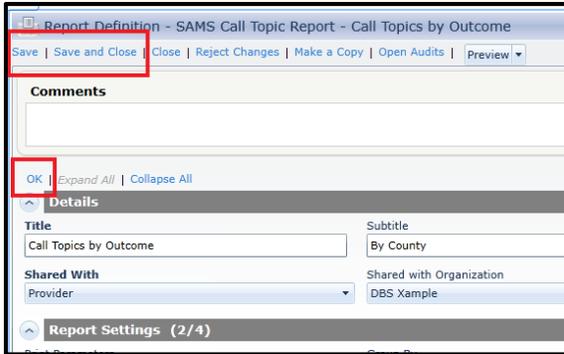


Select **Yes** or **No** as appropriate. Go back and change your report parameters, if necessary, and start again at **step 3** above.

7. The report will display in a separate tab. You can save the report as a file to your computer or print as normal for the file type you selected as your desired preview format.
8. After saving your report as a file to your computer (not as a *Report Definition* to the WellSky/SAMS database) and/or printing your report, click **Close** (or click the **X** in the upper right corner of the window).
9. A pop up window will display asking if you would like to save or discard your changes. Select **Discard my changes**.



Note: In the *Report Definition Screen*, by clicking **OK** you are saving the changes you made to your report parameters without saving a new *Report Definition*. By clicking **Save** or **Save and Close**, you will create a new *Report Definition*, which will display in the *Report Definitions* panel of the *Reports Screen*.



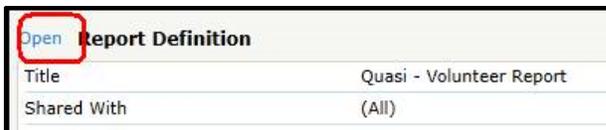
D. Deleting Report Definitions

If you have created and saved a *Report Definition* by mistake, or if you otherwise wish to delete unwanted *Report Definitions*:

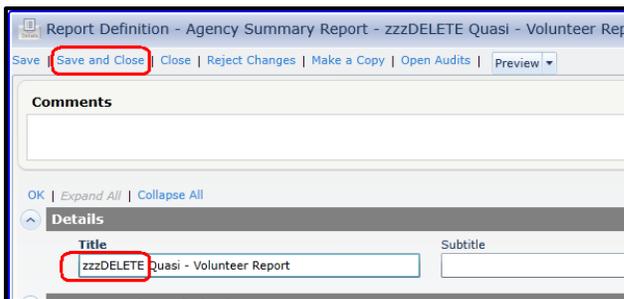
1. Open the *Report Definition* for editing by clicking on the *Folder* icon or double clicking anywhere in the row of the saved *Report Definition* you wish to edit.



2. In the *Report Definition* screen, click **Open**.



3. Rename the *Report Definition*'s title so that it begins with “**zzzDELETE**” (without quotations) in front of the original title.



4. Click **Save and Close**. Periodically, a state-level database administrator will review and delete all report definitions that have been tagged in this way.

II. BEN SPEC Reports

The following reports are specifically designed to describe benefit specialist program activities. Refer to the individual report descriptions provided below to determine whether to make any adjustments to these parameters.

A. Error Reports

The following reports will help you identify data entry errors in *Call* and *Consumer Records*, including required fields where data is missing. It is recommended that you run these reports monthly, particularly as you are learning to use the WellSky/SAMS database. Frequent review of your error reports will help to make data correction more manageable and will aid your understanding of entering data correctly and consistently.



Keep your data clean and your corrections manageable.
Run your error reports monthly and promptly correct any identified errors and missing data.

1. BEN SPEC Invalid Call List Report

This report identifies data entry errors in *Call Records*. See [Appendix A](#) for a list of invalid call list error codes and instructions for correcting the errors.

The report contains the following data elements:

- *Call Start Date/Time*: This is the date entered in the *Start Date/Time* field within the *Call Record*.
- *Error Code*: The error code indicates the nature of the error associated with this *Call Record*. See [Appendix A](#) for a list of invalid call list error codes and instructions for correcting the errors.
- *Consumer ID and Initials*: The *Consumer ID* can be copied from the report and pasted into the *Main Screen Search Bar* in order to locate the *Consumer Record* that is associated with the invalid call. The first and last initials of the *Caller* are also listed.
- *Caller ID and Initials*: The *Caller ID* can also be copied from the report and pasted into the *Main Screen Search Bar* in order to locate any *Consumer Record* associated with the invalid call. A *Caller* may be a *Consumer* or, alternatively, a client's legally authorized representative, or a person who did not meet the criteria to be a client.

The parameters of the report may be adjusted using the following criteria within *User Options*: *Call Start Date (on or after)*.

Please disregard the option within the report parameters to *Specify a Provider*. This option is only available to database administrators. Local agency users are limited to viewing data for their own provider agency, and it is not possible to reset the parameter to display data from another provider agency or limit the data to an individual *Care Manager's* records.

