

FAMILY PLANNING PROGRAM ELECTRONIC DATA SYSTEM USER GUIDE

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**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL CHILD AND FAMILY HEALTH**



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Family Planning Electronic Data System

System Overview

The Family Planning Program Electronic Data System (FPEDS) has been developed to replace the manual process of recording patient visits, creating invoices and sending documents to Family Planning to process into a mainframe system. Family Planning Clinics/Providers will access the internet to enter patient visits and create invoices. Clinics/Providers will be responsible for approving the created invoice prior to it being processed into the West Virginia Financial Information Management System (WVFIMS) for payment. The Clinic/Provider can track the status of their invoices through the website using the Invoice Summary and Invoice Detail webpages.

Accessing the Electronic Data System

The FPEDS website is located on the WV Family Planning Program webpage. The internet address is <http://www.wvdhhr.org/fp>. The Electronic Data System is located within the Family Planning Menu under Provider Information and Training displayed on the webpage. A drop down box will display the Electronic Data System hyperlink. When the FPEDS tab is clicked, it initiates the browser to link into the FPEDS.



IS&C Initial Logon

Before accessing the FPEDS, West Virginia Department of Administration, Information Services and Communications (IS&C) informs providers that the data they are entering is secured. The Security Alert box explains to the provider that the site cannot be viewed or changed by others. When this box comes up, please click “Yes” to proceed. There is not a need to view/install the certificate. In order to gain access to the FPEDS, a **User ID** and **Password** must be entered. A logon window appears on the screen for the user to enter their **User ID** and **Password**. A **User ID** and temporary **Password** is assigned to the user by the Department of Health and Human Resources, Management Information Services (DHHR MIS). This is completed once the Client User ID form (Appendix H) is returned to the Family Planning Program Security Administrator (FP Security Administrator).

The temporary **Password** will be changed by the user and will follow the current rules for selecting a new **Password**. The rules for determining a password are located in Appendix A.

A user with a valid **User ID** and **Password** is directed to the FPEDS Main Menu. A user has three attempts to enter the correct combination of **User ID** and **Password**. The third attempt causes the logon account to be suspended for activity. In order to reactivate the account, the user will need to contact the DHHR MIS Help Desk:

DHHR MIS Help Desk
(304) 558-9999

The Help Desk will ask for the **User ID** and activate the account with a temporary **Password**. The system will prompt the user to change the temporary password to a new password selected by the user.

FORM FUNCTION KEYS

The main menu, patient data form and invoice forms have form function keys that enable the user to manipulate the system from screen to screen. They enable the user to print, reset, submit, delete, and contact Family Planning. A detailed description of each function key is provided in Appendix B.

MAIN MENU WEBPAGE

The Main Menu webpage (Appendix C) is the initial access to FPEDS. The menu options are displayed on this screen with radio buttons (circles) that will be clicked to request one of the following:

1. Data Entry – New Patient Data and/or Visit Information
2. Data Entry – View/Correct Patient Data and/or Visit Information
3. View - Invoice Summary
4. Admin – Perform Administration functions
5. Authorize – Invoices
6. HIPAA – Link to Approved Privacy Statement

A statement appears in an alert box each time the webpage is displayed. The following message appears:

“Please **SELECT** only one (1) option and enter appropriate information.....then hit **ENTER** or click on **SUBMIT** to process request”.

If one of the options is not selected and **SUBMIT** or **ENTER** is pressed, this message is displayed:

“Please **SELECT** one (1) option and enter appropriate information”.

The webpage will allow only one option to be selected at a time. Once an option is clicked, another option cannot be selected. Selecting an option on the webpage, entering the required fields and clicking **SUBMIT** or pressing **ENTER** will display the requested webpage.

Each option has required fields that have to be entered in order to proceed to the next webpage except for the HIPAA option. Each user is assigned a level of authorization for accessing the website. This authorization is established for the user when registered by the FP Security Administrator and must be completed prior to the user gaining access to the website.

User guidelines and error messages for **Clinic ID**, **User ID**, **Patient ID** and **Visit Date** can be found in the **Clinic ID, User ID, Patient ID and Visit Date Guidelines**. Any messages are displayed in an alert box. For any messages requiring the FP Security Administrator, please call (304) 558-5388 or in-state toll free 1-800-642-8522 or send an e-mail to familyplanning@wvdhhr.org.

1. Data Entry – New Patient Data and/or Visit Information

When the user enters visit information for a patient, the button next to the Data Entry – New Patient Data and/or Visit Information option needs to be clicked. The required fields for this option are the **Clinic ID** where the visit was performed and the **User ID**.

DATA ENTRY - New Patient Data and/or Visit Information

1. **Clinic ID** 2. **User ID**

If a valid **Clinic ID** and a valid **User ID** are entered, the next webpage displayed will be the Patient Data Form. Refer to the Patient Data Form webpage instructions on page 11.

2. Data Entry – View/Correct Patient Data and/or Visit Information

After a patient visit has been entered, the record can be retrieved using the Data Entry – View/Correct Patient Data and/or Visit Information option to retrieve existing patient data and/or visit information. The required fields for this option are the **Clinic ID** where the visit was performed, the **User ID**, the **Patient ID**, and the **Visit Date**.

DATA ENTRY - View/Correct Patient Data and/or Visit Information

1. **Clinic ID** 2. **User ID**
3. **Patient ID** 4. **Visit Date**
(mm/dd/yyyy)

3. View – Invoice Summary

A user has the ability to view a list of all stored invoices for a clinic. The required fields for this option are the **Clinic ID** and the **User ID**.

VIEW - Invoice Summary

1. **Clinic ID** 2. **User ID**

If the employee is authorized to view the invoice records of the clinic and the entered fields are valid, the next webpage displayed will be the Invoice Summary.

4. Admin

The Security and Administration webpage (Appendix G) can only be accessed by selected Family Planning Program and OMCFH Data Processing staff, OMCFH Division of Financial Services, DHHR Financial Services and the Auditor's Office.

A user having authorization to perform Security and Administration functions selects this option to perform those tasks. The **User ID** is required when this option is selected.

ADMIN - Perform Administration functions

1. **User ID**

5. Authorize – Invoices

Once invoices have been selected for authorization, Family Planning Program staff are responsible for approving the invoice for payment processing. This option requires that the **Clinic ID** and the **User ID** be entered before transferring to the Invoice Summary webpage. The 'not authorized message' is displayed if the clinic authorization for viewing invoices is not approved for that employee. To be registered for invoice approval within the clinic, a Provider Certification Statement (Appendix I) must be on file with the FP Security Administrator.

AUTHORIZE - Invoices

1. **Clinic ID**

2. **User ID**

If the employee is authorized to approve the invoices for that clinic and the entered fields are valid, the next webpage displayed will be the Invoice Summary.

6. HIPAA

HIPAA - Link to Approved Privacy Statement

By selecting the HIPAA option the user is automatically referred to the State of West Virginia HIPAA website. This option is included to inform users the information they are entering and viewing is covered under the rules of the Health Insurance Portability and Accountability Act (HIPAA). In order to return to the Family Planning Main Menu webpage, the user needs to click on the **BACK** button shown in the toolbar area.

FORMATTING, ERROR MESSAGES AND SOLUTION GUIDELINES

Clinic ID Data Entry Guidelines

The **Clinic ID** must be entered. If not entered the following message will be displayed:

“Please enter a valid **Clinic ID** number under the selected option”.

A **Clinic ID** must consist of numeric and/or alphabetic characters. A message is displayed if any special characters are found in the **Clinic ID** field. The **Clinic ID** is validated against the Family Planning Master Name/Address file. If the entered **Clinic ID** is not found on the file, the following message is displayed:

“**Clinic ID ENTERED** is not on file. Please correct then **SUBMIT** again”.

A clinic must have the FEIN, MOU and FIMS number entered on the Family Planning Master Name/Address file before patient visits can be entered and invoices processed. This information is entered into the Electronic Data System by the FP Security Administrator. If an error occurs with the Family Planning Master Name/Address file, one of the following messages is displayed:

“**Clinic ID** File (HLF002F1) is **CLOSED** or **DISABLED**. Please contact FP Security Administrator”

“**Clinic ID** File (HLF002F1) Read Error. Please contact FP Security Administrator”.

