



BCMH User Manual



The Baldwin Group, Inc.

7550 Lucerne Drive

Suite 306

Cleveland, OH 44130

(440) 891-9100

FAX (440) 891-9458



Copyright © 1996 - 2018

The Baldwin Group, Inc.

ALL RIGHTS RESERVED

HDIS are trademarks of The Baldwin Group, Inc.

No part of this publication may be stored in a retrieval system, transmitted, or reproduced in any way, including but not limited to photocopy, photograph, magnetic, or other record, without the prior agreement and written permission of The Baldwin Group, Inc.

Windows[®] and MS-DOS[®] are registered trademarks of Microsoft Corporation.

Other trademarks are owned by their respective companies.

Disclaimer

All data examples containing personal names, company names (or companies), vehicle information, or locations that appear in this guide are fictitious in nature and do not refer to, or portray, in name or substance, any actual names, organizations, entities, or institutions. Any resemblance to any real person (living or dead), organization, entity, or institution is purely coincidental.





Contents

Chapter 1: Getting Started	6
Chapter 2: Entering in BCMH	7
Find Tab	7
Parents/Emergency Contact Subtab	9
Insurance / HIPAA Subtab	
Subtabs for Insurance/HIPPA:	
Other Info Subtab	11
Info Tab	12
Subtabs for Info:	12
HMG (Help Me Grow) Tab	13
Print button opens the printing options menu	13
Service Tab	14
Print button opens the printing options menu	14
Diagnostic Tab	15
Print button opens the printing options menu	15
Treatment Tab	16
Print button opens the printing options menu	16
Contacts Tab	17
Contacts Tab (continued)	
PHN Services Tab	
Changes/New Info	19
Equipment in Home 1	20
Equipment in Home 2	21
Therapies	22
Nutritional Issues	23
Educational Issues/Service Plans	24
Old Report	25
Concern/Problem/Diagnosis List Tab	27
Progress Notes Tab	28
Progress Notes By Date Tab	29
Comprehensive PHN Assessment Tab	





BCMH User Manual

Age Specific Assessment Tab	
Care Plan	
Print Options	
Chapter 3: BCMH Medical Application	
Demo 1-25	
Child's Info 1-9 Subtab	
Parents/Guardians Info 10-19 Subtab	
Other Info 26-36 Tab	
Major Services 37-42 Tab	
Category of Service 1 & 2 & 3 Subtab	
Category of Service 4 & 5 & 6 Subtab	
Major Services 38-42 Subtab	
Public Health Nurse Referral 43-54	
Chapter 4: Reports	
Chapter 5: Browse/List/Export	
Filters	
Chapter 6: Count Graph	
Count	
Pie Graph	
Bar Graph	53
Chapter 7: Maintenance	54
Age Specific Assessments	55
BCMH Billing Codes	56
City	57
Comprehensive PHN Assessment Table	
County	59
Dentist	
Ethnic	61
Field Names	62
Follow-up PHN Assessment Table	63
General Profile	64
Health Service Employees	65
ICD9 Codes	





BCMH User Manual

ICD10 Codes	67
Insurance Carriers	68
Letters	69
Physicians	70
Political Subdivision	71
Post BCMH Payments	72
Printer Setup	73
Race	74
Referrals	75
Reindex/Pack BCMH Data Files	76
Request For Payment Information	77
Service Coordinator	78
Survey	79
Survey Responses	80
Type of Contact	81
Bulk Posting of Amounts and Date Paid	82
Zip Codes	83





Chapter 1: Getting Started

Once the BCMH module has been installed, it can be accessed by going to:

Environmental Health > BCMH

🔒 Health District Informatio	on System					
Management Services Envi	ironmental Health	Community and Public Health Services	Vital Statistics	Maintenance	About	Exit
		Appointment Books - Clients				
and the second se		всмн				
		Communicable Disease				
	100 March 100	Flu / Pandemic Clinics				
		Health Clinics				
		Help Me Grow				
		HIPAA				
		HIV/AIDS Test Site Data Systems		100		
and the second se		Home Visit				
		Immunizations				
		Insurance Billing / Statements				
-		Lead Clinic				
		Nurse/Employee Daily Works Sheets				
		OIMRI				
		Outbreak		1		
	-	Payin Reports		-		
and the second s	_	Receipts		ALC: N		
	1000	Tuberculosis Testing, Surveillance and	d Control			
	No. of Concession, Name	Welcome Home Newborn Visits		A 100		
		Columbianna County / Cancer Detect Geauga County Health Department Richland County - Newborn Visits Wood County Health Department Discontinued Modules	tion Program		<	2





Chapter 2: Entering in BCMH

Inside the BCMH module click on the BCMH tab

👱 BCN	1H - Health District Informatio	n System					
BCMH	BCMH Medical Application	BCMH Nuitrition	Reports	Browse/List/Export	Count/Graph	Maintenance	Return

Find Tab

	Progress I	Notes By I	Date		Comprehens	sive PHN Assess	Assessment Age Specific Assessment				Care Plan			
nd	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Co	ncern/Problem/Diag	nosis	List	Progress N	ote
0) by Name	O by BC	смн# 〇	By Date of	Birth O By Nai	me BCMH Patier	t's Only							
Ente	er Name (las	st, first mi	ddle name)	or BCMH #										
											Add	Name	Close	
Li	ast			First		Mide	lle	Su	ffix	Date of Birth	Sex	SSN#		T
Z	ZZTEST			TEST		F				05/02/1925	М			Ţ
╞														-
-														+
														1
														ļ
-														+
-														┥
														1
														4
-														+
t														†
														1
														4
-														4

To pull up a previous record search by Name, by BCMH #, Date of Birth, and Name BCMH Patient's Only.

In order to *add a new record*, click the **Add Name** button.

Press the **Close** button to exit from the window.





Demo Tab

Patient Name and Address

🖀 всмн	- ZZZTEST,	TEST F - 05/02	2/1925 - 93	3 - BCMH #	≠:								×
	Progress I	Notes By Date	e		Comprehens	ive PHN Assess	ment		Age Spe	ecificAssessmer	nt		Care Plan
Find	Demo	Info H	IMG	Service	Diagnostic Treatment Contacts			PHN S	PHN Services Concern/Problem/Diagnosi			osis List	Progress Notes
	Patient	Name and La Zz Da	Addres	ss ie T irth i25	Parer Fi Age as of Too 93	nts / Emerger rst Name EST day Sex M	ncy Contact Race UNKNOWN	Midd F	Ins le Name	urance / HIPA Social 3	Suffix Security a	Ot	her Info
		Street 215 City CITY	t# 5	Street BRADF	ORD	Street S DRIVE Zip Coc	Suffix le	Apt. # County			~		
		Client	cal Sub ~ t Email	division			Phone 1-236-	123-12	33	Referred By			
		Prima	ary Care	e Physic	ian	Add	Alerts						
								Delete	Patient Rec	ord Previous	Patient	Next Patient	Modify

Fill in the appropriate information

If you need to edit an existing patient click the **Modify** button to make changes.

Delete Patient Record Button will delete the patient's record (first make sure linking Immunizations record is deleted).

Previous Patient button will show the previous patient.

Next Patient button will show the next patient.





Parents/Emergency Contact Subtab

BCMH -	- ZZZTEST, T	'EST F - 0	5/02/1925 -	93 - BCMH	l #:					.
	Progress N	lotes By I	Date		Comprehens	ive PHN Assess	sment	Age Sp	ecificAssessment	Care Plan
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagno	osis List Progress Notes
	Patient I	Name a	und Addro	ess	Parer	nts / Emergei	ncy Contact	Ins	surance / HIPAA	Other Info
Moth ZZZ	er/Guard TEST	ian Las	t	Mothe TEST	r/Guardian Firs ER	st N	Iother/Guard	ian Middle	Mother/Guardian N	laiden
Moth	er/Guard	ian Dat	e of Birth	h Mothe	r/Guardian SS	N# N	Iother/Guard	ian Ethnic	Mother/Guardian W	Vork Phone
Fath	er Last N	ame		Father	First Name	F	ather Middle	Name	Father Date of Birt	h Father SSN#
Eme Eme Eme	ergency C ergency C ergency C	ontact	Street Email		Emerg Emerg	ency Contact ency Contact	t Relationship	Energ E.C. S	ency Contact Phone #	
								Delete Patient Re	cord Previous Patient	Next Patient Modify

Fill in the appropriate information

If you need to edit an existing patient click the **Modify** button to make changes.

Delete Patient Record Button will delete the patient's record (first make sure linking Immunizations record is deleted).

Previous Patient button will show the previous patient.

Next Patient button will show the next patient.





Insurance / HIPAA Subtab

🖀 всмн	- ZZZTEST, "	TEST F - 0	5/02/1925 -	93 - BCMH	#:							×
	Progress 1	Notes By I	Date		Comprehens	ive PHN Assess	ment	Ag	e Specific	Assessment		Care Plan
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Service	es Co	oncern/Problem/Diag	nosis List	Progress Notes
	Patient	Name a	und Addr	ess	Parer	nts / Emerger	ergency Contact Insurance / HIPAA					ther Info
		Primary			Seco	ndary		Tertia		HIPAA		
	F	Primary	Insuranc	e Carrier		Insurance #			Group	#		
	~											
	Address of Insurance Company											
	6	Self	Spouse	isnip to Ins	Primary Inst	Single M	s arried Oth	er Emplo	yed 🗌 F	Part-time Student Full-time Student		
		Name				Addr	Cop	y Household Add	ess			
		City				State	e Zip Co	de	Date	of Birth Sex		
		Employ	/er			Soci	al Security #					
								Delete Patien	t Record	Previous Patient	Next Patien	t Modify

Fill in the appropriate information

If you need to edit an existing patient click the **Modify** button to make changes.

Delete Patient Record Button will delete the patient's record (first make sure linking Immunizations record is deleted).

Previous Patient button will show the previous patient.

Next Patient button will show the next patient.

Subtabs for Insurance/HIPPA:

- Primary
- Secondary
- Tertiary
- HIPPA





Other Info Subtab

- 05/02/1925 - 93 -	BCMH #:					×				
By Date	Comprehens	ive PHN Assess	ment	Age Spe	ecificAssessment	Care Plan				
HMG Se	ervice Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagnosis Lis	t Progress Notes				
e and Address Alternate Ma	iling Address	city	icy Contact	Ins	State Zip Code	Other Info				
Household size Gross Income Verified Revised 0 0 Week Month Year / / / / Sliding Fee No Statement / Letter Match Consent Match Consent										
□ Deceased	1									
				Delete Patient Rec	ord Previous Patient Next Pa	tient Modify				
	- 05/02/1925 - 93 - By Date - HMG Si e and Address Alternate Ma Household s 0 Sliding Fee Deceased	- 05/02/1925 - 93 - BCMH #: By Date Comprehens → HMG Service Diagnostic e and Address Parer Alternate Mailing Address Household size Gross Inco 0 0 0 Sliding Fee Deceased	OSY02/1925 - 93 - BCMH #: By Date Comprehensive PHN Assess HMG Service Diagnostic Treatment e and Address Parents / Emerger Alternate Mailing Address City Household size Gross Income 0 Week Sliding Fee Sliding Fee Deceased Deceased	- 05/02/1925 - 93 - BCMH #: By Date Comprehensive PHN Assessment HMG Service Diagnostic Treatment Contacts e and Address Parents / Emergency Contact Alternate Mailing Address City Household size Gross Income 0 0 Week Month Sliding Fee No Statement / Letter	OS/02/1925 - 93 - BCMH #: By Date Comprehensive PHN Assessment Age Speiter MMG Service Diagnostic Treatment Contacts PHN Services e and Address Parents / Emergency Contact Ins Alternate Mailing Address City Household size Gross Income Verifier 0 0 0 Week Month Year 1/1 Sliding Fee No Statement / Letter Match Conser Deceased Delete Patient Rec	OS/02/1925 - 93 - BCMH #: By Date Comprehensive PHN Assessment Age Specific Assessment HMG Service Diagnostic Treatment Contacts PHN Services Concern/Problem/Diagnosis Lis e and Address Parents / Emergency Contact Insurance / HIPAA Alternate Mailing Address City State Zip Code Household size Gross Income Verified Revised 0 0 0 Week Month Year // // // Sliding Fee No Statement / Letter Match Consent Deceased Deter Patent Record Previous Patent Next Patent Next Patent				

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Delete Patient Record Button will delete the patient's record (first make sure linking Immunizations record is deleted).

