

CMS User Guide

Version: 2.7



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1 Document History

Version	Date	Comments
.01	6/10/2015	Initial document creation
2.0	May 31, 2013	 New format Organized by Support Staff and Patient Menu functions Added WIC Appendix Updated screenshots
2.1	October 1, 2013	 Updated screenshots Updated text and screenshots based on releases Added reference links
2.2	May 19, 2014	Updated text and screenshots based on releases
2.3	July 1, 2016	 Updated based on releases. Sections impacted: Patient Functions, Patient Search Registering a New Patient Household Functions, Member Screen Growth Charts, Certification Food Package Assignment Breastfeeding Peer Counseling (new section)
2.4	August, 2020	 Updated based on releases. Sections impacted: CDP Portal Registering a New Patient Member page (Online Nutrition Education) Certification (MCHA Quick Guide) Clinic Table (Clinic Billing Search, Clinic Contact Search, CDP KYCMS Support Tables)

Version	Date	Comments
		 CDP KYCMS Support Tables (Forms and Employee) User Security
		 General updates for consistency and formatting
2.5	September 2022	 Updated to include PEF Entry, Adding CPT Codes, PEF Listing, Viewing A/R in the following sections: PEF Entry Adding CPT Codes Receipt PEF Listing Viewing A/R Patient Menu – PEF Listing Patient & Immunization Search
2.6	November 2022	 Updated to include CMS1500 including: CMS1500 Search Voiding or Canceling a Prior Claim Rebilling Steps for PEFs – Quick Reference table
2.7	January 2023	 Updated to include Accounts Receivable including: Accounts Receivable Listing AR Payment Accounts Receivable (AR Batch) – Editing, Posting, and Adding a Batch

2 Acronyms and Definitions

Acronym/Term	Definition
Benefit Period	A time period during which WIC benefits may be redeemed. This includes the beginning benefit availability date and ending benefit availability date.
BMI	Body Mass Index

Acronym/Term	Definition
CMS	Clinic Management System
EBT	Electronic Benefit Transfer. The electronic transfer of government benefits to individuals through the use of card technology and point-of-sale terminals.
Host	A central processor/computer which can act as a database processor and/or switch for transactions leaving or coming into a central processor.
КТАР	Kentucky Transitional Assistance Program. KTAP is a monetary assistance program which provides financial and medical assistance to needy dependent children in Kentucky and the parents, or relatives, with whom the children are living.
МСНА	Mid-Certification Health Assessment
PEF	Patient Encounter Form
Personal Identification Number	A four character numeric code issued to or selected by a cardholder,
(PIN)	which must be utilized by the cardholder in conjunction with a card to
	initiate a transaction.
Retailer	A dealer in foodstuffs, meats, produce, and dairy products. In the
	context of this document, the term also covers any parties who are
	authorized by the State to be a vendor of WIC approved items, and/or
	perform WIC-related computing or financial transactions for them.
RTC	Return to Clinic
System	A collection of hardware, software, persons, and procedures that work
	together to perform a set of functions.
VOC	Verification of Certification
WIC	Women, Infants and Children. WIC is a Special Supplemental Nutrition
	Program for Women, Infants, and Children.
WIC Benefit	A product provided by the WIC program to a WIC participant. For
	purposes of this system, a WIC benefit can be thought of as an
	authorized food product.
WIC Category	A grouping of authorized food products, such as milk or formula.
WIC Participant	The individual to whom WIC benefits are issued.
WIC Subcategory	A specific type of authorized food product within a WIC category, such
	as whole milk or skim milk. These are subcategories to the category of
	milk. Subcategories can be either Broadband (000) or Specific (> 000).

3 Introduction

3.1 Custom Data Processing Overview

Founded in 1981 in LaGrange, Illinois, Custom Data Processing (CDP) is the nation's premier provider of data management systems and services, including two CDP-owned, Tier 3 data centers for the



public health community. For over 40 years, CDP has provided customized solutions for public health clinic management, WIC, eWIC, home health, and environmental health.

CDP's business model has been successfully implemented in thousands of sites across the country, providing cost effective tools for the public health professional. Built with client collaboration and

designed to meet state and national health standards, CDP's health management systems are important tools for improving the quality of health services to all citizens. To learn about CDP enterprise health solutions, call (800) 888-6035 or visit http://www.cdpehs.com.

