

BCMH



User's Manual

BCMh

Health District Information System
HDIS (Windows Ver. 4.0)

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Introduction

This program is designed to assist you in organizing a systematic approach to entering BCMH clients and provides accurate up-to-date records within your county.

Please review the manual carefully to obtain the maximum benefits. **Little or no prior computer experience is necessary to operate this program.**

About This Manual

BCMH Module is simple to use. The maximum benefit with the least time spent will be obtained if you start at the first page of this manual and follow the directions exactly as you enter the first record in your computer.

Square boxes in this manual surround the key that you are to press on your keyboard. As an example, when you read

ENTER

, press the **enter** key on your keyboard.

The word


TYPE is followed by bracketed [] instructions of what to type into a field.

Note: For Technical Support, email: helpdesk@hdis.org



Navigation

Whenever you see one  click the left side of your mouse once.

Whenever you see two  click the left side of your mouse twice.

Navigation Keys For Entering Information

Tab or **ENTER** to move to next field

Shift **Tab** or **Up** to go back one field

Alt + **R** places you in the receipt screen.

Editing Keys

Backspace deletes one character left of cursor **Delete**
deletes one character

Insert inserting & overwriting modes

When you see a pull-down field, click the arrow to the right to view all your choices.



Starting HDIS

MICROSOFT Windows Users

Start

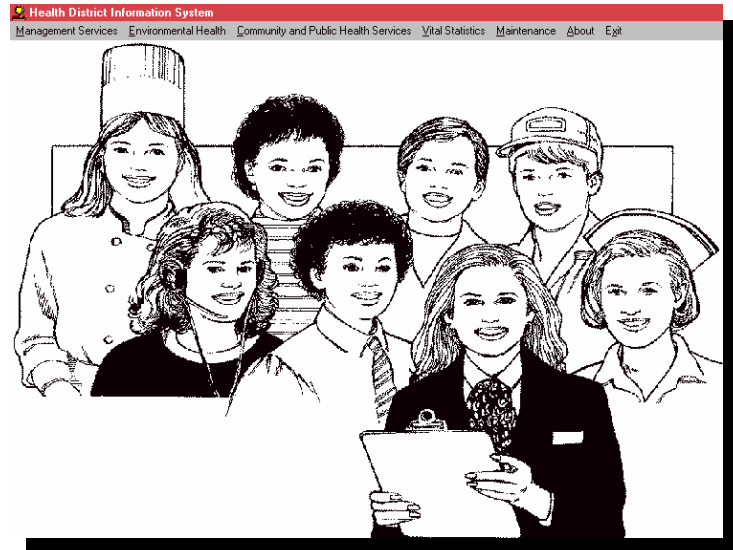
Programs

Health District Info Systems

HDIS

Health District Information System Menu Bar

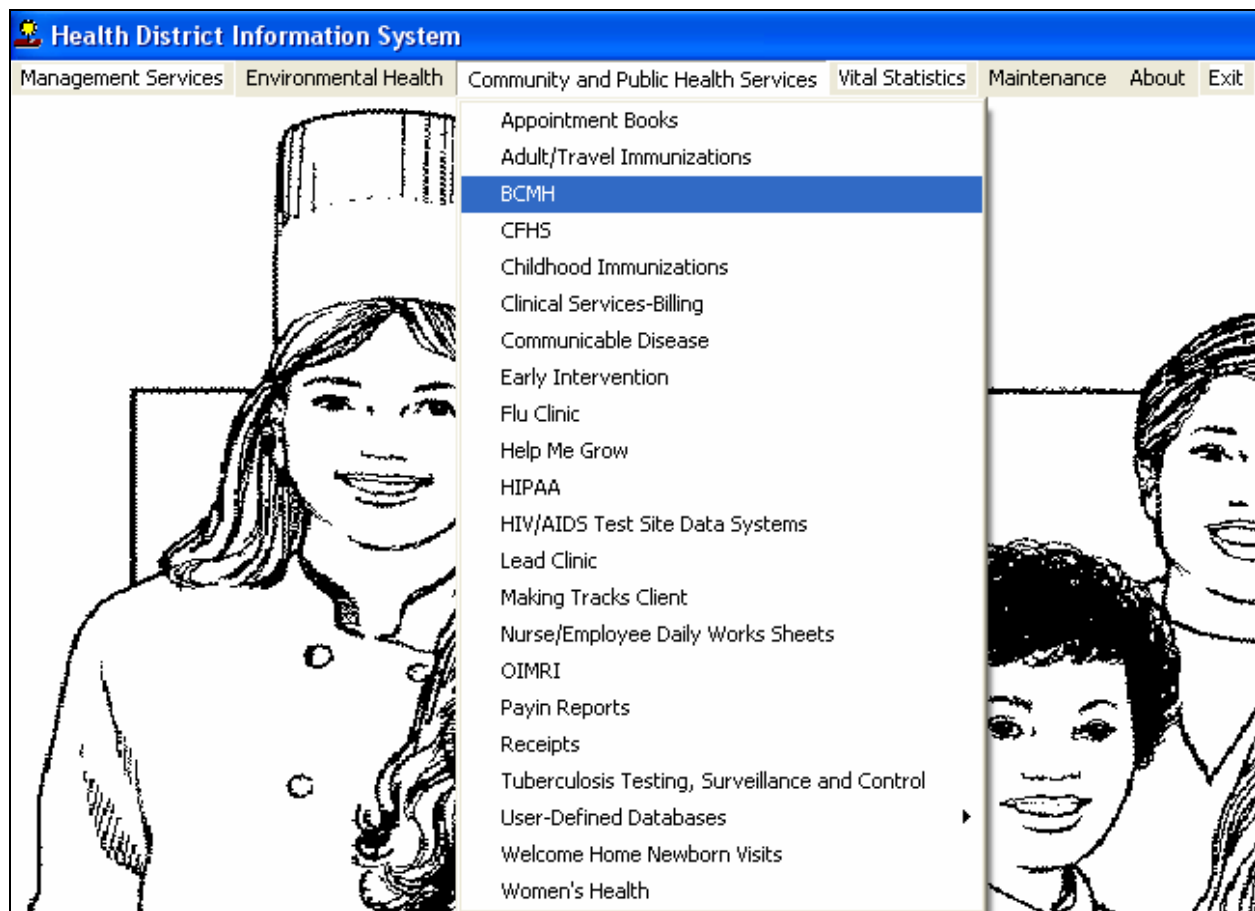
HDIS (Health District Information System) has several different modules designed to assist your health district in its day-to-day operations. The **BCMh Module** is a great addition to these modules and simplifies your record keeping, billing and information management needs.



Select Community & Public Health



Select BCMH



Finding a Client

Last	First	Middle	Suffix	Date of Birth	Sex
ABER	ASHLEY			02/20/2001	F
ABER	BRUCE	L.		12/22/1984	M
ABEREGG	BRITTANY	L.		03/16/1995	F
ABEREGG	KYLE	M.		03/19/1993	M
ABERNATHY	FRAN	B.		02/24/1960	F
ABERNATHY	JUSTIN			12/15/1987	M
ABERNATHY	SUTTON	B.		09/20/1985	M
ABLES	ADAM	R.		06/13/1986	M
ABRAHAM	ZELMA	R.		04/15/1955	F
ABRECHT	AMBER	L.		09/24/1981	F
ABT	AUDREY	M.		01/23/1979	F

To find an existing client, enter the name (**last, first, middle**) and press the “**Enter**” key. The program will automatically find the name in the database. If the client’s name is not in the list, you will then enter it in the database.

Entering a Client



Select Add Name



Add data in fields

Add Client Demographic Information

Patient Name and Address		Parent (if applicable)	Insurance / HIPAA	Other Info
Last Name	First Name	Middle Name	Suffix	
SMITH	JOHN	J		
Date of Birth	Age as of Today	Sex	Race	Social Security #
06/29/2005	0M	M	WHITE	123-56-7891
Street #	Street	Street Suffix	Apt. #	
123	ANYWHERE	ST		
City	State	Zip Code	County	
BELLBROOK	OH	45050		
Political Subdivision	Phone			
	1-440-555-1199			
Primary Care Physician	Census			

OK Cancel

Once a client is entered, a record is created that is accessible to all Community Health modules. Field names that appear in green are optional fields for data entry. You may not always have every piece of information on the client. Remember, you can use either the **“Enter”** key or **“Tab”** key to navigate from field to field.

**** Note: All phone numbers must start with a “1”**

Entering a Primary Physician

The screenshot shows a dialog box titled "Enter Primary Physician" with a close button in the top right corner. The form is organized as follows:

First	Middle	Last	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Street 2 (optional)		
<input type="text"/>	<input type="text"/>		
City	State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone (optional)	Fax (optional)		
<input type="text"/>	<input type="text"/>		
Group Practice Name (optional)	Provider Number (optional)		
<input type="text"/>	<input type="text"/>		

At the bottom right of the form are two buttons: "Add" and "Cancel".

If the client's primary care physician does not appear in the dropdown list, you can add it to the list by clicking the **"Add"** button and filling out the information. When finished, click **"Add"**.