“**Clinic ID** File (HLF002F1) Error – Invalid Clinic – Missing FEIN, MOU or FIMS number. Please contact the FP Security Administrator”.

User ID Data Entry Guidelines

The following rules apply to a **User ID**:

1. The **User ID** must begin with ‘WE’, ‘HL’ or ‘FP’.
2. The third position of the **User ID** field must be the pound sign, #.
3. The fourth position can be alphabetic or numeric.
4. The last three positions must be numeric.

The **User ID** is seven characters in length and must be entered in the required format. If entered incorrectly, one of the following messages is displayed based on the entry error:

“Please enter a valid **User ID** under the selected option”.

“Invalid **User ID** entered – please correct”.

“**User ID** Error --- **User ID** entered on the ‘Main Menu’ must match IS&C Logon ID. Please correct”.

"**User ID** Table Error (HLTFADMN) - **User ID** not defined in FP system. Please contact FP Security Administrator".

“**User ID** Table Error (HLTFADMN) - **User ID** not authorized for Clinic Entered. Please contact FP Security Administrator”.

“**User ID** Table Error (HLTFADMN) - **User ID** not authorized to enter new visits. Please contact FP Security Administrator”.

The validation of the **User ID** is the same for each Main Menu item except for the following:

If the **User ID** entered is found, but the authorization code does not allow the user to View/Correct patient visits, the following message is displayed:

“**User ID** Table Error (HLTFADMN) – **User ID** not authorized to correct or view Patient Data and/or Visit Information. Please contact FP Security Administrator”.

If the **User ID** entered is found, but the authorization code does not allow the user to View Invoices, the following message is displayed:

“**User ID** Table Error (HLTFADMN) – **User ID** not authorized to view invoices. Please contact FP Security Administrator”.

If the **User ID** entered is found, but the authorization code does not allow the user to perform Administration functions, the following message is displayed:

“**User ID** Table Error (HLTFADMN) – **User ID** not authorized to perform administration functions. Please contact FP Security Administrator”.

If the **User ID** entered is found, but the authorization code does not allow the user to approve invoices, the following message is displayed:

“**User ID** Table Error (HLTFADMN) – **User ID** not authorized to approve clinic invoices. Please contact FP Security Administrator”.

Patient ID Data Entry Guidelines

The **Patient ID** must be nine numeric digits. If entered incorrectly one of the following messages based on the entry error appears:

"Please enter a valid **Patient ID** under the selected option".

"Invalid **Patient ID** entered - Please correct".

Visit Date Data Entry Guidelines

The **Visit Date** is a required field. The format for entering the **Visit Date** is MMDDYYYY. The month is represented by MM. The day is represented by DD and the year is represented by YYYY. All fields must be numeric.

The month is validated if it contains values of 01 thru 12. The day is validated if it contains values of 01 thru 31. A combination edit is performed between the month and day. If the month is 04, 06, 09 or 11, then the day value cannot be greater than 30. If the month is 02, then the day value cannot be greater than 28. If it is determined to be a Leap Year then the value of 29 is valid. All other months will not allow a day value greater than 31. The year value must be between 2000 and 2100. The combination of all three date fields cannot be greater than the current date.

If entered incorrectly one of the following messages appears:

"Please enter a valid **Visit Date** under the selected option".

"Invalid **Visit Date** entered - Please correct -- must enter a valid ____". The blank will be filled with MONTH, DAY or YEAR to indicate which portion is in error.

View/Correct Validation Data Entry Guidelines

The **Clinic ID**, **Patient ID** and **Visit Date** fields are used to find a Patient Visit in the FPEDS. If a Patient Visit is not found using these fields the following message is displayed:

"Patient Visit Table Error (HLTFVIST) – No patient entered for clinic on date entered. Please correct either **Clinic ID**, **Patient ID**, or **Visit Date**".

If unable to access the Patient Visit Table (HLTFVIST), the following message is displayed:

"Patient Visit Table Error (HLTFVIST) Unknown. Please contact FP Security Administrator".

If the Patient Visit belongs to an Invoice that is not in an **OPEN** status, the following message is displayed:

"Invoice Table Error (HLTFVIST) - **INVOICE** is not in **OPEN STATUS** - Please **CORRECT** using the **INVOICE ADJUSTMENT FUNCTION** within the **ADMIN OPTION** of the website".

If unable to access the Invoice Table (HLTFINV), the following message is displayed:

"Invoice Table Error (HLTFINV) Unknown. Please contact FP Security Administrator".

Once the fields pass the edits, the next webpage displayed is the Patient Data Form.

PATIENT DATA FORM WEBPAGE

The Patient Data Form webpage (Appendix D) is a representation of the Patient Data Form that is used in the clinics to record patient and visit information. A valid **Clinic ID** and **User ID** is required to access this webpage for a new patient visit from the Main Menu. A valid **Clinic ID**,

User ID, Patient ID and Visit Date is required to correct an existing patient record from the Main Menu. A patient visit that has already been included on an *approved* invoice can be accessed through the Security and Administration webpage.

Access Methods

If the Data Entry – New Patient Data and/or Visit Information option is selected, a blank Patient Data Form is displayed with an auto-entered **Clinic ID**.

If the View/Correct or Adjustment method is used to access the Patient Data Form, the data for the patient visit is retrieved and displayed on the webpage.

Access from the Invoice Summary or Invoice Detail webpage will display a blank Patient Data Form with the auto-entered **Clinic ID**.

When a blank Patient Data Form is displayed, a message appears in an alert box stating:

“**Patient ID or Name and Date of Birth** required in order to find patient information”.

When the Patient Data Form is completed with the current patient visit data, the message appears:

“Visit information for patient was found”.

Patient Data Form Fields

The fields on the Patient Data Form consist of a variety of data entry options. Text boxes are used when the user needs to type in the value for the field (i.e. **Patient ID, Patient Name**). A drop-down box is used to display the **County of Residence**. Radio buttons are used when only one value at a time can be selected for a field (i.e. **Gender, Purpose of Visit**). Check boxes are used when more than one of the values can be selected for a field (i.e. **Race, Exam Components Provided**). Some fields are defined as display only and will not allow any form of data entry (i.e. **Clinic ID, Patient Fee, Invoice**). Definitions and instructions for Patient Data Form completion can be referenced in the *Family Planning Program Guidelines, 2001*.

Clinic ID Display

1. Clinic ID

XXXXXXXXXX

The **Clinic ID** field is pre-filled with data received from the prior webpage that was viewed. To change the **Clinic ID**, the user must return to the Main Menu and enter another **Clinic ID**. The **Clinic ID** displayed on the screen is still validated against the Clinic Master Name/Address File. If for any reason the **Clinic ID** or file has a change in status, one of the following messages is displayed:

“Clinic number is not found on file. Please contact FP Security Administrator.”

“Clinic file is not available at this time. Please contact FP Security Administrator.”

“Invalid clinic due to missing FEIN Number, MOU Agreement Number or FIMS Number. Please contact FP Security Administrator.”

Patient ID Entry

2. Patient ID

If only the **Clinic ID** and the **Patient ID** are entered when the **SUBMIT** button is clicked, the program attempts to find and display the patient demographic information. The demographic information includes the following fields: **County of Residence, Patient Name (Last, First, Initial), Date of Birth, Gender, Ethnicity, Race** and **Additional Demographic Info**. If demographic information is found, an alert box is displayed with the following message:

“Patient information found, please enter new visit information”.

This will be helpful in determining whether a patient is already in the system.

Visit Date Entry

3. Visit Date (MM/DD/YYYY)

The **Visit Date** consists of three separate fields: Month, Day and Year. The month is represented by MM. The day is represented by DD and the year is represented by YYYY. The visit month field must be numeric and a value of 01 thru 12. The visit day must be numeric and a value of 01 thru 31. The visit year must be numeric.