Previous Patient button will show the previous patient.

Next Patient button will show the next patient.





Info Tab

Progres	s Notes By	Date		Comprehens	sive PHN Asses	sment	Age Sp	pecific Assessment		Care Plan	
ind Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagno	Concern/Problem/Diagnosis List Progress		
	BCM	IH #		Pending Ag	o at Start 1	et Adm	Final Dis	Nurso			
	-	-				//		Nurse	~		
	Mana	aging Ph	ysician		Primary Phys	sician	Den	tist			
	POT	TATO , B	UTTER B	~ Add			∼ Add				
		Inf	ormation		Hous	sehold Constel	ation	Notes			
	□ Ed □ Se	lucation Plan	an(IEP) ISP)		Habilitation F	Plan(IHP) ce Plan(IFSP)	□ 50 □ C	04 Plan omprehensive Service Plan(C	CSP)		
				N	lost Commo	on Identified	Barriers				
	No Dif Re Fa La La Ur	on-complia fficult to scl efused hom mily health ck BCMH p ck underst oplanned p	nt nedule ne visit issues providers anding regnancy		No t Fina Ren Edu Nutr Psy Equ	ransportation incial issues ewal issues cational issues itional issues chological issu ipment need	Rural location media Medication issues Transition issues Family dynamics Large problem list Housing	cation			

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Delete BCMH Record Button will delete the patient's record.

Previous Patient button will show the previous patient.

Next Patient button will show the next patient.

PDF Documents button opens file explorer to add PDF documents.

Subtabs for Info:

- Information
- Household Constellation
- Notes



HMG (Help Me Grow) Tab

🖀 всмн -	ZZZTEST, T	EST F - 05	/02/1925 -	93 - BCMH #	5						×			
	Progress N	lotes By D	Date		Comprehens	ive PHN Asses	sment	Age Sp	ecific Assessment		Care Plan			
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagno	osis List	Progress Notes			
		From	Date D Code	To Date	Seq #	□ ICD9 ☑ ICD10	Admit	Discharged	Early Track ID #		Move*			
		2nd I	2nd ICD Code and Description											
		3rd IC	rd ICD Code and Description											
		4th IC	4th ICD Code and Description											
		5th IC	D Code	and Desc	ription									
		6th IC	D Code	and Desc	ription									
		Help	Me Gro	w						Print	Modify			

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.





Service Tab

	Progress I	Notes By	Date		Comprehens	ive PHN Asses	sment	Age Sp	ecific Assessment	C	Care Plan
ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagno	sis List	Progress Note
		From	Date	To Date	Seq#	A	Admit	Discharged	Service Co-ordinator		
		11		11			11	11		~	Add
		1st IC	CD Code	e and Desc	ription						_
		2nd I	CD Cod	e and Des	cription						
		3rd I	CD Code	e and Desc	cription						
		4th IC	CD Code	and Desc	ription						
		5th IC	CD Code	e and Desc	ription						
		6th IC	CD Code	e and Desc	ription						
		Serv	ice Co-	ordination							
									Move*	Print	Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.





Diagnostic Tab

	Progress 1	Notes By I	Date		Comprehensi	ve PHN Asses	sment	Age Spe	ecificAssessment		Care Plan
ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagno	sis List	Progress Notes
		From	Date	To Date	Sea #		Admit	Discharged			
		11		11			11	11	Move*		
		1st IC	D Code	and Desc	ription						
		2nd I	CD Cod	e and Des	cription						
		3rd IC	CD Code	e and Desc	cription						
		4th IC	D Code	and Desc	ription						
		5th IC	D Code	e and Desc	ription						
		6th IC	D Code	e and Desc	ription						
		Diag	nostic								
										Print	Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.





Treatment Tab

	Progress I	Votes By I	Date		Comprehensi	ve PHN Asses:	sment	Age Spe	ecific Assessment		Care Plan
ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagno	sis List	Progress Notes
		From	Data	To Data	Sog #		Admit	Discharged			
			Date		Seq #				Move*		
		1st IC	D Code	and Desc	ription	✓ ICD10					
		2nd I	CD Cod	e and Des	cription						
		011									
				e and Desc	ription						
		4th IC	D Code	and Desc	ription						
		5th IC	D Code	and Desc	ription						
		6th IC	D Code	and Desc	ription						
					iipuon						
		Treat	ment								
		neu									
									_		
										Print	Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.





Contacts Tab

	Progress	Notes By	Date		Comprehens	sive PHN Asses	sment			Age Sp	ecific Assess	ment		Car	e Plan
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contact	s F	'HN Sei	rvices	Concern/	Probler	n/Diagnosis	List P	rogress Note
Date		Nurse BC	Type	e of Cont NIC	act	Bi	lling Code	es Mi	n	POS 71	Return V	isit			
Date	Nur	se		Type of	Contact		BCMH BC	Minutes	Units /	Amount	Bill Date	Paid	Date Paid	Adjusted	Adjusted /
-				_											
															_
				-											+
				_											
												_			+
												_			
															<u> </u>
												_			+
															+
<															>
				Refre	sh Ascending	Descending*	Total Amou	unt Bille	d 70	oom f	Print Dele	ete Con	tact* Add	l Contact	Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Refresh button will refresh the table.

Delete Contact* button – Right click to delete the contact entry in the table displayed.

Ascending/Descending* button allows you to organize the data by Ascending or Descending order (Left click for Ascending and Right click for Descending)

Add Contact button allows you to add a new contact to the table.

Zoom button will open a window that zooms in on the table displayed.



Contacts Tab (continued...)

Total Amount Billed button:

A window pops up to display the total amounts billed.

🛅 Total Amount Billed						8
					Amount	Units
Help Me Grow	11	То	11		0.00	0
Service Coordination	11	То	11		0.00	0
Diagnostic	11	То	11		0.00	0
Treatment	11	То	11		0.00	0
				Total	0.00	0
						Close





PHN Services Tab

Changes/New Info

🖀 BCMH - Z	ZZZTEST, TEST F	- 05/02/1925	- 93 - BCMH #	h.							×
P	Progress Notes (By Date		Comprehens	ive PHN Asses	sment	Ag	e Specific Asses	sment	(Care Plan
Find	Demo Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Service	es Concern	/Problem/Diagr	nosis List	Progress Notes
Chang	ges/New Info	Equipmer	nt in Home 1	Equipment in	Home 2	Therapies	Nutritional Issu	ies Educa	itional Issues/Sevi	ice Plans	Old Report
Dates	s of PHN Ser	vices	11	To //							
Chan	nges/New In	formation	ı							Date	of Change
	LOA								۲ []	∕es □No	11
Fam	nily Status								ר <u>ר</u>	∕es □No	11
	Address								۲ <u> </u>	∕es □No	11
	Medicaid								۲ <u>ا</u>	∕es □No	11
1	Insurance								۲ 🗆	∕es □No	11
Servio	ce Needs								۲ <u>ا</u>	∕es □No	11
Physic	cian Managir	ng Diagno	SIS: Memo								
					Print	Next	Previous	Delete PHN Se	rvices* Add F	PHN Services	Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.

Memo Button opens a window to record the **Physician Managing Diagnosis**.



Equipment in Home 1

	Progress N	otes By	Date		Comprehens	sive PHN Asses	sment	Age Sp	ecific Assessment		Care Plan
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagn	iosis List	Progress Note:
Ch	anges/New Inf	0	Equipmen	t in Home 1	Equipment in	n Home 2	Therapies	Nutritional Issues	Educational Issues/Sevi	ce Plans	Old Report
Eq	uipment ir	n Hon	ne 2								
		Pu	urchased	at/Date			Payment	R	epaired by/Date		
	Walk	ker:									
	Wheelch	air:									
	Crutch	es:									
Aer	osol Machi	ne:									
	Hearing A	id:]				
			Right 🗌	Left 🗌 Dig	gital 🗌 Standa	ard					
			Programm	able (needs l	PA)						

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.





Equipment in Home 2

	Progress No	tes By	Date		Comprehen	sive PHN Asses	sment	Age Sp	ecific Assessment		Care Plan
ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagn	osis List	Progress Note
Ch	anges/New Info		Equipmen	t in Home 1	Equipment i	n Home 2	Therapies	Nutritional Issues	Educational Issues/Sevi	ce Plans	Old Report
Equ	uipment in	Hon	ne 2								
		P	urchased	l at/Date			Payment	Re	epaired by/Date		
	Glasse	es:									
Glu	cose Monit	or:									
	Orthotic	cs:									
Ente	eral Feedin Supplie	g es:									
Fe	eeding Purr	np:									
	Oth	er:									
						Print	Next	Previous Del	ete PHN Services* Add P	'HN Service	S Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.





Therapies

	Progress N	lotes By I	Date		Comprehens	sive PHN Asses	sment	Age Sp	ecific Assessment		Care Plan
ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem	/Diagnosis List	Progress Not
Cha	anges/New Inf	io	Equipment	t in Home 1	Equipment in	n Home 2	Therapies	Nutritional Issues	Educational Issu	es/Sevice Plans	Old Report
The	rapies										
		Name	e of Thera	apist	Locatio	on(s)	F	requency	Fund	ding Source	
	Speech										
	Physical										
Deci	upational										
									[

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.