Select Parent (if applicable)



Enter Data

Add Client Demographic Information

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Mother/Guardian Last <input type="text" value="DOE"/>	Mother/Guardian First <input type="text" value="JANE"/>	Mother/Guardian Middle <input type="text"/>	
Mother/Guardian Maiden <input type="text"/>	Mother/Guardian Date of Birth <input type="text" value="//"/>	Mother/Guardian SSN # <input type="text" value="--"/>	
Mother/Guardian Ethnic <input type="text"/>	Mother/Guardian Work Phone <input type="text" value="- - -"/>		
Father's Last Name <input type="text"/>	Father's First Name <input type="text"/>	Father's Middle Name <input type="text"/>	
Father's Date of Birth <input type="text" value="//"/>	Father's SSN # <input type="text" value="--"/>		

OK Cancel



Insurance/HIPAA

Add Client Demographic Information

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Primary Insurance Carrier MEDICAID	Insurance #	Group #	
Secondary Insurance Carrier	Insurance #	Group #	
Notice of Privacy Practice Given			
//	<input type="checkbox"/> Client	<input checked="" type="checkbox"/> Parent	<input type="checkbox"/> Custodian <input type="checkbox"/> Other
Authorization for Release of Information			
<input type="checkbox"/> Physician(s)	<input type="checkbox"/> Health Departments		Date Modified
<input type="checkbox"/> Family	<input type="checkbox"/> Day Care/Schools		//
<input type="checkbox"/> WIC			

OK Cancel



Other Info

Add Client Demographic Information

Patient Name and Address	Parent (if applicable)	Insurance / HIPAA	Other Info
Alternate Mailing Address		City	State Zip Code
<input type="text"/>		<input type="text"/>	<input type="text"/>
Household size	Gross Income	Verified	Revised
<input type="text" value="0"/>	<input type="text" value="0"/> <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	<input type="text" value="//"/>	<input type="text" value="//"/>
Sliding Fee	<input type="checkbox"/> No Statement <input type="checkbox"/> Match Consent		
<input type="text" value="A"/>			

OK Cancel

When you are finished entering the client's demographic data, click the **“OK”** button to move onto the **“Info”** tab.



Info Tab

BCM - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

BCM# Pending Age at Start 1st Adm Final Dis Nurse

Managing Physician Primary Physician Dentist

Information | Household Constellation

Education Plan(IEP) Habilitation Plan(IHP) 504 Plan
 Service Plan(ISP) Family Service Plan(IFSFP) Comprehensive Service Plan(CSP)

Most Common Identified Barriers

Non-compliant No transportation Rural location medication
 Difficult to schedule Financial issues Medication issues
 Refused home visit Renewal issues Transition issues
 Family health issues Educational issues Family dynamics
 Lack BCMH providers Nutritional issues Large problem list
 Lack understanding Psychological issues Housing
 Unplanned pregnancy Equipment need

Print | Delete BCMH Record | Add BCMH Record | Modify

When you are entering a client for the first time, you will have to give them a BCMH record. To do this, simply click the “**Add BCMH Record**” button. This will allow you to begin filling out all of the information.

** Note: You only have to add a BCMH record once. Once a record has been created, you do not have to add them again.

On this page, you will enter much of the information from the client's LOA. The check boxes represent the plans that the client is on and for the "Most Common Identified Barriers" that you notice.

** Note: Be sure not to miss the "Household Constellation" tab

Field/Button	Description
BCM# Number	Number assigned by BCMH
Age at start	Age at which the client started the program
Pending	Put a "Y" in this field only if you have not yet received an LOA for the client, but have made contact with the client. There is a report that will display all of your pending clients.
Primary Physician	Primary physician's name
Managing Physician	Managing physician's name
Dentist	Dentist's name
Household Constellation	Names of people living in the household
Rel	Example: M = Mother, GM = Grandmother etc.
DOB	Date of birth
Educ	Level of education in years
Comments	Additional comments with unlimited characters
Add BCMH Record	Allows you to add a BCMH record. .
Modify	Modifies a record
Delete	Deletes a highlighted record

Service Coordination



Service Coordination

BCM - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | **Service** | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Service Co-ordination

From Date: // To Date: // Seq# Admit: // Discharged: // Service Co-ordinator: [Dropdown]

Primary ICD-9 Code and Description: [Text Box]

Secondary ICD-9 Code and Description: [Text Box]

Tertiary ICD-9 Code and Description: [Text Box]

Other ICD-9 Code and Description: [Text Box]

Print | Modify

The next three tabs (**Service, Diagnostic, and Treatment**) allow you to enter the ICD9 codes depending on what type of LOA you have. Once you have entered a ICD9 code, click the “**Tab**” or “**Enter**” key and the description of the code will automatically appear.

** Note: If you type in the code and the description does not appear, return to the code field and hit “**Ctrl**” + “**D**”. This will bring up the entire list of ICD9 codes whereupon you can choose the correct code.

Field/Button	Description
From Date	LOA (letter of approval) start date. As a LOA is received the dates are updated
To Date	LOA end date for that period
Beginning	Date that service first started for this client
Discharge	Date that client is discharged
Service Coordinator	Name of the service coordinator
ICD-9 Codes	Enter the code in the first field then hit the “Enter” or “Tab” key
Modify	Modifies a record

Diagnostic



Diagnostic

BCMh - SMITH, JOHN J
✖

Progress Notes	Comprehensive PHN Assessment	Age Specific Assessment	Care Plan
Find	Demo	Info	Service
Diagnostic	Treatment	Contacts	PHN Services
Concern/Problem/Diagnosis List			

Treatment

From Date To Date Seq# Admit Discharged

Primary ICD-9 Code and Description

Secondary ICD-9 Code and Description

Tertiary ICD-9 Code and Description

Other ICD-9 Code and Description

Field/Button	Description
From Date	LOA (letter of approval) start date. As a LOA is received, the dates are updated here.
To Date	LOA end date for that period
Beginning	Date that service first started
Discharge	Date of discharge
Nurse	Name of the nurse involved with this case
ICD-9 Codes	Enter the code in the first field then hit the "Enter" or "Tab" key
Modify	Modifies a record

Treatment



Treatment

BCM - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Treatment

From Date: To Date: Seq #: Admit: Discharged:

Primary ICD-9 Code and Description:

Secondary ICD-9 Code and Description:

Tertiary ICD-9 Code and Description:

Other ICD-9 Code and Description:

Print | Modify

Field/Button	Description
From Date	LOA (letter of approval) start date. As a new LOA is received the dates are updated here.
To Date	LOA end date for that period
Beginning	Date the service first began
Discharge	Date the client was discharged
ICD-9 Codes	Enter the code in the first field then hit the "Enter" or "Tab" key
Modify	Modifies a record

Print Menu



Print

Print: The print button is available on all the tabs from contacts through the progress notes tab. The print menu is the same, and you may print any of the options no matter what tab you have open at the time.

** Note: When printing out a HCFA 1500, make sure you click on the “**Update Billed**” button so the system can give your contacts a bill date.

Field/Button	Description
HCFA 1500	When you select the HCFA 1500 button you must also enter the dates of service (DOS).
Envelope	Prints an envelope for the parent of the client
Letter A - L	Prints a letter addressed to the parent, managing physician, primary physician, or dentist. You have total control over any data in the letter {See maintenance section}
Comprehensive PHN Assessment	Prints the assessment as long as one has been initiated
Comprehensive PHN Assessment (form only)	Prints the assessment form (Print out only)
Age Specific Assessment	Prints the age specific assessments

PHN Care Plan	Prints the care plan
Problem List	Prints out the client's problem list
Form for PHN Services – Service Co-ordination	Prints the PHN Services form for Service Co-ordination
Form for PHN Services – Diagnostic	Prints the PHN Services form for Diagnostic
Form for PHN Services – Treatment	Prints the PHN Services form for Treatment
Progress Notes [Bracketed Only]	Prints bracketed notes only. The brackets are the square brackets usually found after the letter “P” on the keyboard.
Progress Notes	Prints out all of the progress notes
FAX Inquiry	Prints a fax inquiry to Ohio Department of Health
Documentation of Public Health Referral Services	Prints Documentation of Public Health Referral Services form
Additional Reimbursement Request Form	Prints Additional Reimbursement form for the Ohio Department of Health
Notification of Changes in Child/Family Form	Prints Notification of Changes Form for the Ohio Department of Health

Total Amount Billed Button



Total Amount Billed

	From	To	Amount
Service Coordination	//	//	0.00
Diagnostic	//	//	0.00
Treatment	//	//	0.00
Total			0.00

Close

The “**Total Amount Billed**” button displays how much you have billed for the client for the LOA “**from**” and “**to**” dates.

PHN Services



PHN Services

The **PHN Services** tab is used to fill out the information for the PHN Services form that you mail to ODH. It is divided into six different tabs, with the last tab being the old PHN Services report. It may look confusing, but it will print out the exact form with all the required information. One PHN Services form is sent in for each new LOA or if there are changes that you have to report to the state.

Field/Button	Description
Dates of PHN Services	Enter the dates of the PHN Services
LOA	Enter the changes or new information to the LOA
Family Status	Enter the changes or new information to the client's family status
Address	Enter any changes to the client's address
Medicaid	Enter any changes or additions to the client's Medicaid
Insurance	Enter any changes or additions to the client's insurance status
Service Needs	Enter any changes or additions to the client's service needs
Yes	Check if there are changes
No	Check if there are no changes
Date of Change	Enter the date of the change

Physician Managing Diagnosis	Click on the “Memo” button to enter the Physician Managing Diagnosis
Print	Click to open the Print menu
Next	Click to go to the next PHN Services form
Previous	Click to go to the previous PHN Service form
Delete PHN Services*	Right click to delete the PHN Service information
Add PHN Service	Click to add a PHN Service. Right click to copy information from a previous PHN Service Report
Modify	Click to modify information to the current PHN Service



Equipment in Home 1

Field/Button	Description
Purchased at/Date	Enter the place of purchase of the equipment and the date
Payment	Enter the type of payment for the equipment
Repaired by/Date	Enter who repaired the equipment and the date of repair
Right	Check if the hearing aid is for the right ear
Left	Check if the hearing aid is for the left ear
Digital	Check if the hearing aid is digital
Standard	Check if the hearing aid is standard
Programmable	Check if the hearing aid is programmable



Equipment in Home 2

BCMh - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Changes/New Info | Equipment in Home 1 | **Equipment in Home 2** | Therapies | Nutritional Issues | Educational Issues/Service Plans | Old Report

Equipment in Home 2

	Purchased at/Date	Payment	Repaired by/Date
Glasses:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Glucose Monitor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Orthotics:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enteral Feeding Supplies:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feeding Pump:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print | Next | Previous | Delete PHN Services* | Add PHN Services | Modify