2. BEN SPEC Consumer Data Missing Report

This report identifies *Consumer Records* that are missing data in the following required fields:

- *Date of Birth (DOB)*
- *Gender Identity*
- *Household Status*
- *RUCA Is Rural*
- *In Poverty*
- *Ethnicity*
- *Ethnic Race*

You are only required to collect these data about *Consumers* when providing legal and/or benefits assistance. Therefore, the report excludes *Consumers* if all associated *Call Topic Outcomes* are *00-General Information/Referral* only. Also, this report contains data for *Consumers* with only **closed** cases during the time period specified in your report parameters.

Adjust the parameters of the report using the following filters within *User Options: Call Start Date (on or after), Call Start Date (on or before)*. This will establish the date range of *Call Records* and will provide data about *Consumers* associated with those records. **Please disregard the option within the report parameters to Specify a Provider.** This option is only available to database administrators.

The Consumer Data Missing Report provides a chart listing the Consumer ID and Consumer initials for each erroneous record, along with information about any missing or invalid *Consumer* information. Missing *Consumer* information is coded as **M** and invalid information is coded as **I**. If no code is listed for a field, then the information in the given field is complete and valid.

B. Case Status Reports

The following reports will provide information on current open cases, cases closed during a specified time range, and stage of disability determination-related cases.



Stay on top of your cases and review case status information monthly. Regular review will assist you with identifying potential inaccuracies while still fresh in your mind.

1. BEN SPEC Cases—Open

This report lists all current open cases at your agency. A case is opened when you create a *Call Record* to record the date that a benefit specialist first had contact with a *Consumer* about an issue and enter a *Call Topic* that describes the issue. Each *Topic* listed within a *Call Record* is regarded as a separate case. A case remains open until you create a “final” *Call Record* to record the last date of contact with the *Consumer* about this same *Topic* and enter an *Outcome* for that *Topic*.

This report looks at all *Call Records* associated with a *Consumer*. If one or more *Call Records* associated with a *Consumer* list the same *Topic*, the report will look to see if the most recent (or “final”) *Call Record* that includes this *Topic* includes an *Outcome* for the *Topic*. If the most recent *Call Record* does not include an outcome for the *Topic*, then the *Consumer* is considered to have an open case, and it will be included in this report.

Cases are primarily grouped by *Care Manager*. If a consumer has no *Care Manager*, then the record is grouped according to the WellSky/SAMS user who created the *Call Record*. Within these groupings, cases are sorted in alphabetical order by the *Consumer*’s last name. The report includes the following data elements:

- *Consumer Name*: The report lists the last and first names of each *Consumer* with an open case.
- *Consumer ID*: This ID can be copied from the report and pasted into the *Main Screen Search Bar* in order to locate the *Consumer Record* that is associated with the case.
- *Call Date/Time*: This is the *Start Date/Time* of the most recent *Call Record* associated with the case.
- *Topic*: This is the *Topic* of the open case.

Please disregard the option within the report parameters to *Specify a Provider*. This option is only available to database administrators. Local agency users are limited to viewing data for their own provider agency, and it is not possible to reset the parameter to display data from another provider agency or limit the data to an individual *Care Manager*’s records.



Call Topics with an *Outcome* of *00-General Information/Referral* are excluded from consideration within this report, since general information and referral services, by definition, are not considered to be cases and should always be resolved on the initial contact date.

2. BEN SPEC Cases— Closed

This report lists all closed cases at your agency. A case is considered closed whenever an *Outcome* is entered in a *Call Record* next to a *Call Topic*. The *Outcome* should only be entered in a *Call Record* if a *Consumer*’s case is completely resolved and there is no need for additional contact with the *Consumer* regarding the *Topic* issue. The *Call Record Start Date/Time* field should reflect the date when a benefit specialist last had contact with a *Consumer* about the case issue.

Cases are primarily grouped by the *Consumer*’s *Care Manager*. If a *Consumer* has no *Care Manager*, then the record is grouped by the WellSky/SAMS user who created the *Call Record*.

The report includes the following data elements:

- *Consumer Name*: The report lists the last and first names of each *Consumer* with a closed case.
- *Consumer ID*: This ID can be copied from the report and pasted into the *Main Screen Search Bar* in order to locate the *Consumer Record* that is associated with the case.

- *Call Date/Time*: This is the *Start Date/Time* of the most recent *Call Record* associated with the case.
- *Topic*: This is the *Topic* of the closed case.
- *Topic Outcome*: This is the *Outcome* of the *Topic*.

The parameters of the report may be adjusted using the following criteria within *User Options*: *Topic(s)*, *Topic Outcome(s)*, and *Call Date*. **Please disregard the option within the report parameters to *Specify a Provider***. This option is only available to database administrators.