Nutritional Issues

Ind Demo Info HMG Service Diagnostic Treatment Contacts PHN Services Concern/Problem/Diagnosis List Progress No Changes/New Info Equipment in Home 1 Equipment in Home 2 Therapies Nutritional Issues Educational Issues/Sevice Plans Old Report Nutritional Issues Special Formula/Supplements: Covered by BCMH Yes No Dietitian Consulted Yes No Date of Last Contact I Other Nutritional Concerns Memo Memo Memo Memo	Info HMG Service Diagnostic Treatment Contacts PHN Services Concern/Problem/Diagnosis List Progress Not Changes/New Info Equipment in Home 1 Equipment in Home 2 Therapies Nutritional Issues Educational Issues/Sevice Plans Old Report Nutritional Issues Special Formula/Supplements: Covered by BCMH Yes No Dietitian Consulted Yes No Cotact If Other Nutritional Concerns Itemo Itemo Itemo If		Progress N	Votes By	Date		Comprehens	vive PHN Asses	sment	Age Sp	ecific Assessment		Care Plan
Changes/New Info Equipment in Home 1 Equipment in Home 2 Therapies Nutritional Issues Educational Issues/Sevice Plans Old Report Nutritional Issues Special Formula/Supplements: Covered by BCMH □Yes □No Dietitian Consulted □Yes □No Date of Last Contact 0/d Report	Changes/New Info Equipment in Home 1 Equipment in Home 2 Therapies Nutritional Issues Educational Issues/Sevice Plans Old Report Nutritional Issues Special Formula/Supplements: Covered by BCMH □Yes □No Dietitian Consulted □Yes □No Date of Last Contact Other Nutritional Concerns Memo	ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagn	nosis List	Progress Note
Nutritional Issues Special Formula/Supplements: Name Dietitian Consulted Pres No Location Date of Last Contact [] Other Nutritional Concerns Memo	Special Formula/Supplements: Name Dietitian Consulted Pres No Location Date of Last Contact Image: Conterns Memo	Ch	anges/New In	fo	Equipment	in Home 1	Equipment in	Home 2	Therapies	Nutritional Issues	Educational Issues/Sevi	ice Plans	Old Report
		Spe Diet Loc	cial Form iitian Cons ation er Nutrition	ula/Sup sulted nal Cor	Oplements	S: Name No	}			Date of La	Covered I st Contact	by BCMH	☐Yes ☐No
					icents M	emo							

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.

Memo Button opens a window to record the **Other Nutritional Concerns**.





Educational Issues/Service Plans

BCMH - ZZZTEST, TEST F - 05/02/1925 - 93 - E	CMH #:					×
Progress Notes By Date	Comprehensive PHN	Assessment	Age Sp	ecificAssessment	Car	re Plan
Find Demo Info HMG Ser	vice Diagnostic Treat	ment Contacts	PHN Services	Concern/Problem/Diagno	osis List P	rogress Notes
Changes/New Info Equipment in Hor	ne 1 Equipment in Home 2	Therapies	Nutritional Issues	Educational Issues/Sevic	e Plans	Old Report
Educational Issues/Service Pla	ns					
Child in Special Education Classe Transitional Pla Date of Last Contact with Team S	es <u>[Yes]</u> No Thera In Yes No NA ervice Coordinator	Dies Addressed in BCMH (IEPYesN SPYesN	0 N/A 0 N/A		
Parent/Guardian/Client Concerns	Memo PHN Con	cerns/Actions Me	mo			
☐ Initial	🗌 Immuniza	tions Current	amily Immunization	s Discussed		
	Print	Next	Previous Del	ete PHN Services* Add Ph	HN Services	Modify

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.

Memo Button opens a window to record the Parent/Guardian/Client Concerns, PHN Concerns/Actions, and Does the family have any special needs that BCMH should be aware of? memos.





Old Report

Ind Demo Info HMG Service Diagnostic Treatment Contacts PHN Services Concern/Problem/Diagnosis List Progress No Changes/New Info Equipment in Home 1 Equipment in Home 2 Therapies Nutritional Issues Educational Issues/Sevice Plans Old Report 5b. List nursing issues and family concerns Memo List medical diagnosis's reported by parents Memo 6. PHN activities:		Progress I	Notes By	Date		Comprehen	sive PHN Asses	sment	Age S	pecificAssessment		Care Plan
Changes/New Info Equipment in Home 1 Equipment in Home 2 Therapies Nutritional Issues Educational Issues/Sevice Plans Old Report 5b. List nursing issues and family concerns Memo List medical diagnosis's reported by parents Memo 6. PHN activities:	ind	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem	/Diagnosis List	Progress Note
5b. List nursing issues and family concerns Memo List medical diagnosis's reported by parents Memo 6. PHN activities: Comprehensive Assessment Referral Referral Referrals Needs: Counseling Advocacy Patient Teaching Service Coordination Memo Anticipatory Guidance Not up to date due to medical reasons Injury Prevention Emergency Planning Not up to date due to religious beliefs Red Book(ChUMS) given Other(list) Memo Family Immunizations Discussed Family Immunizations Discussed Family Immunizations Discussed Copy To: Team Service Coordinator ODH/BCMH Other Managing Physician ODH/BCMH 	Cha	anges/New In	fo	Equipment	t in Home 1	Equipment in	n Home 2	Therapies	Nutritional Issues	Educational Issue	es/Sevice Plans	Old Report
7. List of individuals Memo 8. Family's Long-term Memo 9. Summary of Plan of PHN Memo Copy To: Team Service Coordinator Primary Physician Other Managing Physician ODH/BCMH	5b. L	ist nursin IN activiti Comprehen Information Counseling Patient Tea Monitoring Injury Preve Red Book((g issue ies: hsive Ass ching ching ChUMS) <u>c</u>	s and fai essment jiven	mily conce Reass Referra Advoca Service Anticip Emerg Other(I	errns Memo essment al Referrals cy e Coordination atory Guidance ency Planning ist) Memo	List medica	I diagnosis': ations Current date due to me date due to reli munizations D	dical reasons gious beliefs iscussed □ Famil	y Imms Current		
	7. Li: Copy	st of indiv / To: □Te □Ma	iduals am Servi anaging F	Memo ce Coordin Physician	8. Fan ator □P □C	nily's Long-ter rimary Physician DH/BCMH	m Memo □ Other	9. Summa	ry of Plan of PH	N Memo		

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Next button navigates to next entry.

Previous button navigates to previous entry.

Delete PHN Services* button will delete the current PHN Services entry.

Add PHN Services button will add a new PHN Services record.

Memo Button opens windows to record extra information.

Referrals Button opens a window to record referrals.



Referrals Button

🖆 Referrals		83
1). BCMH PROVIDER	~ 7).	~
2).	✓ 8).	~
3).	✓ 9).	~
4).	✓ 10).	~
5).	Add to pull-down list	
6).		Add
		Close
Memo		

Memo

5b. List nursing issues and family concerns		23
		^
		~
	Spell Check Close	•





Concern/Problem/Diagnosis List Tab

	Progress N	Notes By D	ate		Comprehensive PHN Assessm				Age Sp	ecificAssessment		Care Plan	
ind	Demo	Info	HMG	Service	Diagnostic	Treatment		Contacts	PHN Services	Concern/Proble	em/Diagno:	sis List	Progress Note
		Date II	D	Concern/Prob	lem/Diagnosis		-	Action		-	Date Reso	ved \land	
		09/26i	2018	Type concerr	n/problem/Diagno	sis here	>	Type action	here	^	09/26/2018	3	
							~			~		_	
												_	
		<										>	
		Add Co	oncern (dd Cono	Column to Par	ent/Guardian/Clie	Actions		Add Conce Add C	rn & Action Column concern & Action Co	to Parent/Guardian	n/Client Cor	s	

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Add Problem button will allow user to enter a new problem.

Delete Problem Plan* - Right click to delete the entered problem plan

Add Concern Column to Parent/Guardian/Client Concerns copies the information from the table and enters it into Parent/Guardian/Client Concerns section.

Add Concern & Action Column to Parent/Guardian/Client Concerns copies the information from the table and enters it into Parent/Guardian/Client Concerns section.

Add Concern Column to PHN Concerns/Actions copies the information from the table and enters it into PHN Concerns/Actions section.

Add Concern & Action Column to PHN Concerns/Actions copies the information from the table and enters it into PHN Concerns/Actions section.





Progress Notes Tab

🖺 BCI	мн -	ZZZTEST, 1	TEST F - O	5/02/1925	- 93 - BCMH	#:						×
		Progress N	Notes By	Date		Comprehens	sive PHN Assess	sment	Age Sp	ecific Assessment	C	Care Plan
Fin	d	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagn	osis List	Progress Notes
	[]	= Print B	Brackete	ed								
	{	} = Letter < = Fax I	nquiry					Go To	Top Go To Bo	ottom Spell Check	Print	Modify
	G Go S	o To To To Bot pell Ch	op ttom ieck]	Allows Allows Will ru	user to go user to go n a spell c	o to the to o to botto heck on F	op of the om of the Progress	page. page. Notes.			
		Modi	fy		Allow	user to mo	odify the	Progress	Notes.			



Opens window with printing options.





Progress Notes By Date Tab

4	Dome	Info	шис	Sonico	Diagnostic	Treatment	Contacto	PHN Services	Concorn/Problem/Diagno	eie Liet - Progr	acc Neta
u	Demo	Inio	HMG	Service	Diagnostic	Treatment	Contacts	Phil Selvices	Concern/Problem/Diagno	sis List Plogr	ess note
	Progress	Notes By	Date		Compreher	isive PHN Assess	sment	Age Sp	ecificAssessment	Care Pla	an
		Dete		1.66	Na	taa					
		Date		otan	th	is is a progress n	ote test				
				CHC SOFTV	/ARE						
										~	
		-									
		-									
		<								~	
		Re-So	t Dates*	Delete B	lank Progress No	te* Add Progre	ess Note*		Zoom	Print I	lodify

Re-Sort Dates* - Right click to sort dates.

Delete Blank Progress Note* button - right-click and it allows you to delete a selected blank progress note.

Add Progress Note* button – right-click and it allows you to add a new progress note.

Zoom button opens another window with display options for the data in the table.

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.





Comprehensive PHN Assessment Tab

BCMH - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #:					×
Find Demo Info HMG Service Diagnostic Treat	ment Contacts	PHN Ser	vices Concern/Problem	n/Diagnosis List	Progress Notes
Progress Notes By Date Comprehensive PHN	Assessment		Age Specific Assessment		Care Plan
Issues Review		Ans Comment		^	
l l				^	
				v	
				^	
	VISIT DATE	+		~	
		+		~	
BCMH COOR	SERVICE DINATOR			^	
				~	
SERVI	CE COORDINATION			^	
	oor the training of the traini				
PRIMA	RY CARE PHYSICIAN			~	
				<u> </u>	
		== -		>	
F2 = OK F3 =YES	F4 = NO	F5 = 1			
		Print			Modify
Delete All Assessillellits.		FIIII	Delete Assessment	Augasessments	woully

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Add Assessments button allows you to add a new assessment.

Right click **Delete Assessment*** to delete the selected assessment.

Right click **Delete All Assessments*** to delete all of the assessments in the table.





Age Specific Assessment Tab

всмн	- ZZZTEST,	TEST F - 0	5/02/1925	- 93 - BC	:MH #:										
Find	Demo	Info	HMG	Servi	ce [Diagnostic	Treatment	Cont	acts		PHN Services	Concern/Pro	blem/Diagno	osis List	Progress Notes
	Progress I	Notes By I	Date			Comprehens	ive PHN Assess	ment			Age		Care Plan		
		Age	Issue	s		Review W A D					Comments				
		• O N		ICAL IS	SUES	CURRENT I								û	
	0 MO 0 MO		мо			FOLLOW-U	IP APPTS.							Ŷ	
					HOSPITALI	ZATIONS							\$		
		0 1	мо			THERAPIES	S							Ŷ	
	0 MO IMMUNIZATIONS		ONS	NEEDS/AC							\$				
		01	мо			UP TO DAT							Ŷ		
		10		TAL ISS	UES	FLOURIDE	SOURCE							Ŷ	
		0 1	ю				DITION							Ŷ	
		01	мо			ORAL CLE	ANING							Ŷ	
		01	NO			PACIFIER U	JSE, ETC.							^	
		<												>	
		w = v	Vithin N	lorma	Limits	S	A =	Abno	rma	I		D =	Denies Co	oncern	
	Delete All Assessments*									Print D	elete Assessmen	ts* Add As	sessment	s Modify	

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Add Assessments button allows you to add a new assessment.