The following messages are displayed for a missing or invalid Visit Date:

- “Please enter a value in visit month”
- “Please enter two numeric digits, 01 thru 12, for visit month”
- “Please change the value for visit month. It must contain all numeric characters”
- “Visit month must be between 01 and 12”
- “Please enter a value in visit day”
- “Please enter two numeric digits for a valid visit day”
- “Please change the value for visit day. It must contain all numeric characters”
- “Day must be a number between 1 and 31”.
- “Please enter a value for visit year”
- “Please enter four numeric digits for visit year”
- “Please change the value for visit year. It must contain all numeric characters”
- “Enter a number between 2000 and 2100”

Once the three parts of the **Visit Date** are valid, a final check is performed to see if the **Visit Date** is not greater than the current date. If the **Visit Date** is greater than the current date, the following message is displayed:

“Please change the **Visit Date**. It cannot be greater than the current date”.

If the combination of visit month, day and year do not form a valid date based on programming restrictions, the following message is displayed:

“The **Visit Date** values do not create a correct date. Please check the month, day and year values”.

County of Residence

4. County of Residence Code

The **County of Residence** Code is a required field. Each of the 55 West Virginia counties is contained in a drop-down box, plus a selection Out of State. The list in the drop-down box contains a two-digit number followed by the county name. A user can click the arrow on the right side of the drop-down box to display the list and then click on the entry they wish to select. A user can also use the first digit of the number assigned to the county selection to scroll through the list beginning with that number. For example, if the **County of Residence** box is highlighted, then by pressing the number 2 on the keyboard repeatedly will cause a scrolling of the entries that begin with the number 2.

If the **County of Residence** is left at the UNKNOWN selection, this message is displayed:

“Please select a value for County Code”.

Patient Name Entry

5. Patient Name

Last First Middle Initial

The patient name is comprised of three fields: **Last Name**, **First Name** and **Middle Initial**. The **First Name** and **Last Name** fields are required. Each will allow for entry of 20 characters. The **Middle Initial** field is one character and is not required.

The **Last Name**, **First Name** and **Middle Initial** must contain all alphabetic characters. If the **First Name** or **Last Name** is entered incorrectly, one of the following messages is displayed:

“Please enter a value for **Last Name**”

“Please enter a value for **First Name**”

“Please change the **Last Name, First Name or Middle Initial** value. They must be all alphabetic characters.”

Date of Birth Entry

6. Date of Birth (MM/DD/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

The **Date of Birth** is a required numeric field. It consists of three separate fields: Month, Day and Year. The birth month must be a value of 01 thru 12. The birth day must be a numeric value of 01 thru 31.

“Please enter a value in birth month”

“Please enter two numeric digits, 01 thru 12, for birth month”

“Please change the value for birth month. It must contain all numeric characters”

“Please enter a value in birth day”

“Please enter a valid birth day”

“Please enter two numeric digits for a valid birth day”

“Please change the value for birth day. It must contain all numeric characters”

“Please enter a value for birth year”

“Please enter four numeric digits for birth year”

“Please change the value for birth year. It must contain all numeric characters”

If the combination of birth month, day and year do not form a valid date based on programming restrictions, the following message is displayed:

“The **Date of Birth** values do not create a correct date. Please check the month, day and year values”.

Gender Selection

7. Gender

Female

Male

The **Gender** field is displayed using Radio Button selections for Female and Male. It is a required field for a patient visit. The **Gender** code selected is used in determining which **Primary Method of Contraceptive** is valid for the patient visit. If one of the buttons for **Gender** is not selected, then the following message is displayed:

“Please choose a value for **Gender** code”.

Ethnicity Selection

8. Ethnicity

Hispanic/Latino

Not Hispanic/Latino

The **Ethnicity** field is displayed using Radio Button selections for Hispanic/Latino and Not Hispanic/Latino. The field is required for a patient visit. If one of the buttons for **Ethnicity** is not selected, then the following message is displayed:

“Please choose a value for **Ethnicity**”.

Race Selection

9. Race (Check all that apply)

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

The **Race** field is displayed using Check Boxes for the selections of White, Black/African American, Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander. The field is not required to be selected for a patient visit. More than one race can be selected using the check boxes. If a selection is not made, the race is set to UNKNOWN within the program.

Additional Demographic Info Selection

10. Additional Demographic Info

- Person with Disability
- Limited English Proficiency

The **Additional Demographic Info** field is displayed using Check Boxes for the selections of Person with Disability and Limited English Proficiency. The field is not required to be selected for a patient visit. A user can select none, one or both of the **Additional Demographic Info** options.

Principal Health Insurance Coverage Selection

11. Principal Health Insurance Coverage

- Uninsured (Title X)
- Public Health Insurance Medicaid ID#
- Private Health Insurance (Income <250% FPL)

The **Principal Health Insurance Coverage** field is displayed using Radio Buttons for the options of **Uninsured (Title X)**, **Public Health Insurance with Medicaid ID** and **Private**

Health Insurance (Income <250% FPL). One of the options must be selected for a patient visit. If one of the options is not selected, then the following message is displayed:

“Please choose a value for **Principal Health Insurance Coverage**”.

If the **Public Health Insurance** option is selected and the **Medicaid ID** has not been entered, the following message is displayed:

“Please enter a value for **Medicaid ID** when selecting **Public Health Insurance**”.

If **Uninsured (Title X)** or **Private Health Insurance** is selected and the patient is found to be eligible for Medicaid, the following message is displayed:

“**Medicaid ID** found. **Principal Health Insurance** changed to **Public Health Insurance**. Resubmit if correct”.

The **Medicaid ID** field will contain the number found by the program and the option will be automatically changed.

If **Private Health Insurance** is selected and the **Clinic ID** begins with the letters “FPP”, the following message is displayed:

“Please change the Principal Health Insurance Coverage. For Special Agreement sites only Option 1 and 2 are valid”.

Medicaid ID Entry

The **Medicaid ID** must be 11 numeric characters when entered. If entered incorrectly, the following message is displayed:

“Invalid **Medicaid ID** entered. This must be 11 digits.”

If **Uninsured (Title X)** or **Private Health Insurance** is selected and the **Medicaid ID** field has a value entered, the following message is displayed:

“Please delete the **Medicaid ID**. It is only accepted with Public Health Insurance option”.

If **Public Health Insurance** is selected and a **Medicaid ID** is entered, the program will validate if the patient was eligible for Medicaid coverage on the date of service. If a different **Medicaid ID** is found using the **Patient ID** or **Name** and **Date of Birth**, the following message is displayed:

“Different **Medicaid ID** found for patient. Please check number and resubmit”.

The **Medicaid ID** found by the program is displayed in the **Medicaid ID** field on the webpage form. If the patient is found not to be eligible for Medicaid and the **Medicaid ID** has been entered, the following message is displayed:

“**Medicaid ID** not found for patient or patient is not eligible for Medicaid”.

If the patient is found to have HMO coverage, the following message is displayed:

“Claim is denied due to Medicaid HMO Coverage”.

If the patient is found to have Medicaid coverage and the clinic is a Federally Qualified Health Center (FQHC) site, the following message is displayed:

“Clinic is designated as a FQHC Provider. Medicaid visits must be invoiced directly to Medicaid.

Less than 18 yrs/Confidential

11a. less than 18 yrs/confidential

The **Less than 18yrs/Confidential** field uses a Check Box for selection. If the field is checked, it indicates that the patient visit is confidential and should not be shared with anyone not authorized to view the data. The field can only be checked if the patient age is calculated to be less than 18 years old. If the patient age is 18 or over and the field is checked, the following message is displayed:

“Please remove check of confidential flag. It is only valid for patients less than 18 years old”.

Monthly Income Entry

12. Monthly Income \$

The **Monthly Income** field is a required field and contains four (4) numeric characters. The value entered should represent a dollar value only. Cents should not be entered as part of the field. If entered incorrectly, one of the following messages appear:

“Please enter a value for **Monthly Income**”.

“Please change the value for **Monthly Income**. It must contain all numeric characters”.

“**Monthly Income** exceeds allowable income. Patient is not eligible for Family Planning Program services”.

Family Size Entry

13. Family Size

The **Family Size** field is required and may contain up to two numeric characters greater than zero. If the **Family Size** field is invalid, one of the following messages is displayed:

“Please enter a value for **Family Size**.”