Every *Call Topic* that includes an *Outcome* **other** than *00-General Information/Referral* is counted as a closed case. *Call Topics* with the *Outcome* of *00-General Information/Referral* are excluded from this report, since general information and referral services, by definition, are not considered to be cases. **In this report, watch for multiple closed cases that contain the same topic for the same client as you may be incorrectly creating multiple cases instead of a single ongoing case.**

3. Disability Activities List

Note: The *Disability Activities List* is not a report found *Reports* area of the database. Benefit specialists will use the main *Activity* list (showing all client *Activity Records*) to produce a list of *Activity Records* related to SSDI/SSI disability cases. A properly filtered list will provide information about clients' disability cases, including information relating to the various disability stages (such as initial application, reconsideration, and administrative law judge) that cases have passed through as well the current stage of any open cases.

- Open your main list of *Activity Records* by clicking on **Activities** in the *Main Navigation Bar*.



- Format column headings in this screen to include specific fields: To select (or de-select) the fields that appear in the column headings of your *Activity Record* list:

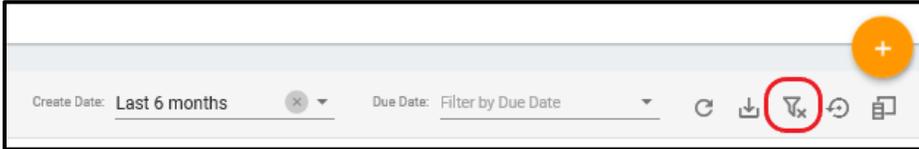
- Select the **Column Chooser** icon shown in the screenshot below (located under the orange circle with a plus sign icon).



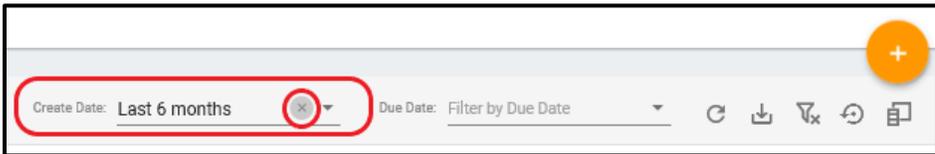
- In the *Column Chooser* pop-up window, select the following fields to display in your *Activities* list: **Primary Care Manager, Consumer Name, Create Date, Start Date, Subject, Action, Status, Status Date, Reason, Complete?, and Date Completed.**

- (A check mark in the box next to each field means the field will be displayed on your *Activity* list. No check mark means the field will be hidden from view.)
3. Click on **Update** in the pop-up window to save your changes.

- c. Clear the existing filters in your *Activities* list by clicking on the **Clear All Filters** icon shown in the following screenshot:



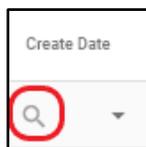
- d. You may also need to clear the pre-set *Create Date* filter (the list automatically defaults to displaying six months of *Activity Records* based on the *Create Date* field). To clear this filter, click on the **X** as shown in the following screenshot:



- e. To view only *Activity Records* for a specific benefit specialist:
 1. Search your data field columns to locate the *Primary Care Manager* column. In this column, click in the space next to the magnifying glass icon and type in the name of the benefit specialist whose *Activity Records* you wish to view. Your filter will be automatically applied after a few seconds.



- f. Filter your *Activity Records* by date range.
 1. Search your data field columns to locate the *Create Date* column. In this column, hover your cursor over the magnifying glass icon.



2. A list of filtering options will display. Select either **Greater Than** to include records created after a specified date, or select **Between** to include only records that were created within a specified date range.

3. After making your selection, enter your specified date(s). Note that the *Create Date* field is automatically generated by WellSky based on the date the *Activity Record* was actually entered in the database and may not reflect the date the *Activity* actually started. If you have been utilizing the *Start Date* field in your *Activity Records* to accurately reflect the initial date of the *Activity*, use *Start Date* to filter your records instead of *Create Date*.
- g. Filter to your records to display only SSDI/SSI Disability-related *Activity Records*.
 1. Search your data field columns to locate the *Action* column. In this column, hover your cursor over the magnifying glass icon and select **Starts with**.



2. Enter the letter **D** (the *Action* field code for all SSDI/SSI disability-related Activity Records begins with the letter D).

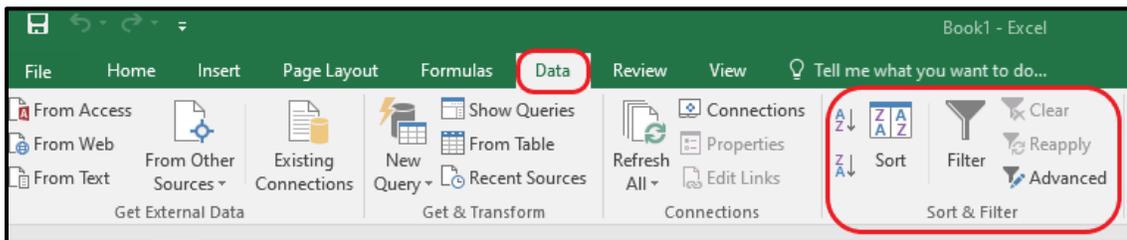


Sort your data based on *Consumer Name*, *Create Date*, *Start Date*, *Action*, or other fields based on your viewing needs and preferences. More information on sorting and filtering records in WellSky/SAMS can be found in the [WellSky/SAMS Navigation and Formatting Guide](#) sections II.A.4. and II.A.6.