3.2 Document Purpose

This document describes the functionality, configuration, and operation of the Kentucky Clinic Management System. The audience of this document includes:

- Clinic Staff
- Customer support
- State program administrators

4 Getting Started

4.1 Application Overview

The Kentucky Clinic Management System is a comprehensive system that:

- Is a Web-based system that is integrated with WIC Direct—the online, WIC EBT solution
- Is a comprehensive clinic management system including patient registration, service reporting, billing, and management reports
- Has an appointment scheduling module
- Has the option to place patients in a household or register them individually
- Features a Growth Chart module that automatically plots measures
- Contains a WIC, automated risk assignment module
- Has a food package assignment module that supports the Federal food package rules for WIC
- Enables WIC benefit issuance in both a paper system and eWIC
- Accesses a statewide immunization registry

The WIC Direct System is an EBT (electronic benefits transfer) system that is an online, real time, electronic system in which WIC participants access their benefits using a magnetic stripe card, similar to a debit card, instead of a traditional paper food instrument. Highlights of this process include:

- A participant is certified as WIC-eligible at a clinic.
- An EBT account with participant demographic information is established through the Kentucky CMS System for each participant.
- An eWIC card is issued to the participant in the clinic and the participant selects a four-digit PIN (personal identification number).
- Monthly food benefits are issued to the client and posted electronically to the participant's account.
- The eWIC card is used to access food benefits in the retail store.
- The EBT host (server) plays the central role in the WIC Direct System. The Kentucky WIC Host interacts with the WIC EBT System to
 - Exchange claim, auto-reconciliation, and error notification files
 - Provide authorized product lists
 - Process online retailer purchase requests

In the WIC Direct System, each family/household member's food benefits are aggregated into a single account. The household account consists of specific types and quantities of food items, each with specific eligibility and expiration dates. These dates are cyclical and are set by the State WIC Authority.

Note that throughout this document, the words "patient" and "participant" are used interchangeably. Most WIC participant information is recorded in the CMS system, and then transferred seamlessly to the EBT System. During the initial registration process, registration clerks will be the first point of contact for gathering information about participants in the WIC EBT program. Much of this information is automatically transferred from the CMS system to the EBT system as information is saved during the registration process. Participant, household, eWIC card, and benefit information is also updated in the EBT system each time a change is made in the CMS.

4.2 Logging into the Application

To login to the Kentucky CMS System through the CDP Portal, double click the portal icon, enter the username and password in the appropriate fields, and click COGIN. When a user logs into the CDP Portal, they will be logged in to both the CMS and WIC Direct Systems and will be able to move seamlessly between the two systems.

CDP CDP Portal	
Login Forgot Password	
Use the form below to login. Username Password LOGIN	
CDP Portal [v 1.1 Beta] <u>Release Notes</u> © 2009 <u>Custom Data Processing, Inc.</u> All rights reserved.	

After login credentials are validated, you will be taken to the CDP Portal Main Menu.

4.3 Managing My Account

4.3.1 Edit Profile

To edit your profile, click the Edit Profile button at the top of the CDP Portal Main Menu page.



The Edit Profile page will be displayed.

🛃 EDIT PROFILI	
Use the below form	ı to edit your profile.
First Name	
Last Name	
Email Address	
CMS PROFILE (OPTIONS
Clinic	V
WIC Printer	
Reason for Visit	V
Visit Date	

- User profile information that can be edited is First Name, Last Name, and Email Address.
- To edit the CMS Profile Options, use the drop-down menus to change the Clinic or Reason for Visit, or manually edit the WIC Printer and Visit Date.
- To save any changes made, click Save.

4.3.2 Forgot My Password

If you have forgotten your password, click the button at the top of the CDP Portal Login page.

CDP ehs	CDP Portal	
Login Forgot Passwor		
Use the form below to log	in.	
Password		

A page will appear with a form requesting the Username and Email Address fields to be completed.

FORGOT	PASSWORD
Use the form belo	w to have your password sent to you.
Username Email Address	

Type your Username and Email Address associated with the user account in the appropriate fields,

and click the **SEND** button. Your password will be sent promptly to the email address entered.

4.3.1 Changing My Password

To change your password at any time, click Change Password at the top portion of the CDP Portal page.

4.3.2 Logging Out of the Application

To exit the CDP Portal from any page, click LOGOUT. When successfully logged out of the CDP Portal, the following page will be displayed



4.4 Getting Familiar with the Interface

This section explains the main Portal page; used to access most applications, common commands, icons, buttons, and navigation tips for using CMS.

