

**HDIS**  
Health Department Information System  
*Helping You...Help Others*

**BCMh  
User Manual**



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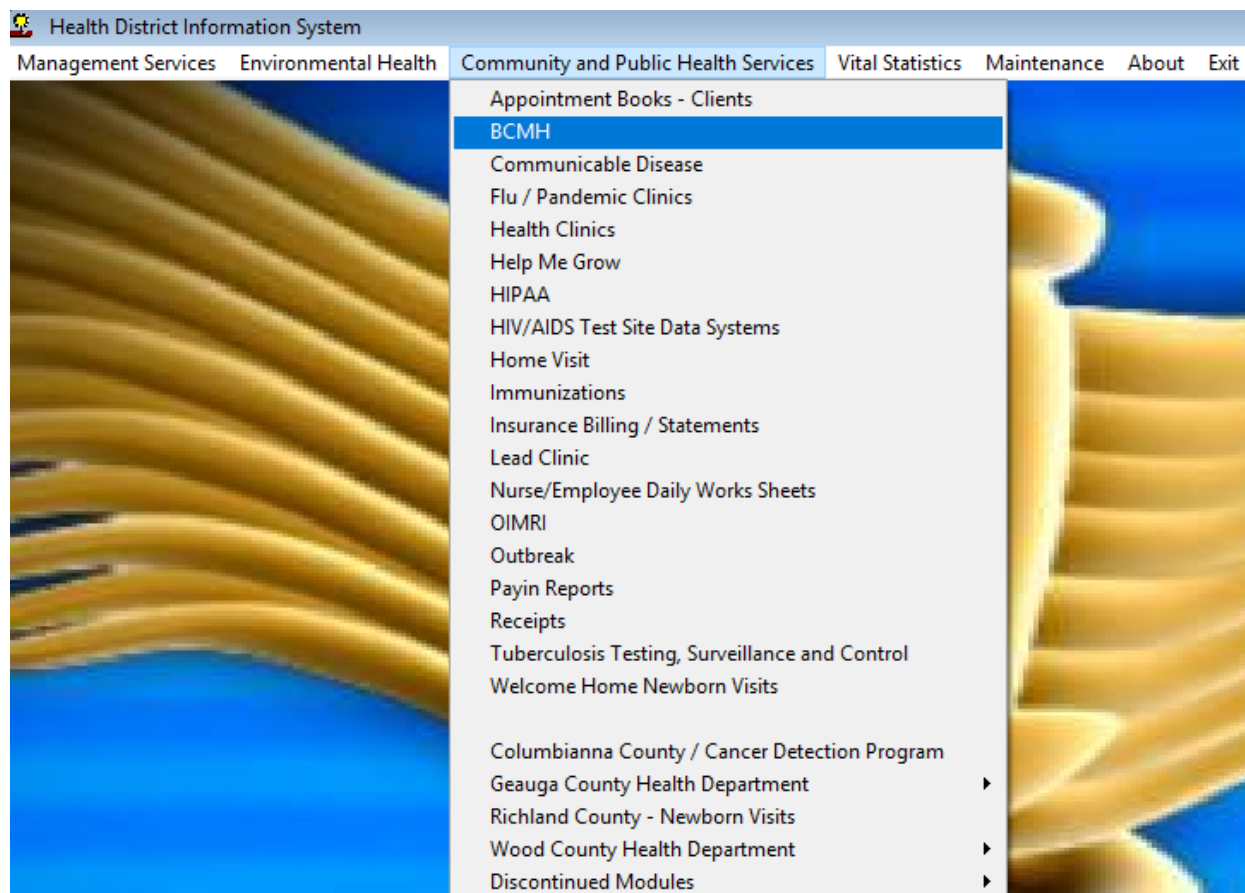
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## Chapter 1: Getting Started

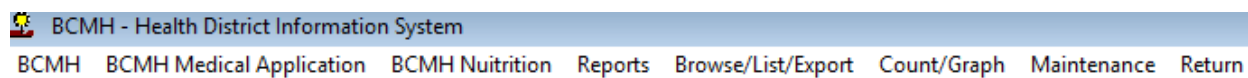
Once the BCMh module has been installed, it can be accessed by going to:

**Environmental Health > BCMh**



## Chapter 2: Entering in BCMH

Inside the BCMH module click on the BCMH tab



## Find Tab

[illegible]

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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

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

Patient Name and Address				Parents / Emergency Contact				Insurance / HIPAA				Other Info			
Last Name		First Name		Middle Name		Suffix									
ZZZTEST		TEST		F											
Date of Birth		Age as of Today		Sex		Race		Social Security #							
05/02/1925		93		M		UNKNOWN		--							
Street #		Street		Street Suffix		Apt. #									
215		BRADFORD		DRIVE											
City		State		Zip Code		County									
CITY		OH		44406											
Political Subdivision		Phone		Referred By											
		1-236-123-1233													
Client Email															
Primary Care Physician		Alerts													
		Add													
<input type="checkbox"/> WIC client															

### 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, TEST F - 05/02/1925 - 93 - BCMh #:

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

Patient Name and Address		Parents / Emergency Contact		Insurance / HIPAA		Other Info	
Mother/Guardian Last	Mother/Guardian First	Mother/Guardian Middle	Mother/Guardian Maiden				
ZZZTEST	TESTER						
Mother/Guardian Date of Birth	Mother/Guardian SSN#	Mother/Guardian Ethnic	Mother/Guardian Work Phone				
//	--		---				
Father Last Name	Father First Name	Father Middle Name	Father Date of Birth	Father SSN#			
			//	--			
Emergency Contact		Emergency Contact Relationship		Emergency Contact Phone #			
				---			
Emergency Contact Street		Emergency Contact City		E.C. State	E.C. Zip Code		
Emergency Contact Email							

### 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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #

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

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

Patient Name and Address | Parents / Emergency Contact | **Insurance / HIPAA** | Other Info

Primary | Secondary | Tertiary | HIPAA

Primary Insurance Carrier | Insurance # | Group #

Address of Insurance Company

6. Patient Relationship to Insured  
☒ Self ☐ Spouse ☐ Child ☐ Other

8. Patient Status  
☐ Single ☐ Married ☐ Other ☐ Employed ☐ Part-time Student ☐ Full-time Student

**Primary Insurance Subscriber Information**

Name | Address Copy Household Address

City | State | Zip Code | Date of Birth | Sex

Employer | Social Security #

Delete Patient Record | 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.

### Subtabs for Insurance/HIPPA:

- Primary
- Secondary
- Tertiary
- HIPAA

## Other Info Subtab

The screenshot shows the 'Other Info' subtab within the HDIS application. The window title is 'BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #:'. The subtab is selected, and the 'Patient Name and Address' section is active. The form contains the following fields and options:

- Alternate Mailing Address:** A text input field.
- City:** A text input field.
- State:** A dropdown menu.
- Zip Code:** A text input field.
- Household size:** A text input field with the value '0'.
- Gross Income:** A text input field with the value '0', followed by radio button options for **Week**, **Month**, and **Year**.
- Verified:** A text input field with the value ' / '.
- Revised:** A text input field with the value ' / '.
- Sliding Fee:** A dropdown menu.
- No Statement / Letter:** A radio button option.
- Match Consent:** A radio button option.
- Deceased:** A radio button option.

At the bottom of the form, there are four buttons: **Delete Patient Record**, **Previous Patient**, **Next Patient**, and **Modify**.

### 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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

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

BCMh #  Pending ☐ Age at Start  1st Adm  Final Dis  Nurse

Managing Physician  POTATO, BUTTER B  Primary Physician   Dentist

Information	Household Constellation	Notes
<input type="checkbox"/> Education Plan(IEP) <input type="checkbox"/> Service Plan(ISP)	<input type="checkbox"/> Habilitation Plan(IHP) <input type="checkbox"/> Family Service Plan(IFSFP)	<input type="checkbox"/> 504 Plan <input type="checkbox"/> Comprehensive Service Plan(CSP)
<b>Most Common Identified Barriers</b>		
<input type="checkbox"/> Non-compliant <input type="checkbox"/> Difficult to schedule <input type="checkbox"/> Refused home visit <input type="checkbox"/> Family health issues <input type="checkbox"/> Lack BCMh providers <input type="checkbox"/> Lack understanding <input type="checkbox"/> Unplanned pregnancy	<input type="checkbox"/> No transportation <input type="checkbox"/> Financial issues <input type="checkbox"/> Renewal issues <input type="checkbox"/> Educational issues <input type="checkbox"/> Nutritional issues <input type="checkbox"/> Psychological issues <input type="checkbox"/> Equipment need	<input type="checkbox"/> Rural location medication <input type="checkbox"/> Medication issues <input type="checkbox"/> Transition issues <input type="checkbox"/> Family dynamics <input type="checkbox"/> Large problem list <input type="checkbox"/> Housing

### 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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

Progress Notes By Date				Comprehensive PHN Assessment				Age Specific Assessment		Care Plan	
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagnosis List	Progress Notes	
From Date	To Date	Seq #	<input type="checkbox"/> ICD9 <input checked="" type="checkbox"/> ICD10	Admit	Discharged	Early Track ID #					
1st ICD Code and Description											
2nd ICD Code and Description											
3rd ICD Code and Description											
4th ICD Code and Description											
5th ICD Code and Description											
6th ICD Code and Description											
<b>Help Me Grow</b>											
										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.