Right click **Delete Assessment*** to delete the selected assessment.

Right click **Delete All Assessments*** to delete all of the assessments in the table.

🔁 Select Age Specifi	c Assesment				×
	Age	as of Today	28		
O 0 Month	O 10 Months	◯ 20 Months	8 Years	18 Years	
O 1 Month	O 11 Months	O 21 Months	O 9 Years	19 Years	
O 2 Months	O 12 Months	22 Months	10 Years	O 20 Years	
O 3 Months	🔿 13 Months	◯ 23 Months	O 11 Years	21 Years	
4 Months	🔘 14 Months	2 Years	12 Years		
O 5 Months	15 Months	O 3 Years	13 Years		
6 Months	16 Months	4 Years	14 Years		
O 7 Months	17 Months	5 Years	15 Years		Add Assessment
8 Months	18 Months	6 Years	16 Years		AddAssessment
O 9 Months	🔘 19 Months	O 7 Years	O 17 Years		Close





Care Plan

ind	Demo	Info	HMG	Service	Diag	nostic	Treatment	Conta	acts	PHN Services	Conc	ern/Problem/Diag	nosis List	Progress Note
	Progress I	Notes By	Date		Con	nprehens	ive PHN Assess	ment		Age Specific Assessment				Care Plan
		Conc	ern		C	bjective			Plan F			Resolution Date		
		this	is a conce	ring test	^	this is an	objective test	^	this is	a plan test	^	l	^	
		Þ												
					J						J		,	
													~	
		<											>	
										Print	Delete	e Care Plan*	dd Care Pla	an Modify

If you need to edit an existing record click the **Modify** button to make changes.

Print button opens the printing options menu.

Right click **Delete Care Plan*** to delete the current care plan.

Click Add Care Plan button to create a new care plan entry.



Print Options

🛥 Print		23
HCFA 1500	From DOS / / To DOS / /	ОК
OEnvelope	O Comprehensive PHN Assesment	01
OLetterA	Comprehensive PHN Assesment(form only)	Close
O Letter B	◯ Age Specific Assessment	
O Letter C	○ PHN Care Plan ○ Problem List-All ○ Unresolved ○ Resolved	
O Letter D	O Form for PHN Services-HMG	
O Letter E	O Form for PHN Services-Service Co-ordination	
O Progess Notes	O Form for PHN Services-Diagnostic	
	○ Form for PHN Services-Treatment	
O Letter G	○ Progress Notes	
O Letter H	Progress Notes [Bracketed Only]	
O Letter I	O Progress Notes by Date From To	
O Letter J	Progress Notes by Date Range	
◯ Letter K	O FAX Inquiry	
O Letter I	Documentation of Public Health Nurse Referral Services	
	O Reimbursement-BCMH	
O Data Sheet	Reimbursement-HMG Netification of Changes in Child/Family Status Form	
	Request for Payment Authorization PUN Concultative Services	
	Request to Change Managing Physician	
Preview	Address Envelope/Letter to Parent	
	O Address Envelope/Letter to Managing Physician	
	Address Envelope/Letter to Primary Physician	
() Print	Address Envelope/Letter to Dentist	

Enter in a date range relating to the **From Date of Service** and **To Date of Service**.

Select appropriate check-box to print or preview form.



Chapter 3: BCMH Medical Application

Navigate to: Community and Public Health Services >BCMH> BCMH Medical Application.

🚨 ВСМ	H - Health District Informatior	n System					
BCMH	BCMH Medical Application	BCMH Nuitrition	Reports	Browse/List/Export	Count/Graph	Maintenance	Return

Once selected, a window starting on the **Find** tab will appear.

Find	Demo 1-25	Other Info 26-36	Major Se	rvices 37-42	Pu	blic Health N	urse Referra	ıl 43-54
by Name								
nter Name (last, first n	niddle name)							
						Add	d Name	Close
Last	First	Middle	Suffix	Date of Birth	Sex SSN	#		
ZZZTEST	TEST	F		05/02/1990	M			
							_	
				_				
				_				

Enter a last, first, or middle name in the **search box to find** a patient.

Click Add Name button to enter in a new patient.

Close button will exit out of the window.





Demo 1-25

Child's Info 1-9 Subtab

Find	Demo 1-25		Other Info 26-36	1	Major Services 37-42	!	Public Health Nurse Referral 43-5					
Child	's Info 1-9	Pa	rents/Guardians 10-19		Health Insurance 20	-21	Dental/Vision Ins. 22-25					
	Diagnostic	🗌 Tre	atment 🗹 Case Renew	al 🗌 Service	e Coordination		eferral					
	Adult Hemophilia		HMG	Adult C	Cystic Fibrosis	Metabo	etabolic Formula Program					
	1. Last Nam	9	First Name		Middle Name		Suffix					
	ZZZTEST		TEST		EXAMPLE							
	2. Case #		5. Date of Birth 6. S	SN#	7. Sex 8. Ethni	c Group	9. Ohio Res.					
			05/02/2010 -	-	M BIRAC	AL	✓ ✓ Yes □ No					
	3.Street #	Street		Stree	t Suffix Apt. #							
	215	TEST		DRIV	/E							
	City		State	e Zip Co	de 4. County							
	CITY		✓ OH	~ 44406	3 V SUMMIT		~					
	Email											
	5	TRIKE TH		S FIFL D IS N	IO LONGER ON	THE APPLI	CATION					
					20110211011							
					Delete Mark							

Fill in the appropriate information

Right click **Delete Medical Application*** button to delete the visible Medical application.

Click the **Add Medical Application** button to create a new application.

If you need to edit an existing record click the **Modify** button to make changes.





Parents/Guardians Info 10-19 Subtab

Find	Demo 1-25	;	Other Info 26-36	Major Se	rvices 37-42	Public Health Nurse Referral 43-
Child	's Info 1-9	Parents/Guardians 10-19		Health Insurance 20-21		Dental/Vision Ins. 22-25
	10. Parent/Gua	ardian Last	Parent/Guardian	First		
	ZZZTEST		TESTER			
	11. Address				12. SSN	
	215 TEST DF	RIVE				
	City		State	Zip Code	13. Home Phone	14. Work Phone
	CITY		~ OH ~	44406 ~	1-231-231-2311	
	15. Parent/Gua	ardian Last	Parent/Guardian			
	16. Address				17. SSN	
	215 TEST DF	RIVE			000-00-0000	
	City		State	Zip Code	18. Home Phone	19. Work Phone
	CITY		~ OH ~	44406 ~		
	STI	RIKE THRU L	ABEL INDICATES FIE	LD IS NO LON	IGER ON THE APF	PLICATION

Fill in the appropriate information

Right click **Delete Medical Application*** button to delete the visible Medical application.

Click the **Add Medical Application** button to create a new application.

If you need to edit an existing record click the **Modify** button to make changes.




Health Insurance 20-19 Subtab

BCMH Medical Applicat	ion - ZZZTEST, TEST EXAM	/IPLE			
Find	Demo 1-25	Other Info 26-36	Major Servic	es 37-42	Public Health Nurse Referral 43-54
Child's Info	1-9 F	Parents/Guardians 10-19	Health Insu	rance 20-21	Dental/Vision Ins. 22-25
	20. Primary Insurar Begin Date En	d Date Name of Insured	cy #	Carrier #	Yes No
	21. Secondary Insi Begin Date En	urance Carrier Polic d Date Name of Insured	cy #	Carrier #	Yes No
	STRIKE T	HRU LABEL INDICATES FIE	ELD IS NO LONGE	ER ON THE APP	PLICATION tion* Add Medical Application Modify

Fill in the appropriate information

Right click **Delete Medical Application*** button to delete the visible Medical application.

Click the **Add Medical Application** button to create a new application.

If you need to edit an existing record click the **Modify** button to make changes.





Dental/Vision Ins. 22-25 Subtab

ind	Demo 1-25	Ot	her Info 26-36	Major Services 37-42	Public Health Nurse Referra
Child's In	fo 1-9	Parents/Guar	dians 10-19	Health Insurance 20-21	Dental/Vision Ins. 22-2
22. Dei	ntal Insurance Cov	rage	Policy #	Carrier #	Begin Date End Date
Name	of Insured				
23. Vis	ion Care Insuranc	e Coverage	Policy #	Carrier #	Begin Date End Date
Name	of Insured			Yes 🗌 No	
24. Me Yes	dicaid Eligible □ No	Medica	id Recipient Billin	g #	Begin Date End Date
25. S.S ⊡ Yes	5.I. Eligible				
	STDI				
	STRI		ELINDICATES FI	ELD IS NO LONGER ON THE?	

Fill in the appropriate information

Right click **Delete Medical Application*** button to delete the visible Medical application.

Click the **Add Medical Application** button to create a new application.

If you need to edit an existing record click the **Modify** button to make changes.





Other Info 26-36 Tab

Find	Demo 1-25	Other Info 26-36	Major Services 37-42	Public Health Nurse	Referral 43-54
	26. Managing Physicia , MAKI 30 .Primary ICD-9 Cod	Add Site	ice		
	31. Secondary ICD-9 C	ode and Description			
	32. Tertiary ICD-9 Code	and Description			
	33. Other ICD-9 Code a	and Description			
	 34. If child/client has any other handicapping condition(s), please describe Memo 35. Name of Primary Care Physician 36. Name of Primary Care Dentist Add 				

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

🗢 Print	×
Medical Application Form	ОК
O Medical Application Form (Blank Insurance)	Close
Preview	
⊖ Print	





Major Services 37-42 Tab

Category of Service 1 & 2 & 3 Subtab

ind	Demo 1-25	Other Inf	o 26-36	Major Services 3	7-42	Public Health Nu	se Referral 43-
	Category of Service	1&2&3	Category	of Service 4 & 5 & 6		Major Service 38-42	
	37 .Category of Servic	e					
	Name and Address of	Provider					
	Provider Number	Ur	nit of Service	S	ource of Pa	ayments	
	Category of Service						
	Name and Address of	Provider					
	Provider Number	Ur	nit of Service	S	ource of Pa	ayments	
	Category of Service						
	Name and Address of	Provider					
	Provider Number	Ur	nit of Service	S	ource of Pa	ayments	

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

🗢 Print	8
Medical Application Form	ОК
O Medical Application Form (Blank Insurance)	Close
Preview	
○ Print	





Category of Service 4 & 5 & 6 Subtab

Find	Demo 1-25	Other Info 26-36	Major Services 37-42	Public Healt	h Nurse Referral 43-5
	Category of Service	1&2&3	Category of Service 4 & 5 & 6	Major Service 38-42	!
	Category of Service				
	Name and Address of I	Provider			
	Provider Number	Unit of S	ervice Source	ce of Payments	
	Category of Service				
	Name and Address of I	Provider			
	Category of Service				
	Name and Address of I	Provider			

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

🗢 Print	23
Medical Application Form	ОК
O Medical Application Form (Blank Insurance)	Close
Preview	
○ Print	





Major Services 38-42 Subtab

Find	Demo 1-25	Other Info 26-36	Major Services 37-42	Public Health Nurse Referral 43-5
	Category of Service	1&2&3 C	ategory of Service 4 & 5 & 6	Major Service 38-42
	38. Recommendations	(include/attach Plan of Tr	eatment, Medical Report, and/o	or Discharge Summary) Memo
	40. Initial exam 41. Na	me of person completing	form Phone	42. Most recent exam
				Print Mo

Memo Button opens up a window that allows you to write a memo.