- h. Export your list to an Excel spreadsheet by clicking on the **Export Grid** icon.

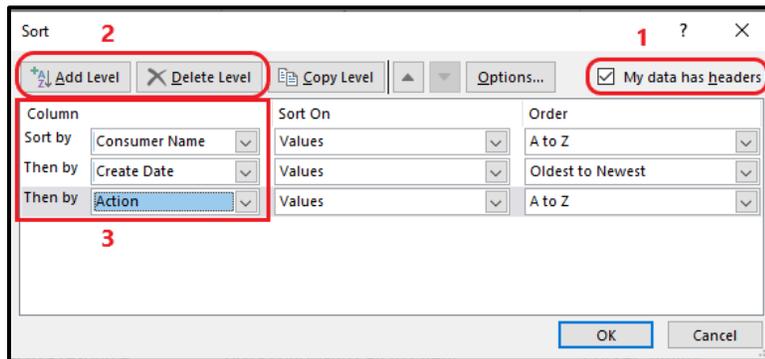


- i. When your spreadsheet has been generated, you will receive a notification box that allows you to open or save the spreadsheet, or cancel the process.
- j. When working in Excel: Select the **Data** tab and select the desired option (**Sort** or **Filter**) from the Sort & Filter section.

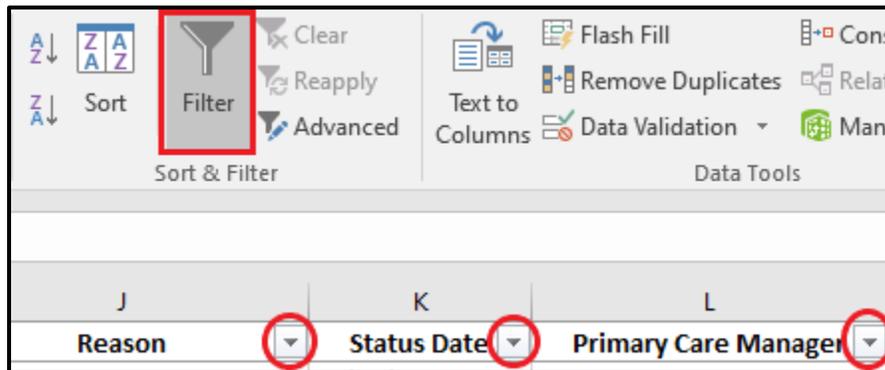


- To use the *Sort* feature in Excel (see screenshot below this section which is numbered by the following steps):
 1. Check the box next to *My data has headers*.

2. Click on **Add Level** for each data field (column) by which you wish to sort your data.
3. Use the dropdown arrows to select field by which to sort. Your records will be sorted in a hierarchical order with the top field as the highest level, the second field as the next highest, and the third field as the next highest. This hierarchical structure will continue based on the number of fields you select.



- To use the *Filter* feature in Excel:
 1. Click on the Filter icon. This will activate dropdown arrows next to each data field in the header row of your spreadsheet (see screenshot below).
 2. Click on the dropdown arrows of any field by which you wish to filter your records. The available data options will display.
 3. Check the box of any data option you would like to include in your filter.



C. Statistical Reports

The following reports will provide aggregate statistical data about your clients and your cases including *Topics* selected, *Outcomes*, demographic characteristics, time spent, and *Monetary Impact*. Create these reports when requested by supervisors, program coordinators, or program attorneys, and periodically for your own review.

1. BEN SPEC Call Topics Report

This report provides a statistical analysis of *Call Records* by topic. It provides the number and percentage of calls associated with each *Topic*, as well as the number of hours and

percentage of total time spent on each *Topic*. It also provides the total number of *Call Records* for all topics combined and associated time spent. The report may be generated for any specified time period. You may choose to look at all *Call Records* or limit your analysis to *General Information/Referral* or *Legal/Benefits Assistance Call Records*.

Before generating the *Call Topics* report, you should adjust the following report parameters in the *User Options* section of the *Report Definition* screen:

- *Call Start Date (on or after)*: this will establish the beginning date of your report. Enter the earliest start date for any *Call Records* to be included in the report.
- *Call Start Date (on or before)*: this will establish the end date for your report. Enter the latest date for any call records to be included in the report.
- *Service Category*: there are three *Service Category* options to choose from:
 - *All Categories*: the report will include all *Call Topics* entered in all *Call Records* created during the time period specified. The *Call Topics* may or may not contain an *Outcome* and may represent open cases, closed cases, or “Info-Only” records.
 - *General Information/Referral*: the report will include only *Call Topics* with an *Outcome* of 00-*General Information/Referral*. **Note: Call Records for anonymous callers are excluded from this report.**
 - *Legal/Benefits Assistance*: the report will include only case-related *Call Topics* such as those with no *Outcome* or an *Outcome* other than 00-*General Information/Referral*.



Select **General Information/Referral** in the *Service Category* field in order to see only data related to “Info-Only” *Call Records* that are associated with a *Consumer Record*. “Info-Only” calls with anonymous callers are excluded from this report.