“Please change the value for **Family Size**. It must contain all numeric characters”

“Please change the value for **Family Size**. It must be greater than zero.”

Fee Percent Display

14. Fee %

The **Fee Percent** field is an auto calculated field. The program determines the **Fee Percent** to be displayed based on the **Visit Date**, **Monthly Income**, and **Family Size** fields. Poverty tables are built into the program containing fee percentages that are assigned based on the visit date for each patient visit. These tables are revised annually.

If the Clinic is a Special Agreement site (“FPP”) and **Private Health Insurance** option is selected, the **Fee Percent** will be automatically set to zero (0) percent.

Patient Fee Display

15. Patient Fee \$

The **Patient Fee** field is automatically entered. The program will determine the **Patient Fee** to be displayed based on the fields of **Visit Date**, **Monthly Income** and **Family Size**. Poverty tables are built into the program containing the amount to be assigned to the patient visit as the Patient Fee.

If the Clinic is a Special Agreement site (“FPP”) and **Private Health Insurance** option is selected, the **Patient Fee** will be automatically set to a zero (0) amount.

If the patient visit passes all on-line edits when the ***SUBMIT*** button is clicked, a message is displayed showing the **Patient Fee** as follows: “The patient fee is set to \$\$\$\$”. The \$\$\$\$ displays as the amount determined by the program.

Purpose of Visit Selection

16. Purpose of Visit

Initial Exam

Annual Exam

- Problem Medical Exam
- Interim Continuing Visit

The **Purpose of Visit** field is displayed using Radio Button selection of one of those four options. This is a required field.

If a **Purpose of Visit** is not selected the following message is displayed:

“Please select a **Purpose of Visit**. It is required”.

If an Initial Exam is selected for a patient visit and the patient already has an Initial Exam at the clinic, the following message is displayed:

“Initial Visit found for patient. Only one Initial Visit is allowed at a clinic. Please select another **Purpose of Visit** code.”

If an Annual Exam is selected for a patient visit and the patient already has an Annual Visit within the last 366 days, the following message is displayed:

“Annual Visit found for patient within the past 366 days. Only one Annual Visit allowed per 366 day period. Please select another **Purpose of Visit** code.”

If the Problem Medical Exam is selected and a patient has not had an Initial Exam or Annual Exam for the year, the following message is displayed:

“Problem Medical Exam cannot be selected for patient. Annual or Initial Visit not found for visit year. Please select another **Purpose of Visit** code.”

Service Provider Selection

17. Service Provider

- Physician
- Physician Assistant, Nurse Practitioner, Nurse Midwife
- Registered Nurse, Licensed Practical Nurse
- Other (Medical Assistant, Health Educator, Social Worker, Clinic Aide, Lab Technician)

The **Service Provider** field is required and displayed using Radio Button selection. If an option has not been selected for the **Service Provider**, the following message is displayed:

“Please select a **Service Provider**. It is required.”

The **Purpose of Visit** is combined with the **Service Provider** to allow only a certain combination of the two fields. If the **Purpose of Visit** selected is Annual Exam, Initial Exam or

Problem Medical Exam and the **Service Provider** option is 3 or 4, the following message is displayed:

“Please change the **Purpose of Visit** or **Service Provider**. The combination is invalid.”

Exam Components Provided Selection

18. Exam Components Provided

(Check all that apply)

- Blood pressure
- Height/Weight
- Thyroid Exam
- Heart/Lung Auscultation
- Clinical Breast Exam
- Abdominal Exam
- Extremities Exam
- Pelvic Exam
- Male Genitalia Exam
- No Exam

The **Exam Components Provided** field uses Check Boxes to make selections. More than one selection can be checked or none. If a selection is not made then the patient visit will default to the “No Exam” selection.

If the **Gender** code selected indicates a female patient, and the Male Genitalia Exam is selected, the following message is displayed:

“Please do not select a Male Genitalia Exam Component for a female patient”.

Lab Services Provided Selection

19. Lab Services Provided

(Check all that apply)

- Pap Test
- Chlamydia Screening
- Gonorrhea Screening
- Syphilis Screening

- HIV Test
- Hgb/Hct
- Sickle Cell Screening
- Urine dipstick/Urinalysis
- Pregnancy Test
- Rubella Titer
- Fecal Occult Blood Test
- Other Lab
- No Lab

The **Lab Services Provided** field uses check boxes to make selections. More than one selection can be checked or none. If a selection is not made then the patient visit defaults to the “No Lab” selection.

If the **Gender** code selected indicates a male patient, and Pap Test is selected for **Lab Services Provided**, the following message is displayed:

“Please do not select a Pap Test Lab Service for a male patient.”

If the **Gender** code selected indicates a male patient, and Pregnancy Test is selected for **Lab Services Provided**, the following message is displayed:

“Please do not select a Pregnancy Test Lab Service for a male patient.”

Referrals Made Selection

20. Referrals Made

(Check all that apply)

- Sterilization
- Gynecological
- Breast Evaluation
- Colposcopy
- STD/HIV Services
- Infertility Evaluation
- Adoption Services

- Prenatal Services
- Abortion Services
- Social Services
- Laboratory Services
- Other
- No Referrals

The **Referrals Made** field uses check boxes to make selections. More than one selection can be checked or none. If a selection is not made then the patient visit will default to the “No Referrals” selection.

If the **Gender** code selected indicates a male patient, and Sterilization, Gynecological, Colposcopy, Prenatal Services and Abortion Services are selected for **Referrals Made**, the following message is displayed:

“Inappropriate referral for a male patient.”

Primary Contraceptive Method (Female) Selection

21(a) Primary Contraceptive Method

(Female)

- Oral Contraceptives
- IUD/IUS
- Diaphragm/Cap
- Spermicide (used alone)
- Fertility Awareness Method
- Hormonal Implant
- Contraceptive Sponge
- Hormonal Injection - 3 Month
- Hormonal Injection - 1 Month
- Hormonal Contraceptive Patch
- Vaginal Ring
- Female Condom

- Female Sterilization
- Abstinence
- Rely on Partner's Method - Vasectomy
- Rely on Partner's Method - Male Condom
- Other Method
- No Method: Reason: Pregnant/Seeking Pregnancy
- No Method: Reason: Other

The **Primary Contraceptive Method (Female)** field uses Radio Buttons. Only one option may be selected and one must be selected if **Gender** is female.

If an option is selected under **Primary Contraceptive Method (Female)** and the **Gender** code indicates a male patient, the selected option is ignored by the program and is not stored on the database.

If the **Gender** code indicates a female patient, and an option is not selected under **Primary Contraceptive Method (Female)**, then the following message is displayed:

“Please select a Primary Contraceptive Method for Female”.

Primary Contraceptive Method (Male) Selection

21(b) Primary Contraceptive Method

(Male)

- Vasectomy
- Male Condom
- Abstinence
- Other Method
- Rely on Female Method
- No Method: Reason: Partner Pregnant/Seeking Pregnancy
- No Method: Reason: Other

The **Primary Contraceptive Method (Male)** field uses Radio Buttons for selection. Only one option may be selected and must be selected if **Gender** is Male.

If an option is selected under **Primary Contraceptive Method (Male)** and the **Gender** code indicates a female patient, the selected option is ignored by the program and is not stored on the

database. If the **Gender** code indicates a male patient, and an option is not selected under **Primary Contraceptive Method (Male)**, the following message will be displayed:

“Please select a Primary Contraceptive Method for Male”.

Emergency Contraception Selection

22. Emergency Contraception (EC)

- EC Administration - Immediate Need
- EC Follow-up
- EC Advance Supply

The **Emergency Contraception** field is displayed using check boxes for the selections.

1. EC Administration – Immediate Need
2. EC Follow-Up
3. EC Advance Supply

All three selections can be checked or none of them. The field is not required to be selected for a patient visit.

Medical Products Dispensed

23. Medical Products Dispensed

	Item Code	Quantity	Lot Number
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>

The **Medical Products Dispensed** fields are not required on a patient visit. The *Family Planning Program Guidelines, 2001* maintains the current protocol on dispensing medical products. The medical products are made up of three fields occurring four times:

- Item Code: Five digits
- Quantity: Two numeric digits
- Lot Number: Ten characters

When an Item Code is entered, it is validated against the Materials Management Database Inventory file for Family Planning. If the Item Code is not found on the Inventory file, this message is displayed:

“Item Code XXXXX is invalid, please correct”.