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

🗢 Print	23
Medical Application Form	ОК
Medical Application Form (Blank Insurance)	Close
Preview	
⊖ Print	





Public Health Nurse Referral 43-54

Find	Demo 1-25	Other Info 26-36	Major Services 37-42	Public Health Nurse Referral 43-5
	43. Nurse	46. Reason		Date of scheduled exam
	48. Approved 49. Pro	gram	Code 50. Effective	Date 51. Expiration Date
	52. Denial reason	Code	53. Denial reason	Code
	54. Nurse Case Mana	ger		
	The best time of day to	o contact me by telephone is:		
	Someone not living wit address or how to con	th me that will know my tact me	Relationship to child	Phone
	STRIKE	THRU LABEL INDICATES FIE	ELD IS NO LONGER ON THE A	PPLICATION

Fill in the appropriate information

If you need to edit an existing record click the **Modify** button to make changes.

🛥 Print	83
Medical Application Form	ОК
Medical Application Form (Blank Insurance)	Close
Preview	
⊖ Print	





Chapter 4: Reports

Navigate to: **Community and Public Health Services >BCMH> Reports**. There will be a drop down menu for different types of reports you can create/modify.

BCMH - Health District Information System										
BCMH BCMH M	edical Application	BCMH Nuitrition	Reports	Browse/List/Export	Count/Graph	Maintenance	Return			
and the second s			BCM	- + -						
and the second s			BCM	H Nuitrition 🔹 🖡						

Example of Report Options:				
Report	Description			
ВСМН				
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			
Caseload – Combined	Prints out a combined caseload of clients. You may sort by LOA date, employee, or type of service plan			
Count of BCMH Clients	Prints out a count of BCMH clients report. Can sort by Employee, HMG, Service Coordination, Diagnostic, and Treatment.			
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.			
First Contact Report	Generates a First Contact Report through entered From Contact Date and To Contact Date			
BCMH Billing / HCFA 1500 (Printing)	Prints out HCGA 1500 reports based on From Contact Date and To Contact Date			
BCMH Billing / HCFA 1500 (Transfer to Insurance Billing)	Generates report BCMH Billing/HCFA 1500 Transfer to Insurance billing			
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
Last Contact Information	Generates a report for Last Contact Information by date
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
Minutes To Be Billed	Generates a Minutes to be billed report based on date and employee
Number of Referrals	Generates a total list for number of referrals report, by date
Pending With All Contacts	Prints a list of pending clients, can filter by Employee
Pending With Contacts Not Billed	Prints a list of pending clients, can filter by Employee
Pilot Project Contact Information	Generates pilot project contact information report
Return Visit Report (detail)	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
Return Visit report (summary)	Generates a summary report for return visits, filter by Employee
Statistical Report From for PHN Diagnostic Referral Services	Generates a statistical report from PHN Diagnostic Referral Services on given From Contact Date and To Contact Date
Survey Questions	Generates a report summarizing responses to the survey questions
Survey Question Comments	Generates a report with the comments left on survey questions
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"
Total Contact Minutes by Political Subdivision	Generates Total Contact Minutes with given date range, employee and political subdivision
Visits by Nurse	Generates report for visits by nurse with given date range
Visits by Political Subdivision	Generates report for visits by political subdivision from given date range
Yearly Statistical Report	Prints out your Yearly Statistical Report when you enter a "From" and "To" date
YTD Reports	Generates year to date reports





Chapter 5: Browse/List/Export

Inside the **BCMH** module navigate to the **Browse/List/Export**.

👱 BCM	IH - Health District Informatio	n System					
BCMH	BCMH Medical Application	BCMH Nuitrition	Reports	Browse/List/Export	Count/Graph	Maintenance	Return
100	A DESCRIPTION OF THE OWNER OF THE			BCMH			State of the local division in which the local division in the loc
				BCMH Age Speci	ific Assessment		Sec. of
The				BCMH Compreh	ensive PHN Ass	essment	
				BCMH Contacts			100
				BCMH Follow-up	PHN Assessme	ent	100
-				BCMH PHN Care	Plan		100
				BCMH PHN Servi	ices		1010

This section allows the exportation of data, also allowing the user to use Filters.

There are also multiple ways for you to output the data: Screen, Printer, DBF file, SDF file, and Delimited file.

If you pick DBF file, SDF file, or Delimited file make sure you select the appropriate path.

Select **Browse** to find the needed path.

🖆 BCMH - Browse/List/Export	×
Output to:	ОК
●Screen	
○ Printer	Close
O DBF file	
◯ SDF file	
O Delimited file	Filters
C:\HDIS\EXPORT Browse	
	Font





Filters

Open the **Browse/List/Export** menu, click on the **Filters** button to access the filters menu. This section allows you to set filters based on the **Output Field**.

🐴 всмн	I - Filters for Browse/List/Export								L	83
Output	Field		Data			Data	Sort 1	Sort 2	Sort 3	^
	1ST ADMITTED	=	~	=	\sim					
	504 PLAN	=	~	=	\sim					
	ADDRESS ID	=	~	=	\sim					
	ADULT IMMUNIZATION	=	~	=	\sim					
	AGE	=	~	=	\sim					
	ALTERNATE CITY	=	~	=	\sim					
	ALTERNATE STATE	=	~	=	\sim					
	ALTERNATE STREET	=	~	=	\sim					
	ALTERNATE ZIP	=	~	=	\sim					
	APPT. #	=	~	=	\sim					
	BCMH	=	~	=	\sim					
	CAREGIVER FIRST	=	~	=	\sim					
	CAREGIVER LAST	=	~	=	\sim					
	CAREGIVER MIDDLE	=	~	=	\sim					
	CENSUS #	=	~	=	\sim					
	CHILDHOOD IMMUNIZATIONS	=	~	=	\sim					
	CITY	=	~	=	\sim					
	CLIENT EMAIL	=	~	=	\sim					
	CLIENT ID	=	~	=	\sim					
	COMPREHENSIVE SERVICE PLAN	=	~	=	\sim					
	COUNTY	=	~	=	\sim					
	DATE MODIFIED	=	~	=	\sim					
	DATE OF BIRTH	=	~	=	\sim					
	DECEASED	=	✓ N	=	\sim					
	DENTIST	=	~	=	\sim					
	DENTIST I AST SEEN	-	•••	-					`	Ť.
				Clea	ar Fil	ter Open Filter Sav	/e Filter	(Close	

** Note ** If you are attempting to create a filter to search for only blank data use: "(Blank)."

"(Blank)" is appropriate when you are searching for an unspecified name, date, or Boolean (True/False – Yes/No).

**** Note **** If you want to search for a string with some spacing after the characters use: "AB(B)".

Example for characters with a space:

Desired Search Result: "Monkey Inc"

Appropriate Search: "Monkey(B)"





Chapter 6: Count Graph

Inside the **BCMH** module navigate to the **Count/Graph**.



Create the title you would like as the Report Title.

This section allows you to create a Count, Pie graph, or bar graph of the data. There is a **Report Title**, **Legend Title**, **List of Field Names**, **Footer**, **and Output to** section. The **Output to** gives you options on how you want to display or store your results.

Under the **Output**: there is an option to show the *top ten* or *all* results.

There is a **Filters** button which is identical to the <u>Filters</u> in the <u>Browse/List/Export</u> section. The purpose of the filters section is so you can manipulate the type of results. For example: Let's say you wanted to see results from a certain date range. If you go into filters you can create a date range and the results will only display those records.

There is a **Sort by** section where you can organize your results from *High to low (Greatest value to lowest value), Low to high (Lowest value to greatest value),* and by *data* (results will be displayed organized based on the data. Example: If it is based on ID numbers, the numbers will be organized in order).

In the **Type** area, if you select Totals: **Level I Group** and **Level 2 Group** options will display. Select the best options dependent on your search type.





BCMH User Manual

Legend Title Ist admitted So4 Plan Address ID Age Client ID Comprehensive Service PI Dentict	Output to: Screen DBF file C:\HDIS\EXP	O Print O SDF file O Delimite	d file
1st admitted 504 Plan Address ID Age Client ID Comprehensive Service PI	Output to: Screen DBF file C:\HDIS\EXP	O Print O SDF file O Delimite 20RT	d file
1st admitted 504 Plan Address ID Age Client ID Comprehensive Service PI Dentict	Screen DBF file C:\HDIS\EXP	O Print O SDF file O Delimite	⊧d file
1st admitted 504 Plan Address ID Age Client ID Comprehensive Service Pl Dentict	O DBF file	O SDF file O Delimite	d file
504 Plan Address ID Age Client ID Comprehensive Service PI	C:\HDIS\EXP	PORT	
Address ID Age Client ID Comprehensive Service PI	C:\HDIS\EXP	PORT	
Age Client ID Comprehensive Service PI			Browse
Client ID Comprehensive Service PI			
Comprehensive Service PI			
Dontict	Output		
Denust	Output	0	
Dentist last seen	top ten		
Dentists next appt.			
Diagnostic 1st DX code	Type		Sort by
Diagnostic 1st DX desc.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.7.1.1	
Diagnostic 2nd DX code	count	Olotals	High to low
Diagnostic 2nd DX desc.	🔘 pie graph	🔵 pie graph (full page)	Contemporary Low to high
Diagnostic 3rd DX code	🔿 bar graph	🔘 bar graph (full page)	O by data
Diagnostic 3rd DX desc.			O by data
Diagnostic 4th DX code	1		
Diagnostic 4th DX desc.	Level 1 Group	1st admitted	<u>^</u>
Diagnostic 5th DX doce		Address ID	Clea
Diagnostic 6th DX code		Adult Immunization	
Diagnostic 6th DX desc		Age	*
Diagnostic Began	Level 2 Group	1st admitted	^
Diagnostic Discharge		Address ID	Clea
Diagnostic From		Adult Immunization	
Diagnastic Paguapas #		Age	¥
Footer			





<u>Count</u>

Here is an example of what the "**Count**" type would look like.

There are percentages and totals on the side and bottom of the page.

📔 Report Designer - count.frx - Page 1

Number	Percent	Educational issues	
2354	97 %	NO	
67	3 %	YES	
2421	100 %	Totals	





If you choose to add filters, those will also be shown at the bottom of the page.