**Move\*** button – *Right-click* this button to move information to the **Notes** section on the **Info** Tab.

## Service Tab

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

Progress Notes By Date				Comprehensive PHN Assessment			Age Specific Assessment		Care Plan	
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagnosis List	Progress Notes
From Date	To Date	Seq #		<input type="checkbox"/> ICD9	<input checked="" type="checkbox"/> ICD10	Admit	Discharged	Service Co-ordinator		
//	//					//	//	<div></div> <div>Add</div>		
1st ICD Code and Description										
<div></div> <div></div>										
2nd ICD Code and Description										
<div></div> <div></div>										
3rd ICD Code and Description										
<div></div> <div></div>										
4th ICD Code and Description										
<div></div> <div></div>										
5th ICD Code and Description										
<div></div> <div></div>										
6th ICD Code and Description										
<div></div> <div></div>										
<b>Service Co-ordination</b>										
<div>Move*</div> <div>Print</div> <div>Modify</div>										

### *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.

**Move\*** button – *Right-click* this button to move information to the **Notes** section on the **Info** Tab.

## Diagnostic Tab

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

Progress Notes By Date				Comprehensive PHN Assessment			Age Specific Assessment		Care Plan	
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagnosis List	Progress Notes
From Date		To Date		Seq #	<input type="checkbox"/> ICD9 <input checked="" type="checkbox"/> ICD10	Admit	Discharged	Move*		
1st ICD Code and Description										
2nd ICD Code and Description										
3rd ICD Code and Description										
4th ICD Code and Description										
5th ICD Code and Description										
6th ICD Code and Description										
<b>Diagnostic</b>										
<div>Print</div> <div>Modify</div>										

### *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.

**Move\*** button – *Right-click* this button to move information to the **Notes** section on the **Info** Tab.

## Treatment Tab

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #

Progress Notes By Date				Comprehensive PHN Assessment				Age Specific Assessment		Care Plan	
Find	Demo	Info	HMG	Service	Diagnostic	Treatment	Contacts	PHN Services	Concern/Problem/Diagnosis List	Progress Notes	
From Date: <input type="text"/> / <input type="text"/> / <input type="text"/> To Date: <input type="text"/> / <input type="text"/> / <input type="text"/> Seq #: <input type="text"/>				<input type="checkbox"/> ICD9 <input checked="" type="checkbox"/> ICD10		Admit: <input type="text"/> / <input type="text"/> / <input type="text"/>		Discharged: <input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="button" value="Move*"/>	
1st ICD Code and Description											
<input type="text"/>											
2nd ICD Code and Description											
<input type="text"/>											
3rd ICD Code and Description											
<input type="text"/>											
4th ICD Code and Description											
<input type="text"/>											
5th ICD Code and Description											
<input type="text"/>											
6th ICD Code and Description											
<input type="text"/>											
<b>Treatment</b>											
<input type="button" value="Print"/> <input type="button" value="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.

**Move\*** button – *Right-click* this button to move information to the **Notes** section on the **Info** Tab.



## Contacts Tab

[illegible]

*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
✕

				Amount	Units
Help Me Grow	//	To	//	0.00	0
Service Coordination	//	To	//	0.00	0
Diagnostic	//	To	//	0.00	0
Treatment	//	To	//	0.00	0
Total				0.00	0

Close

## PHN Services Tab

### Changes/New Info

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

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

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

Dates of PHN Services    //    To    //

**Changes/New Information.....** **Date of Change**

LOA		<input type="checkbox"/> Yes <input type="checkbox"/> No	//
Family Status		<input type="checkbox"/> Yes <input type="checkbox"/> No	//
Address		<input type="checkbox"/> Yes <input type="checkbox"/> No	//
Medicaid		<input type="checkbox"/> Yes <input type="checkbox"/> No	//
Insurance		<input type="checkbox"/> Yes <input type="checkbox"/> No	//
Service Needs		<input type="checkbox"/> Yes <input type="checkbox"/> No	//

Physician Managing Diagnosis: Memo

Print    Next    Previous    Delete PHN Services\*    Add 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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #:

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

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
Walker:			
Wheelchair:			
Crutches:			
Aerosol Machine:			
Hearing Aid:			

☐ Right   ☐ Left   ☐ Digital   ☐ Standard  
☐ Programmable (needs PA)

Print   Next   Previous   Delete PHN Services\*   Add 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.

## Equipment in Home 2

BCMH - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #;

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

### *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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #:

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

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
<b>Speech</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Physical</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Occupational</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Print Next Previous Delete PHN Services\* Add 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.

## Nutritional Issues

The screenshot shows a web-based form titled "Nutritional Issues" within a BCMH application window. The window has a title bar with the text "BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #:". Below the title bar is a navigation menu with tabs: "Progress Notes By Date", "Comprehensive PHN Assessment", "Age Specific Assessment", and "Care Plan". Under "Comprehensive PHN Assessment", there are sub-tabs: "Find", "Demo", "Info", "HMG", "Service", "Diagnostic", "Treatment", "Contacts", "PHN Services", "Concern/Problem/Diagnosis List", and "Progress Notes". The "Nutritional Issues" tab is selected. Below the navigation menu is a secondary set of tabs: "Changes/New Info", "Equipment in Home 1", "Equipment in Home 2", "Therapies", "Nutritional Issues", "Educational Issues/Service Plans", and "Old Report". The "Nutritional Issues" tab is active, displaying a form with the following fields and controls:

- Special Formula/Supplements:** A text input field.
- Covered by BCMH:** A checkbox labeled "Yes" and a checkbox labeled "No".
- Name:** A text input field.
- Dietitian Consulted:** A checkbox labeled "Yes" and a checkbox labeled "No".
- Location:** A text input field.
- Date of Last Contact:** A date input field with a placeholder " / /".
- Other Nutritional Concerns:** A text area with a "Memo" button next to it.

At the bottom of the form, there are several buttons: "Print", "Next", "Previous", "Delete PHN Services\*", "Add PHN Services", and "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 **Other Nutritional Concerns**.

## Educational Issues/Service Plans

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

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

Changes/New Info	Equipment in Home 1	Equipment in Home 2	Therapies	Nutritional Issues	<b>Educational Issues/Service Plans</b>	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   ☐ Family Immunizations Discussed

### *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.

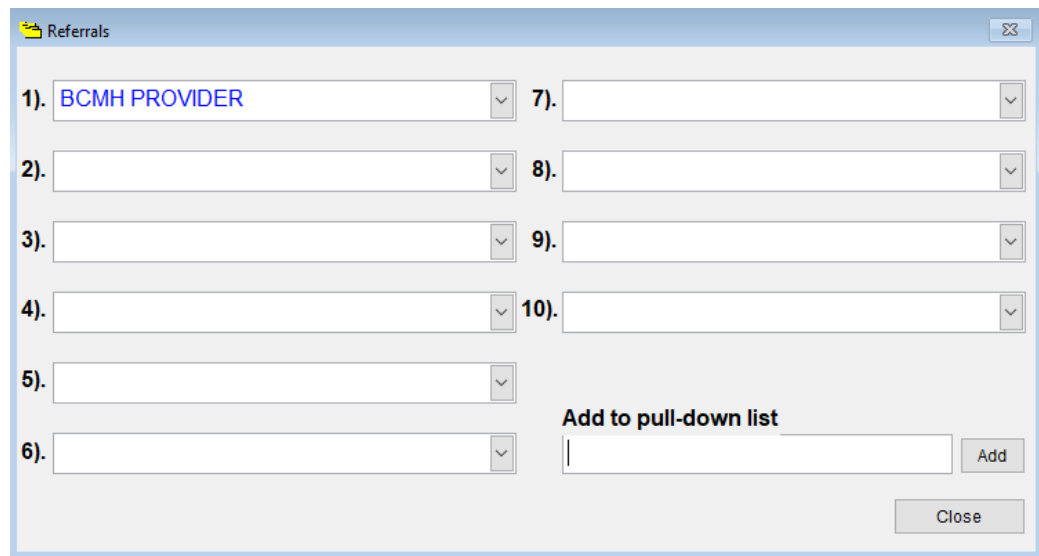
**Add PHN Services** button will add a new PHN Services record.

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.





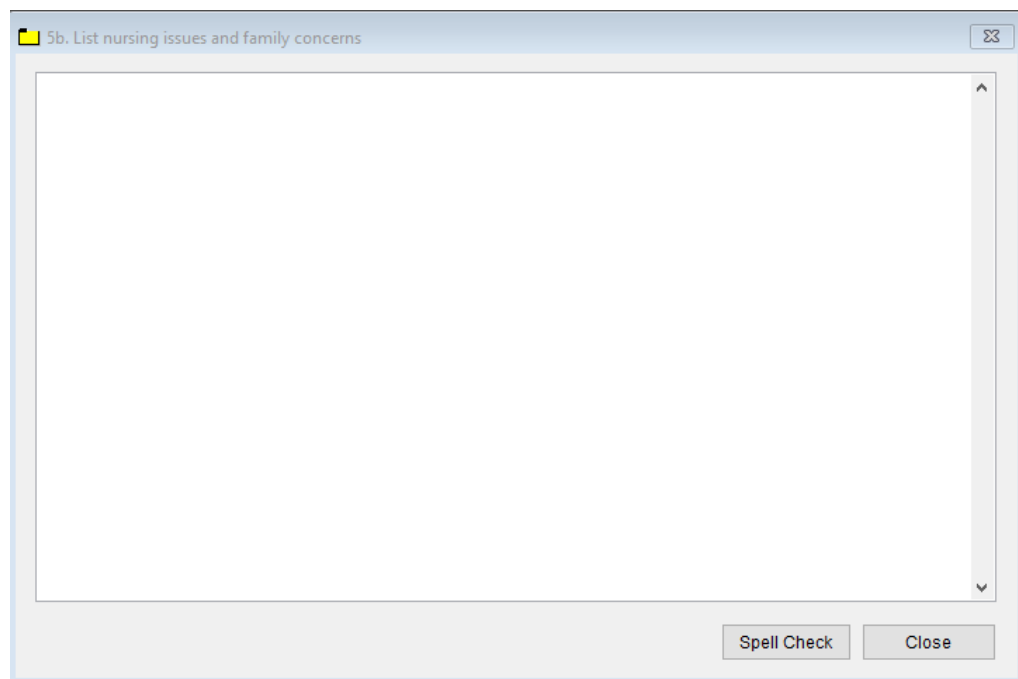
*Referrals Button*



The 'Referrals' window is a form with a title bar containing a folder icon and the text 'Referrals'. It features ten numbered dropdown menus arranged in two columns. The first dropdown menu is pre-filled with 'BCMh PROVIDER'. Below the dropdown menus is a section titled 'Add to pull-down list' which includes a text input field and an 'Add' button. At the bottom right of the window is a 'Close' button.

1). BCMh PROVIDER 7).  
2). 8).  
3). 9).  
4). 10).  
5).  
6).  
Add to pull-down list  
Add  
Close

**Memo**



The 'Memo' window has a title bar with a folder icon and the text '5b. List nursing issues and family concerns'. It contains a large, empty text area for writing. At the bottom right, there are two buttons: 'Spell Check' and 'Close'.

5b. List nursing issues and family concerns  
Spell Check Close

## Concern/Problem/Diagnosis List Tab

The screenshot shows a web application window titled "BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMH #". The window has a navigation bar with tabs: "Progress Notes By Date", "Comprehensive PHN Assessment", "Age Specific Assessment", and "Care Plan". Below this is a sub-navigation bar with "Find", "Demo", "Info", "HMG", "Service", "Diagnostic", "Treatment", "Contacts", "PHN Services", "Concern/Problem/Diagnosis List" (selected), and "Progress Notes".

The main content area displays a table with the following columns: "Date ID", "Concern/Problem/Diagnosis", "Action", and "Date Resolved". The first row contains the text "09/26/2018", "Type concern/problem/Diagnosis here", "Type action here", and "09/26/2018". Below the table are four buttons: "Add Concern Column to Parent/Guardian/Client Concerns", "Add Concern & Action Column to Parent/Guardian/Client Concerns", "Add Concern Column to PHN Concerns/Actions", and "Add Concern & Action Column to PHN Concerns/Actions". At the bottom right are buttons for "Print", "Delete Problem Plan\*", "Add Problem", and "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.