The Quantity entered must be two numeric characters. If entered incorrectly, the following message is displayed:

“Please change the value for Quantity XX. It must contain all numeric characters”.

Invoice Display

The **Invoice** field is a display only field. Once a patient visit is entered and stored in the database, an invoice number is assigned to it. The assigned invoice number for the patient visit is displayed in this field for reference.

Invoice Type Display

The **Invoice Type** field is a display only field. Each invoice is assigned an **Invoice Type**. An original invoice has a type of ‘0’. If an adjustment invoice is created then the **Invoice Type** will increase by one for each adjustment invoice created. The **Invoice Type** field will be a value from ‘0’ to ‘9’.

Date Adjusted Display

The **Date Adjusted** field is a display only field. If the invoice associated with a patient visit has been adjusted, a date will be displayed in this field to indicate when the last adjustment was made.

Other Edits and Messages

Some edits are done on a combination of the fields entered. If an error occurs with the data, messages are displayed on the screen to inform the user of the problem. The following is a list of messages that are displayed due to data entry errors:

- “Visit information not found. Please enter a valid **Clinic ID**, **Patient ID** and **Visit Date**”.
- “Patient information not found for **Patient ID** entered. Please check the **Patient ID**, enter the **Patient Name** and **Date of Birth** or continue entering New Visit Information”.
- “Patient information found. Please enter new visit information”.
- “More than one record was found matching the selection criteria. Please contact FP Security administrator”.
- “Different **Patient ID** found for patient. Please use the Administration Menu Option 3 to change the **Patient ID** if the correct one is not displayed on the form now. Otherwise resubmit.”
- “Cannot update or delete **Invoice**. It has already been processed or paid. Please make an **Invoice Adjustment** using the Administration Menu”.

If a user has not been given the authorization to update/correct/change a patient visit and an attempt is made to do so, the following message is displayed:

- “Please do not submit. You are not authorized to update Patient Data”.

If a successful change has been made to a **Patient Visit** that updates an **Invoice** processed, the following message is displayed:

- “An adjusted invoice has been created for the changes made to the **Patient Visit**.”

If a user clicks the **Delete** button to remove a patient visit, the following message is displayed:

- “You have selected to delete this visit. If correct, please click the **Submit** button”.

If the patient visit is successfully deleted, the following message is displayed:

- “Visit for patient has been deleted. The **Invoice** has been updated.”

If an unauthorized user attempts to make changes to patient data and the **Delete** button is clicked this message is displayed:

- “You are not authorized to make changes to Patient Data”.

If an unauthorized user clicks the Security Admin button, the following message is displayed:

- “You are not authorized to access the Security and Administration screen”.

When a patient data record is submitted, the invoice database is updated with the visit type count and dollar amount associated with the patient visit. The **User ID** performing the update and current timestamp is stored on each patient visit record. Each time a record is successfully added to the database, the following message is displayed:

- “Patient information has been inserted or updated”.

The webpage is redisplayed showing the **Clinic ID** and is ready for the next patient visit to be entered.

INVOICE SUMMARY WEBPAGE

The **Invoice Summary** webpage (Appendix E) can be accessed from one of the following: **Main Menu**, **Patient Data Form** or **Invoice Detail**. The Main Menu contains two options to access the **Invoice Summary**. The **View Invoice Summary** option is for viewing all invoices for a clinic. The **Authorize** option displays invoices that are required to be approved by the clinic and Family Planning. This webpage is display only.

The **Invoice Summary** contains the requested list of invoices for a particular clinic. The most current invoice based on the creation date is displayed first in the list. A summary line for an invoice contains the invoice number, total number of visits, total amount of the invoice, the

creation date of the invoice, the last visit date of the invoice, the date the invoice was processed by the batch cycle, the date the invoice is paid from the Auditor's Office and an adjustment indicator. A heading at the top of the webpage identifies the **Clinic ID** and name.

If there are no invoices found for clinic approval, one of the following messages is displayed:

“**Invoice Number** does not exist for **Clinic ID**. Please contact FP Security Administrator”.

“There are no more invoices to approve for this **Clinic ID**.”

Invoice Summary Fields

The fields that make up the **Invoice Summary** are all display fields except for the Radio Button selection.

Clinic Number

Clinic Number: XXXXXXXXXXXX

The **Clinic Number** displayed is passed from the prior webpage viewed by the user. The **Clinic Number** is used to access the Family Planning Clinic Name/Address Master file. If an error occurs with the file or the **Clinic Number** is no longer on the file the following messages is displayed:

“**Clinic Number** is not found on file. Please contact FP Security Administrator”.

“Clinic file is not available at this time. Please contact FP Security Administrator”.

If the record for the **Clinic Number** is found and has a Clinic Invoice Type = ‘FPP’, the text is displayed in red print on the webpage stating:

“Invoice Not Required For This Clinic”.

Clinic Name

Clinic Name: XXXXX XXXXXXXXXXXX XXXXXXXXXXXX

The **Clinic Name** is found when the Family Planning Clinic Name/Address Master file is read using the **Clinic Number**. The **Clinic Name** field holds 30 characters.

Invoice Selection Button

Invoice
Number

- 02211
- 01912
- 01333
- 01317
- 01157

Invoice Selection buttons appears before each invoice summary line and can be used to access the **Invoice Detail** webpage. Clicking on the selection button for an invoice and clicking on the **Invoice Detail** button shows detail of the invoice displayed. The first invoice is selected by default when displayed. Only one selection button can be highlighted at a time.

Invoice Number

The **Invoice Number** column displays the invoice numbers created for the **Clinic Number**. An **Invoice Number** identifies a set of patient visits grouped together for reimbursement from the Family Planning Program.

Total Visits

The **Total Visits** column displays the count of total patient visits that are contained on an invoice.

Total Invoice Amount

The **Total Invoice Amount** column displays the total monetary amount of all the patient visits that are contained on an invoice.

Date Created

The **Date Created** column is used to sequence the invoices for the clinic. The most recent date created is listed first. If an invoice does not exist for a patient visit, the **Date Created** is assigned to an invoice when the first patient visit is entered for a clinic. The **Date Created** value is the date the first patient visit of the invoice is entered. For invoices that were loaded during the conversion process of setting up the databases from prior system data, the **Date Created** is the oldest visit date for patient visits on a particular invoice.

Last Visit Date

The **Last Visit Date** column contains either the words “**STILL OPEN**” or the date of the last patient visit contained on the invoice. When the certification process is run, invoices in an open status are selected for processing. At that point, the **Last Visit Date** is determined by finding the most recent patient visit added to the invoice according to the **Visit Date**. If a date value is displayed in this field, the invoice is considered to no longer be open and additional patient visits cannot be added to the invoice.

Date Processed

The **Date Processed** column contains one of the following values: ‘**PENDING**’, ‘**SPECIAL**’, ‘**CL-APPRV**’, ‘**FP-APPRV**’, ‘**APPROVED**’ or a date value.

The value of ‘**PENDING**’ means that the invoice is still in **OPEN** status if the **Last Visit Date** column contains the words ‘**STILL OPEN**’. If the **Last Visit Date** contains an actual date value and ‘**PENDING**’ is shown in the **Date Processed** column, the invoice is waiting for **Clinic Approval**.

The value of ‘**SPECIAL**’ is for an invoice for a Special Agreement Clinic Site (‘FPP’). These sites are not required to have an invoice. The system creates an invoice enabling the FP Program

to track patient visits and financial amounts associated with those sites. The invoices for these sites do not require approval and are not reimbursed.

The value of 'CL-APPRV' indicates the invoice has received **Clinic Approval** for reimbursement. A clinic representative has reviewed the created invoice and agreed with the amounts shown.

The value of 'FP-APPRV' indicates the invoice has received Family Planning approval for reimbursement. Family Planning Approval cannot be performed unless **Clinic Approval** has been completed. A Family Planning representative is responsible for final approval of the invoice.