These additional report parameters are optional, and may be adjusted or left in their default mode:

- *Primary Care Manager(s)*: This parameter is used to limit the analysis to *Consumers* associated with a single *Primary Care Manager*. **Caution:** If a *Primary Care Manager* is specified in the parameter, this report will not be accurate unless all *Consumer Records* are updated to identify, as the *Primary Care Manager*, the benefit specialist who was working with the *Consumer* during the specified reporting period.
- *Client’s Residential County(ies)*: By default, the report includes all *Call Records* reported by your agency, regardless of client county of residence. This parameter can be used by agencies that serve more than one county, such as a regional ADRC, to limit the analysis by clients’ county of residence. For example, the ADRC of Central Wisconsin, which serves Langlade, Lincoln, Marathon, and Wood counties, could use this parameter to run a report that shows only *Call Records* associated with Lincoln County residents.

Please disregard the option within the report parameters to *Specify a Provider*. This option is only available to database administrators.

2. BEN SPEC Program Statistics Report

This report provides a statistical analysis of clients and cases in which legal or benefits-related assistance was provided. The report may be generated for any specified reporting period. Definitions of key terms such as *Clients*, *Opened Cases*, *Closed Cases*, *Carryover Cases*, and *Monetary Impact* are included on page 1 of this report.

The *BEN SPEC Program Statistics Report* has the following limitations:

- For EBS, this report is limited to data entered on or after June 6, 2016, when we changed over to the current reporting structure in WellSky/SAMS. It does not capture case-related data entered in *Service Delivery* or *Care Enrollment* records prior to the changeover.
- For DBS, this report includes all program data, including data migrated from the DBS database. When viewing reports that include data migrated from the DBS database, users should be mindful that structural differences between the DBS database and WellSky/SAMS may result in aberrant data.
- *Case Topic* data within this report is limited to broad *Topic* groups.
- *SHIP Assessment* data are not included in this report.



**HOT
TIP**

The report excludes time spent on *Call Topics* with an outcome of *00-General Information/Referral* because this work is categorized differently under the Older Americans Act.

The *Program Statistics* report contains the following data elements:

- *Total Unduplicated Clients*: This is a tally of all clients who had one or more contacts related to a case during the reporting period.
- *New Clients*: This is a tally of clients whose earliest *Call Record* falls within the reporting period. EBS services recorded prior to the June 6, 2016, systems changeover are also excluded from consideration. Therefore, a returning client whose previous EBS services were recorded in *Service Delivery* and *Care Enrollment* records will be counted as a new client the first time you create a *Call Record* for a contact in WellSky/SAMS. DBS clients whose previous services were recorded in the DBS database will be recognized in WellSky/SAMS as returning clients.
- *Total Hours Spent on Legal/Benefits Assistance*: This is a tally of time spent on cases, as reported in *Call Records*. Time spent on *Call Topics* with an outcome of *00-General Information/Referral* is excluded from this tally.
- *Carryover Cases*: This is a tally of cases that were opened prior to the start of the reporting period and remained open for any portion of the reporting period.
- *Cases Opened*: This is a tally of cases that were opened during the reporting period.
- *Cases Closed*: This is a tally of cases that were closed during the reporting period.
- *Cases Remaining Open*: This is a tally of cases that remained open as of the last day of the reporting period.
- *Client Characteristics (Age Group, Rural Status, Gender, Lives Alone Status, Race, and Income Status)*: This section provides a breakdown of client characteristics for all clients who had one or more contacts related to a case during the reporting period.

- *Monetary Impact (Federal Funds, State Funds, Other Funding Sources, and Total Funds)*: This is a tally of *Monetary Impact* for all cases closed during the reporting period.
- *Closed Cases by Outcome*: This section provides a breakdown of *Outcomes* for all cases closed during the reporting period.
- *Closed Cases by Topic Group*: This section provides a breakdown of *Topic* groups for all cases closed during the reporting period.

Before generating the *Program Statistics Report*, you should always adjust the following report parameters in the *User Options* section of the *Report Definition Screen* in order to define the reporting period:

- *Call Start Date (on or after)*: This will establish the beginning date of your report. Enter the earliest start date for any *Call Records* to be included in the report.
- *Call Start Date (on or before)*: This will establish the end date for your report. Enter the latest date for any *Call Records* to be included in the report.