**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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

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

[ ] = Print Bracketed  
 { } = Letter  
 > < = Fax Inquiry

Go To Top   Go To Bottom   Spell Check   Print   Modify

Go To Top

Allows user to go to the top of the page.

Go To Bottom

Allows user to go to bottom of the page.

Spell Check

Will run a spell check on Progress Notes.

Modify

Allow user to modify the Progress Notes.

Print

Opens window with printing options.

## Progress Notes By Date Tab

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #

Find Demo Info HMG Service Diagnostic Treatment Contacts PHN Services Concern/Problem/Diagnosis List Progress Notes

Progress Notes By Date Comprehensive PHN Assessment Age Specific Assessment Care Plan

Date	Staff	Notes
/ /	CHC SOFTWARE	this is a progress note test

Re-Sort Dates\* Delete Blank Progress Note\* Add Progress Note\*

Zoom Print Modify

**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	Treatment	Contacts	PHN Services	Concern/Problem/Diagnosis List	Progress Notes
Progress Notes By Date		Comprehensive PHN Assessment				Age Specific Assessment			Care Plan	

Issues	Review	Ans	Comment
INFORMATION	INITIAL VISIT DATE		
	BCMH SERVICE COORDINATOR		
	SERVICE COORDINATION PLAN CURRENT?		
	PRIMARY CARE PHYSICIAN		

**F2 = OK**      **F3 = YES**      **F4 = NO**      **F5 = WNL (WITHIN NORMAL LIMITS)**  
**F6 = A (ABNORMAL)**      **F7 = D (DENIES CONCERN)**      **F8 = NA (NOT ASSESSED)**

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

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

Find Demo Info HMG Service Diagnostic Treatment Contacts PHN Services Concern/Problem/Diagnosis List Progress Notes

Progress Notes By Date Comprehensive PHN Assessment Age Specific Assessment Care Plan

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	FLUORIDE SOURCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		GUM CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		ORAL CLEANING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
0 MO		PACIFIER USE, ETC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

W = Within Normal Limits      A = Abnormal      D = Denies Concern

Delete All Assessments\*      Print      Delete Assessments\*      Add Assessments      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 Specific Assessment

Age as of Today 28

<input type="radio"/> 0 Month	<input type="radio"/> 10 Months	<input type="radio"/> 20 Months	<input type="radio"/> 8 Years	<input type="radio"/> 18 Years
<input type="radio"/> 1 Month	<input type="radio"/> 11 Months	<input type="radio"/> 21 Months	<input type="radio"/> 9 Years	<input type="radio"/> 19 Years
<input type="radio"/> 2 Months	<input type="radio"/> 12 Months	<input type="radio"/> 22 Months	<input type="radio"/> 10 Years	<input type="radio"/> 20 Years
<input type="radio"/> 3 Months	<input type="radio"/> 13 Months	<input type="radio"/> 23 Months	<input type="radio"/> 11 Years	<input type="radio"/> 21 Years
<input type="radio"/> 4 Months	<input type="radio"/> 14 Months	<input checked="" type="radio"/> 2 Years	<input type="radio"/> 12 Years	
<input type="radio"/> 5 Months	<input type="radio"/> 15 Months	<input type="radio"/> 3 Years	<input type="radio"/> 13 Years	
<input type="radio"/> 6 Months	<input type="radio"/> 16 Months	<input type="radio"/> 4 Years	<input type="radio"/> 14 Years	
<input type="radio"/> 7 Months	<input type="radio"/> 17 Months	<input type="radio"/> 5 Years	<input type="radio"/> 15 Years	
<input type="radio"/> 8 Months	<input type="radio"/> 18 Months	<input type="radio"/> 6 Years	<input type="radio"/> 16 Years	
<input type="radio"/> 9 Months	<input type="radio"/> 19 Months	<input type="radio"/> 7 Years	<input type="radio"/> 17 Years	

Add Assessment

Close

## Care Plan

BCMh - ZZZTEST, TEST F - 05/02/1925 - 93 - BCMh #:

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

Concern	Objective	Plan	Resolution Date
this is a concerning test	this is an objective test	this is a plan test	

Print    Delete Care Plan\*    Add Care Plan    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**

☒ **HCFA 1500**      From DOS  //      To DOS  //

<input type="radio"/> Envelope	<input type="radio"/> Comprehensive PHN Assessment
<input type="radio"/> Letter A	<input type="radio"/> Comprehensive PHN Assessment(form only)
<input type="radio"/> Letter B	<input type="radio"/> Age Specific Assessment
<input type="radio"/> Letter C	<input type="radio"/> PHN Care Plan
<input type="radio"/> Letter D	<input type="radio"/> Problem List-All <input type="radio"/> Unresolved <input type="radio"/> Resolved
<input type="radio"/> Letter E	<input type="radio"/> Form for PHN Services-HMG
<input type="radio"/> Progress Notes	<input type="radio"/> Form for PHN Services-Service Co-ordination
<input type="radio"/> Letter G	<input type="radio"/> Form for PHN Services-Diagnostic
<input type="radio"/> Letter H	<input type="radio"/> Form for PHN Services-Treatment
<input type="radio"/> Letter I	<input type="radio"/> Progress Notes
<input type="radio"/> Letter J	<input type="radio"/> Progress Notes [Bracketed Only]
<input type="radio"/> Letter K	<input type="radio"/> Progress Notes by Date      From      To
<input type="radio"/> Letter L	<input type="radio"/> Progress Notes by Date Range
<input type="radio"/> Data Sheet	<input type="radio"/> FAX Inquiry
	<input type="radio"/> Documentation of Public Health Nurse Referral Services
	<input type="radio"/> Reimbursement-BCMh
	<input type="radio"/> Reimbursement-HMG
	<input type="radio"/> Notification of Changes in Child/Family Status Form
	<input type="radio"/> Request for Payment Authorization PHN Consultative Services
	<input type="radio"/> Contacts List
	<input type="radio"/> Request for Payment Authorization
	<input type="radio"/> Request to Change Managing Physician

☒ **Preview**      ☒ Address Envelope/Letter to Parent

☐ **Print**      ☐ Address Envelope/Letter to Managing Physician

☐ Address Envelope/Letter to Primary Physician

☐ Address Envelope/Letter to Dentist


**OK**      **Close**

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.**

 BCMH - Health District Information System
 [BCM](#)
[BCM Medical Application](#)
[BCM Nutrition](#)
[Reports](#)
[Browse/List/Export](#)
[Count/Graph](#)
[Maintenance](#)
[Return](#)

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

[illegible]

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

BCMh Medical Application - ZZZTEST, TEST EXAMPLE

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    ☐ Adult Cystic Fibrosis    ☐ Metabolic Formula Program

1. Last Name: ZZZTEST    First Name: TEST    Middle Name: EXAMPLE    Suffix:   
 2. Case #: - -    5. Date of Birth: 05/02/2010    6. SSN #: - -    7. Sex: M    8. Ethnic Group: BIRACIAL    9. Ohio Res. ☒ Yes ☐ No

3. Street #: 215    Street: TEST    Street Suffix: DRIVE    Apt. #:   
 City: CITY    State: OH    Zip Code: 44406    4. County: SUMMIT

Email:

STRIKE THRU LABEL INDICATES FIELD IS NO LONGER ON THE APPLICATION

Delete Medical Application\*    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.

## Parents/Guardians Info 10-19 Subtab

BCMh Medical Application - ZZZTEST, TEST EXAMPLE

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  
ZZZTEST TESTER

11. Address  
215 TEST DRIVE

City State Zip Code  
CITY OH 44406

15. Parent/Guardian Last Parent/Guardian First Name

16. Address  
215 TEST DRIVE

City State Zip Code  
CITY OH 44406

12. SSN  
- -

13. Home Phone 14. Work Phone  
1-231-231-2311 - - -

17. SSN  
000-00-0000

18. Home Phone 19. Work Phone  
- - - - -

STRIKE THRU LABEL INDICATES FIELD IS NO LONGER ON THE APPLICATION

Delete Medical Application\* 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.

## Health Insurance 20-19 Subtab

The screenshot shows a web application window titled "BCMh Medical Application - ZZZTEST, TEST EXAMPLE". The window has a tabbed interface with the following tabs: Find, Demo 1-25, Other Info 26-36, Major Services 37-42, and Public Health Nurse Referral 43-54. The "Other Info 26-36" tab is active, and within it, the "Health Insurance 20-21" subtab is selected. The subtab contains two sections: "20. Primary Insurance Carrier" and "21. Secondary Insurance Carrier". Each section has fields for "Policy #", "Carrier #", "Begin Date", "End Date", and "Name of Insured". There are also "Yes" and "No" checkboxes for each section. A red text label at the bottom of the subtab reads "STRIKE THRU LABEL INDICATES FIELD IS NO LONGER ON THE APPLICATION". At the bottom of the window, there are three buttons: "Delete Medical Application\*", "Add Medical Application", and "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

BCMH Medical Application - ZZZTEST, TEST EXAMPLE

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      Policy #      Carrier #      Begin Date      End Date

Name of Insured            ☐ Yes    ☐ No

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

Name of Insured            ☐ Yes    ☐ No

24. Medicaid Eligible      Medicaid Recipient Billing #      Begin Date      End Date

☐ Yes    ☐ No                       

25. S.S.I. Eligible

☐ Yes    ☐ No

STRIKE THRU LABEL INDICATES FIELD IS NO LONGER ON THE APPLICATION

### *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

BCMh Medical Application - ZZZTEST, TEST EXAMPLE

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

26. Managing Physician  
     Site  
☐ Private Office  
☐ Clinic

30. Primary ICD-9 Code and Description

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

35. Name of Primary Care Physician    36. Name of Primary Care Dentist  
    

### *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:

**Print**

☒ Medical Application Form   

☐ Medical Application Form (Blank Insurance)   

☒ Preview

☐ Print

## Major Services 37-42 Tab

### Category of Service 1 & 2 & 3 Subtab

BCMh Medical Application - A, EDWARD A

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

Category of Service 1 & 2 & 3   Category of Service 4 & 5 & 6   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

Category of Service

Name and Address of Provider

Provider Number   Unit of Service   Source of Payments

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:

Print

☒ Medical Application Form

☐ Medical Application Form (Blank Insurance)

☒ Preview

☐ Print

OK

Close



## Category of Service 4 & 5 & 6 Subtab

The screenshot shows a window titled "BCMh Medical Application - A, EDWARD A". It has a tabbed interface with the following tabs: "Find", "Demo 1-25", "Other Info 26-36", "Major Services 37-42", and "Public Health Nurse Referral 43-54". The "Major Services 37-42" tab is active, and within it, the "Category of Service 4 & 5 & 6" subtab is selected. The subtab contains three sections, each with a "Category of Service" label and a text input field, followed by a "Name and Address of Provider" label and a text input field. The first section also includes "Provider Number", "Unit of Service", and "Source of Payments" labels with corresponding text input fields. At the bottom right of the subtab are "Print" and "Modify" buttons.