4.4.1 CDP Portal

After successful login to the CDP Portal, the Portal Main page will be displayed including the Memberships and Portal News sections. The Memberships section lists all user groups to which a user belongs; all the systems to which they have access; and all applications to which they have access. In this user guide, the CDP Portal page will be referred to many times when a user will be switching to a new application within CMS.

NOTE: The list of applications on your Portal page may differ from the example shown below based on user security and access.

CDP	
CDP ehs CDP	Portal
Portal Edit Profile Change Password Logou	Ut Welcome
	् PORTAL NEWS
Groups CDP Administrators	(1) Page 1 of 0 () Size: 10 (GO)
DMS Audit	
DMS Edit DMS Export	
DMS Import	
DMS Scan	
DMS Upload DMS User	
KYCMS_BFPeer_Super_D002	
KYCMS_C002_Household	
KYCMS_C002_Registration KYCMS_C005_Household	
KYCMS_C500_Household	
KYCMS_C500_Registration KYCMS_Community_Update	
KYCMS_IMMREG_Admin	
KYCMS_S800_Household KYCMS_Supplemental_Update	
KYCMS_VOC	
KYEBT_User	
KYFIN Vendor Security KYFIN_CDP_Financial	
Kentucky WIC EBT	
Ky State support tables Payroll Admin	
Applications Accounts Receivable Breastfeeding Peer Search CDP EMR Billing CDP KYCMS Support Tables • Adjunct Elig Proofs • Client • Clinit • Clinit OTP Totals • Cost Center	
 <u>County</u> <u>District</u> <u>Gender Codes</u> Managed Care 	
 Medicaid Match Rate Member Codes Poverty Level Race Codes 	
• <u>Reason Codes</u> • Reimbursement Rate	
<u>Support Table</u>	
 <u>Support Table Type</u> <u>WIC Fed FNS Types</u> 	
<u>WIC Status</u>	
CDP Report Viewer CDP Security	
<u>Access Logs</u>	
• <u>Access Logs (old)</u> • <u>Groups</u>	
· <u>Groups (old)</u>	
 Locations Locations (old) 	
<u>Objects</u> <u>Objects (old)</u>	
Portal News	
 <u>Portal News (old)</u> <u>Question (old)</u> 	
 Question Group (old) 	
• <u>Systems</u> • <u>Systems (old)</u>	
• <u>Users (old)</u>	
<u>Clinic Billing</u> <u>Clinic Billing (new)</u>	

Clinic Contact Search CMS Supplemental CMS System Update Notes CMS User Documents CMS User Documents CMS Totage Rules CPT Charge Rules Famers FM Vendors (old) Food Inventory Search · Food Inventory Search · Food Inventory Search Handwritten FI Product Rebate Redemption Household · HH Search ICD Classification Immunization Registry Insurance or Contract Search KY State Tables (old) KYCMS User Support Tables · Alert Codes · CPT Codes · Employee · Forms · Language · Seals Schools · Sub Risk Codes KYIR Message Log Patient Search PEF Assigned Actions PEF Inumber Search PEF Assigned Actions PEF Number Search · Provider Schedule Search · Provider Schedule Search · Drovider Schedule Search · Question Group User Security (old) VOC Search WIC Card / Food Instrument · Encypt/Decrypt Strings · FI / Card Range Search · Subcategory Search · Subcategory Search · WIC Message Search

4.4.2 CMS and WIC EBT Buttons & Icons



FUNCTION	BUTTON/ ICON
Add Household information	ADD
View a participant's WIC Benefits	BENEFITS
Cancel information and return to the previous page	CANCEL
Print a certificate of a patient's immunization records	CERTIFICATE
Clear existing information	CLEAR
Transfer information to a different county	COUNTY TRANSFER
Create a new household	CREATE NEW HOUSEHOLD
Delete a previous entry	DELETE
Go to the EBT Account page	EBT ACCT
Issue an eWIC card	EBT CARD
Edit an existing record	EDIT
Export benefits	EXPORT
Retrieve forgotten password	Forgot Password
Initiate a search	GO
Go to the Household Search page	HH SEARCH
Hide a search filter	HIDE FILTER
Issue patient benefits	ISSUE BENEFITS
Create and print labels	LABELS
Log out of CMS System	Logout
Go to Member page	MEMBER
Modify patient's benefits	MODIFY
Add a new record	NEW
Create a new household	NEW HOUSEHOLD