Field/Button	Description
Purchased at/Date	Enter the place of purchase of the equipment and the date
Payment	Enter the type of payment for the equipment
Repaired by/Date	Enter who repaired the equipment and the date of repair



Therapies

BCMHI - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Changes/New Info | Equipment in Home 1 | Equipment in Home 2 | Therapies | Nutritional Issues | Educational Issues/Service Plans | Old Report

Therapies

	Name of Therapist	Location(s)	Frequency	Funding Source
Speech	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print | Next | Previous | Delete PHN Services* | Add PHN Services | Modify

Field/Button	Description
Name of Therapist	Enter the name of the client's therapist
Location(s)	Enter the location of the therapy
Frequency	Enter the frequency of visits for the therapy
Funding Source	Enter the funding source of therapy



Nutritional Issues

BCMHI - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Changes/New Info | Equipment in Home 1 | Equipment in Home 2 | Therapies | **Nutritional Issues** | Educational Issues/Service Plans | Old Report

Nutritional Issues

Special Formula/Supplements:
 Covered by BCMH Yes No

Dietitian Consulted Yes No Name

Location Date of Last Contact

Other Nutritional Concerns

Field/Button	Description
Special Formula/Supplements	Enter any special formulas of supplements
Covered by BCMH - Yes	Check if the formulas/supplements are covered by BCMH
Covered by BCMH - No	Check if the formulas/supplements are not covered by BCMH
Dietician Consulted - Yes	Check if a dietician was consulted
Dietician Consulted - No	Check if a dietician was not consulted
Name	Enter the name of the dietician
Location	Enter the location of the dietician
Date of Last Contact	Enter the date the dietician was last seen
Other Nutritional Concerns	Click on "Memo" to enter any additional nutritional concerns



Educational Issues/Service Plans

BCMh - SMITH, JOHN J

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Changes/New Info | Equipment in Home 1 | Equipment in Home 2 | Therapies | Nutritional Issues | Educational Issues/Service Plans | Old Report

Educational Issues/Service Plans

Child in Special Education Classes Yes No Therapies Addressed in IEP Yes No N/A
 Transitional Plan Yes No N/A BCMH CSP Yes No N/A

Date of Last Contact with Team Service Coordinator

Parent/Guardian/Client Concerns PHN Concerns/Actions

Does the family have any special needs that BCMH should be aware of?

Initial Annual Interim Immunizations Current

Print Next Previous Delete PHN Services* Add PHN Services Modify

Field/Button	Description
Child in Special Education Classes - Yes	Check if the client is in any special education classes
Child in Special Education Classes - No	Check if the client is not in any special education classes
Transition Plan - Yes	Check if the client has a transition plan
Transition Plan - No	Check if the client does not have transition plan
Transition Plan – N/A	Check if the transition plan is not applicable for the client
Therapies Address in IEP - Yes	Check if the therapies are addressed in IEP
Therapies Address in IEP - No	Check if the therapies are not addressed in IEP
Therapies Address in IEP – N/A	Check if the therapies being addressed in the IEP are not applicable
BCMh CSP - Yes	Check for BCMh CSP
BCMh CSP - No	Check if not BCMh CSP
BCMh CSP – N/A	Check if the if BCMh CSP is not applicable
Date of Last Contact With Team Service Coordinator	Enter the date of the last contact with the team service coordinator

Parent/Guardian/Client Concerns	Click on "Memo" to enter any concerns
PHN Concerns/Actions	Click on "Memo" to enter any PHN concerns or actions
Does the family have any special needs that BCMH should be aware of?	Click on "Memo" to enter any special needs that BCMH should be aware of
Initial	Click if this is the initial PHN Service report
Annual	Click if this is an annual PHN Service report
Interim	Click if this is an interim PHN Service report
Immunizations Current	Click if the client's immunizations are current



Old Report

The screenshot shows a software window titled "BCMh - SMITH, JOHN J". The interface includes several tabs: "Progress Notes", "Comprehensive PHN Assessment", "Age Specific Assessment", and "Care Plan". Below these are sub-tabs for "Find", "Demo", "Info", "Service", "Diagnostic", "Treatment", "Contacts", "PHN Services", and "Concern/Problem/Diagnosis List". The "PHN Services" sub-tab is active, showing a navigation bar with "Changes/New Info", "Equipment in Home 1", "Equipment in Home 2", "Therapies", "Nutritional Issues", "Educational Issues/Service Plans", and "Old Report" (highlighted). The main content area contains sections for "5b. List nursing issues and family concerns" (with a "Memo" button), "6. PHN activities:" (with various checkboxes like "Comprehensive Assessment", "Reassessment", "Immunizations Current", "Information", "Referral", "Referrals", "Needs:", "Action:", "Not up to date due to medical reasons", "Not up to date due to religious beliefs", "Family Immunizations Discussed", "Family Imms Current", "Counseling", "Patient Teaching", "Monitoring", "Injury Prevention", "Red Book(ChUMS) given", "Other(list)", "Memo"), "7. List of individuals....." (with a "Memo" button), "8. Family's Long-term....." (with a "Memo" button), and "9. Summary of Plan of PHN....." (with a "Memo" button). At the bottom, there are checkboxes for "Copy To:" including "Team Service Coordinator", "Primary Physician", "Other", "Managing Physician", and "ODH/BCMh". A row of buttons at the very bottom includes "Print", "Next", "Previous", "Delete PHN Services*", "Add PHN Services", and "Modify".

The last tab of the PHN Services is the **old PHN Services report**. This page is here in case you want to look up previous information on the client. You **DO NOT** have to enter any new information on this page.

Concern/Problem/Diagnosis List



Concern/Problem/Diagnosis List

The **Concerns/Problem Diagnosis** page allows you to enter just that. You can also transfer information that you enter to the PHN Services Form.

Field/Button	Description
Add to Parent/Guardian/Client Concerns	Click to add to the Parent/Guardian/Client Concerns on the PHN form. Right click to add the Parent/Guardian/Client Concerns to the PHN Service form.
Add to PHN Concerns/Actions	Click to add to the PHN Concerns/Actions on the PHN form. Right click to add the Parent/Guardian/Client Concerns to the PHN Service form.
Print	Click to open the Print menu
Delete Problem Plan*	Right click to delete a problem
Add Problem	Click to add a problem to the list
Modify	Click to modify information

Progress Notes



Progress Notes

BCMh - SMITH, JOHN J

Find | Demo | Info | Service | Diagnostic | Treatment | Contacts | PHN Services | Concern/Problem/Diagnosis List

Progress Notes | Comprehensive PHN Assessment | Age Specific Assessment | Care Plan

[] = Print Bracketed { } = Letter F > < = Fax Inquiry Spell Check Print Modify

You may record additional data in the client's record. You may also choose which data you wish to print. **Bracket the data you want to print with the brackets** next to the letter **"p"** on the keyboard. Use the curly brackets for the information that you want to include in **letter F**. Finally, use the greater than and less than signs to include the information in the fax inquiry. The **Print** button will print the selected data.

Comprehensive



Comprehensive PHN Assessment

You can create this assessment in the maintenance section of the BCMH Module. The assessment will be divided as above. To start an assessment, click the “**Add Assessment**” button. You may use the **function keys** as shortcuts for your answers. You can also add comments to your answers.

Field/Button	Description
Issue	Main categories or systems for assessment
Review	Areas in each category with more detailed information
W - Within Normal Limits	Upon assessment, findings were within normal range
A - Abnormal	Upon assessment, findings were not within normal range
D - Denies Concern	Upon assessment, denies concern
Comments	Additional comments with unlimited characters
Add Assessment Button	Adds assessment below the current assessment
Delete Assessment Button	Deletes a highlighted entry
Modify Button	Modifies a record
Print	Prints the Comprehensive Assessment (See Below)

**Comprehensive PHN Assessment
CAMERON, MICHELLE NATYA**

**Date of Birth:10/14/1988
Nurse:**

	Issues	Review	WNL	ABL	DEN	Comment
0.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.	SUTURES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	HEAD	CIRCUMFERENCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		CIRCUMFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		INFESTATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		INFESTATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PAIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		SYMMETRY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Right side of head is irregular and has a concave appearance over the Right Right ear.

This is how the report will appear for the Comprehensive PHN Assessment when it is printed.

Age Specific Assessments



Age Specific Assessments

The screenshot shows a software window with a blue title bar containing the text "BCMh - SMITH, JOHN J" and a close button. Below the title bar is a menu bar with the following items: Find, Demo, Info, Service, Diagnostic, Treatment, Contacts, PHN Services, and Concern/Problem/Diagnosis List. Below the menu bar is a tabbed interface with four tabs: Progress Notes, Comprehensive PHN Assessment, Age Specific Assessment (which is the active tab), and Care Plan. The main area of the window contains a table with the following columns: Age, Issues, Review, W, A, D, and Comments. The table is currently empty. At the bottom of the window, there are five buttons: Delete All Assessments*, Print, Delete Assessments*, Add Assessments, and Modify.

Age	Issues	Review	W	A	D	Comments

To add an Age Specific Assessment, click the **"Add Assessments"** button and the window below will pop up.

Select Age Specific Assessment

Age as of Today

0 Month
 10 Months
 20 Months
 8 Years
 18 Years
 1 Month
 11 Months
 21 Months
 9 Years
 19 Years
 2 Months
 12 Months
 22 Months
 10 Years
 20 Years
 3 Months
 13 Months
 23 Months
 11 Years
 21 Years
 4 Months
 14 Months
 2 Years
 12 Years
 5 Months
 15 Months
 3 Years
 13 Years
 6 Months
 16 Months
 4 Years
 14 Years
 7 Months
 17 Months
 5 Years
 15 Years
 8 Months
 18 Months
 6 Years
 16 Years
 9 Months
 19 Months
 7 Years
 17 Years

On this screen, click the correct age of the client and then click “**Add Assessment**”. An assessment will be automatically added for that age.