### *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:

The screenshot shows a "Print" dialog box with a close button (X) in the top right corner. It contains two groups of radio buttons. The first group has "Medical Application Form" (selected) and "Medical Application Form (Blank Insurance)". The second group has "Preview" (selected) and "Print". To the right of these groups are "OK" and "Close" buttons.

## Major Services 38-42 Subtab

**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** button opens the printing options menu:

## Public Health Nurse Referral 43-54

BCMh Medical Application - A, EDWARD A

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

The best time of day to contact me by telephone is:

Someone not living with me that will know my address or how to contact me  Relationship to child  Phone

STRIKE THRU LABEL INDICATES FIELD IS NO LONGER ON THE APPLICATION

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:

Print

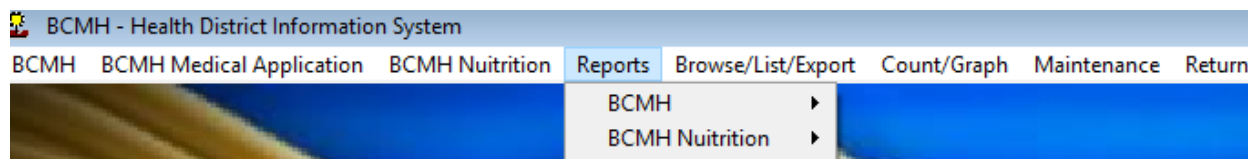
☒ Medical Application Form ☐ Medical Application Form (Blank Insurance)

☒ Preview ☐ Print

OK Close

## 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.



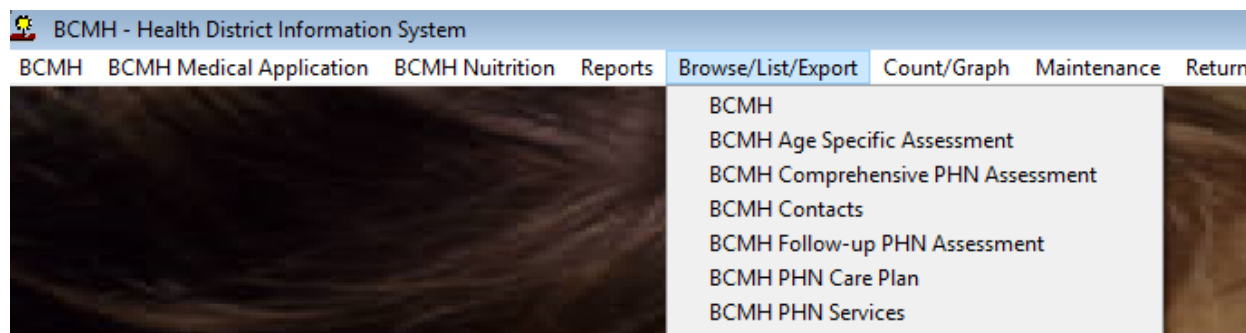
Example of Report Options:

Report	Description
<b>BCMh</b>	
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**.

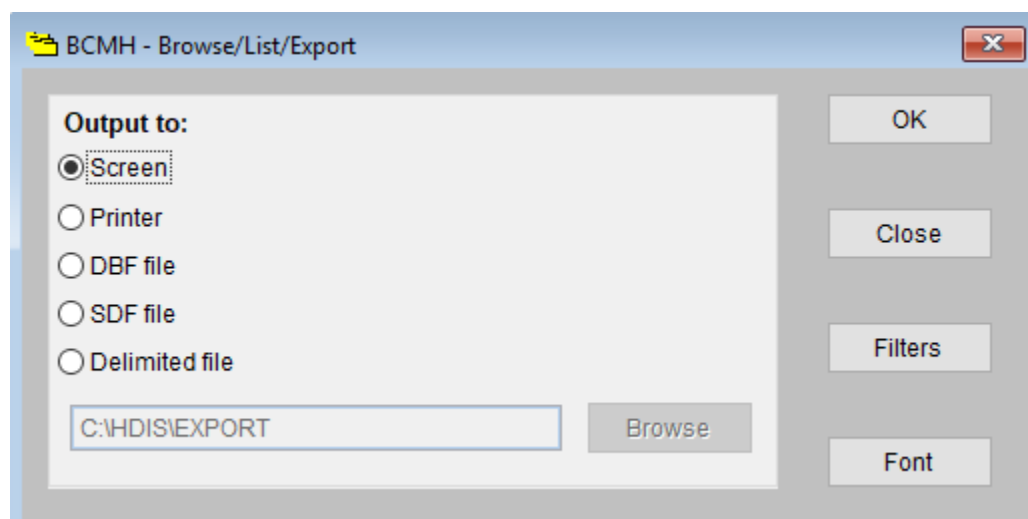


This section allows the exportation of data, also allowing the user to use [Filters](#).

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.



## 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**.

Output Field	Data	Data	Sort 1	Sort 2	Sort 3
<input type="checkbox"/> 1ST ADMITTED	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 504 PLAN	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ADDRESS ID	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ADULT IMMUNIZATION	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AGE	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ALTERNATE CITY	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ALTERNATE STATE	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ALTERNATE STREET	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ALTERNATE ZIP	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> APPT. #	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> BCMH	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CAREGIVER FIRST	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CAREGIVER LAST	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CAREGIVER MIDDLE	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CENSUS #	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHILDHOOD IMMUNIZATIONS	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CITY	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CLIENT EMAIL	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CLIENT ID	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COMPREHENSIVE SERVICE PLAN	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> COUNTY	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DATE MODIFIED	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DATE OF BIRTH	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DECEASED	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DENTIST	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DENTIST LAST SEEN	=	=	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clear Filter Open Filter Save 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)".

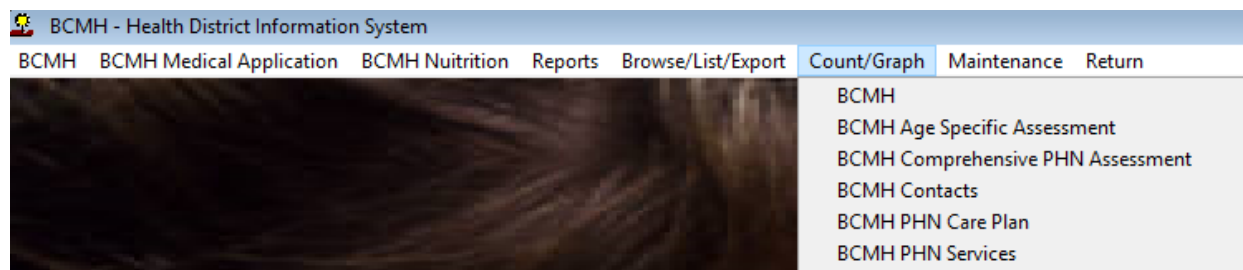
**Example for characters with a space:**

*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 [Filters](#) in the [Browse/List/Export](#) 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 1 Group** and **Level 2 Group** options will display. Select the best options dependent on your search type.



Report Title

1st admitted

Legend Title

1st admitted

504 Plan

Address ID

Age

Client ID

Comprehensive Service Pl

Dentist

Dentist last seen

Dentists next appt.

Diagnostic 1st DX code

Diagnostic 1st DX desc.

Diagnostic 2nd DX code

Diagnostic 2nd DX desc.

Diagnostic 3rd DX code

Diagnostic 3rd DX desc.

Diagnostic 4th DX code

Diagnostic 4th DX desc.

Diagnostic 5th DX code

Diagnostic 5th DX desc.

Diagnostic 6th DX code

Diagnostic 6th DX desc.

Diagnostic Began

Diagnostic Discharge

Diagnostic From

Diagnostic Sequence #

Footer

Filters

Close

OK

Output to:

☒ Screen
 ☐ Print
 ☐ DBF file
 ☐ SDF file
 ☐ Delimited file

C:\HDIS\EXPORT

Browse

Output:

☒ top ten
 ☐ all

Type

☒ count
 ☐ Totals
 ☐ pie graph
 ☐ pie graph (full page)
 ☐ bar graph
 ☐ bar graph (full page)

Sort by

☒ High to low
 ☐ Low to high
 ☐ by data

Level 1 Group

1st admitted

Address ID

Adult Immunization

Age

Clear

Level 2 Group

1st admitted

Address ID

Adult Immunization

Age

Clear

## Count

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

Educational issues - Count/Percentage		
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.

Field	Data	Data
NAME 6 COMMENTS	=	
NAME 6 EDUCATION	=	
NAME 6 RELATIONSHIP	=	
NOTICE OF HIPPA GIVEN	=	
NUTRITION NURSE	=	
NUTRITION PENDING	=	
NUTRITION DISCHARGE	=	
NURSE	=	B
OIMRI	=	

**Nurse - Count/Percentage**

Number	Percent	Nurse
51	98 %	BUTCH, NANCY
1	2 %	BORDEN, MARTI
52	100 %	<b>Totals</b>

Filters

Nurse=B

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

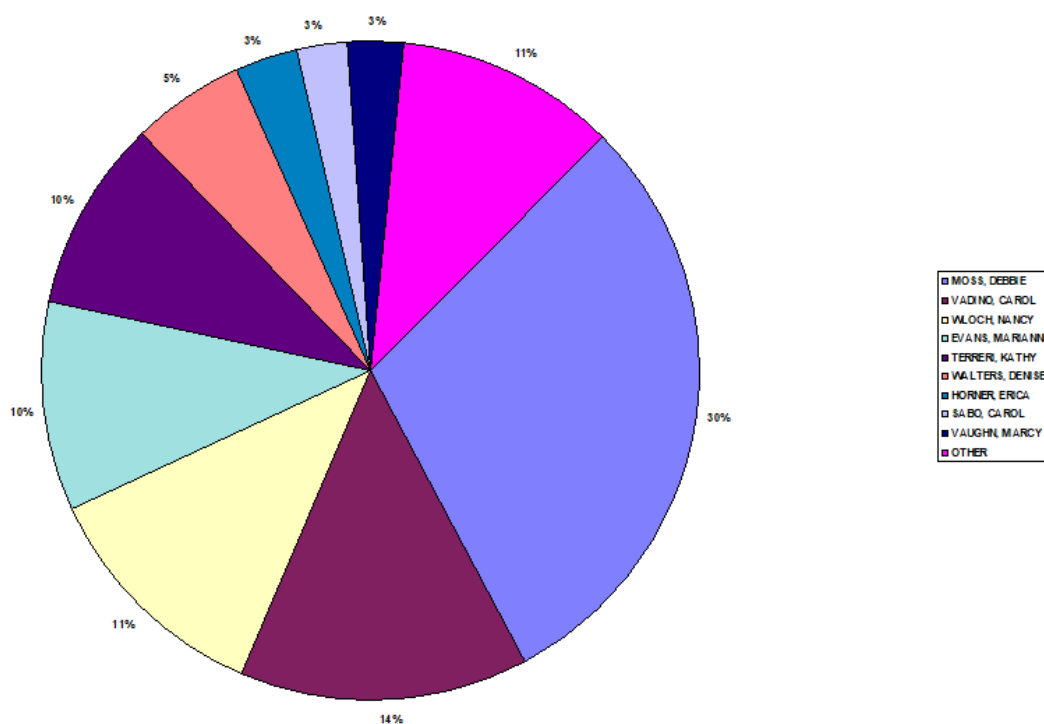
## Pie Graph

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

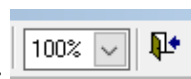
Depending on the data chosen, the percentages are altered to reflect it.