There are some additional report parameters, which are optional and may be adjusted or left in their default mode:

- *Topic(s)*: By default, the report includes all *Call Topics* related to cases. This parameter can be used to limit the analysis to one or more specific *Topics*. For example, if you would like to see a statistical analysis of clients and cases related to *Medicaid, EBD Card Services*, you may set the *Topic(s)* parameter to include only the *Time and Monetary Impact Topics* related to *Medicaid, EBD Card Services (1-A35, 2-A35 and 3-A35)*.
- *Primary Care Manager(s)*: By default, the report includes all *Consumers* who received services from your agency, regardless of the *Primary Care Manager* associated with the *Consumer Record*. This parameter can be used to limit the analysis to consumers associated with a single *Primary Care Manager*. For example, if your agency employs multiple benefit specialists, and you would like to see statistics for a single staff person, you may select his or her name in the *Primary Care Manager(s)* parameter field. Be aware that this report will not be accurate unless all *Consumer Records* are updated to reflect the benefit specialist who was working with the *Consumer* during the specified reporting period as the *Primary Care Manager*.
- *Client's Residential County(ies)*: By default, the report includes services provided by your agency to all clients, regardless of their county of residence. This parameter can be used by agencies that serve more than one county, such as a regional ADRC, to limit the analysis by clients' county of residence. For example, the ADRC of Central Wisconsin, which serves Langlade, Lincoln, Marathon, and Wood counties, could use this parameter to run a report that shows only services provided to Lincoln County residents.

Please disregard the option within the report parameters to *Specify a Provider*. This option is only available to database administrators.

D. Miscellaneous Reports

1. BEN SPEC Medicare OEP Mailing List

This report is designed for use by agencies who wish to conduct outreach to former clients reminding them of the annual Medicare open enrollment period (OEP). The report provides a list of names and addresses for all *Consumers* with one or more *SHIP Assessment* forms that include a Medicare Part D or LIS *Topic*, reflecting a past counseling session related to Medicare Part D.

Before generating the *BEN SPEC Medicare OEP Mailing List Report*, you should adjust the following report parameters in the *User Options* section of the *Report Definition Screen*:

- *Call Start Date (on or after)*: This will establish the earliest date of contact for past *Consumers* to be included in the report.
- *Call Start Date (on or before)*: This will establish the latest date of contact for past *Consumers* to be included in the report.
- *Format Report Output as*: Select **Labels for Printing** to obtain Avery 5160 mailing labels (3x10). Select **Record List for Data Export** to obtain a data list that includes the *Consumer ID* and email address.
- *Include Inactive Consumers?*: If your agency updates *Consumer Records* to *Inactive Status* when a *Consumer* dies or leaves your service area, you may wish to exclude inactive *Consumers* by setting this parameter to **No**.
- *All Caps*: If you would like all *Consumer* information within the report to be formatted in capital letters, set this parameter to **Yes**.
- *Sort Order*: You may choose to sort the records in this report by *Consumer* name or by address.

There are some additional report parameters which are optional, and may be adjusted or left in their default mode:

- *Primary Care Manager(s)*: The default setting for this field is *Any*. This parameter can be used to limit the report to *Consumers* associated with a single *Primary Care Manager*. **Caution:** *Call Records* that are not associated with a *Consumer Record*, such as *General Information/Referral* contacts with an anonymous *Caller*, do not have a *Care Manager* and will be excluded from the report if a *Primary Care Manager* is specified in the parameter. Also be aware that this report will not be accurate unless all *Consumer Records* are updated to reflect the benefit specialist who was working with the *Consumer* during the specified reporting period as the *Primary Care Manager*.

Please disregard the option within the report parameters to *Specify a Provider*. This option is only available to database administrators.

III. SHIP Assessment Reports

There are several reports available in WellSky/SAMS that provide a statistical analysis of data entered in *Assessment* forms for the purposes of the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) grants. These include:

A. SHIP STARS Reports

These reports analyze data entered in *Assessments* for export to the *SHIP Tracking and Reporting System (STARS)*. These *Assessment* forms became available in WellSky/SAMS in November 2018, in conjunction with the federal transition to *STARS*.

1. SHIP STARS Beneficiary Contact Form Summary Report

This *Consumer Report* provides a statistical analysis of data entered in *Beneficiary Contact Form (BCF) Assessments*.

2. SHIP STARS Group Outreach and Education Form Summary Report

This *Consumer Report* provides a statistical analysis of data entered in *Group Outreach and Education (GOE) Assessments*, one of two *Assessment* form options available in the *GAM – Events Tool*.

3. SHIP STARS Media Outreach and Education Form Summary Report

This consumer report provides a statistical analysis of data entered in *Media Outreach and Education (MOE) Assessments*, one of two *Assessment* form options available in the *GAM – Events Tool*.

4. SHIP Export Summary

This *Assessment* report provides a list of all WellSky/SAMS records that have been exported to *STARS*. The records are listed according to *Export ID*, *Description*, and *Number of Assessments Exported*. The last page of the report provides the total number of records exported and not exported. This report is primarily for use by state program administrators.

Before generating any of the *SHIP STARS Assessment Reports*, you should always adjust the following report parameters in the *Assessment* section on the *Report Definition Screen*:

- *Date of Assessment (on or after)*: This will establish the start date of your report.
- *Date of Assessment (on or before)*: This will establish the end date of your report.