FUNCTION	BUTTON/ ICON
Go to the Patient Menu page	PATIENT MENU
Return to the menu of Applications and Systems	PORTAL
Go to the Registration page	REGISTRATION
Replace Benefits in Food Package Replacement	REPLACE BENEFITS
Return to the previous page	RETURN
Go to the Return to Clinic page	RTC
Save data entered	SAVE
Save information entered and add an eWIC Cardholder	SAVE & ADD CARDHOLDER
Save information and return to the Account Details page	SAVE & BACK
Save information and go to the Income/Proofs page	SAVE & INCOME/PROOFS
Save information and go to the Patient Menu	SAVE & PATIENT MENU
Save information and return to the Portal	SAVE & PORTAL
Save information and add third party liabilities	SAVE & 3RD PARTY
Save information and go to the VOC page	SAVE & VOC
Save information and go to the WIC Issuance page	SAVE & WIC ISSUANCE
Initiate the search process	SEARCH
Show a search filter	SHOW FILTER
Transfer patient information	TRANSFER
Update a record	UPDATE
Void Benefits in a Food Package	VOID BENEFITS
Return to the first or last page of results	e b
Return to the previous or next page of results	
Go back to a main page	
Edit or Update a Record	7
Go to the WIC 75 Report	15
Show a Record	۹
View more information	J.
Select a date	
See how the results were filtered	T
Update a User/View User Details	la 1
Update a Vendor/View Vendor Details	وه 😒

FUNCTION

BUTTON/ICON

4.4.3 Navigation Tips

Using Search Filters

When using search filters in the CMS or WIC EBT Systems, the filters may differ in appearance, however the operations work in the same manner.

Click inside of the search filter box; enter information, and then click

Examples:

HOUSEHOLD LC	оокир
County:	Local Health V SEARCH CLEAR CANCEL
Search by or	ne of the fields below
Household #:	
Name:	smith
Address:	
Phone #:	
EBT Card #:	

📃 🔍 USERS		
NEW EXPORT HIDE FILTER	Page 1 of 6 > > Size: 20 GO	
Username	System Please Select Y Email Address	
First Name	Middle Name Last Name	
Address 1	Address 2	
City	State Please Select Y Zip Code	_
Unassigned Please Select 💌	Record Status Please Select 💙	
SEARCH Clear		

There are several methods of selecting information within the search filters. These include: typing the information into a search box, drop-down menus, scroll menus, and more.

Drop-down Menus

Many times the Search Filter sections will also contain drop-down menus. Clicking in the drop-down field will display a list of choices. Left-click on the arrow, then click on one of the answer choices. Below are examples of drop-down menus.

Member *
FOSTER CHILD
CARDHOLDER MEMBER
CHILD
FOSTER CHILD
FOSTER PARENT
GRANDPARENT
OTHER
PRIMARY MEMBER
SIBLING
SPOUSE/SIGNIFICANT OTHER

Third Party	
Medicaid Eligible?	Yes 💙
	No
	Yes
	Applied
	Probable
	Mothers Medicaid
	Family Medicaid
	KChip
	Eligible (Potentially)

Main Page Arrow Indicator

A red arrow pointing to a page name indicates the page the user should be on to continue. The following example shows that in order to get to the Account Balance page, the user must first be on the Patient Menu page.

👄 Patient Menu screen

To access the Account Balance screen from the Patient Menu screen, click Account Balance.

PATIENT MENU		
Patient #: 123456789	Medicaid Number:	Chart Number:
Name (F, M, L): JOHN SMITH		DOB: 8/1/2009
PATIENT SEARCH		
Growth Charts		
AutoRisk		
Household		
Patient Imms		
Immunizations		
Registration		
Edit		
Show		
Return to Clinic		
Scheduling		
E WIC		
Account Balance		
Food Pkg Assignment		
Food Pkg Replacement		
Inquiry		
Return Benefits		
View Benefits		
Void Benefits		

Scroll Menus

Another method of selecting information for a search is the scroll menu. Use the arrows on the side to scroll through the options, then click an answer choice and it will be highlighted. This is a multi-item select field. To select multiple items from the list, hold the "Ctrl" button on the keyboard and click multiple items.