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:

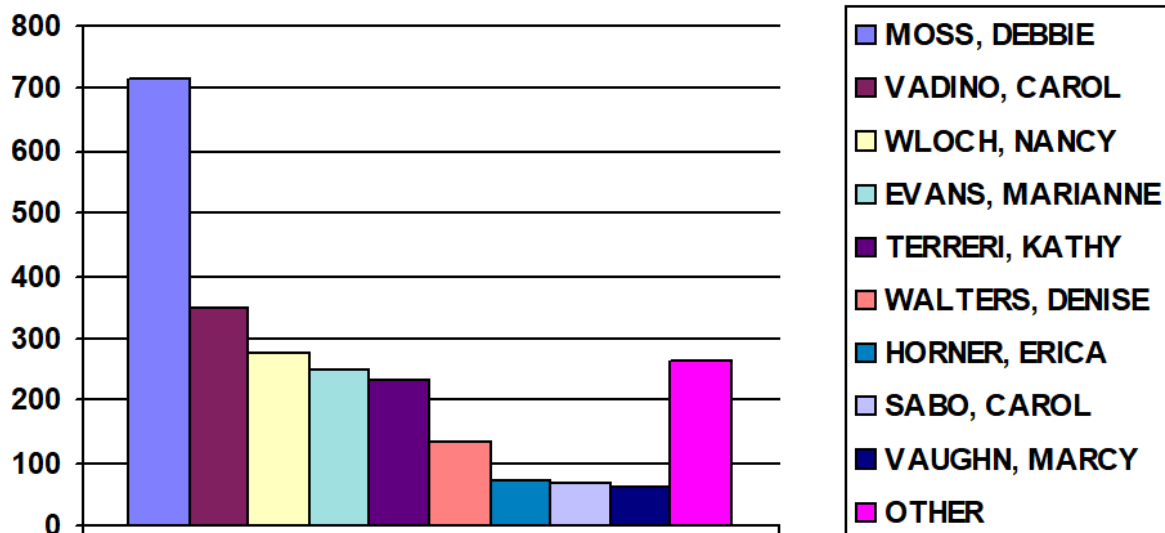


## Bar Graph

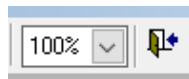
Here is an example of what the “**Bar Graph**” type would look like.

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:

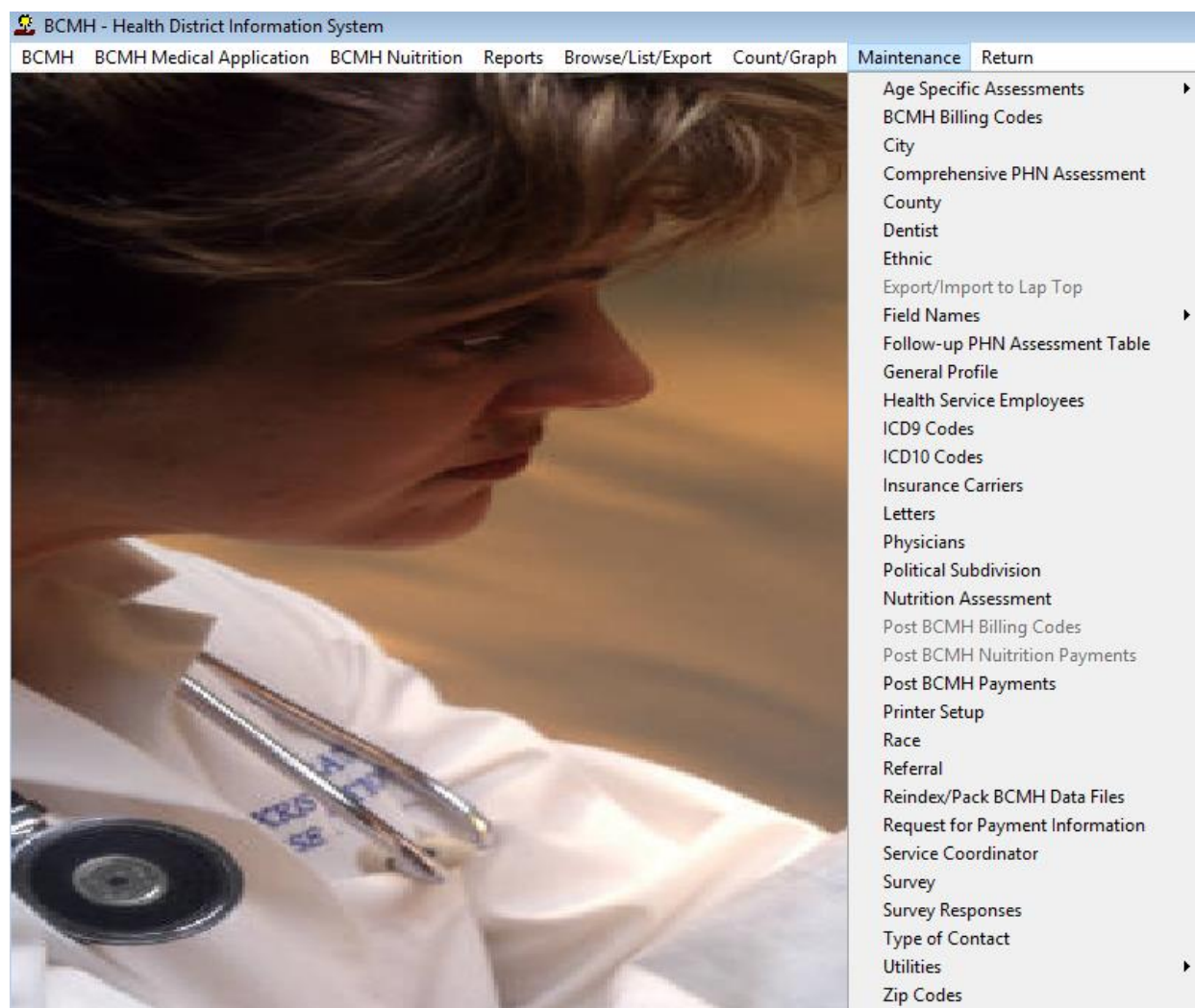


## Chapter 7: Maintenance

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 Specific Assessments
BCMh Billing Codes
City
Comprehensive PHN Assessment
County
Dentist
Ethnic
Export/Import to Lap Top
Field Names
Follow-up PHN Assessment Table
General Profile
Health Service Employees
ICD9 Codes
ICD10 Codes
Insurance Carriers
Letters
Physicians
Political Subdivision
Nutrition Assessment
Post BCMh Billing Codes
Post BCMh Nutrition Payments
Post BCMh Payments
Printer Setup
Race
Referral
Reindex/Pack BCMh Data Files
Request for Payment Information
Service Coordinator
Survey
Survey Responses
Type of Contact
Utilities
Zip Codes

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

Add/Modify/Delete = 0 Months Age Specific Assessment

Number	Issues	Review
1	MEDICAL ISSUES	CURRENT MEDS, ETC.
1		FOLLOW-UP APPTS.
1		HOSPITALIZATIONS
1		THERAPIES
2	IMMUNIZATIONS	NEEDS/ACTION TAKEN
2		UP TO DATE
3	DENTAL ISSUES	FLOURIDE SOURCE
3		GUM CONDITION
3		ORAL CLEANING
3		PACIFIER USE, ETC.

Close
Add
Delete
Print

## 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
90190	DIAGNOSTIC	12	1	115.00	1	
99539	SERVICES - OFFICE	11		10.00	1	15
99539	SERVICES - HOME	12		10.00	1	15
99600	SERVICES - OFFICE	11		10.00	1	15
99600	SERVICES - HOME	12		10.00	1	15
FCH	FIRST CONTACT-HOME					
FCM	FIRST CONTACT-MAIL					
FCP	FIRST CONTACT-PHONE					
FCR	FIRST CONTACT-REFUSED					
FCU	FIRST CONTACT-UNABLE TO REACH					
FUP	FOLLOW UP - PHONE					
PHN01	SERVICES-HOME	12	1	40.00	1	60
PHN02	SERVICES-HOME	12	1	60.00	1	90
PHN03	SERVICES-HOME	12	1	80.00	1	120
PHN04	SERVICES-HOME	12	1	100.00	1	150
PHN05	SERVICES-HOME	12	1	120.00	1	180
PHN06	SERVICES-HOME	12	1	140.00	1	999

Close

Add

Delete

Print



## City

Navigate to: **Maintenance > City**

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

City

00999
AKRON
ALLIANCE
ATLANTA
ATLANTIS TWP
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
ENGLEWOOD

Close

Add

Delete

Print

Copy Master

## 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/Modify/Delete Comprehensive PHN Assessment Table

No.	Letter	Issues	Review
1	AA	INFORMATION	INITIAL VISIT DATE
1	AB		BCMh SERVICE COORDINATOR
1	AC		SERVICE COORDINATION PLAN CURRENT?
1	AD		PRIMARY CARE PHYSICIAN
1	AE		DENTIST
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