The value of 'APPROVED' indicates the invoice was selected to be processed and submitted to the OMCFH Division of Financial Services for assignment of a Financial Account Code.

The value of an actual date indicates secured funds for payment and the invoice has been sent to the WVFIMS system. The date displayed is the date the invoice was transmitted to the WVFIMS system.

Paid Date

The **Paid Date** column contains either the words 'NOT PAID' or a date value. If the words 'NOT PAID' are displayed, the payment disbursement for the invoice has not been released by the Auditor's Office. If a date value is displayed in the column, it indicates the Auditor's Office has issued payment to the clinic on that date.

Adjustment Indicator (Adj Ind)

The **Adjustment Indicator** column is used to inform the user if the invoice is for an original invoice or an adjustment invoice. If the value displayed is a '0', the invoice is an original invoice. If the value displayed is not '0', the invoice is an adjustment invoice.

INVOICE DETAIL WEBPAGE

The Invoice Detail webpage (Appendix F) displays the details of an invoice. This webpage is similar to the Invoice for Family Planning form that is prepared by the clinics. The Clinic is identified in the header portion of the webpage along with the invoice number, provider FEIN, service date range, status, invoiced create date, submitted to FIMS date, clinic approved by User ID, FIMS I-DOC number, warrant paid date and Warrant number.

This webpage is used by the clinic or Family Planning authorized users to approve an invoice for processing to the WVFIMS systems.

Clinic Number

Clinic Number: XXXXXXXXXX

The **Clinic Number** displayed is passed from the prior webpage viewed by the user. The **Clinic Number** is used to access the Family Planning Clinic Name/Address Master file. If an error

occurs with the file or the **Clinic Number** is no longer on file the following messages is displayed:

“**Clinic Number** is not found on file. Please contact FP Security Administrator”.

“Clinic file is not available at this time. Please contact FP Security Administrator”.

If the record for the **Clinic Number** is found and has a Clinic Invoice Type = ‘S’, the text is displayed in red print on the webpage stating:

“Invoice not required for this clinic”.

Clinic Name

Clinic Name: XXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX

The **Clinic Name** is found when the Family Planning Clinic Name/Address Master file is read using the **Clinic Number**. The **Clinic Name** field will hold 30 characters.

Invoice Number

Invoice Number: XXXXX

The **Invoice Number** is from the previous webpage viewed. If the **Invoice Number** is not found for the clinic, the following message is displayed:

“**Invoice Number** does not exist for **Clinic ID**. Please contact FP Security Administrator”.

Provider FEIN

Provider FEIN: XXXXXXXX

The **Provider FEIN** is stored on the Invoice table when the invoice is created. The original source of the value comes from the Family Planning Clinic Name/Address Master file.

Service Begin

Service Begin: XX/XX/XXXX

The **Service Begin** field displays the date that is associated with the first patient visit that is found for the invoice. This date is stored on the invoice as patient visits are added. The earliest date of a patient visit for the invoice should always be stored in for this field.

Service End

Service End: STILL OPEN

The **Service End** field contains either the words ‘**STILL OPEN**’ or a date. If the words ‘**STILL OPEN**’ are displayed it indicates the invoice is in an **OPEN** status and patient visits may be

added. If a date is displayed in the field, the invoice has been selected by the Certification Process. The date displayed is the most recent visit date of a patient visit associated with the invoice.

Status

Status: OPEN

The **Status** field contains one of the following values: ‘**OPEN**’, ‘**PENDING**’, ‘**SPECIAL**’, ‘**CL-APPRV**’, ‘**FP-APPRV**’ or ‘**APPROVED**’.

The value of ‘**OPEN**’ indicates the invoice has not been selected for the Certification Process and patient visits can be added to the invoice.

The value of ‘**PENDING**’ indicates the invoice was selected during the Certification Process and is waiting approval by the Clinic.

The value of ‘**SPECIAL**’ indicates the invoice is for a Special Agreement Clinic Site (‘FPP’). These sites are not required to have an invoice. The system will create an invoice enabling the FP Program to track patient visits and financial amounts associated with those sites. The invoices for these sites will require approval and is not reimbursed.

The value of ‘**CL-APPRV**’ indicates the invoice has received Clinic Approval to be processed for reimbursement. A clinic representative reviews the created invoice and agrees with the amounts shown.

The value of ‘**FP-APPRV**’ indicates the invoice has received Family Planning Approval to be processed for reimbursement. Family Planning Approval cannot be performed unless Clinic Approval has already been completed. A Family Planning representative is responsible for final approval of the invoice.

The value of ‘**APPROVED**’ indicates the invoice was selected to be processed and sent to the OMCFH Division of Financial Services for assignment of a Financial Account Code.

Invoice Created

Invoice Created: XX/XX/XXXX

The **Invoice Created** field displays a date value. The date represents when the **Invoice** was created. When a user enters the first patient visit for an invoice, the current date at that time is stored as the **Invoice Created Date** of the invoice.

Submitted to FIMS

Submitted to FIMS: NOT SENT

The **Submitted to FIMS** field contains either the words “**NOT SENT**” or a date value. The words “**NOT SENT**” indicate the invoice has not been transmitted to the WVFIMS system for

processing. If a date value is displayed, it is the date the invoice was transmitted to the WVFIMS system for posting.

Approved By

Approved By: HL#9999

The **Approved By** field is blank until a Clinic Representative authorizes the invoice for payment. Once the Clinic Approval is complete, the **User ID** performing the approval is displayed in this field.

FIMS I-DOC

FIMS I-DOC: I999999999

The **FIMS I-DOC** field is blank until a file is received back from the WVFIMS system containing I-DOC numbers assigned to valid posted invoices. The file is processed and the I-DOC numbers are stored on the invoice record based on a unique tracking number sent to WVFIMS with the invoice record. The FIMS I-DOC number is a ten digit field beginning with the letter 'I'. If an I-DOC number is displayed in the field, the invoice is stored and approved for payment in the WVFIMS system.

Paid by Auditor

Paid by Auditor: NOT PAID

The **Paid by Auditor** field contains either the words “**NOT PAID**” or a date value. If the words “**NOT PAID**” are displayed, the Auditor’s office has not released the payment for the invoice to the clinic. If a date value is displayed, the Auditor’s Office has released the disbursement for the invoice to the clinic. A file is received from the WVFIMS system that contains the warrant information. The file is used to update the invoice.

Warrant No.

Warrant No.: 999999

The **Warrant No** field is blank until a file is received from the WVFIMS system containing warrant information. The **Warrant Number** assigned for paying the invoice updates on the invoice record and is displayed in this field.

Invoice Body Fields

The **Invoice Body Fields** are **Visit Types**, **Patient Category**, **Number of Visits by Percentage**, **Fee Obligation**, **Total Charge** and a **Balance Indicator**. A total line is displayed at the bottom of the invoice body showing the **Total of All Visit Types** and **Invoice Total** amount.

Visit Types

The four **Visit Types** listed are Initial, Annual, Problem Medical, and Interim or Continuing.

Patient Category

The **Patient Category** column has percentage values applied to the dollar amount for a patient visit. It is the percentage of the fee obligation that the patient is responsible for paying to the clinic.

Number of Visits by %

The **Number of Visits by %** column displays the number of visits computed on the invoice record for each visit type by the Patient Category percentage. A total of the number of visits is displayed at the end of each Visit Type.

Fee Obligation

The **Fee Obligation** is obtained from the Poverty tables stored within the program. The amount of the fee obligation is retrieved from the Poverty tables based on the Service Begin Date displayed in the Invoice Header area. Each Patient Category percentage within a Visit Type has a different Fee Obligation associated to it.

Total Charge

The **Total Charge** column displays the calculated charge stored on the invoice record for each **Visit Type** and **Patient Category** percentage. A total charge is also displayed at the end of each **Visit Type** category.

In Balance (In Bal)

The **In Bal** column informs the user of an out of balance invoice. If the word 'NO' is displayed in this column, the **Visit Type** line is not in balance. This indicates the **Number of Visits** for a **Visit Type** multiplied by the **Fee Obligation** for the **Visit Type** does not equal the **Total Charge** calculated and displayed.