Example:

Transaction	Add Account	^
Туре	Add Cardholder	
	Adjust Benefits	
	Associate Card with Account	
	Balance Inquiry	
	Benefit Expungement	
	Change Password	
	Change PIN	
	Deactivate Account	
	Deactivate Card	
	Deactivate Cardholder	
	Pre-purchase Balance Inquiry	
	Purchase Request	
	Purchase Reversal	*

Selecting Individuals

Household Membe

- There are many instances in the CMS System in which a single household or patient should be selected from a list of households or patients, and then a button must be clicked to perform a function with that individual. In some cases, a radio button must be selected that corresponds with the desired information. After the radio button has been marked, click a button to perform the desired function.
- A similar way of selecting an individual from a list may be check-marking a box corresponding with that individual.

9		SAVE & INCOME	SAVE & WIC PROOFS	SAVE & WIC ISSUANCE		AVE & CHANGE B	ENEFIT FORM	SAVE & REINST	ATE/TERM
	Member *	Patient # *	Last Name *	First Name *	МІ	Birth Date *	Gender *	Responsible Party	Emergency Name
	Child	451021478	ABNER	ANNIE	F	05/15/2010	Female 💌	~	~
	Child 💙	00000003	SMITH	ANTONIO	К	02/03/2007	Male 💙	*	~
	Child	942145789	BROWN	BENNY		01/01/2010	Male 💌	~	~
	Child 💌	00000001	SMITH	BORIS	К	04/15/0200	Male 💌	~	~
	Child	00000002	SMITH	BORIS	К	04/15/2006	Male 🗸	~	~
	Child	343432487	SMITH	DIMITRI	S	04/15/2006	Male 💌	~	~

After an individual is selected, then any of the buttons above may be selected: Delete, Transfer, Registration, Patient Menu, etc. If a button is clicked before selecting an individual, the following message may appear: ^{Must Select Patient for}

Initiating a Search

ACCOUNT

• In the EBT System, the Search button is used to initiate a search.

NEW EXPORT HIDE FILTER	Page 1 of 1	Size: 20 G	0
Household Number	Card Number		
First Name	Middle Name		Last Name
			smith
Address 1	Address 2		
City	State Ple	ease Select 💌	Zip Code
SEARCH Gear			

Entering a Location

The filter labeled "City/ State/ Zip" requires information entered in a very specific format. It is easier to avoid error messages by typing just the city, then waiting for the drop-down of cities to appear and selecting one. Do not type a space after entering the city.

City,State Zip *:	Frankfort	ex: Glasgow,KY 42141
	Frankfort Center,NY 13340	
	Frankfort Heights, IL 62840	
	Frankfort Hts, IL 62840	
	Frankfort, IL 60423	
	Frankfort, IN 46041	
	Frankfort, IN 46058	
	Frankfort,KS 66427	
	Frankfort,KY 40601	
	Frankfort,KY 40602	
	Frankfort,KY 40603	
	Frankfort, KY 40604	
	Frankfort, KY 40618	
	Frankfort,KY 40619	
	Frankfort, KY 40620	
	Frankfort,KY 40621	
	Frankfort,KY 40622	
	Frankfort, ME 04438	
	Frankfort,MI 49635	
	Frankfort,NY 13340	
	Frankfort,OH 45628	

Links

In the EBT System, links underlined in blue are links to related information, such as a household number, patient or participant names, vendor names, email addresses, etc.

Examples:	<u>Household Number</u>	<u>Name</u>
	٥	<u>Test Vendor</u>
	0052605	<u>Test Vendor 2</u>

 In CMS, links underlined in black are links to related information, such as household numbers and patient numbers.

Patient				
Patient #:	Last Name: Smith	First Name:	SEARCH	CLEAR
NEW PATIENT				
Page :	1 of 3 D Page Size	a 10 GO Total Items:	27 Page Number	GO TO
Household #	Patient #	Name	Birth Date	<u>Gender</u>
<u>18</u>	555000555	JOHN SMITH	07/01/08	Male
19	123454321	CHILD SMITH	02/03/05	Male
<u>13</u>	900000999	KEVIN SMITH	09/01/08	Male
12	678678678	MAGGIE SMITH	03/15/00	Female

CMS and EBT have separate browser windows

When navigating from the CMS System into the EBT System, there will always be a separate browser window that pops up for the EBT System. This means that clicking the "back" button at the top of the browser will not go back to a CMS page. To return to CMS, just close out of the EBT browser window.