Close  
Add  
Delete  
Print

## County

Navigate to: **Maintenance > County**

Add/Delete/Modify the counties used in BCMH

County
SUMMIT
UNION

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

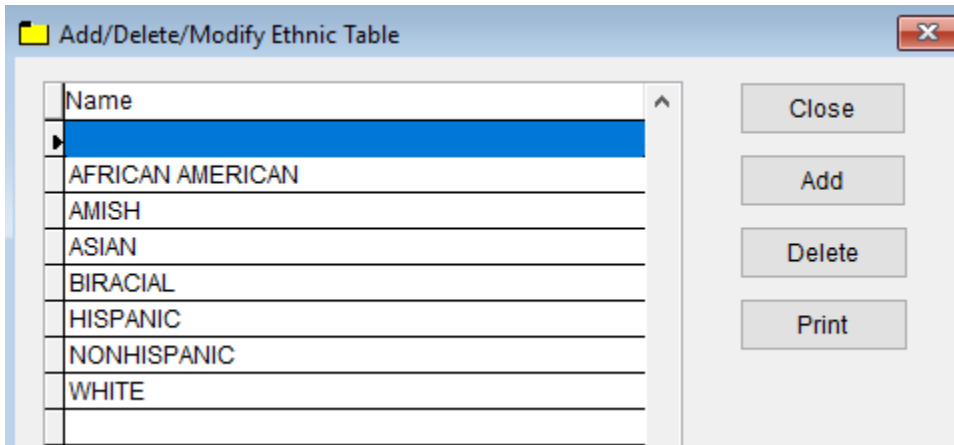
Name (ADA 2006-Box 48)	Address1 (ADA 2006-Box 48)	Address2
, FORUM HEALTH	510 GYPSY LANE	
, REFRESH DENTAL		
, ST ELIZABETH		
, YO. DENTAL CLIC		
AUGUSTIN DDS, CESAR		

Close  
 Add  
 Delete  
 Print  
 Envelope

## Ethnic

Navigate to: **Maintenance > Ethnic**

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



Name
AFRICAN AMERICAN
AMISH
ASIAN
BIRACIAL
HISPANIC
NONHISPANIC
WHITE

Close

Add

Delete

Print

## Field Names

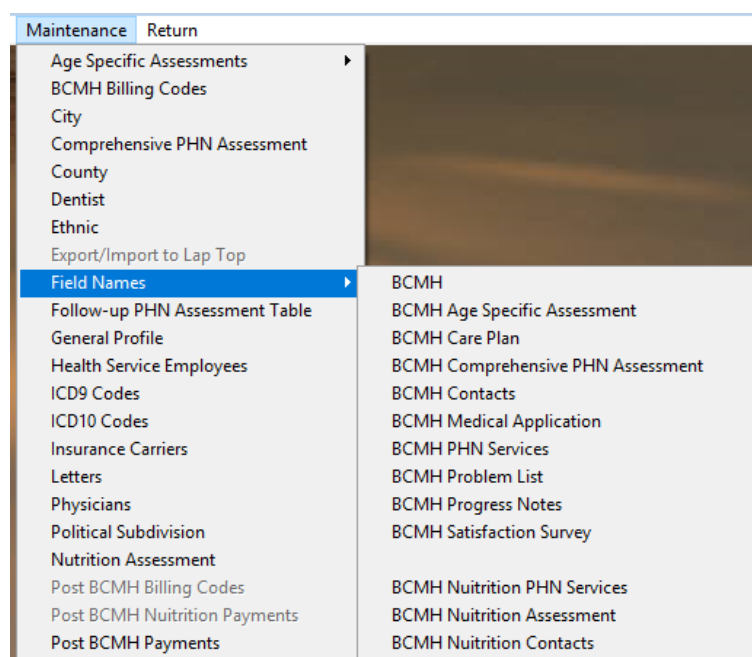
Navigate to: **Maintenance > Field Names**

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.



Data Base Field Names for BCMH		
Field Name	Data Base Field Name	
1ST ADMITTED	BCM.ADMIT	
504 PLAN	BCM.C_504	
ADDRESS ID	BCM.ADDR_ID	
AGE	BCM.AGE	
CLIENT ID	BCM.CLIENT_ID	
COMPREHENSIVE SERVICE PLAN	BCM.C_CSP	
DENTIST	BCM.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/Modify/Delete Follow-up PHN Assessment Table

Number	Issues	Review
0		
1	REVIEW LOA	A) NOTE CHANGES/ INSURANCE /MEDICAID
1		B) STATE REASON FOR VISIT
2		A. CURRENT MDICATIONS, ETC.
2	MEDICAL ISSUES	B) NOTE FOLLOW-UP APPOINTMENTS,
2		C) HOSPITALIZATIONS,
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

Close  
Add  
Delete  
Print

## 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 | Environmental | Community & Public Health Services | Vital

\* Health Department: BGI HD

City: Middleburg Heights

Division:

\* State: OH

\* Address1: 7550 Lucerne Drive

\* Zip: 44130

Address2:

\* County: Kayle

\* Phone #s: 1-440-891-9100

\* FAX #: 1-440-891-9458

Federal Tax ID: ADFA

Commissioner: Doc Darrell

Client/Server Location: M:\HDIS\DATA

Email: ADFASD

Make Checks Payable to: ADSF

View Archives: ☐ 2017 ☐ 2016 ☐ 2015 ☐ 2014 ☐ 2013 ☐ 2012 ☐ 2011 ☐ 2010 ☐ 2009 ☐ 2008  
☐ 2007 ☐ 2006 ☐ 2005 ☐ 2004 ☐ 2003 ☐ 2002 ☐ 2001 ☐ 2000 ☐ 1999 ☐ 1998

\* - Required Fields

Cancel Close



## Health Service Employees

Navigate to: **Maintenance > Health Service Employees**

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

**Add/Delete/Modify Nurse/Employee Table**

Code	Name	District
NB	BUTCH, NANCY	
BC	CHRISTENSEN, BRENDA	
SG	GOUSSIOS, SHELLEY	
EH	HORNER, ERICA	
DM	MOSS, DEBBIE	
MV	VAUGHN, MARCY KAY	
DW	WALTERS, DENISE	
AW	WIDRIG, AMIE	

Close  
 Add  
 Delete  
 Print

## ICD9 Codes

Navigate to: **Maintenance > ICD9 Codes**

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

Add/Delete/Modify ICD9 Table

ICD	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

Close  
Add  
Delete  
Print by Code  
Print by Alpha

## ICD10 Codes

Navigate to: **Maintenance > ICD10 Codes**

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

Add/Delete/Modify ICD9 Table

Code	HIPAA-covered transactions	Description
A00	0	CHOLERA
A000	1	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR CHOLERAE
A001	1	CHOLERA DUE TO VIBRIO CHOLERAE 01, BIOVAR ELTOR
A009	1	CHOLERA, UNSPECIFIED
A01	0	TYPHOID AND PARATYPHOID FEVERS
A010	0	TYPHOID FEVER
A0100	1	TYPHOID FEVER, UNSPECIFIED
A0101	1	TYPHOID MENINGITIS
A0102	1	TYPHOID FEVER WITH HEART INVOLVEMENT
A0103	1	TYPHOID PNEUMONIA
A0104	1	TYPHOID ARTHRITIS
A0105	1	TYPHOID OSTEOMYELITIS
A0109	1	TYPHOID FEVER WITH OTHER COMPLICATIONS
A011	1	PARATYPHOID FEVER A
A012	1	PARATYPHOID FEVER B
A013	1	PARATYPHOID FEVER C
A014	1	PARATYPHOID FEVER, UNSPECIFIED
A02	0	OTHER SALMONELLA INFECTIONS

Close  
Add  
Delete  
Print by Code  
Print by Alpha

## Insurance Carriers

Navigate to: **Maintenance > Insurance Carriers**

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

Add/Delete/Modify Insurance Carrier

Carrier's Name	Mail to Name	Address	City	State
AARP	AARP	P.O. BOX 31362	SALT LAKE CITY	UT
ADVANTRA (COVENTRY)	HEALTH AMERICA			
AETNA	AETNA HEALTH CARE	P.O. BOX 981106	EL PASO	TX
ALICARE	ALICARE			
ALL SAVERS	ALL SAVERS	P.O. BOX 31375	SALT LAKE CITY	UT
AMERICAN COMMUNITY	AMERICAN COMMUNITY MUTUAL LIFE			
ANTHEM	ANTHEM	P.O. BOX 37180	LOUISVILLE	KY
ANTHEM ACCESS	ANTHEM ACCESS	P.O. BOX 3718	LOUISVILLE	KY
ANTHEM BCBS	ANTHEM BCBS	P.O. BOX 37180	LOUISVILLE	KY
ANTHEM BCBS	ANTHEM BCBS	PO BOX 105187	ATLANTA	GA
ANTHEM BLUE	ANTHEM BLUE	P.O. BOX 37180	LOUISVILLE	KY
ANTHEM BLUE CROSS	ANTHEM BLUE CROSS	PO BOX 60007	LOS ANGELES	CA
APEX	APEX	P.O. BOX 3630	AKRON	OH
ASSURANT HEALTH 39065	ASSURANT HEALTH	P.O. BOX 2806	CLINTON	IA
AULT-CARE	AULT-CARE	2600 SIXTH STREET SW	CANTON	OH
AUXIANT	AUXIANT PHCS BY MULTIPLAN	P.O. BOX 6090	DEL PERE	WI
BC/BS	BLUE CROSS/BLUE SHIELD	600 E LAFAYETTE BLVD.	DETROIT	MI
BC/BS OF TENN	CLAIMS SERVICE CENTER	1 CAMERON HILL CIRCLE, STE 0002	CHATTANOOGA	TN
BEECH STREET	BEECH STREET			
BLUE ADVANTAGE	BLUEADVANTAGE ADMINISTRATORS OF ARKANSAS	PO BOX 1460	LITTLE ROCK	AR
BLUE CROSS BLUE SHIELD	ANTHEM BC/BS	P.O. BOX 533	NORTH HAVEN	CT
BUCKEYE COMMUNITY	BUCKEYE COMMUNITY	P.O. BOX 6200	FARMINGTON	MI
CAREFIRST BC/BS	CAREFIRST BC/BS	P.O. BOX 14115	LEXINGTON	KY
CARESOURCE	CARESOURCE	ONE DAYTON CENTRE	DAYTON	OH
CENTRAL RESERVE LIFE	CENTRAL RESERVE LIFE			
CHAMPVA	CHAMPVA	P.O. BOX 469064	DENVER	CO
CIGNA	CIGNA HEALTH CARE	PO BOX 188022	CHATTANOOGA	TN
CORESOURCE	CORESOURCE	P.O. BOX 2310	MT. CLEMENS	MI
COVENTRY	THE MAIL HANDLERS BENEFIT PLAN	PO BOX 8402	LONDON	KY
EMERALD HEALTH NETWORK	EMERALD HEALTH NETWORK	PO BOX 53010	LUBBOCK	TX

## 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**. [After reading this page, click this link to see more information on field names.](#)

The screenshot shows a web application window titled "Enter/Modify BCMH". It has a tabbed interface with tabs labeled A, B, C, D, E, F or Progress Notes, G, H, I, J, K. Tab A is selected. The main content area contains a letter template with three paragraphs and a closing. The text is as follows:

I would like to take this opportunity to introduce myself. My name is \*NURSE\* and I am a public health nurse with the District Board of Health, Mahoning County. I recently received a copy of your child's letter of approval (LOA) for Diagnostic services from the Bureau for Children with Medical Handicaps (BCMH). As a public health nurse, I act on behalf of children with special health care needs and their families.