DEFINITIONS

Hyperlink - A connection to an object in the same or another database to a document created in another program. This can be a document on the internet or your local intranet.

Browser - A browser is a computer program that resides on your computer enabling you to use the computer to view WWW documents and access the internet taking advantage of text formatting, hypertext links, images, sounds, motion, and other features.

Text box – A rectangular on-screen box, or field, that accepts the text you type in.

Drop-down box – A menu title is displayed, that when selected by clicking it causes the main menu to drop down from that position and be displayed. Items are selected by highlighting the line in the menu and either clicking it or letting go of the mouse button.

Radio buttons – A series of on screen buttons that allow only one selection. If selected, it will de-select when another button is selected.

Check boxes – A small box on screen that simulates the equivalent symbol on a paper form. Options in software are often selected without a check box. Clicking the box switches it to the opposite state. If it is off (disabled – no mark), clicking it turns it on (enabled – a check mark) and vice versa.

Alert boxes – A dialog box that contains an alert message for the user.

CONTACT INFORMATION

DHHR MIS Help Desk (304) 558-9999

FP Security Administrator (304) 558-5388 or in-state toll free 1-800-642-8522

APPENDIX A

Passwords

Department of Administration IS&C Password Rules

1. Passwords must contain elements from three of the four following types of character types:

Character Types	Examples
English uppercase letters	A, B, C, ...Z
English lowercase letters	a, b, c, ...z
Westernized Arabic Numbers	0, 1, 2, ...9
Non-alphanumeric characters (special characters)	!, %, ,

2. Passwords must be at least six (6) characters in length.
3. A password may not be reused until at least ten (10) other passwords have been used in the interim.
4. The **User ID** is revoked (locked out) after three (3) consecutive unsuccessful password attempts. You will not be able to access network resources until you call your MIS Help Desk or FP Security Administrator.
5. Passwords must be changed at least once every 35 days. **User IDs** will be revoked after 35 consecutive days of inactivity. **User IDs** will be deleted after 180 consecutive days of inactivity.
6. The system will notify the user, at logon, three (3) days prior to password expiration.
7. Your password may not contain your user name or any part of your full name.

*** PASSWORD TIPS ***

Be creative when creating your password. Please do not use any of these examples. Treat the following as guidelines only.

First letter of each word from a line in a book, song or poem: "Who ya gonna call?"
Ghost Busters!"

Password: Wvgc?GB!

Use lines from a childhood verse: Yankee Doodle went to town

Password: Ydw2twn

APPENDIX B

Form Function Keys

MAIN MENU

A rectangular button with a light gray background and a thin black border. The text "Submit" is centered in a black, sans-serif font, with a small underline under the letter 'S'.

The ***SUBMIT*** button will cause the program to execute and validate the fields entered and transfer control to the next webpage.

A rectangular button with a light gray background and a thin black border. The text "Reset" is centered in a black, sans-serif font, with a small underline under the letter 'R'.

The ***RESET*** button will clear the screen when clicked and redisplay the message to select an option and enter the appropriate information.

PATIENT DATA FORM

A rectangular button with a light gray background and a thin black border. The text "Reset" is centered in a black, sans-serif font, with a small underline under the letter 'R'.

The ***RESET*** button will clear the values selected on the screen except for the **Clinic ID** value.

A rectangular button with a light gray background and a thin black border. The text "Submit" is centered in a black, sans-serif font, with a small underline under the letter 'S'.

The ***SUBMIT*** button will start the process of validating the patient data form for any webpage edits. Once the data passes all the webpage edits, the data is passed to the mainframe program for validation. If errors are found, the patient data will be returned and the error message displayed. If no errors are found, the program will analyze the passed data to see if information is to be retrieved or processed for storage. If data is to be retrieved, the information will be sent back to the webpage for display. If the data is to be processed, it will be stored in the appropriate database tables. An invoice will be created or updated and a successful insert or update alert message will be displayed. The Patient Data Form webpage is redisplayed with only the **Clinic ID** and is ready for the next patient visit for the clinic to be entered.

A rectangular button with a light gray background and a thin black border. The text "Print" is centered in a black, sans-serif font.

The ***PRINT*** button will produce a hardcopy of the Patient Data Form to the user's printer.

A rectangular button with a light gray background and a thin black border. The text "Main Menu" is centered in a black, sans-serif font.

The ***MAIN MENU*** will transfer the user back to the Main Menu webpage.

Invoice

The **INVOICE** button will transfer to **INVOICE SUMMARY** if only a **Clinic ID** is on the page or to **INVOICE DETAIL** if the Patient Visit information is displayed.

Delete

The **DELETE** button will delete a patient visit that is part of an open invoice if the user has the appropriate authorization.

Security Admin

The **SECURITY ADMIN** button will transfer the user to the Security and Administration webpage if they have the proper authorization.

Contact Family Planning

The **CONTACT FAMILY PLANNING** button will transfer the user to a webpage displaying how to contact Family Planning.

INVOICE SUMMARY

Print

The **PRINT** button will print a hardcopy of the Invoice Detail page to the user's printer.

Main Menu

The **MAIN MENU** button will transfer the user back to the Main Menu webpage.

Patient Data Form

The **PATIENT DATA FORM** button will transfer the user to the Patient Data Form with a blank form except for **Clinic ID**.

Security Admin

The **SECURITY ADMIN** button will transfer the user to the Security and Administration webpage if they have the proper authorization.

Invoice Detail

The ***INVOICE DETAIL*** button will transfer the user to the original invoice for review.

INVOICE DETAIL FORM

MAIN MENU

The ***MAIN MENU*** button will transfer the user to Main Menu webpage

Patient Data Form

The ***PATIENT DATA FORM*** button will transfer the user to the Patient Data Form with a blank form except for **Clinic ID**.

Invoice Summary

The ***INVOICE SUMMARY*** button will transfer the user to the Invoice Summary webpage with a complete list of invoices for the clinic.

Security Admin

The ***SECURITY ADMIN*** button will transfer the user to the Security and Administration webpage if they have the proper authorization

Print

The Print button will print a hard copy of the Invoice Detail information.

Clinic Approval

The ***CLINIC APPROVAL*** button will approve the invoice for a clinic. The invoice must be in pending status before a clinic representative can approve it.

FP Approval

The ***FP APPROVAL*** button will enable approval of the invoice by a Family Planning representative. The clinic must have completed their approval before a Family Planning representative can approve the invoice.

APPENDIX C



WV Family Planning Program Electronic Data System



MAIN MENU

The WV Family Planning Program website is best viewed with Microsoft IE 5.5+ or Netscape 6+ and a screen resolution of 800X600

④ **DATA ENTRY** – New Patient Data and/or Visit Information

1. Clinic ID
2. User ID

④ **DATA ENTRY** – View/Correct Patient Data and/or Visit Information

1. Clinic ID
2. User ID
3. Patient ID
4. Visit Date
(mmddyyyy)

④ **VIEW** – Invoice Summary

1. Clinic ID
2. User ID

④ **ADMIN** – Perform Administration functions

1. User ID

④ **AUTHORIZE** – Invoices

1. Clinic ID
2. User ID

④ **HIPAA** – Link to Approved Privacy Statement

18. Exam Components Provided

(Check all that apply)

- Blood pressure
- Height/Weight
- Thyroid Exam
- Heart/Lung Auscultation
- Clinical Breast Exam
- Abdominal Exam
- Extremities Exam
- Pelvic Exam
- Male Genitalia Exam
- No Exam

19. Lab Services Provided

(Check all that apply)

- Pap Test
- Chlamydia Screening
- Gonorrhea Screening
- Syphilis Screening
- HIV Test
- Hgb/Hct
- Sickle Cell Screening
- Urine dipstick/Urinalysis
- Pregnancy Test
- Rubella Titer
- Fecal Occult Blood Test
- Other Lab
- No Lab

20. Referrals Made

(Check all that apply)

- Sterilization
- Gynecological
- Breast Evaluation
- Colposcopy
- STD/HIV Services
- Infertility Evaluation
- Adoption Services
- Prenatal Services
- Abortion Services
- Social Services
- Laboratory Services
- Other
- No Referrals