	💌 🔒 🕂 🗙 🔁 ting
File Edit View Favorites Tools Help	🗴 🍕 Convert 👻 🔂 Select
x Google	🔽 🛃 Search • • 👘 • 👘 • 🔯 • 🏠 Bookmarks • 🖤 Check • 👪 Translate • » 🔌 •
🚖 Favorites 🛛 🚔 🍘 Suggested Sites 🔹 🔊 Web Silo	e Galery + 😰 Free Hotmal
EBT: Account Details	💁 • 🔂 - 🗂 👼 • Page • Safety • Too
LOG OFF CHANGE PASSWORD	PROFILE SETTINGS
LOC OFF CHANGE PASSWORD ACCOUNTS USERS PRODUCTS MESSAGES LOGS	PROFILE SETTINGS
LOG OFF CHANGE PASSWORD ACCOUNTS USERS PRODUCTS MESSAGES LOGS	PROFILE SETTINGS VENDORS TRANSACTIONS RECONCILIATION REPORTS JOBS FILES
LOG OFF CHANGE PASSWORD ACCOUNTS USERS PRODUCTS MESSAGES LOGS C ACCOUNT DETAILS Household 50011 Number	PROFILE SETTINGS VENDORS TRANSACTIONS RECONCILIATION REPORTS JOBS FILES

- **NOTE:** There are multiple browser windows open.
- To close out of the EBT browser window, click the 🔀 at the top right portion of the page.

🕑 🔹 🙋 🐘 👘		💌 🔒 🛃 🔀 📴 Bing	P -
Edit View Favorites Tools Help	🗙 🍕Convert 🝷 🔂	Select	
Google	🚽 🚼 Search 🔹 🛷 🥌 • 🖕 •	🚳 • 🏠 Bookmarks • 🧩 Check • 👪 Translate • »	🔦 🔹 🔵 Sign In 🔹
Favorites 🛛 👍 🏉 Suggested Sites 🔹 🙋	Web Sice Gallery 👻 🙋 Free Hotmail		
EBT: Account Details		🛅 * 🖾 🗉 🖶 * Page *	Safety • Tools • 🔞 • *
	cky Direct -Beside Interface		
LOG OFF CHANGE PASSWO	ORD PROFILE SETTINGS		
ACCOUNTS USERS PROD	UCTS VENDORS TRANSACTION	IS RECONCILIATION REPORTS JOBS	FILES
MESSAGES LOGS			
📃 🔍 ACCOUNT DETAILS			
Household Number	Account Status		
Address 1	Address 2		
	State	Zip Code	
City			

Required Fields

• Any field with a red asterisk* next to it is a required field. The page cannot be completed until the required information has been entered.

Patient Information					
Mothers name(F,M,L)					
Maiden name		Prim Care Phy name			
Address	WILDCAT LODGE				
State	KY 💌				
City/State/Zip	* Lexington,KY 40502	✓ 4 digit sub zip	County Residence	FAYETTE	× 4
Home Phone	(606) 777-7777	Cell Phone	Work Phone		
Email					
Home Contact?	Yes 💙	If no, How to contact?			
Homeless?	No 💙				
Marital	*	Migrant? No 💌	Special Program?	No 💙	
Hisp/Latino?	* No 💌				
	Available Codes	Assigned Codes			
Race Code(s)	White Black Native American/Indian Asian	Image: Description of the second se			

Pages that extend past the width of a standard screen

SAVE & CHANGE BENEFIT FORM

In the CMS System, there are some pages that require scrolling to the right to view all the fields. These fields extend beyond the width of the screen. The Household Member page is an example.

Household Men	bers							
SAVE & 3RD F	SAVE & I	INCOME SAVE & WIC	PROOFS SAVE & WIC	ISSUANCE				
ADD	GAVE DELETE	TRANSFER	TRATION	PATIENT MENU RTO				
P	lember *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party
FOSTER CH	LD 🗸	121123211	GONZALEZ	HORATIO		5/1/2005	Male 💌	*
FOSTER CH	LD 💌	333222111	SMITH	BOBBY		11/12/2004	Male 💌	*
CARDHOLD	ER MEMBER	121212121	SMITH	GINA	G	12/24/1982	Female 💌	*
CHILD	*	894514604	SMITH	LACY		5/15/2009	Female 💌	*
PRIMARY M	EMBER 🗸	777777777	SMITH	TUBBY		5/1/2006	Male 💙	*

 The screen must be scrolled so that the information to the right can be seen: Emergency Name, Medical Home, LEP (Limited English Proficiency), Primary Language, and Comments.