There are some additional report parameters that are optional and may be adjusted or left in their default mode:

- *Session Conducted By*: By default, these reports include all SHIP counselors in your program area for whom *Assessments* were recorded. Adjust this parameter if you would like to limit the statistical analysis to sessions conducted by one or more SHIP counselors.
- *County of Session Location (BCF Summary Report only)*: By default, the report includes all zip codes within your provider service area. Adjust this parameter if you would like to limit the statistical analysis to one or more zip codes within your service area.
- *Beneficiary Residence Zip Code (BCF Summary Report only)*: By default, the report includes all zip codes within your provider service area. Adjust this parameter if you would like to limit the statistical analysis to one or more zip codes within your service area.
- *Beneficiary County (BCF Summary Report only)*: By default, the report includes all beneficiary contacts recorded by staff within your provider agency, regardless of the

beneficiaries' counties of residence. Adjust this parameter if you would like to limit the statistical analysis to one or more counties of residence.

- *Type of Event (GOE and MOE Summary Reports only)*: By default, the report includes all types of events. Use this field to limit the statistical analysis to one or more specific event types.
- *County of Event (MOE Summary Report only)*: By default, the report includes all events recorded by staff within your provider agency, regardless of the where the event took place. Adjust this parameter if you would like to limit the statistical analysis to events that took place in one or more specific counties.
- *Session Date (SHIP Export Summary only)*: Adjust this parameter to define the time period in which exports occurred.

B. SHIP NPR Reports

These reports analyze data entered in *Assessments* for export to the *SHIP National Performance Reporting (SHIP NPR)* system. Use of these *Assessment* forms was discontinued in November 2018 in conjunction with the transition to the new national *SHIP Tracking and Reporting System (STARS)*. However, they are still available for use, if necessary.

1. PAM Summary Report

This *Assessment Report* provides a statistical analysis of data entered in *Public and Media (PAM) Assessment* forms between June 2016 and October 2018, for export to SHIP NPR. At present, it is not possible to access individual *PAM Assessment* forms in WellSky/SAMS. Therefore, the *PAM Summary Report* provides the only source of information about Medicare outreach activities entered in WellSky/SAMS prior to November 2018.

Before generating this report, you should always adjust the following report parameters in the *Assessment* section on the *Report Definition Screen*:

- *Date of Assessment (on or after)*: This will establish the start date of your report.
- *Date of Assessment (on or before)*: This will establish the end date of your report.

2. SHIP Client Contact Summary Report

This *Assessment Report* provides a statistical analysis of data entered in *Individual Client Contact (ICC) Assessments*.

Before generating this report, you should always adjust the following report parameters in the *Assessment* section on the *Report Definition Screen*:

- *Date of Assessment (on or after)*: This will establish the start date of your report.
- *Date of Assessment (on or before)*: This will establish the end date of your report.

There are some additional report parameters that are optional and may be adjusted or left in their default mode:

- *Counselor Location Zip Code*: By default, the report includes the zip codes of all counselor locations within your provider service area. Adjust this parameter if there are multiple counselor locations within your provider service area and you would like to limit the statistical analysis to one or more zip codes.

- *Client Location Zip:* By default, the report includes all zip codes within your provider service area. Adjust this parameter if you would like to limit the statistical analysis to one or more zip codes within your service area.
- *Client Location County:* By default, the report includes all client contacts recorded by staff within your provider agency regardless of the clients' counties of residence. Adjust this parameter if you would like to limit the statistical analysis to clients residing in one or more specific counties.

Appendix A: BEN SPEC Invalid Call List Error Codes

This chart explains the error codes used in the [BEN SPEC Invalid Call List Report](#) and provides instructions for correcting these errors.

| Error Description | How to Correct It |
|--|--|
| <p>05-Same Date with 2+ Calls: Two or more <i>Call Records</i> with an identical <i>Start Date/Time</i> were created for the same <i>Consumer</i>.</p> | <p>If you have multiple contacts with a <i>Consumer</i> on the same day, you should combine all <i>Topics</i> discussed and time spent during that day into a single <i>Call Record</i>. After ensuring you have recorded all information within a single <i>Call Record</i> for the date in question, delete all superfluous <i>Call Records</i> for that date, as well as any <i>ICC Assessments</i> associated with the superfluous <i>Call Records</i>. (Open the superfluous <i>Call Record</i> and delete any items listed in the <i>Assessment Panel</i> prior to deleting the <i>Call Record</i> itself.)</p> |
| <p>10-Record Created Before Call Date: The date on which the record was created is earlier than the date selected in the <i>Start Date/Time</i> field of the <i>Call Record</i>.</p> | <p>The <i>Date Created</i> field is automatically populated by the system to reflect the date the <i>Call Record</i> was actually created. The date selected in the <i>Start Date/Time</i> field of a <i>Call Record</i> should always be on or before the date listed in the <i>Date Created</i> field. You may modify the <i>Start Date/Time</i> field, but the database does not permit you to modify the <i>Date Created</i> field. To compare the date the record was created to the <i>Start Date/Time</i> field date, make sure both fields are activated in the <i>Calls</i> tab of the <i>Consumer Record</i> using the <i>Format Columns</i> command as described in the <i>Navigation and Formatting Guide</i>. If there is an error in the <i>Start Date/Time</i> field and the contact occurred prior to the date shown in the <i>Date Created</i> field, correct it. Otherwise, you must recreate the erroneous <i>Call Record</i> in a new <i>Call Record</i> and delete the old <i>Call Record</i>.</p> |
| <p>15-Call Date < 1/1/2000: The <i>Call Start Date/Time</i> is earlier than 1/1/2000.</p> | <p>Client interactions that occurred prior to 1/1/2000 should not be recorded as <i>Call Records</i> in WellSky/SAMS. Edit the <i>Call Record</i> to reflect a <i>Start Date/Time</i> on or after 1/1/2000. Otherwise, delete the <i>Call Record</i>.</p> |