🤷 BCMH - Filters for Count Reports						
Field	Data	Data	^			
NAME 6 COMMENTS	= ~	= ~				
NAME 6 EDUCATION	= ~	= ~				
NAME 6 RELATIONSHIP	= ~	= ~				
NOTICE OF HIPPA GIVEN	= 🗸	= ~				
NUITRITION NURSE	= 🗸	= ~				
NUITRITION PENDING	= 🗸	= ~				
NUITRITION DISCHARGE	= ~	= ~				
NURSE	= 🗸 B	= ~				
OIMRI	= 🗸	= ~				

Report Designer - count/fx - Page 1

Click on the door icon next to the percent to return to the menu:







Pie Graph

Here is an example of what the "**Pie Graph**" type would look like.

Depending on the data chosen, the percentages are altered to reflect it.

There is a legend displaying the data chosen and the color representation.

Nurse





Click on the door icon next to the percent to return to the menu:









Bar Graph

Here is an example of what the "Bar Graph" type would look like.

Depending on the data chosen, there will be a specific color to represent the data's bar.

Nurse



Click on the door icon next to the percent to return to the menu:





Į.

100% 🗸



Chapter 7: Maintenance

Navigate to: Environmental Health > BCMH > Maintenance

The Maintenance section holds a lot of the mechanics behind the module.

Go through each section and make sure the information and codes are appropriate for the module.







Age Specific Assessments

This area allows you to add/modify/delete Age Specific Assessments.

Enter the Number, Issues, and Review for new entries.

Maintenance	Return	-
Age Specifi	ic Assessments 🔹 🕨	0 Month
BCMH Billi	ng Codes	1 Month
City		2 Months
Comprehe	nsive PHN Assessment	3 Months
County		4 Months
Dentist		5 Months
Ethnic		6 Months
Export/Imp	ort to Lap Top	7 Months
Field Name	es 🕨 🕨	8 Months
Follow-up	PHN Assessment Table	9 Months
General Pro	ofile	10 Months
Health Serv	vice Employees	11 Months
ICD9 Code	5	12 Months
ICD10 Cod	es	13 Months
Insurance (Carriers	14 Months
Letters		15 Months
Physicians		16 Months
Political Su	bdivision	17 Months
Nutrition A	ssessment	18 Months
Post BCMF	Billing Codes	19 Months
Post BCMH	I Nuitrition Payments	20 Months
Post BCMH	l Payments	21 Months
Printer Setu	qι	22 Months
Race		23 Months
Referral		2 Years
Reindex/Pa	ick BCMH Data Files	3 Years
Request for	r Payment Information	4 Years
Service Coo	ordinator	5 Years
Survey		6 Years
Survey Res	ponses	7 Years
Type of Co	ntact	8 Years
Utilities	•	9 Years
Zip Codes		10 Years
120.000	the second second	11 Years
		12 Years
		13 Years
		14 Years
Statement Statement Statement		15 Years
		16 Years
		17 Years
		18 Years
4		19 Years

🛄 Add/Mo	dify/Delete = 0 Months Age Sp	pecific Assessment	×
Number	Issues	Review	Close
1	MEDICAL ISSUES	CURRENT MEDS, ETC.	L
1		FOLLOW-UP APPTS.	Add
1		HOSPITALIZATIONS	
1		THERAPIES	Delete
2	IMMUNIZATIONS	NEEDS/ACTION TAKEN	
2		UP TO DATE	Print
3	DENTAL ISSUES	FLOURIDE SOURCE	
3		GUM CONDITION	
3		ORAL CLEANING	
3		PACIFIER USE, ETC.	





×

BCMH Billing Codes

Navigate to: Maintenance > BCMH Billing Codes

Add/Delete/Modify the BCMH Billing codes through this menu.

Add/Delete/Modify BCMH CPT Codes

Code	Desc	POS	DC	FEE	UNITS	MINUTES	^	Close
▶9019	DIAGNOSTIC	12	1	115.00	1			K
9953	B SERVICES - OFFICE	11		10.00	1	15		Add
9953	SERVICES - HOME	12		10.00	1	15		
9960	SERVICES - OFFICE	11		10.00	1	15		Delete
9960	SERVICES - HOME	12		10.00	1	15		
FCH	FIRST CONTACT-HOME							Print
FCM	FIRST CONTACT-MAIL							
FCP	FIRST CONTACT-PHONE							
FCR	FIRST CONTACT-REFUSED							
FCU	FIRST CONTACT-UNABLE TO REACH							
FUP	FOLLOW UP - PHONE							
PHN	1 SERVICES-HOME	12	1	40.00	1	60		
PHN	2 SERVICES-HOME	12	1	60.00	1	90		
PHN	3 SERVICES-HOME	12	1	80.00	1	120		
PHN	4 SERVICES-HOME	12	1	100.00	1	150		
PHN	5 SERVICES-HOME	12	1	120.00	1	180		
PHN	6 SERVICES-HOME	12	1	140.00	1	999		





City

Navigate to: Maintenance > City

Add/Delete/Modify the cities used in the BCMH module.

Dity	^	Close
-		01030
00999		bbA
AKRON		7100
ALLIANCE		Delete
ATLANTA		
ATLANTIS TWP		Print
AUSTINTOWN		
BALROG TWP		
BEAVERCREEK		
BELLBROOK		
BERLIN CENTER		
BLACK PEARL		
BOARDMAN		
BRADFORD		
BUBONICA TWP		
CALAI		
CANAL FULTON		
CANFIELD		
CANTON		
CEDARVILLE		
CENTERVILLE		
CINCINNATI		
CITY		
CITY CITY		
CITY LAND		
CITY PLACE		
CLEVELAND		
CORTLAND		
DAYTON		
DESSERT		
DIAMOND		
ELLSWORTH		





Comprehensive PHN Assessment Table

Navigate to: Maintenance > Comprehensive PHN Assessment Table

Add/Delete/Modify the Comprehensive PHN Assessment Table with the appropriate information needed in BCMH module.

Add/I	Mod	ify/De	elete Comprehensive PHN Assessme	nt Table		×
No.		Letter	Issues	Review		Close
Þ						
						Add
	1	AA	INFORMATION	INITIAL VISIT DATE		
	1	AB		BCMH SERVICE COORDINATOR		Delete
	1	AC		SERVICE COORDINATION PLAN CURRENT?		
	1	AD		PRIMARY CARE PHYSICIAN		Print
	1	AE		DENTIST	1.5	
	2	AA	MEDICAL DIAGNOSES	DIAGNOSIS REPORTED BY CAREGIVER		
	2	AB		INFORMANT'S NAME/RELATIONSHIP		
	3	AA	CHANGES FAXED TO BCMH - CO	LOA		
	3	AB		FAMILY STATUS		
	3	AC		ADDRESS		
	3	AD		SERVICE NEEDS		
	3	AE		MEDICAID		
	3	AF		INSURANCE		





County

Navigate to: Maintenance > County

Add/Delete/Modify the counties used in BCMH

	—
^	Close
	Add
	Delete
	Print





Dentist

Navigate to: Maintenance > Dentist

Add/Delete/Modify the Dentist information used in the BCMH module.

Click **Envelope** button to print off Dentist information for an envelope.

Add/Delete/Modify Dentists				23
Name (ADA 2006-Box 48)	Address1 (ADA 2006-Box 48)	Address2	^	Close
<u> </u>				Add
, FORUM HEALTH	510 GYPSY LANE			Delete
, REFRESH DENTAL				
, ST ELIZABETH				Print
, YO. DENTAL CLIC				Envelope
AUGUSTIN DDS, CESAR				Livelope





Ethnic

Navigate to: Maintenance > Ethnic

Add/Delete/Modify the Ethnic information used in the BCMH module

📕 Add/Delete/Modify Ethnic Table		×
Name ▶	^	Close
AFRICAN AMERICAN AMISH	_	Add
ASIAN		Delete
	_	Print
WHITE	_	





Field Names

Navigate to: Maintenance > Field Names

The field names listing can be very useful in determining what fields you wish to utilize to merge data for letters or when creating ad hoc reports. The field name column is used to merge data into letters.

Enter the field name in capital letters in the body of the letter surrounded by asterisks (no spaces between asterisks and field name).

Example: *FIELDNAME*

See Letters for more information on Letters.



<u> </u>	Data Base Field Names for BCMH			×
	Field Name	Data Base Field Name	^	Close
	1ST ADMITTED	BCM.ADMIT		
	504 PLAN	BCM.C_504		Print
Γ	ADDRESS ID	BCM.ADDR_ID		
Γ	AGE	BCM.AGE	-	
Γ	CLIENT ID	BCM.CLIENT_ID	-	
	COMPREHENSIVE SERVICE PLAN	BCM.C_CSP	-	
	DENTIST	BOM DENTIST		





Follow-up PHN Assessment Table

Navigate to: Maintenance > Follow-up PHN Assessment Table

Add/Delete/Modify the Follow-up PHN Assessment Table information used in the BCMH module

	Add/Mod	ify/Delete Follow-up PHN As	isessment Table	
Π	Number	Issues	Review	Close
Þ	0			X
	1	REVIEW LOA	A) NOTE CHANGES/ INSURANCE /MEDICAID	Add
	1		B) STATE REASON FOR VISIT	
	2		A CURRENT MDICATIONS, ETC.	Delete
	2	MEDICAL ISSUES	B) NOTE FOLLOW-UP APPOINTMENTS,	
	2		C) HOSPITALIZATIONS,	Print
	2		D) ALLERGIES	
	2		E) HGB LEVEL	
	2		F) LEAD LEVEL / LEAD SOURCES	
	2		G) THERAPIES	
	3	IMMUNIZATIONS	A) CURRENT YES/NO IF NO WHY NOT?	
	3		B) NOT UP TO DATE D/T MED. REASONS	
	3		C) NOT UP TO DATE D/T RELIG. REASONS	
	3		D) STATE NEEDS AND ACTION TAKEN	
	3		E) FAMILY IMMUNIZATIONS DISCUSSED	
	3		F) FAMILY CURRENT YES/NO	





General Profile

Navigate to: Maintenance > General Profile

The General Profile allows you to fill out the basic information regarding BCMH.

Check marking a year next to View Archives will give you access to previous data from the selected years.

On the **General** Tab there are options to edit the margins in letters and letter heads.