GISTRATIO	N	LABELS	PATIENT	MENU	С					
Name \star	MI	Birth Date *	Gender *	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language	Comment
		05/01/2005	Male 🗸	~	~	~		ų,	Spanish 🗸	
		11/12/2004	Male 🗸	~	~	~			~	
	G	12/24/1984	Female 🗸	~	~	~			English 🗸	
		05/15/2009	Female 🗸	~	~	~			English 🗸	
		05/01/2004	Male 🗸	~	~	~			~	
										/
								\mathbf{i}		
								Y		

Moving cursor over text to reveal an icon

 In the EBT System, there are instances where icons will only be revealed after the cursor is moved over text. In the example below, the EBT Vendors page, the cursor moved over "CDP Market". Note the icons that appeared.

CDP, I	nc.
--------	-----

<u>Name</u>	<u>Number</u>	Address
Test Vendor	1111	1111 First Street Frankfort, KY 40601
Test Vendor 2	1112	1222 Second Street Frankfort, KY 40601
Croswell Foods	3838383	406 Winners Circle Frankfort, KY 40601
Healthy Foods Grocery	444888	xxx Healthy Lane Frankfort, KY 40601
CDP Market	500001	123 Merchant Lane Frankfort, KY 40601

Another instance where this occurs is on the EBT Users page.

<u>Username</u>	<u>System</u>
<u>Allie.Williams</u>	OWE
Allison.James	OWE
Amy Smith	OWE
andy.vail	KY CMS
angelak.howard	KY CMS
Annie.Oakley	OWE
anthony.davis	KY CMS

Lists of pages of results

- After performing a search, there may be several pages of results, but only the first page is visible. Use the arrow buttons to move to the next, last, previous, and first pages.
- Notice that the example shown on the following page has 3 pages of results. The Page Size is 10, therefore 10 results are shown. Use the arrows to navigate through the pages.
- The page size can be changed to show more or less items per page. Change the number in the Page Size box and click Go.

Patient #:	Last Name: smith	First Name:	SEARCH	CLEAR
NEW PATIENT				
	l of 3 Page Siz	e 10 GO Total Items:	27 Page Number	GO TO
Household #	Patient #	Name	Birth Date	Gender
<u>18</u>	555000555	JOHN SMITH	07/01/08	Male
<u>19</u>	123454321	CHILD SMITH	02/03/05	Male
<u>13</u>	900000999	KEVIN SMITH	09/01/08	Male
12	678678678	MAGGIE SMITH	03/15/00	Female
<u>42</u>	5454212	ELIZA K SMITH	12/13/80	Female
13	544545454	HANK SMITH	05/01/06	Male
3	985462211	PENNY SMITH	02/25/06	Female
New	416393872	CARI SMITH	10/25/91	Female
New	A-S121059	ABE S SMITH	12/10/59	Male
31	777888777	ORLANDO SMITH	05/01/97	Male

Entering Measurements

When entering measurements in the Growth Chart application, it is important to pay attention to the filters. There are separate filters for feet and inches and pounds and ounces. It is not necessary to enter "ft." or "in.", just enter the numeric measurement.

Measurements			
Date of Measures:	06/03/2009		
Height (ft.):	5	Height (in.): 4	<u>Convert</u>
Unknown Height		Recumbent	
Weight (lbs.)	139	Weight (oz.): 2	<u>Convert</u>
Unknown Weight			
Head Circ. (cm.):	0	Convert	
BMI:	23.88		
Comments:			

The person's measurements shown above would be 5 feet, 4 inches. They would weigh 139 pounds, 2 ounces.

5 Patient Functions

Patient functions are functions that can be performed for an individual, rather than a household. These functions include searching for a patient, editing patient information, and registering a patient.

5.1 Household Search & Patient Search

To access the Household Search page from the Portal page, click the Household or Household Search link in the list of applications. Once the application has been successfully accessed, the Household Search page will be displayed.

HOUSEHOLD SE	ARCH					
County	Local Health 🗸	SEARCH	CLEAR			
Number						
Household #			OR	EBT Card #		
Household Data						
Last Name Address Phone #						
Patient Data						
Patient # Last Name Cell Phone #				First Name		
Visit Date	06/20/2014					
	TIL					

From this page there are two options for searching within the system:

- Searching for a household.
- Searching for a patient.

5.1.1 Patient Search

To search for a patient, use the bottom portion of the **Household Search** Page, as displayed below.

Patient Data		
Patient #		
Last Name		First Name
Cell Phone #		
Visit Date	11/08/2010	

Click once inside the boxes and type the Patient #, Last Name, and First Name, or Cell
 Phone #, then click SEARCH
 The Patient # does not have to be used; however, it will often return a direct hit.