| Error Description | How to Correct It |
|--|---|
| 20-No Topic Selected: The <i>Call Record</i> does not have any <i>Topic(s)</i> selected. | Every <i>Call Record</i> should contain at least one <i>Topic</i> in the <i>Time (Minutes)</i> category within the <i>Topic Screen</i> . Add one or more <i>Topics</i> to the <i>Topic Screen</i> within the <i>Call Record</i> , otherwise, delete the <i>Call Record</i> . |
| 25-Topic Time = 0 mins: The <i>Default Time</i> for one or more <i>Topics</i> selected within the <i>Time (Minutes)</i> category is blank or contains the value “0.” | Enter a value that is greater than or equal to 1 in the <i>Default Time</i> column for every <i>Topic</i> in the <i>Time (Minutes)</i> category that is selected within the <i>Call Record</i> . Deselect any <i>Topics</i> for which there is no associated time |
| 30-Topic Time > 1440 mins: The <i>Default Time</i> field for one or more selected <i>Topics</i> in the <i>Time (Minutes)</i> category has a value that is greater than 1440 minutes. | Do not record more than 1440 minutes for any given <i>Topic</i> in the <i>Time (Minutes)</i> category within a single <i>Call Record</i> . Edit the <i>Default Time</i> for erroneous time entries to reflect a value that is less than 1440 minutes. |
| 35-Topic M.I. = \$0.00: The <i>Default Time</i> field for one or more selected <i>Topics</i> in the <i>Monetary Impact (M.I.)</i> category was left blank or has a value of \$0.00. | Enter a value that is greater than or equal to 1 in the <i>Default Time</i> column for every <i>Topic</i> in the <i>Monetary Impact</i> category selected within the <i>Call Record</i> . Deselect any <i>Monetary Impact Topics</i> for which there is no associated dollar value. |
| 40-Topic Time with Decimal: The <i>Default Time</i> field for one or more selected topics in the <i>Time (Minutes)</i> category contains a decimal value. | Ensure all values entered in the <i>Default Time</i> field reflect the number of minutes in whole numbers. |

| Error Description | How to Correct It |
|---|--|
| <p>45-M.I. Recorded w/o Valid Time/Outcome: One or more <i>Topics</i> in the <i>Monetary Impact</i> category have been selected, but you did not select corresponding <i>Topics</i> in the <i>Time (Minutes)</i> category or record an <i>Outcome</i> for those <i>Topic(s)</i>.</p> | <p>Whenever you select a <i>Monetary Impact Topic</i> in a <i>Call Record</i>, you must also select a corresponding <i>Time Topic</i>, along with an appropriate <i>Outcome</i>. When reviewing a <i>Call Record</i> with the error code 45, ask:</p> <ol style="list-style-type: none"> 1) Did you select a <i>Time Topic</i> that corresponds with the selected <i>Monetary Impact Topic</i>? If not, you must do so. For example, if you selected <i>4-A10 Oth\$ Dental Care, Free/Reduced Cost</i>, then you must also select, in the same Call Record, <i>1-A10 Dental Care, Free/Reduced Cost</i> and enter time spent in the <i>Default Time</i> column for that <i>Topic</i>, as well as an <i>Outcome</i>. (Both the <i>Time Topic</i> and the <i>Monetary Impact Topic</i> contain the matching code of <i>A10</i>.) 2) Did you enter an appropriate <i>Outcome</i> for the corresponding <i>Time Topic</i>? For example, an unsuccessful outcome such as <i>09-Denied at Application or Renewal/Not Appealed</i> cannot be associated with <i>Monetary Impact</i>. <p>Refer to the <i>Topic Outcomes Index</i> in <i>Appendix B</i> of the <i>WellSky/SAMS Data Entry and Case Tracking Guide</i> if you are unsure whether it is appropriate to report monetary impact on a case.</p> |

Appendix B: Generating Reports Exercises

(See *WellSky/SAMS Guide to Generating Reports* for detailed instructions)

- Open your list of available reports. (see [section I.A.](#))
- Filter your reports list to include only *I & R Reports*. (see [section I.A.](#))
- Generate the *BEN SPEC Invalid Call List Report* from your list and add a date range in the *Reports Definition* data entry screen. (see [section I.C.](#)) Preview the report in **Adobe Acrobat**.
- Correct any errors identified in your *BEN SPEC Invalid Call List Report*. (see [section II.A.1.](#))