Field/Button	Description
Add Assessment	Select the assessment to be added. Highlight the circle next to the appropriate age. The assessment is added to the record BELOW current assessments in the record.
Close Button	Exits the age assessment selection area without adding an assessment

Age	Issues	Review	W	A	D	Comments
0 MOS	MEDICAL ISSUES	CURRENT MEDS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		FOLLOW-UP APPTS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		HOSPITALIZATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		THERAPIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO	IMMUNIZATIONS	NEEDS/ACTION TAKEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		UP TO DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO	DENTAL ISSUES	FLOURIDE SOURCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This assessment is created in the maintenance section of the BCMH Module. The assessment will be divided as above.

Field/Button	Description
Age	Age for the assessment
Issues	Main areas of assessment
Review	Areas to assess under each main area selected
W - Within Normal Limits	Upon assessment, results were within normal range
A - Abnormal	Upon assessment, results were not within normal range.
D - Denies Concern	Upon assessment, denies concern
Comments	Additional comments with unlimited characters
Delete Assessments	Deletes a highlighted entry
Modify	Modifies a record

Below is an example of what the Age Specific Assessment looks like after it is printed.

Age Specific Assessment			Date: _____			
SMITH, JOHN			Date of Birth: 07/25/2005			
111-111111-1-11			Nurse: _____			
Informant(name/relationship): _____						
Age	Issues	Review	WNL	ABL	DEN	Comments
0 MOS	MEDICAL ISSUES	CURRENT MEDS, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		FOLLOW-UP APPTS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		HOSPITALIZATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		THERAPIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	IMMUNIZATIONS	NEEDS/ACTION TAKEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		UP TO DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DENTAL ISSUES	FLOURIDE SOURCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		GUM CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		ORAL CLEANING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		PACIFIER USE, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NUTRITION	FEEDINGS -FORM/BREAST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		HEAD CIRCUMFERENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		HEIGHT & PERCENTILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PHN Care Plan



PHN Care Plan

The PHN Care Plan is no longer in use but you can still enter data if you wish. This page is for your records only.

PHN Care Plan

Field/Button	Description
Add Care Plan Button	Adds current data in plan
Concern	Add concerns found during assessment that become part of the care plan.
Objective	Goal of intervention
Plan	Indicate what you plan in relation to the intervention
Resolution Date	Date concern is resolved
Delete Care Plan Button	Deletes a highlighted entry
Modify	Opens the record to be modified
Print	Prints all the plans in the record

Below is an example of what the PHN Care Plans looks like after you print it.

PHN Care Plan		Date of Birth:07/25/2005	
SMITH, JOHN		Nurse:	
111-111111-1-11			
Concern	Objective	Plan	Resolution Date
Needs medical insurance coverage	Get coverage	Get in contact with ODH	10/04/2005

BCMh Medical Application - SMITH, JOHN WILLIAM

Find | Demo 1-25 | Other Info 26-36 | Major Services 37-42 | Public Health Nurse Referral 43-54

Child's Info 1-9 | Parents/Guardians 10-19 | Health Insurance 20-21 | Dental/Vision Ins. 22-25

Diagnostic
 Treatment
 Case Renewal
 Service Coordination
 PHN Referral
 Adult Hemophilia
 HMG

1. Last Name: SMITH | First Name: JOHN | Middle Name: WILLIAM | Suffix:

2. Case #: 200-000500-0-1 | 5. Date of Birth: 01/01/2005 | 6. SSN #: 111-11-1111 | 7. Sex: M | 8. Ethnic Group: | 9. Ohio Res.: Yes No

3. Street #: 12345 | Street: ANYWHERE | Street Suffix: STREET | Apt. #:

City: CLEVELAND | State: OH | Zip Code: 44138 | 4. County: CUYAHAOGA

On this page, you will fill out the applicant's demographic information. To add an applicant, click the "Add Medical Application" button. **Be sure to check the appropriate box across top of the page for which program the applicant is applying.**



Parents/Guardians 10-19

BCMh Medical Application - SMITH, JOHN WILLIAM

Find Demo 1-25 Other Info 26-36 Major Services 37-42 Public Health Nurse Referral 43-54

Child's Info 1-9 Parents/Guardians 10-19 Health Insurance 20-21 Dental/Vision Ins. 22-25

10. Parent/Guardian Last	Parent/Guardian First		
<input type="text" value="SMITH"/>	<input type="text" value="JANE"/>		
11. Address		12. SSN	
<input type="text" value="12345 ANYWHERE STREET"/>		<input type="text" value="222-22-2222"/>	
City	State	Zip Code	13. Home Phone
<input type="text" value="CLEVELAND"/>	<input type="text" value="OH"/>	<input type="text" value="44138"/>	<input type="text" value="1-555-555-5555"/>
15. Parent/Guardian Last		Parent/Guardian First Name	14. Work Phone
<input type="text" value="SMITH"/>		<input type="text" value="JOHN"/>	<input type="text" value="1-555-666-6666"/>
16. Address		17. SSN	
<input type="text" value="12345 ANYWHERE STREET"/>		<input type="text" value="333-33-3333"/>	
City	State	Zip Code	18. Home Phone
<input type="text" value="CLEVELAND"/>	<input type="text" value="OH"/>	<input type="text" value="44138"/>	<input type="text" value="1-555-555-5555"/>
			19. Work Phone
			<input type="text" value="1-555-777-7777"/>

Delete Medical Application* Add Medical Application Modify

On this page, you will enter the parent/guardian's information.



Health Insurance 20-21

BCMH Medical Application - SMITH, JOHN WILLIAM

Find Demo 1-25 Other Info 26-36 Major Services 37-42 Public Health Nurse Referral 43-54

Child's Info 1-9 Parents/Guardians 10-19 **Health Insurance 20-21** Dental/Vision Ins. 22-25

20. Primary Insurance Carrier Policy # Carrier #
HMO 3333333333 4444444444

Begin Date End Date Name of Insured
09/08/2005 // JOHN SMITH

21. Secondary Insurance Carrier Policy # Carrier #
ATHENS 2222222222222222 33333333333333333333

Begin Date End Date Name of Insured
// //

Delete Medical Application* Add Medical Application Modify

On this page, you will enter the health insurance information for the client.



Dental/Vision Ins. 22-23

BCMH Medical Application - SMITH, JOHN WILLIAM

Find Demo 1-25 Other Info 26-36 Major Services 37-42 Public Health Nurse Referral 43-54

Child's Info 1-9 Parents/Guardians 10-19 Health Insurance 20-21 Dental/Vision Ins. 22-25

22. Dental Insurance Coverage Carrier # Begin Date End Date
MEDICARE 454545454554 09/08/2005 //

Name of Insured
JOHN SMITH

23. Vision Care Insurance Coverage Carrier # Begin Date End Date
 // //

Name of Insured

24. Medicaid Eligible Medicaid Recipient Billing # Begin Date End Date
 Yes No 8888888888 09/08/2005 //

25. S.S.I. Eligible
 Yes No

Delete Medical Application* Add Medical Application Modify

On this page, you will enter the dental/vision insurance information for the client.



Other Information 26-36

BCMh Medical Application - SMITH, JOHN WILLIAM

Find | Demo 1-25 | Other Info 26-36 | Major Services 37-42 | Public Health Nurse Referral 43-54

26. Managing Physician
SINGER MD, NORA Add Site
 Private Office
 Clinic

30. Primary ICD-9 Code and Description
833.09 WRIST; CLOSED DISLOCATION; OTHER

31. Secondary ICD-9 Code and Description

32. Tertiary ICD-9 Code and Description

33. Other ICD-9 Code and Description

34. If child/client has any other handicapping condition(s), please describe Memo

35. Name of Primary Care Physician MEUNSTER, DR. Add 36. Name of Primary Care Dentist ANDREA MILLER, DDS Add

Print Modify

This page allows you to enter the applicant's diagnosis along with their physician and dentists' information. Once you have entered a ICD9 code, hit the "Tab" or "Enter" key, and the description of the code will automatically appear.

** Note: If you type in the code and the description does not appear, return to the code field and hit "Ctrl" + "D". This will bring up the entire list of ICD9 codes, whereupon you can choose the correct code.



Category of Service 1 & 2 / 3 & 4

BCMH Medical Application - SMITH, JOHN WILLIAM

Find | Demo 1-25 | Other Info 26-36 | Major Services 37-42 | Public Health Nurse Referral 43-54

Category of Service 1 & 2 | Category of Service 3 & 4 | Major Service 38-42

37 .Category of Service

Name and Address of Provider

Provider Number Unit of Service Source of Payments

Category of Service

Name and Address of Provider

Provider Number Unit of Service Source of Payments

Print Modify



Major Service 38 - 42

BCMH Medical Application - SMITH, JOHN WILLIAM

Find | Demo 1-25 | Other Info 26-36 | Major Services 37-42 | Public Health Nurse Referral 43-54

Category of Service 1 & 2 | Category of Service 3 & 4 | Major Service 38-42

38. Recommendations (include/attach Plan of Treatment, Medical Report, and/or Discharge Summary)

40. Initial exam 41. Name of person completing form Phone 42. Most recent exam



Public Health Nurse Referral 43 - 54

BCMh Medical Application - SMITH, JOHN WILLIAM

Find | Demo 1-25 | Other Info 26-36 | Major Services 37-42 | Public Health Nurse Referral 43-54

43. Nurse 46. Reason Date of scheduled exam

48. Approved Yes No 49. Program Code 50. Effective Date 51. Expiration Date

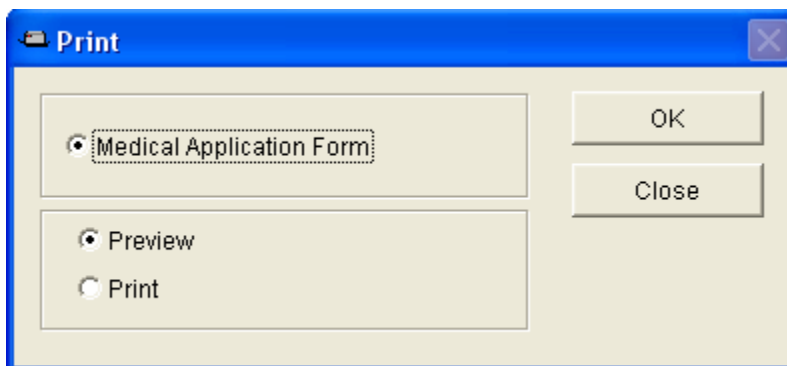
52. Denial reason Code 53. Denial reason Code

54. Nurse Case Manager

Print Modify



Print



The **“Print”** button allows you to print the Medical Application that is sent to the Ohio Department of Health. Below is a portion of how the form will appear.