🙎 General Profile											×
Demographics	General	Management		Environm	ental	Co	mmunity & Pu	blic Health	Services		Vital
	* Health Department	BGI HD				★ City	Middleburg H	leights			
	Division					* State	OH				
	* Address1	7550 Lucerne Drive				\star Zip	44130				
	Address2					\star County	Kayle				
	★ Phone #'s	1-440-891-9100				* FAX #	1-440-891-94	458			
	Federal Tax ID	ADFA									
	Commissioner	Doc Darrell									
	Client/Server Location	M:\HDIS\DATA									
	Email	ADFASD									
Ма	ke Checks Payable to:	ADSF									
	View Archives	□ 2017 □ 2016 □ 2007 □ 2006	2015 2005	□ 2014 □ 2004	2013 2003	□2012 □2002	2011 2001	□2010 □2000	2009 <u>1</u> 999	2008 🗌 2008	
							★- Requi	red Fields	Canc	el	Close





Health Service Employees

Navigate to: Maintenance > Health Service Employees

Add/Delete/Modify the Health Service Employees information used in the BCMH module

	Add/Dele	ete/Modify Nurse/Employee Table			— ×
	Code	Name	District	^ [Close
ľ	NB	BUTCH, NANCY			Add
	BC	CHRISTENSEN, BRENDA			
	SG	GOUSSIOS, SHELLEY			Delete
	EH	HORNER, ERICA			
	DM	MOSS, DEBBIE			Print
	MV	VAUGHN, MARCY KAY		_	
	DW	WALTERS, DENISE		_	
	AW	WIDRIG, AMIE			





ICD9 Codes

Navigate to: Maintenance > ICD9 Codes

Add/Delete/Modify the ICD9 information used in the BCMH module

Add/Delete/Modify ICD9 Table

Ad	ld/Delete/	Modify ICD9 Table		8
ICI	D	Desc	^	Close
Þ				
00	01.0	CHOLERA; DUE TO VIBRIO CHOLERAE		Add
00	01.1	CHOLERA; DUE TO VIBRIO CHOLERAE EL TOR		
00	01.9	CHOLERA, UNSPECIFIED		Delete
00	02.0	TYPHOID FEVER		
00	02.1	PARATYPHOID FEVER A		Print by Code
00	02.2	PARATYPHOID FEVER B		-
00	02.3	PARATYPHOID FEVER C		Print by Alpha
00	02.9	PARATYPHOID FEVER, UNSPECIFIED		
00	03.0	SALMONELLA GASTROENTERITIS		
00	03.1	SALMONELLA SEPTICEMIA		
00	03.20	LOCALIZED SALMONELLA INFECTION, UNSPECIFIED		
00	03.21	LOCALIZED INFECTION; SALMONELLA MENINGITIS		





83

ICD10 Codes

Navigate to: Maintenance > ICD10 Codes

Add/Delete/Modify the ICD10 information used in the BCMH module

Code	HIPAA-covered transactions	Description A	Close
400	0	CHOLERA	bbA
1000	1	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
\001	1	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR	Delete
4009	1	CHOLERA, UNSPECIFIED	
401	0	TYPHOID AND PARATYPHOID FEVERS	Print by Co
4010	0	TYPHOID FEVER	
40100	1	TYPHOID FEVER, UNSPECIFIED	Print by Alpl
40101	1	TYPHOID MENINGITIS	
40102	1	TYPHOID FEVER WITH HEART INVOLVEMENT	
40103	1	TYPHOID PNEUMONIA	
40104	1	TYPHOID ARTHRITIS	
\0105	1	TYPHOID OSTEOMYELITIS	
\0109	1	TYPHOID FEVER WITH OTHER COMPLICATIONS	
4011	1	PARATYPHOID FEVER A	
4012	1	PARATYPHOID FEVER B	
4013	1	PARATYPHOID FEVER C	
4014	1	PARATYPHOID FEVER, UNSPECIFIED	
100	0	OTHER SALMONELLA INFECTIONS	





Insurance Carriers

Navigate to: Maintenance > Insurance Carriers

Add/Delete/Modify the Insurance Carriers information used in the BCMH module

Carrier's Name	Mail to Name	Address	City	SI
AARP	AARP	P.O. BOX 31362	SALT LAKE CITY	U
ADVANTRA (COVENTRY)	HEALTH AMERICA			
AETNA	AETNA HEALTH CARE	P.O. BOX 981106	EL PASO	T.
ALICARE	ALICARE			
ALL SAVERS	ALL SAVERS	P.O. BOX 31375	SALT LAKE CITY	U
AMERICAN COMMUNITY	AMERICAN COMMUNITY MUTUAL LIFE			
ANTHEM	ANTHEM	P.O. BOX 37180	LOUISVILLE	K
ANTHEM ACCESS	ANTHEM ACCESS	P.O. BOX 3718	LOUISVILLE	K
ANTHEM BCBS	ANTHEM BCBS	P.O. BOX 37180	LOUSIVILLE	K
ANTHEM BCBS	ANTHEM BCBS	PO BOX 105187	ATLANTA	G
ANTHEM BLUE	ANTHEM BLUE	P.O. BOX 37180	LOUISVILLE	K
ANTHEM BLUE CROSS	ANTHEM BLUE CROSS	PO BOX 60007	LOS ANGLES	С
APEX	APEX	P.O. BOX 3630	AKRON	0
ASSURANT HEALTH 39065	ASSURANT HEALTH	P.O. BOX 2806	CLINTON	I/
AULT-CARE	AULT-CARE	2600 SIXTH STREET SW	CANTON	0
AUXIANT	AUXIANT PHCS BY MULTIPLAN	P.O. BOX 6090	DEL PERE	N
BC/BS	BLUE CROSS/BLUE SHIELD	600 E LAFAYETTE BLVD.	DETROIT	M
BC/BS OF TENN	CLAIMS SERVICE CENTER	1 CAMERON HILL CIRCLE, STE 0002	CHATTANOOGA	Т
BEECH STREET	BEECH STREET			
BLUE ADVANTAGE	BLUEADVANTAGE ADMINISTRATORS OF ARK	ANSAPO BOX 1460	LITTLE ROCK	A
BLUE CROSS BLUE SHIELD	ANTHEM BC/BS	P.O. BOX 533	NORTH HAVEN	C
BUCKEYE COMMUNITY	BUCKEYE COMMUNITY	P.O. BOX 6200	FARMINGTON	M
CAREFIRST BC/BS	CAREFIRST BC/BS	P.O. BOX 14115	LEXINGTON	K
CARESOURCE	CARESOURCE	ONE DAYTON CENTRE	DAYTON	0
CENTRAL RESERVE LIFE	CENTRAL RESERVE LIFE			
CHAMPVA	CHAMPVA	P.O. BOX 469064	DENVER	C
CIGNA	CIGNA HEALTH CARE	PO BOX 188022	CHATTANOOGA	Т
CORESOURCE	CORESOURCE	P.O. BOX 2310	MT. CLEMENS	M
COVENTRY	THE MAIL HANDLERS BENEFIT PLAN	PO BOX 8402	LONDON	К
EMERALD HEALTH NETWORK	EMERALD HEALTH NETWORK	PO BOX 53010	LUBBOCK	Т
<				>





Letters

Navigate to: Maintenance > Letters

If you click on **Letters** under the **Maintenance** tab window will pop up. Here you can create letters relating to a specific area under **BCMH**. <u>After reading this page, click this link to see more information on field names.</u>

er/	'Modify BCN	ИН								
	в	С	D	E	F or Progress Notes	G	н	I.	J	к
l a f f l r c s r c s r r c s r	would lik am a pub recently r services f nealth nur amilies. Jnder the providers reatment nuch like child. Th services a program.	e to take lic health eceived rom the se, I act Diagno: , to rule c . Financ ey also a and supp	e this opp nurse w a copy o Bureau fe on behal stic Prog out or dia ial eligib ial eligib ial insura tre very n iorts. I he	portunity t ith the D or Childr f of child gnose a ility is no nce in th nuch cor ave enclo	o introduce myself. M istrict Board off Health ild's letter of approval en with Medical Handi ren with special health dren receive services special health care ne t required for the Diag at they will pay for me- icerned that your child osed a pamphlet expla	ly name i n, Mahoni (LOA) fo icaps (B(i care ne from BC eed or es nostic P dical sen ren recei aining my	is *NURS ing Cour or Diagno CMH). A eds and CMH app stablish a rogram. vices for ive appro role in th	SE* and hty. I ostic s a publi their roved a plan of It is very your opriate he BCM	n I I I I I I I I I I I I I I I I I I I	
lt e s [f your chi eligible fo n the BC services y Division v	ld has be or the Tre MH prog your child who can t	een diagr atment F ram. Ple I may be then forw	nosed wi Program. ase call eligible ard you f	th a special health can I have enclosed a pa me at your convenien for at 330-270-2855, I to my extension.	re need y mphlet e ce to furt Press 3 f	our child xplaining her discu or our N	l may be g my role uss ursing	2	
\$	Sincerely	,							Υ.	

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.

Merge fields:

All upper case:	*OWNER*	JOSEPH NAPAVER
Only first letter uppercase	*Owner*	Joseph Napaver
All lower case	*type of animal*	dog

Examples: *OWNER* = TOM GORDON *Owner* = Tom Gordon *type of animal* = dog





Physicians

Navigate to: Maintenance > Physicians

Add/Delete/Modify the Physicians information used in the BCMH module

٢.	Add/Delete/Modify Physicians				23
	Name	Address1	Address2	^	Close
	ZERVOS				
	ZINN, ARTHUR B. M.D., PH D				Add
	ZINNI				Delete
					Print
					Envelope
					Find & Replace





Political Subdivision

Navigate to: Maintenance > Political Subdivision

Add/Delete/Modify the Political Subdivision information used in the BCMH module

🛄 Add/l	Delete/Modify Political Subdivision Table		×
Code	Subdivision	^	Close
001			Add
002	BERLIN TWP.		Delete
004	CANFIELD CITY		Print
006	COITSVILLE TWP.		
008	GOSHEN TWP.		
010	GREEN TWP. JACKSON TWP.		
012	MILTON TWP.		





Post BCMH Payments

Navigate to: Maintenance > Post BCMH Payments

This utility will post payments to BCMH clients.

Post Payments - BCMH Clients	8
From date of service	To date of service
	Continue Cancel




Printer Setup

Navigate to: Maintenance > Printer Setup

The print setup allows you to choose from what printer you would like to print.

Select the printer in the name dropdown and click **OK**.

Page Setup		\times
Paper	Non-Schuld (2017) 114 auf Parl (2017) 114 auf Parl (2017) 115 auf (2017) 115 auf (2017) 116 auf (2017) 117 auf (2017) 117 auf (2017) 118 auf (2017) 118 auf (2017) 119 auf (2017) 1	
Paper		
Size:	Letter ~	
Source:	Printer auto select V	
Orientation	Margins (inches)	
Portrait	Left: 1 Right: 1	
◯ Landscape	e Top: 1 Bottom: 1	
	OK Cancel	





Race

Navigate to: Maintenance > Race

Add/Delete/Modify the Race information used in the BCMH module

Add/Delete/Modify Race Table		23
Name	^	Close
		Add
AFRIC.AMER AM. INDIAN/NATIVE AM.		Delete
ARABIC ASIAN		Print
ASIAN/PACIFIC ISLANDER BIRACIAL		
BRAZILIAN		
CHINESE		





Referrals

Navigate to: Maintenance > Referrals

Add/Delete/Modify the Referrals information used in the BCMH module

Add/Delete/Modify Referrals		8
Name	^	Close
ACTIVSTYLE	-	Add
ATTORNEY	_	
BCMH DENTAL PROVIDERS		Delete
BCMH INS ASSISTANCE PRGM		
BCMH PROVIDER	-	Print
CCF-OPERATION LIFE LINE	-	
El	_	
HEALTH DEPT CLINICS		
HINE MEMORIAL FUND		
HMG		
MCDJFS		
NUTRITIONAL CONSULTATION		
OCECD		
OHIO REHABILITATION SERVICES		
PEDIATRICIAN		
	-	





Reindex/Pack BCMH Data Files

Navigate to: Maintenance > Reindex/Pack BCMH Data Files

This function is only needed should your data be corrupt due to a power failure.