Under the Diagnostic Program, children receive services from BCMH approved providers, to rule out or diagnose a special health care need or establish a plan of treatment. Financial eligibility is not required for the Diagnostic Program. It is very much like a medical insurance in that they will pay for medical services for your child. They also are very much concerned that your children receive appropriate services and supports. I have enclosed a pamphlet explaining my role in the BCMH program.

If your child has been diagnosed with a special health care need your child may be eligible for the Treatment Program. I have enclosed a pamphlet explaining my role in the BCMH program. Please call me at your convenience to further discuss services your child may be eligible for at 330-270-2855, Press 3 for our Nursing Division who can then forward you to my extension.

Sincerely,

At the bottom right of the window are two buttons: "Spell Check" and "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.

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

Add/Delete/Modify Physicians

Name	Address1	Address2
ZERVOS		
ZINN, ARTHUR B. M.D., PH D		
ZINNI		

Close

Add

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/Delete/Modify Political Subdivision Table**

Code	Subdivision
001	AUSTINTOWN TWP.
002	BEAVER TWP.
003	BERLIN TWP.
004	BOARDMAN TWP.
005	CANFIELD CITY
006	CANFIELD TWP.
007	COITSVILLE TWP.
008	ELLSWORTH TWP.
009	GOSHEN TWP.
010	GREEN TWP.
011	JACKSON TWP.
012	MILTON TWP.

Close

Add

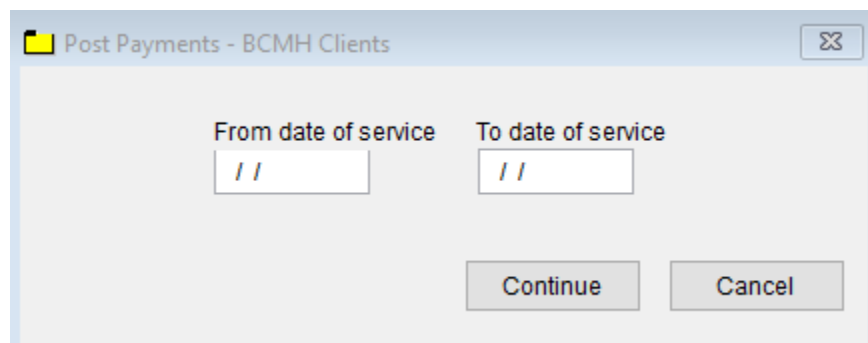
Delete

Print

## Post BCMH Payments

Navigate to: **Maintenance > Post BCMH Payments**

This utility will post payments to BCMH clients.



The screenshot shows a Windows-style dialog box titled "Post Payments - BCMH Clients". It contains two input fields for dates, labeled "From date of service" and "To date of service". Both fields currently contain the text "//". Below these fields are two buttons: "Continue" and "Cancel". A small "X" button is located in the top right corner of the dialog box.

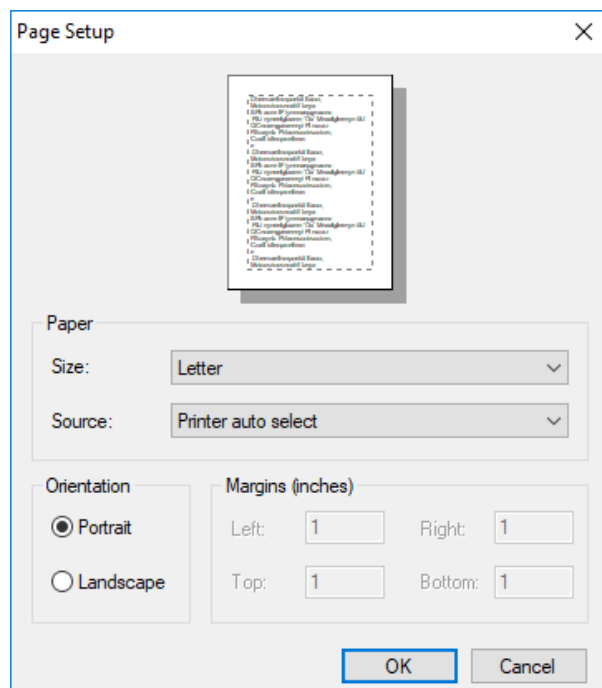


## Printer Setup

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

Preview:

Paper

Size: Letter

Source: Printer auto select

Orientation

☒ Portrait

☐ Landscape

Margins (inches)

Left: 1 Right: 1

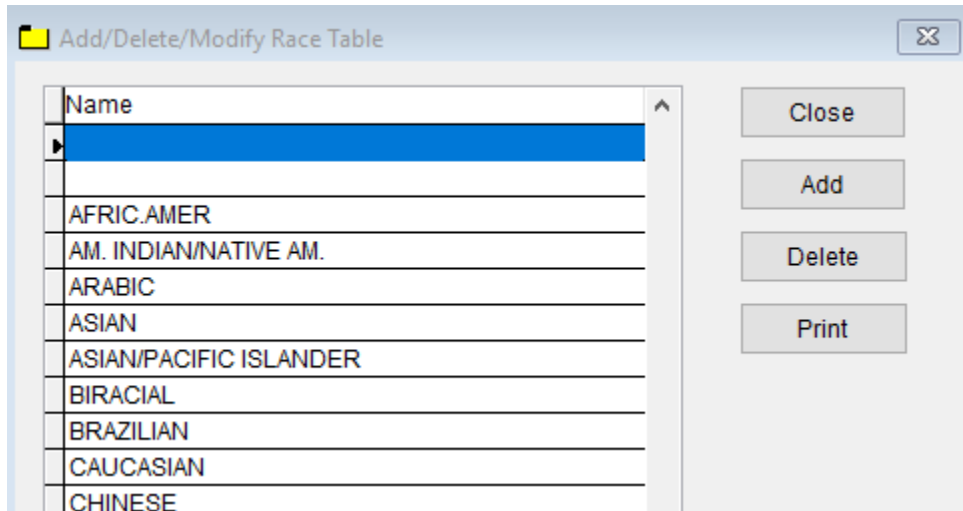
Top: 1 Bottom: 1

OK Cancel

## Race

Navigate to: **Maintenance > Race**

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



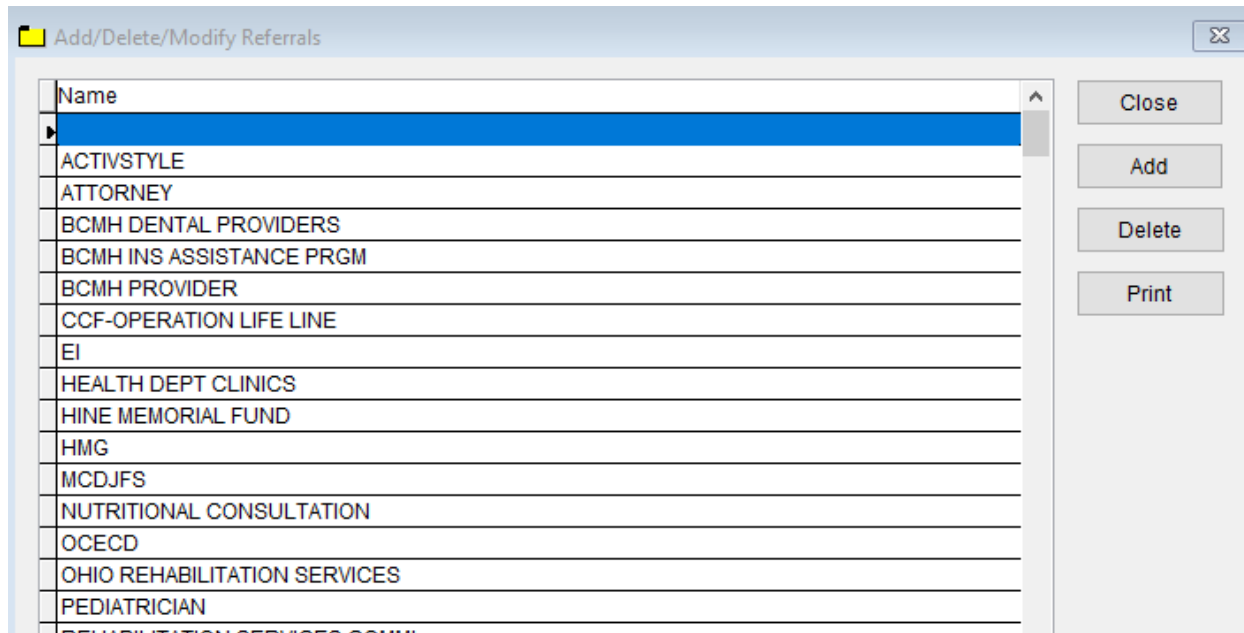
Name
AFRIC.AMER
AM. INDIAN/NATIVE AM.
ARABIC
ASIAN
ASIAN/PACIFIC ISLANDER
BIRACIAL
BRAZILIAN
CAUCASIAN
CHINESE

Buttons: Close, Add, Delete, Print

## Referrals

Navigate to: **Maintenance > Referrals**

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



The screenshot shows a software window titled "Add/Delete/Modify Referrals". Inside the window, there is a list box containing the following names: Name, ACTIVSTYLE, ATTORNEY, BCMH DENTAL PROVIDERS, BCMH INS ASSISTANCE PRGM, BCMH PROVIDER, CCF-OPERATION LIFE LINE, EI, HEALTH DEPT CLINICS, HINE MEMORIAL FUND, HMG, MCDJFS, NUTRITIONAL CONSULTATION, OCECD, OHIO REHABILITATION SERVICES, PEDIATRICIAN, and REHABILITATION SERVICES COMM. The "Name" entry is currently selected. To the right of the list box are four buttons: "Close", "Add", "Delete", and "Print".