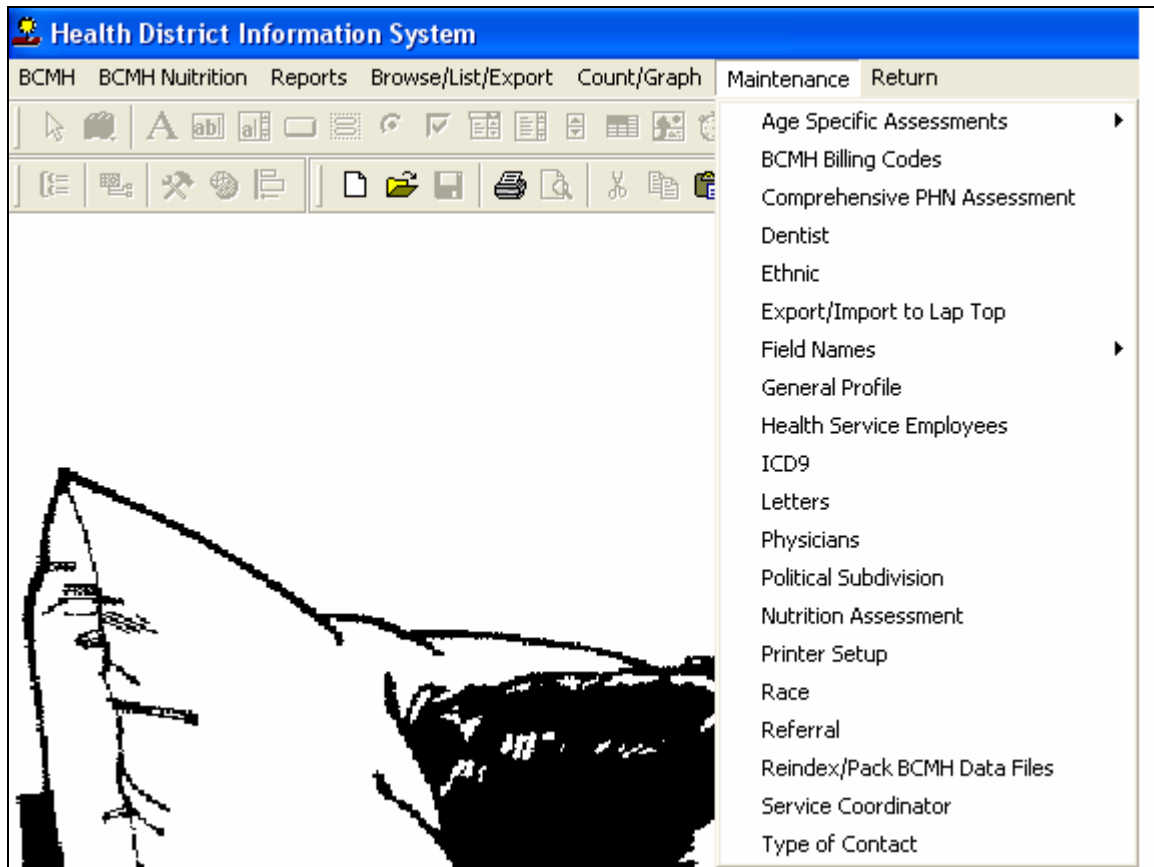
** Note: The form will print out on TWO pages.

PLEASE PRINT		Ohio Department of Health			
Medical Application					
Bureau for Children with Medical Handicaps, 246 North High Street, P.O. Box 1603, Columbus, Ohio 43216-1603					
<input type="checkbox"/> Diagnostic <input checked="" type="checkbox"/> Treatment <input type="checkbox"/> Case Renewal <input type="checkbox"/> Service Coordination <input type="checkbox"/> PHN Referral <input type="checkbox"/> Adult Hemophilia <input type="checkbox"/> HMG					
*1. Child's/Client's name (last, first, mi) SMITH, JOHN WILLIAM			2. Case number (child's/client's) 2005001		
*3. Address ANYWHERE STREET			*4. County CUYAHOGA		
City CLEVELAND		*State OH	*ZIP 44138	Health Department Code	
*5. Child's/Client's birthdate 01/01/2005	*6. SSN (child's/client's) 111-11-1111	*7. Sex <input checked="" type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female		*8. Ethnic Group WHITE	*9. Ohio Resident <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
*10. Parent's/Legal guardian's/Client's name (last,first) SMITH, JANE			*15. Parent's/Legal guardian's/Client's name (last, first) SMITH, JOHN		
*11. Address 12345 ANYWHERE STREET			*16. Address 12345 ANYWHERE STREET		
* City CLEVELAND	* State OH	* ZIP 44138	* City CLEVELAND	* State OH	* ZIP 44138
*12. Social Security Number 222-22-2222			*17. Social Security Number 333-33-3333		
*13. Home phone 1-555-222-0678		*14. Work phone 1-555-448-9558		*19. Work phone 1-555-665-6565	
*18. Home phone 1-555-222-0678					
Insurance Information					
*20. Health insurance coverage <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Policy number 3333333333	Begin date 08/15/2005	End date / /	Carrier number 444444444444	

Maintenance - Add/Delete/Modify Tables



Maintenance



The maintenance menu contains a list of tables that you can modify for your program.



Age Specific Assessments

Add/Modify/Delete = 3 Months Age Specific Developmental Assessment

Number	Issues	Review
1	MEDICAL ISSUES	CURRENT MEDS, ETC
1		FOLLOW-UP APPTS.
1		HOSPITALIZATIONS
1		THERAPIES
2	IMMUNIZATIONS	ACTION TAKEN
2		NEEDS
2		UP TO DATE
3	DENTAL ISSUES	FLOURIDE SOURCE
3		GUM CONDITION
3		ORAL CLEANING
3		PACIFIER USE, ETC.
4	NUTRITION	FORM/BREAST FEEDING
4		HEAD CIRCUMFERENCE
4		HEIGHT AND %
4		HT.WT. %
4		SOLIDS
4		VITAMINS
4		WATER INTAKE, ETC.
4		WEIGHT AND %
5	DEV./BEHAVIOR	CHEST UP - ARM SUPPORT
5		FOLLOW 180 DEGREES
5		GRASP RATTLE
5		HANDS TOGETHER
5		ROLLS OVER

Buttons: Close, Add, Delete, Print

You have been provided assessments that you may use or you may create your own. We have found that the easiest method of using the assessment section is to print the assessment table and compare it to what data you already collect.

Field/Button	Description
Number	Groups review items under an issues listing
Issues	Select the main issues/headers for the assessment
Review	Main items to be assessed
Close	Closes the table
Add Button	Adds assessment to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Comprehensive PHN Assessment Table

Add/Modify/Delete Comprehensive PHN Assessment Table

Number	Issues	Review
1	HEAD	CIRCUMFERENCE
1		INFESTATION
1		PAIN
1		SYMMETRY
2	NEURO	ALERTNESS
2		DEFICITS
2		DIZZINESS
2		SEIZURES
2		TICS
2		VERTIGO
3	EYES	CORRECTIVE LENSES
3		INFLAMMATION
3		VISION
4	NOSE	ALLERGY
4		INFLAMATION
4		SMELL
5	EARS	ABNORMALITY
5		AIDES
5		DRAINAGE
5		HEARING
6	MOUTH	ABNORMALITY
6		BRACING
6		CARIES
6		CHEWING

Buttons: Close, Add, Delete, Print

Field/Button	Description
Number	Groups review items under an issues listing
Issues	Select the main issues/headers for the assessment
Review	Main items to be assessed
Close Button	Closes the table
Add Button	Allows you to add to the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Dentists

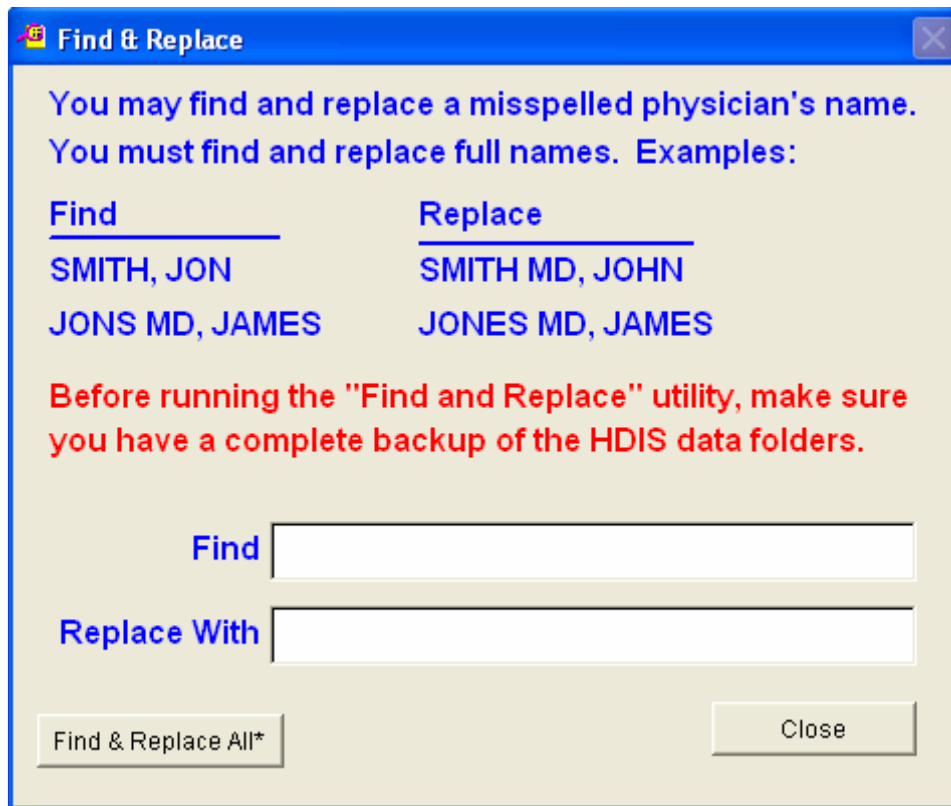
Add/Delete/Modify Dentists

Name	Address1
ANDREA MILLER,DDS	
DENTAL SPECIALISTS	
DR. BEDNARCIK,DDS	
DR. CROWELL	
DR. DIMLING, DDS	
DR. GEHRKE	
DR. PEG VANEK	
FRED GEHRKE, DDS	
FRED GEHRKE,DDS	
JEFFREY ORCHEN, DDS	
LAURA ADELMAN,DDS	
LYNN MACK,DDS	
METROHEALTH MED CTR	
MUSSA, ROXANNA	
N/A	
NON-BCMh PROVIDER	
NONE AT PRESENT	
NOT APPLICABLE	