Please contact BGI if you have any questions or concerns.

Maintenace - Reindex/Pack Open Burning Data Files	83
This procedure will rebuild indexes ! If you have the Network Version, please have all users exit HDIS!	
Continue	





Request For Payment Information

Navigate to: Maintenance > Request for Payment Information

Fill in the information and click the **Close** button.

Request for Payment Information	23
Referral Received From	
Agency	
Address	
City, State, Zip	
Phone	
	Close





Service Coordinator

Navigate to: Maintenance > Service Coordinator

Add/Delete/Modify the Service Coordinator Names.

Print button will print a list of the entered Service Coordinators.

Add/Delete/Modify Service Coordinator		23
Name	^	Close
		Add
AMELIA K. ROBSON LISW	-	Add
CINDY K KING MSSA LISW	-	Delete
DENISE P. FABIAN MSSA, LSA DENISE ZEHNER, MSW, LSW	-	Print
DENISE ZEHNER, MSW, LSW	_	
DIANE HILL DISTRICT BOARD OF HEALTH	-	
DOUGLAS R. PALMER MSW LSW	-	
JESSICA N FRIENT	-	
JULIA A RENNER RN MSN CPNP	-	
K KING MSSA LISW		
KAREN VOSPER, BSN,RN	-	

FG



Survey

Navigate to: Maintenance > Service Coordinator

Click **Add** button to add a new question.

Type next number in **No.** box and the question in **Question** box.

Click **Delete** button to delete the selected question.

	Add/I	Modify/Delete SURVEY LETTER			23
F	No.	Question Have you been called or visited by a Public Health Nurse in regard to the Bureau for Children with Medical Handicans/RCMH) program JE YOUR ANSWER IS YES PLEASE COMPLETE 2-12 JE YOUR ANSWER	^	^	Close
1	1	IS NO, PLEASE STOP HERE AND RETURN IN THE ENVELOPE.	~		Delete
	2	Did the Public Health Nurse ask you what you needed for your child (health care, equipment, financial assistance, etc.)?	^		
	_		×		
	3	Did the Public Health Nurse explain the BCMH program to you?	•		
		Did the Public Health Nurse review and explain the Letter of Approval and any other letters from BCMH?	^		





Survey Responses

Navigate to: Maintenance > Survey Responses

Print Blank Survey(s) button will print blank surveys.

Delete Survey Question* button will delete the selected survey.

Add Survey Response button will populate the table with Survey Responses.

Vesponse Puter Response / Question Yes No Commen 2005/2002 9 1 Have you been called or visited by a Public Health Nurse in regard memo 2005/2002 9 2 Did the Public Health Nurse explain the BCMH program to you? memo 2005/2002 9 4 Did the Public Health Nurse explain the BCMH program to you? memo 2005/2002 9 5 Did the Public Health Nurse explain the BCMH program to you? memo 2005/2002 9 5 Did the Public Health Nurse explain information regarding set memo 2005/2002 9 5 Did the Public Health Nurse teach you something new about your c memo 2005/2002 9 7 Did the Public Health Nurse explain how to find BCMH program chance memo 2005/2002 9 8 Did the Public Health Nurse explain how to find BCMH prodders? memo 2005/2002 9 10 das a result of the Public Health Nurse explain how to find BCMH prodders? memo 2005/2002 9 11 Do you know where and how to contact a Public Health Nurse? memo 2005/2002 9 12 Is there anything you could tell us that would help the Health Duepard memo 2005/2002 9 12 Is there anything you could tell us that would							. .
08/05/2002 9 1 Have you been called or visited by a Public Health Nurse in regard t memo 08/05/2002 9 2 Did the Public Health Nurse ask you what you needed for your child memo 08/05/2002 9 3 Did the Public Health Nurse explain the BCMH program to you? memo 08/05/2002 9 4 Did the Public Health Nurse give you new information regarding set memo 08/05/2002 9 5 Did the Public Health Nurse give you new information regarding set memo 08/05/2002 9 6 Did the Public Health Nurse help you plan to meet you child's need memo 08/05/2002 9 7 Did the Public Health Nurse explain how to find GCMH providers? memo 08/05/2002 9 8 Did the Public Health Nurse explain how to find GCMH providers? memo 08/05/2002 9 10 date Public Health Nurse explain how to find GCMH providers? memo 08/05/2002 9 10 do you know where and how to contact a Public Health Nurse explain how to find GCMH providers? memo 08/05/2002 9 11 Do you know where and how to contact a Public Health Nurse explain how to find GCMH providers? memo 08/05/2002 9 12 Is there any	Response Date	Response #	Question #	Question	Yes	No	Comments
08/05/2002 9 2 Did the Public Health Nurse axylou what you needed for your child memo 08/05/2002 9 3 Did the Public Health Nurse explain the BCMH program to you? memo 08/05/2002 9 4 Did the Public Health Nurse review and explain the Letter of Approx memo 08/05/2002 9 5 Did the Public Health Nurse review and explain the Letter of Approx memo 08/05/2002 9 6 Did the Public Health Nurse teach you something new about your of memo 08/05/2002 9 7 Did the Public Health Nurse explain you responsibilities regarding memo 08/05/2002 9 8 Did the Public Health Nurse explain you responsibilities regarding memo 08/05/2002 9 9 Did the Public Health Nurse explain you responsibilities regarding memo 08/05/2002 9 9 Did the Public Health Nurse explain how to find BCMH providers? memo 08/05/2002 9 10 As a result of the Public Health Nurse explain how to find BCMH providers? memo 08/05/2002 9 11 Do you know where and how to contact a Public Health Nurse? memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 10 10	08/05/2002	9	1	Have you been called or visited by a Public Health Nurse in regard t			memo
98/05/2002 9 3 Did the Public Health Nurse explain the BCMH program to you?	08/05/2002	9	2	2 Did the Public Health Nurse ask you what you needed for your child			memo
98/05/2002 9 4 Did the Public Health Nurse review and explain the Letter of Approv Imemo 08/05/2002 9 6 Did the Public Health Nurse tach you something new about your c Imemo 08/05/2002 9 6 Did the Public Health Nurse tach you something new about your c Imemo 08/05/2002 9 7 Did the Public Health Nurse tach you something new about your c Imemo 08/05/2002 9 8 Did the Public Health Nurse explain your responsibilities regarding Imemo 08/05/2002 9 8 Did the Public Health Nurse explain how to find BCMH providers? Imemo 08/05/2002 9 10 As a result of the Public Health Nurse contact are you better able to Imemo 08/05/2002 9 10 As a result of the Public Health Nurse tach you something new you proved the some proved tack are you better able to Imemo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depan Imemo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depan Imemo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depan <td< td=""><td>08/05/2002</td><td>9</td><td>3</td><td>Did the Public Health Nurse explain the BCMH program to you?</td><td></td><td></td><td>memo</td></td<>	08/05/2002	9	3	Did the Public Health Nurse explain the BCMH program to you?			memo
08/05/2002 9 5 Did the Public Health Nurse give you new information regarding set memo 08/05/2002 9 7 Did the Public Health Nurse teach you something new about your c memo 08/05/2002 9 7 Did the Public Health Nurse teach you plan to meet your child's need memo 08/05/2002 9 8 Did the Public Health Nurse explain your responsibilities regarding memo 08/05/2002 9 9 Did the Public Health Nurse explain how to find BCMH providers? memo 08/05/2002 9 10 As a result of the Public Health Nurse explain how to find BCMH providers? memo 08/05/2002 9 11 Do you know where and how to contact are you better able to	08/05/2002	9	4	Did the Public Health Nurse review and explain the Letter of Approv			memo
08/05/2002 9 6 Did the Public Health Nurse teach you something new about your c	08/05/2002	9	5	Did the Public Health Nurse give you new information regarding se			memo
08/05/2002 9 7 Did the Public Health Nurse help you plan to meet your child's need memo 08/05/2002 9 8 Did the Public Health Nurse explain your responsibilities regarding memo 08/05/2002 9 9 Did the Public Health Nurse explain how to find BCMH providers? memo 08/05/2002 9 10 As a result of the Public Health Nurse contact are you better able to memo 08/05/2002 9 11 Do you know where and how to contact a Public Health Nurse? memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 12 12 12 12 12	08/05/2002	9	6	Did the Public Health Nurse teach you something new about your d			memo
08/05/2002 9 8 Did the Public Health Nurse explain your responsibilities regarding memo 08/05/2002 9 9 Did the Public Health Nurse explain how to find BCMH providers? memo 08/05/2002 9 10 As a result of the Public Health Nurse contact are you better able to memo 08/05/2002 9 11 Do you know where and how to contact are Public Health Nurse? memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart memo 08/05/2002 9 12 Is there anything you could tell us that would help the Health Nurse Is 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart Is 08/05/2002 9 12 Is there anything you could tell us that would help the Health Depart Is 1 <td>08/05/2002</td> <td>9</td> <td>7</td> <td>Did the Public Health Nurse help you plan to meet your child's need</td> <td></td> <td></td> <td>memo</td>	08/05/2002	9	7	Did the Public Health Nurse help you plan to meet your child's need			memo
9 9 Did the Public Health Nurse explain how to find BCMH providers?	08/05/2002	9	8	Did the Public Health Nurse explain your responsibilities regarding			memo
9 10 As a result of the Public Health Nurse contact are you better able to	08/05/2002	9	9	Did the Public Health Nurse explain how to find BCMH providers?			memo
9 11 Do you know where and how to contact a Public Health Nurse?	08/05/2002	9	10	As a result of the Public Health Nurse contact are you better able to			memo
9 12 Is there anything you could tell us that would help the Health Depart	08/05/2002	9	11	Do you know where and how to contact a Public Health Nurse?			memo
	08/05/2002	9	12	Is there anything you could tell us that would help the Health Depart			memo
						\vdash	
						-	
						-	
						+	
						-	
						-	
						-	
						-	
						<u> </u>	ļ
						<u> </u>	
			-				





Type of Contact

Navigate to: Maintenance > Type of Contact

Click **Add** button to add new Type of Contact

Click **Delete** button on selected Contact to delete the record.

Print button will open window to print Type of Contacts.

Close button will close Type of Contact window.

Add/Delete/Modify Type of Contact		83
Name	^	Close
		Add
		Delete
HOME		Print
OFFICE-IND ANSWER OFFICE-PHONE CALL		
OFFICE-PHONE DISCONNECTED OFFICE-REPORT		
SCHOOL		





Bulk Posting of Amounts and Date Paid

Navigate to: Maintenance > Bulk Posting of Amounts and Date Paid

Enter From date of contact, to date of contact, and enter date paid.

Click Start Post Utility button to start the utility.

_
51





Zip Codes

Navigate to: Maintenance > Zip Codes

Click Add button to add new Zip Code.

Click **Delete** button on selected zip code to delete the record.

Print button will open window to print Zip codes.

Close button will close zip code window.

Zip	A	Close
•		01038
00000		Add
00999		
04276		Delete
07974		
11111		Print
11590		
12122		
12346		
13133		
14111		
15320		
15904		
16003		
18091		
28406		
30338		
33409		
37072		
40092		
40216		
4094		
41144		
41606		
43011		
43015		
43017		
43023		
43026		
43030		
43040		
43045		
43046	U	