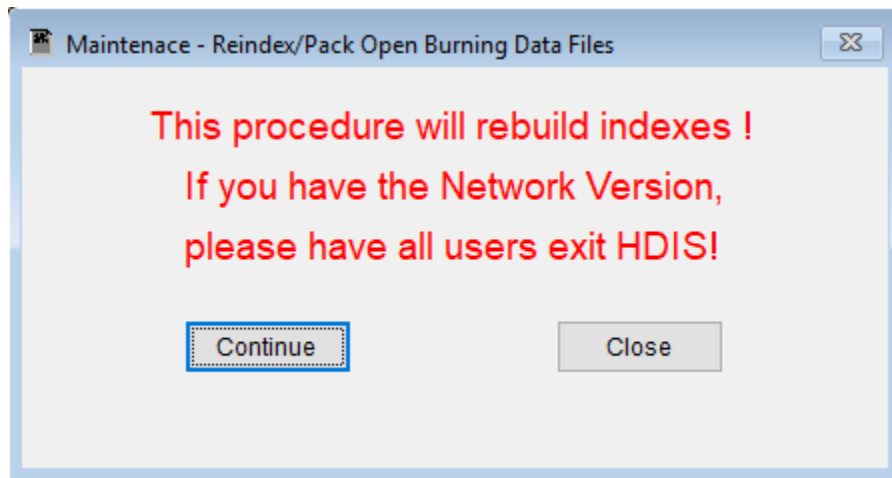
Name
ACTIVSTYLE
ATTORNEY
BCMh DENTAL PROVIDERS
BCMh INS ASSISTANCE PRGM
BCMh PROVIDER
CCF-OPERATION LIFE LINE
EI
HEALTH DEPT CLINICS
HINE MEMORIAL FUND
HMG
MCDJFS
NUTRITIONAL CONSULTATION
OCECD
OHIO REHABILITATION SERVICES
PEDIATRICIAN
REHABILITATION SERVICES COMM

### 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.

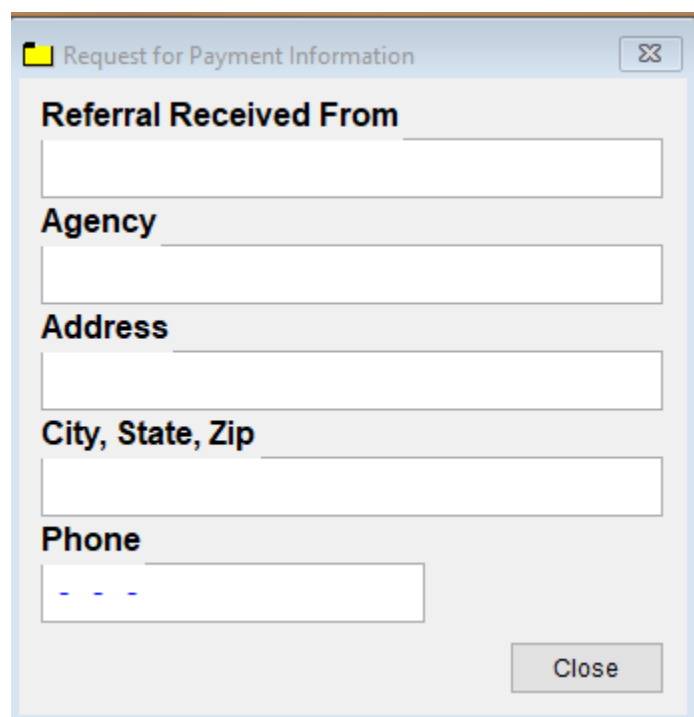
Please contact BGI if you have any questions or concerns.



## Request For Payment Information

Navigate to: **Maintenance > Request for Payment Information**

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



The screenshot shows a software dialog box titled "Request for Payment Information" with a close button in the top right corner. The dialog contains several input fields for user information:

- Referral Received From**: A text input field.
- Agency**: A text input field.
- Address**: A text input field.
- City, State, Zip**: A text input field.
- Phone**: A text input field with three dashes (---) as a placeholder for the area code.

A "Close" button is located at the bottom right of the dialog box.

## 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

Name
ABBY ALEXANDER, LISW
AMELIA K. ROBSON LISW
CINDY K KING MSSA LISW
DENISE P. FABIAN MSSA, LSA
DENISE ZEHNER, MSW, LSW
DENISE ZEHNER, MSW, LSW
DIANE HILL
DISTRICT BOARD OF HEALTH
DOUGLAS R. PALMER MSW LSW
JESSICA N FRIENT
JOANNE EHRLMANN TRAUT MSW, LSW
JULIA A RENNER RN MSN CPNP
K KING MSSA LISW
KAREN VOSPER, BSN, RN
KATHRYN REYES RN

Close
Add
Delete
Print

## 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/Modify/Delete SURVEY LETTER

No.	Question
1	Have you been called or visited by a Public Health Nurse in regard to the Bureau for Children with Medical Handicaps(BCMh) program. IF YOUR ANSWER IS YES, PLEASE COMPLETE 2-12. IF YOUR ANSWER IS NO, PLEASE STOP HERE AND RETURN IN THE ENVELOPE.
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?

Close  
Add  
Delete





## Type of Contact

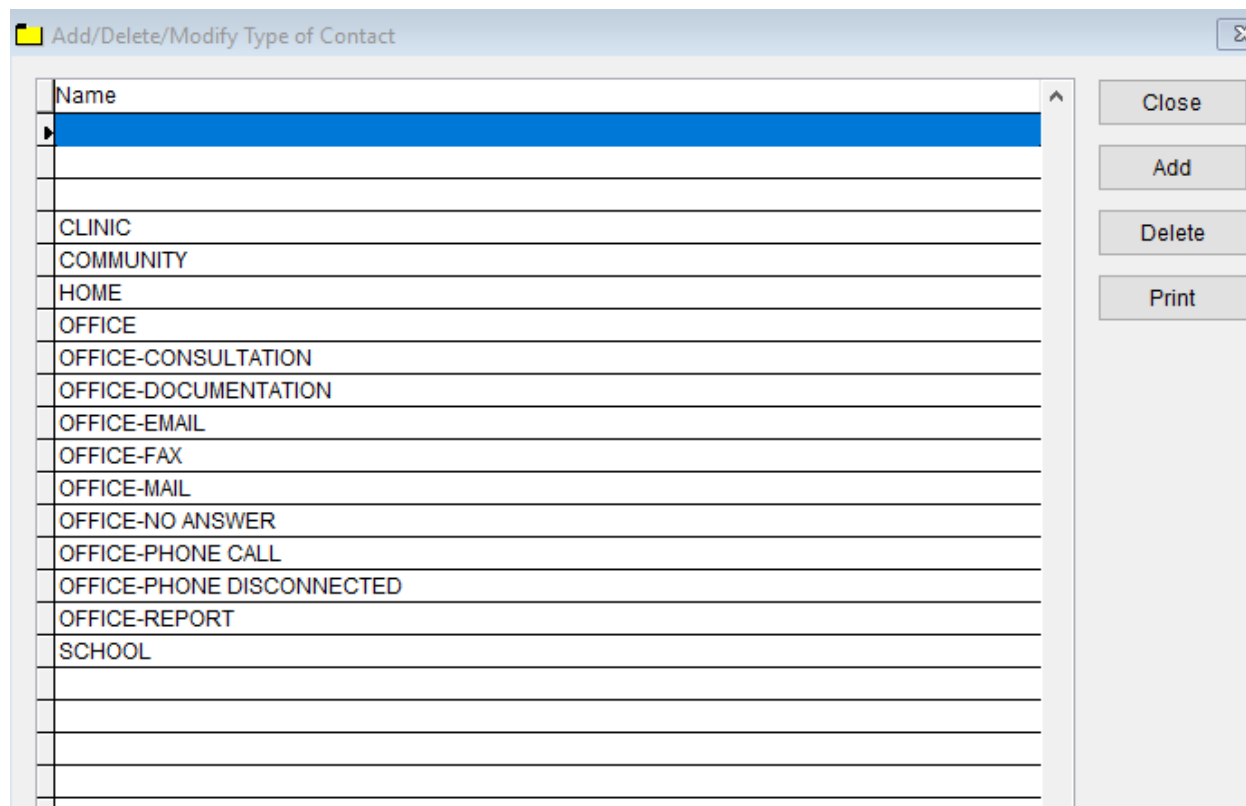
Navigate to: **Maintenance > Type of Contact**

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.



Name
CLINIC
COMMUNITY
HOME
OFFICE
OFFICE-CONSULTATION
OFFICE-DOCUMENTATION
OFFICE-EMAIL
OFFICE-FAX
OFFICE-MAIL
OFFICE-NO ANSWER
OFFICE-PHONE CALL
OFFICE-PHONE DISCONNECTED
OFFICE-REPORT
SCHOOL

Close

Add

Delete

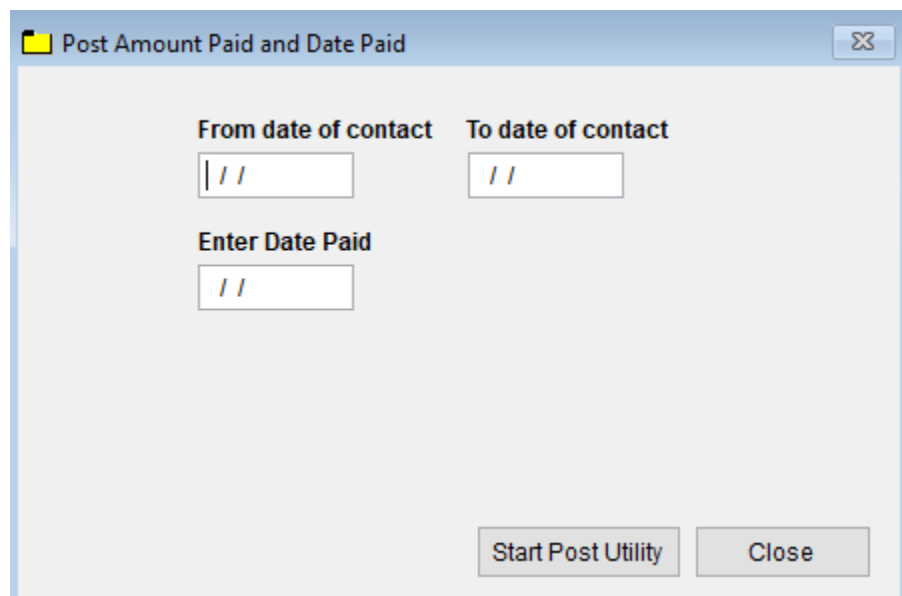
Print

## 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.



The screenshot shows a software window titled "Post Amount Paid and Date Paid" with a close button (X) in the top right corner. The window contains three input fields for dates, each with a vertical cursor and two slashes (//) as a placeholder. The first two fields are labeled "From date of contact" and "To date of contact". The third field is labeled "Enter Date Paid". At the bottom of the window, there are two buttons: "Start Post Utility" and "Close".

## 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
00000
00999
04276
07974
11111
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

Buttons: Close, Add, Delete, Print