21(a) Primary Contraceptive Method
(Female)

- Oral Contraceptives
- IUD/IUS
- Diaphragm/Cap
- Spermicide (used alone)
- Fertility Awareness Method
- Hormonal Implant
- Contraceptive Sponge
- Hormonal Injection – 3 Month
- Hormonal Injection – 1 Month
- Hormonal Contraceptive Patch
- Vaginal Ring
- Female Condom
- Female Sterilization
- Abstinence
- Rely on Partner’s Method - Vasectomy
- Rely on Partner’s Method - Male Condom
- Other Method
- No Method: Reason: Pregnant/Seeking Pregnancy
- No Method: Reason: Other

21(b) Primary Contraceptive Method
(Male)

- Vasectomy
- Male Condom
- Abstinence
- Other method
- Rely on Female Method
- No Method: Reason: Partner Pregnant/Seeking Pregnancy
- No Method: Reason: Other

22. Emergency Contraception (EC)

- EC Administration – Immediate Need
- EC Follow-up
- EC Advance Supply

23. Medical Products Dispensed

Item Code	Quantity	Lot Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Invoice:

Invoice Type:

Date Adjusted:

[Reset](#)

[Submit](#)

[Print](#)

[Main Menu](#)

[Invoice](#)

[Delete](#)

[Security Admin](#)

[Contact Family Planning](#)

APPENDIX E



WV Family Planning Program



Electronic Data System

Invoice Summary

[Print](#)[Main Menu](#)[Patient Data Form](#)[Security Admin](#)[Invoice Detail](#)

Clinic Number:

Clinic Name:

Invoice Number	Total Visits	Total Invoice Amount	Date Created	Last Visit Date	Date Processed	Paid Date	Adj Ind
④ 01990	6	85.50	2005-05-09	STILL OPEN	PENDING	NOT PAID	0
④ 01589	2	61.00	2005-04-15	STILL OPEN	PENDING	NOT PAID	0
④ 01336	3	79.00	2005-04-11	STILL OPEN	PENDING	NOT PAID	0
④ 01325	1	21.50	2005-03-21	STILL OPEN	PENDING	NOT PAID	0
④ 00928	3	67.00	2005-03-17	STILL OPEN	PENDING	NOT PAID	0
④ 00323	2	36.00	2005-02-15	2005-02-25	2005-09-14	NOT PAID	0
④ 00609	2	76.00	2005-02-01	2005-02-09	2005-08-12	NOT PAID	0
④ 00293	3	92.00	2005-01-07	2005-01-31	2005-07-28	NOT PAID	0

[Print](#)[Main Menu](#)[Patient Data Form](#)[Security Admin](#)[Invoice Detail](#)

APPENDIX F



WV Family Planning Program



Electronic Data System

Invoice Detail Form

Main Menu	Patient Data Form	Invoice Summary	Security Admin	Print
Clinic Approval	FP Approval			

ORIGINAL INVOICE

Clinic Number: _____ **Clinic Name:** _____
Invoice Number: 01990 **Provider FEIN:** _____
Service Begin: 2005-05-09 **Service End:** STILL OPEN **Status:** OPEN
Invoice Created: 2005-05-09 **Submitted to FIMS:** NOT SENT **Approved By:** _____
FIMS I-DOC: _____ **Paid by Auditor:** NOT PAID **Warrant No.:** _____

Visit Types	Patient Category	Number of Visits by %	Fee Obligation	Total Charge	In Bal
Initial	0%	0	x \$58.00	= 0.00	
	25%	0	x \$43.50	= 0.00	
	50%	0	x \$29.00	= 0.00	
	\$14.50	0	x \$14.50	= 0.00	
	TOTAL:	0			0.00
Private Ins	(<250%)	0	x \$0.00	= 0.00	
	0%	0	x \$43.00	= 0.00	
	25%	0	x \$32.25	= 0.00	
	50%	0	x \$21.50	= 0.00	
	75%	0	x \$10.75	= 0.00	
TOTAL:	0			0.00	
Problem Medical Revisit	0%	0	x \$31.00	= 0.00	
	25%	0	x \$23.25	= 0.00	
	50%	0	x \$15.50	= 0.00	
	75%	0	x \$7.75	= 0.00	
	TOTAL:	0			0.00
Private Ins	(<250%)	0	x \$0.00	= 0.00	
TOTAL:	0			0.00	

Interim or	0%	4	x	\$18.00	=	72.00
Continuing	25%	1	x	\$13.50	=	13.50
	50%	0	x	\$9.00	=	0.00
	75%	0	x	\$4.50	=	0.00
Private Ins	(<250%)	1	x	\$0.00	=	0.00
	TOTAL:	6				85.50

Total of All Visit Types	6	Invoice Total	85.50
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Main Menu	Patient Data Form	Invoice Summary	Security Admin	Print
Clinic Approval	FP Approval			

APPENDIX G



WV Family Planning Program Electronic Data System Security and Administration



④ **1. Register New User**

Clinic ID:

UserID:

Authorization:

④ **2. Delete User**

Clinic ID:

UserID:

④ **3. Change Patient ID**

Old Patient ID:

New Patient ID:

④ **4. Request Clinic ID Update**

Old Clinic ID:

New Clinic ID:

Effective Date (mm/dd/yyyy):

④ **5. Invoice Adjustment**

Clinic ID:

Patient ID:

Visit Date (mm/dd/yyyy):

④ **6. Balance Original Invoice**

Clinic ID:

Invoice Number:

④ **7. Reset Invoice to Open Status**

Clinic ID:

Invoice Number:

④ **8. Enter Financial Account Codes**

Please select an option and enter required data.



APPENDIX H



WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH FAMILY PLANNING PROGRAM ELECTRONIC DATA SYSTEM USER ID REQUEST FORM

Section A – Requestor Information

Agency/Organization: _____

FP Provider # _____ Contact Phone Number: _____

Business Address: _____

Email Address: _____ Date of Request: _____

User Name: _____
Last First MI (Optional)

User Name SSN: _____ *(For DHHR purposes only-to be used as identifier for DHHR Logon)*

Section B – Type of Request

Add DHHR Network Logon

Modify DHHR Network Logon* User ID _____
**If user has current DHHR logon ID (we#, hl#, or ms#), access modification will be required.*

Delete DHHR Network Logon User ID _____

System access requested for this user. (Select one or more options)

- Invoice Inquiry (View Invoice Summary)
- Data Entry/Corrections (Enter or Correct Patient Data Forms and/or Visit Info)
- Invoice Authorization (Grants the user the authority to commit invoices for payment.)

Section C – Provider Agency/Organization Authorization:

Signature _____ Date _____

Name (print) _____ Title _____

Section D – DHHR Staff *(For DHHR Use Only):*

RACF Groups for Access: HLFWEBU HLUFINI1 HLUFPAT1

ID# Assigned: _____

DHHR/MIS Authorization: _____ Date: _____

Request Processed By: _____ Date: _____

Family Planning Electronic Data Entry System User ID Request Form

Instructions for completing the User ID Request Form

Sections A & B

To be completed by the Requestor:

1. Complete and review Sections A and B to ensure all data is complete and accurate.
2. Select only one type of user access (add, modify, delete).
3. Select the type of Family Planning Electronic Data System access. More than one access can be selected.

In order to certify invoices electronically, the employee must have the authority to commit invoices for payment on behalf of their agency/organization and completed the Provider Certification Statement with the Family Planning Program.

Note: The Family Planning Program Electronic Data System is best viewed with Microsoft IE 5.5+ or Netscape 6+ and a screen resolution of 800 x 600.

Section C

To be completed by Family Planning Provider Agency/Organization:

1. Sign and date the User ID Request Form.
2. Fax or mail to:

**WV Family Planning Program
350 Capitol Street, Room 427
Charleston, West Virginia 25301-3714
Fax# (304) 558-7164**

APPENDIX I

Provider Certification Statement

This certifies that the information is accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws.

I agree to accept, as payment in full, the amount paid by the OMC FH Family Planning Program for claims submitted with the exception of authorized co-payment or similar cost-sharing charge.

User ID Number _____ User Name _____ Date _____