Buttons: Close, Add, Delete, Print, Envelope, Find & Replace

Field/Button	Description
Name	Enter the name of the dentist
Address1	Enter the address of the dentist
Address2	Enter the address of the dentist
City	Enter the city of the dentist
State	Enter the state of the dentist
Zip	Enter the zip of the dentist
Provider #	Enter the provider # of the dentist
Phone	Enter the phone number of the dentist
Fax	Enter the fax number of the dentist
Group Name	Enter the group name of the dentist
Type of Practice	Enter the type of practice
SSN or T.I.N.	
License #	Enter the license number of the dentist
Close Button	Closes the table
Add Button	Adds a dentist to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Envelope	Prints envelope to dentist
Find & Replace	Click to find and replace dentist names



Field/Button	Description
Find	Type in the name you wish to find.
Replace	Type in the new name you wish to replace the first name with.
Find & Replace All*	Right click to find and replace the names
Close	Closes the Find & Replace window



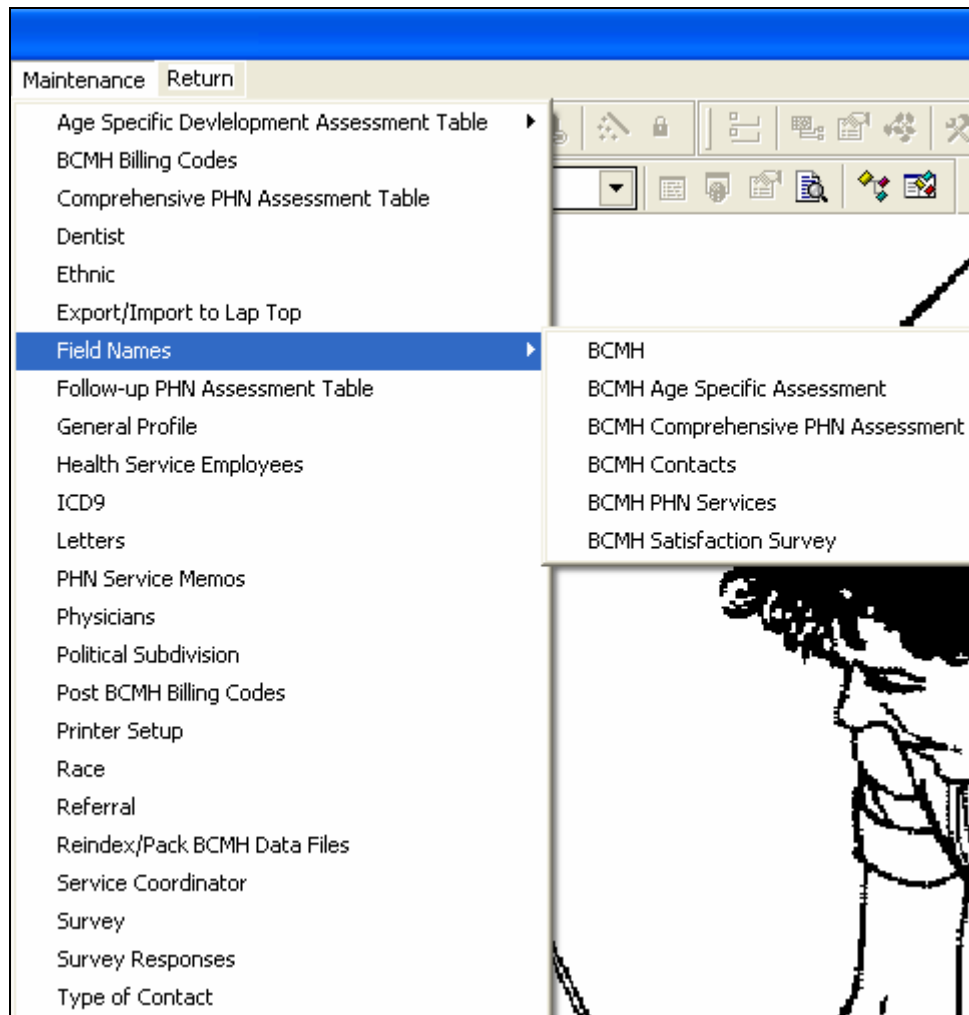
Ethnic

The screenshot shows a dialog box titled "Add/Delete/Modify Ethnic Table". It features a table with a header row "Name" and a single data row "AMISH". To the right of the table are four buttons: "Close", "Add", "Delete", and "Print".

Field/Button	Description
Close Button	Closes the table
Add Button	Adds an ethnicity to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Field Names



The **field names** listing can be very useful in determining what fields you wish to utilize to capture data for letters and when creating reports for that data. The program will display a list of names that you can print.



General Profile

General Profile

Demographics | General | Management | Environmental | Community & Public Health Services | Vital

Health Department: Lake County General Health District

Division:

Address1: 33 Mill Street

Address2:

City: Painesville State: OH Zip: 44077

County: GREENE

Phone #'s: 1-440-350-2543 FAX #:

Federal Tax ID:

Commissioner:

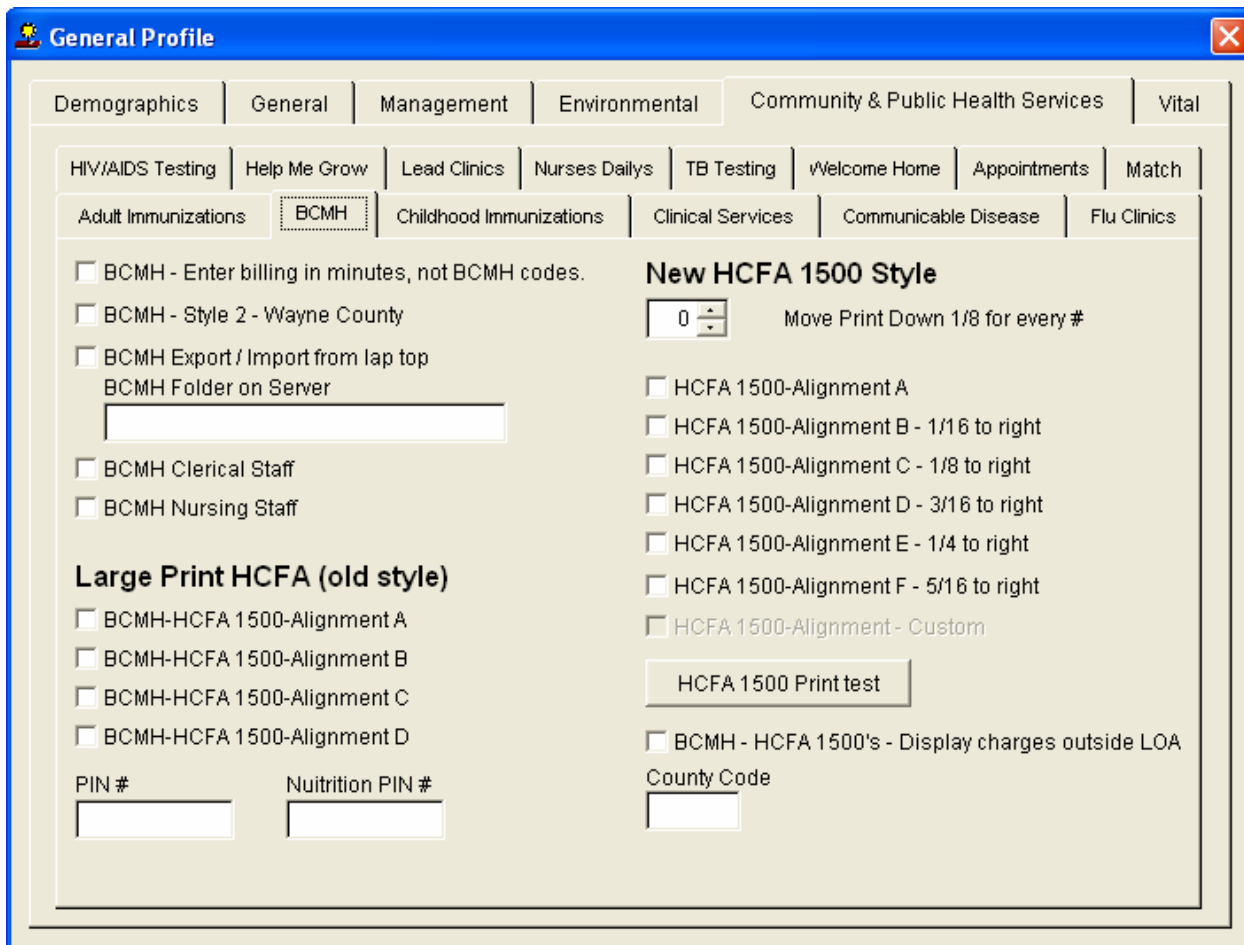
Client/Server Location: C:\HDIS\DATA

2004 2003 2002 2001 2000 1999 1998

Make Checks Payable to:

Close

The **General Profile** allows you to fill out the basic information for your health department. The BCMH information can be found under the “**Community & Public Health Services**” tab. It is shown on the next page.



General Profile

Demographics | General | Management | Environmental | Community & Public Health Services | Vital

HIV/AIDS Testing | Help Me Grow | Lead Clinics | Nurses Dailys | TB Testing | Welcome Home | Appointments | Match

Adult Immunizations | **BCMh** | Childhood Immunizations | Clinical Services | Communicable Disease | Flu Clinics

BCMh - Enter billing in minutes, not BCMh codes.

BCMh - Style 2 - Wayne County

BCMh Export / Import from lap top
BCMh Folder on Server

BCMh Clerical Staff

BCMh Nursing Staff

Large Print HCFA (old style)

BCMh-HCFA 1500-Alignment A

BCMh-HCFA 1500-Alignment B

BCMh-HCFA 1500-Alignment C

BCMh-HCFA 1500-Alignment D

PIN # Nutrition PIN #

New HCFA 1500 Style

Move Print Down 1/8 for every #

HCFA 1500-Alignment A

HCFA 1500-Alignment B - 1/16 to right

HCFA 1500-Alignment C - 1/8 to right

HCFA 1500-Alignment D - 3/16 to right

HCFA 1500-Alignment E - 1/4 to right

HCFA 1500-Alignment F - 5/16 to right

HCFA 1500-Alignment - Custom

BCMh - HCFA 1500's - Display charges outside LOA
County Code

The **BCMh** tab allows you to fill in some information for billing along with providing different alignments when printing the HCFA 1500's.

** Be sure you have a PIN # entered in the lower left hand corner of the screen. This will print the PIN # on the bottom of the HCFA for you.

Field/Button/Check Boxes	Description
BCMh – Enter billing in minutes, not BCMh codes	WAYNE COUNTY ONLY
BCMh – Style 2 – Wayne County	WAYNE COUNTY ONLY
BCMh Export/Import from lap top	Check if your are using a laptop that you take out of the office top
BCMh Folder on Server	Enter the data folder located on the server
BCMh Clerical Staff	WAYNE COUNTY ONLY
BCMh Nursing Staff	WAYNE COUNTY ONLY

BCMh – HCFA 1500 – Alignment A	Check to use alignment “A”
BCMh – HCFA 1500 – Alignment B	Check to use alignment “B”
BCMh – HCFA 1500 – Alignment C	Check to use alignment “C”
BCMh – HCFA 1500 – Alignment D	Check to use alignment “D”
PIN #	Enter your health department’s PIN number
Nutritional PIN #	Enter your health department’s Nutritional PIN number
Move Print Down 1/8 th for Every #	Go up or down to move print on HCFA 1/8 th of an inch
HCFA 1500 – Alignment A	Check to use alignment “A”
HCFA 1500 – Alignment B – 1/16 th to right	Check to use alignment “B”
HCFA 1500 – Alignment C – 1/8 th to right	Check to use alignment “C”
HCFA 1500 – Alignment D – 3/16 th to right	Check to use alignment “D”
HCFA 1500 – Alignment E – 1/4 th to right	Check to use alignment “E”
HCFA 1500 – Alignment F – 5/16 th to right	Check to use alignment “F”
HCFA 1500 Print Test	Click button to print out a test HCFA 1500 to check alignment
BCMh – HCFA 1500’s – Display charges outside LOA	Check to bill for all contacts regardless of the LOA dates
County Code	Enter your health department’s county code



Health Service Employees

Add/Delete/Modify Nurse/Employee Table

Code	Name	District
908	ANDERSON, GAIL	
MK	ATC RN	
BM	BRIDGETT MYERS	
CM	CAROL MCKNIGHT, RN ATC	
CS	CAROL SIRL, RN ATC	
CT	CAROL TACKETT, RN	
27	CARSEY, LORETTA	
978	COLE, DAWN	
69	COX, DONNA	
973	DL COLE	
06	DURCHIK, KATHY	
9102	DURDA, LINDA	
994	DWYER, JUDY	
02	FULTON, LOIS	
61	GUNSCH, ANNMARIE	
JM	JENNIFER MURRAY, ATC	
KD	KATHY DURCHIK	
KM	KATHY MACKEY, RN	
KV	KATHY VERNON, RN ATC	
9103	KEE, MICHELLE ATC	
28	KEENER, TERRY	
59	KERESTMAN, KRISTIN	

Close
Add
Delete
Print

Field/Button	Description
Code	Enter a code for the employee
Name	Enter the name of the employee
District	Enter the district of the employee
Close Button	Closes the table
Adds Button	Adds a employee to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



ICD9 Codes

Add/Delete/Modify ICD9 Table

Icd9	Desc
001.0	-CHOLERA; DUE TO VIBRIO CHOLERAE
001.1	CHOLERA; DUE TO VIBRIO CHOLERAE EL TOR
001.9	CHOLERA, UNSPECIFIED
002.0	TYPHOID FEVER
002.1	PARATYPHOID FEVER A
002.2	PARATYPHOID FEVER B
002.3	PARATYPHOID FEVER C
002.9	PARATYPHOID FEVER, UNSPECIFIED
003.0	SALMONELLA GASTROENTERITIS
003.1	SALMONELLA SEPTICEMIA
003.20	LOCALIZED SALMONELLA INFECTION, UNSPECIFIED
003.21	LOCALIZED INFECTION; SALMONELLA MENINGITIS
003.22	LOCALIZED INFECTION; SALMONELLA PNEUMONIA
003.23	LOCALIZED INFECTION; SALMONELLA ARTHRITIS
003.24	LOCALIZED INFECTION; SALMONELLA OSTEOMYELITIS
003.29	LOCALIZED SALMONELLA INFECTIONS; OTHER
003.8	OTHER SPECIFIED SALMONELLA INFECTIONS
003.9	SALMONELLA INFECTION, UNSPECIFIED
004.0	SHIGELLA DYSENTERIAE
004.1	SHIGELLA FLEXNERI
004.2	SHIGELLA BOYDII
004.3	SHIGELLA SONNEI

Buttons: Close, Add, Delete, Print by Code, Print by Alpha

Field/Button	Description
Add Button	Adds a code to the table
ICD9	Adds an ICD9 number to the table
Description	Description related to the code
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print by Code Button	Prints the list in numeric order
Print by Alpha Button	Prints the list in alphabetical order



Letters

The Wayne County Health Department has received notification your child *PATIENT* is participating in the Bureau for Children with Medical Handicaps (BCMh) Program.

As part of the BCMh services provided to you and your child a local public health nurse from the Wayne County Health Department has been assigned to be your local point of contact for the BCMh program. Enclosed you will find the business card of the nurse assigned to your child. Please keep this with your important papers in case you need to contact her with questions in the future. The role of the local public health nurse is to be an advocate for you and your child to insure your child is receiving all necessary services and to answer questions about BCMh. The nurse assigned to your child's case will be contacting you in the near future to set up a time to get to know you and your child.

Please feel free to contact *NURSE*, R.N. at (330) 264-9590 between 8:00 a.m. and 4:30 p.m., Monday through Friday if any assistance is needed prior to your first meeting with your nurse. Since our nurses are often out and about in the community please leave a message if you call and she is not in her office. She will return your call as soon as possible.

Spell Check Close

The HDIS system provides you the flexibility to write standard letters that can be sent to clients. These letters will pull data through use of the *. The * is placed on each end of the field name that you want to pull into the letter. Use **capital letters** to describe the field name. The letters are automatically addressed to the caregiver of the client.



Physicians

Add/Delete/Modify Physicians

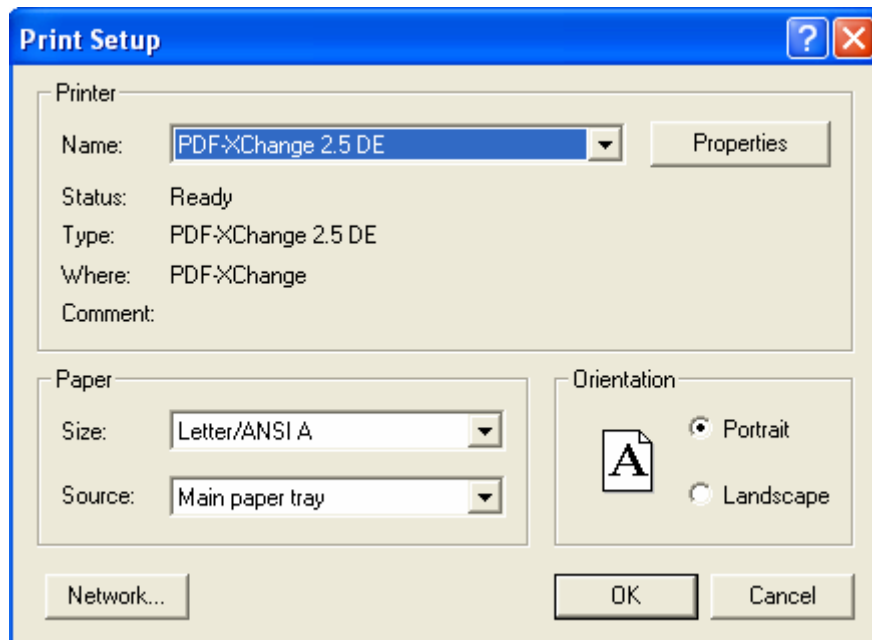
Name	Address1
ABDULLAH	
ABELSON MD, TOM I	
ABUS-SHAWEESH MD, JALAL M	
ADLER	
AHARAR	
AHMED	
AHUJA, DR. SAM	
AKAZAR	
ALBANESE	
ALPERIN	
ALVI, DR.	
AMDUR	
AMIDON	
ANDERSON MD, MICHAEL	
ANDREW, DR.	
ANDREWS	
ANNABLE MD, WILLIAM L	
ANNAI	

Buttons: Close, Add, Delete, Print, Envelope, Find & Replace

Field/Button	Description
Name	Enter the name of the physician
Address1	Enter the address of the physician
Address2	Enter the address of the physician
City	Enter the city of the physician
State	Enter the state of the physician
Zip	Enter the zip of the physician
Provider #	Enter the provider # of the physician
Phone	Enter the phone number of the physician
Fax	Enter the fax number of the physician
Group Name	Enter the group name of the physician
Type of Practice	Enter the type of practice
Close Button	Closes the table
Add Button	Adds a physician to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list
Envelope	Closes the table
Find & Replace	Click to find and replace physician names



Printer Setup



The print setup allows you to choose what printer you would like to print from. Pick the printer in the name dropdown and click **OK**.



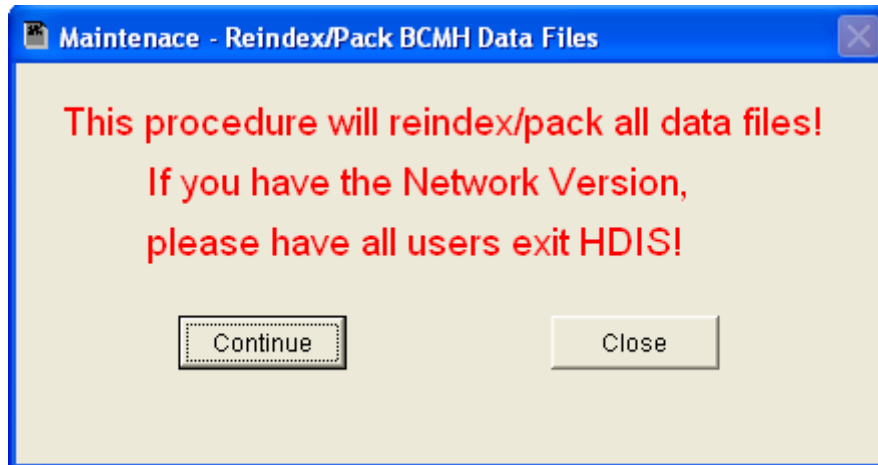
Referral

The screenshot shows a software window titled "Add/Delete/Modify Referrals". It contains a table with a header "Name" and a list of empty rows. The first row is selected. On the right side of the window, there are four buttons: "Close", "Add", "Delete", and "Print".

Field/Button	Description
Name	Enter the name of the referral
Close Button	Closes the table
Add Button	Adds a race classification to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list



Reindex/Pack BCMH Data Files

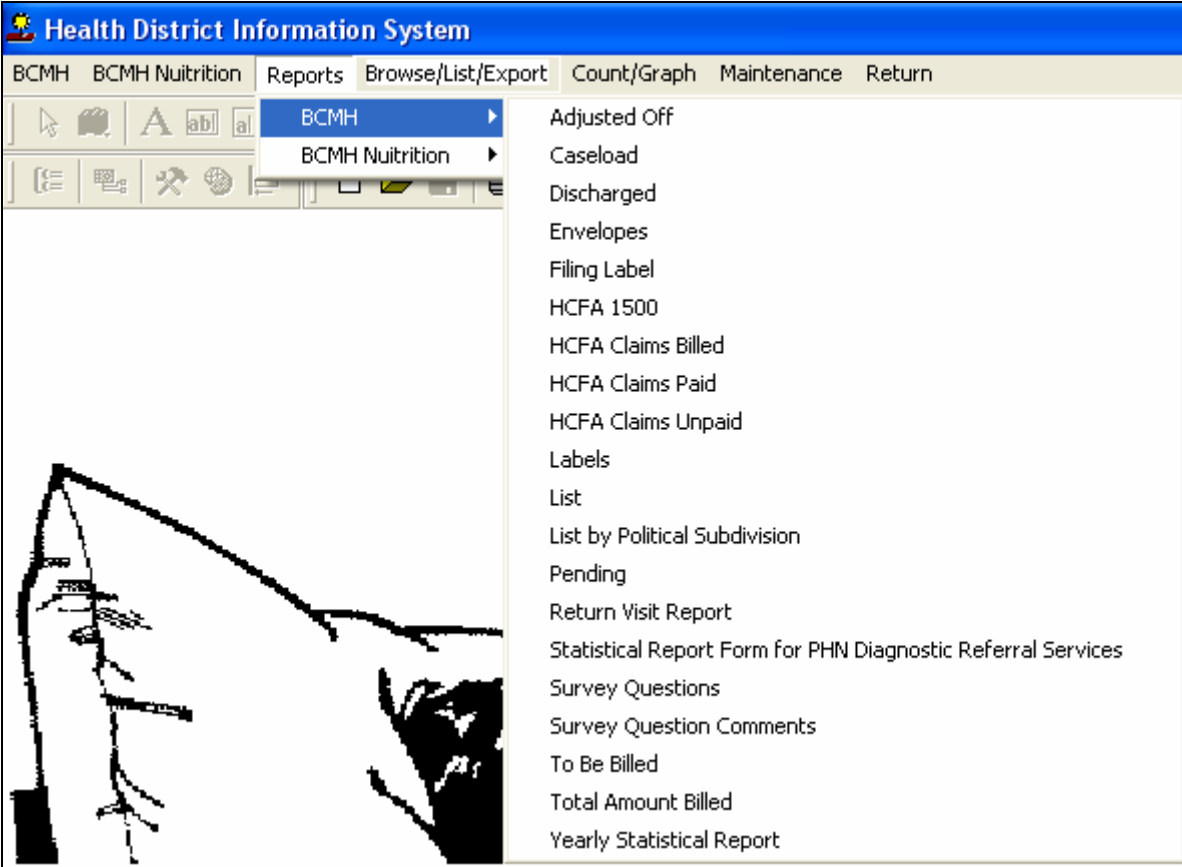


This function is only needed should your data be corrupt due to a power failure. Please contact CHC Software if you have any questions or concerns.

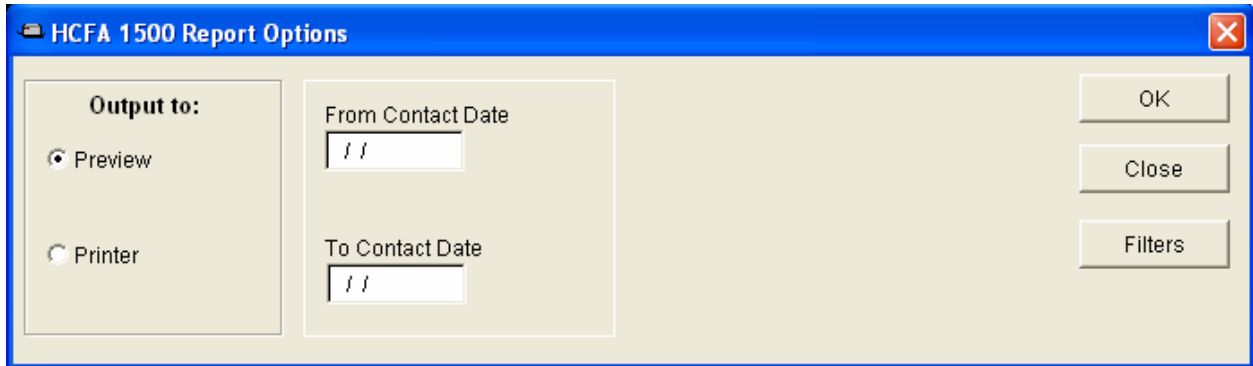
Reports



Reports



The reports menu contains a list of the many reports that you are able to obtain from the program.



For each report, an option box will appear similar to the one shown above. It allows you to enter dates for your reports as well as use of filters.

Field/Button	Description
From Return Date	First date for visits due date
To Return Date	Last date for visits due date
OK Button	Runs report
Close Button	Closes report
Filters	See below
Preview, Printer	Preview – displays data on screen Print – prints to printer **You may print after previewing data on the screen.

Reports

Reports	Description
Adjusted Off	Prints out the amount adjusted of your payments, fill in a from and to date for your report
Caseload	Prints out a caseload of clients. You may sort by LOA date, employee, or type of service plan
Discharged	Prints a list of clients that have been discharged from BCMH. For this report to work, you must fill in the "Discharge Date" field in the BCMH program.
Envelopes	Prints envelopes, use filters to specify the mailing address.
Filing Label	Prints filing labels, use filters to specify the mailing address.
HCFA 1500	Prints out HCFA 1500 in batch
HCFA Claims Billed	Prints a list of billed claims, fill in the "From Date Billed" and a "To Date Billed" to get the report.
HCFA Claims Paid	Prints a list of paid claims, fill in the "From Date Paid" and a "To Date Paid" to get the report.
HCFA Claims Unpaid	Prints a list of unpaid claims, fill in the "From Contact Date" and a "To Contact Date" to get the report.
Labels	Prints labels, use filters to modify your labels
List	Prints a list of clients, use filters to modify your report
List by Political Subdivision	Prints a list of clients by political subdivision, use filters to modify your report
Pending	Prints a list of pending clients, you must fill in the "Pending" field for this report to pick up the "pending clients"
Return Visit Report	Provides the nurse or coordinator with date of next visit. The date for the next visit can be entered on the "Contacts" page of the program
Statistical Report Form for PHN Diagnostic Referral Services	Prints out the report when you enter a "From Contact Date" and a "To Contact Date"
To Be Billed	Prints a list of contacts that are to be billed for, fill in a "From Contact Date" and a "To Contact Date" and choose a Nurse from the dropdown
Total Amount Billed	Prints the total amount billed when you fill in the "To LOA Date"
Yearly Statistical Report	Prints out your Yearly Statistical Report when you enter a "From" and "To" date

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