Once information for the search filters has been entered, a list of records matching the search criteria will be displayed.

If a last name has been entered in the search filter, there may be more than one page of results. Use the arrows to navigate to the previous page, next page, or last page.

NOTE: The number of records that appear on the page can be changed by entering the number of results per page in the Page Size box.

tient D	ata							
	Patier	nt #						
La	ast Na	me	smith			First	Name	
Cell	Phon	e #						
V	/isit D	ate	11/08/2010					
P	ATIE	NT						
	NEW	PA1		9 🕢 Page	1 of 20 🕟 🚱	Size: 10	- GC	
			Household #	Patient #	Name	Birth Date	Gender	Cell phone #
		8	20	999888325	PRIMARY SMITH	10/1/1990	Female	
	P	8	15	777777777	TUBBY SMITH	5/1/2004	Male	(502) 695-1999
		8	64	999888666	CHILDONE SMITH	1/1/2009	Male	(859) 361-1175
		8	41	876360534	BREEANNA R SMITH	4/27/2007	Female	
	>	8	60	111444036	MOM SMITH	1/1/1985	Female	
	>	8	115	998888030	CHILDONE SMITH	1/1/2009	Female	
	>	8	60	111222040	CHILDTWO SMITH	4/15/2005	Male	
	>	8	13	555000556	TEST1 SMITH	5/1/2008	Male	
	>	8	149	999888495	CHILD SMITH	1/1/2007	Female	
		8	64	999888777	CHILDTWO SMITH	1/1/2009	Male	

Patient Is Found

Once the results are displayed, if the patient is listed, there are three options: Go to Registration page, Edit Household, and Go to Member page (if the patient is in a household).

To go to the Registration page for that patient, click the Registration icon

Patie	nt Da	ta						
	Patient # Last Name Cell Phone #							
Р		sit Da	te 11/08/20	010 📰				
(NEW	/ ΡΑΤ	IENT) (Page Patient #	1 of 20 🕟 🛞 Name	Size: 10 Birth Date	Gender	Cell phone #
		8	20	999888325	PRIMARY SMITH	10/1/1990	Female	
		8	15	777777777	TUBBY SMITH	5/1/2004	Male	(502) 695-1999
		8	64	999888666	CHILDONE SMITH	1/1/2009	Male	(859) 361-1175
) 😰	8	41	876360534	BREEANNA R SMITH	4/27/2007	Female	
		_						

To go to the Household Edit page, click the Household Edit icon . Refer to Editing a <u>Household</u> for more information.

ruuc	nt Dat	ta						
	Patient #							
Visit Date 11/08/2010								
P	ATIE	NT						
NEW PATIENT () Page 1 of 20 () Size: 10 (GO)								
			Household #	Patient #	Name	Birth Date	Gender	Cell phone #
2	P	8	Household # 20		_		_	
3	*	& &		Patient #	Name	Birth Date	Gender	
			20	Patient # 999888325	Name PRIMARY SMITH	Birth Date	Gender Female	Cell phone #
7		&	20 15	Patient # 999888325 777777777	Name PRIMARY SMITH TUBBY SMITH	Birth Date 10/1/1990 5/1/2004	Gender Female Male	Cell phone # (502) 695-1999

 To go to the Member page corresponding to the patient's household, click the Go to Member icon ^a. If the patient is not in a household, the member icon is grayed out.

Patient #								
Last Name Smith First Name								
Cell Phone #								
	Vis	sit Dal	te 11/08/20	10				
Р	ATIE	NT						
-								-
(NEV	/ РАТ	IENT	Page Patient #	1 of 20 🕟 🕑	Size: 10 Birth Date	Gender	Cell phone #
	NEV	/ РАТ &			_		_	-
(]]			Household #	Patient #	Name	Birth Date	Gender	-
		\$	Household # 20	Patient # 999888325	Name PRIMARY SMITH	Birth Date	Gender Female	Cell phone #
7	>	& &	Household # 20 15	Patient # 999888325 777777777	Name PRIMARY SMITH TUBBY SMITH	Birth Date 10/1/1990 5/1/2004	Gender Female Male	Cell phone # (502) 695-1999

Patient Is Not Found

If the results displayed do not show the desired patient, a new patient can be created in the system.

• To add a New Patient, click New PATIENT . The **Registration** page will be displayed.

PATIENT	
NEW PATIENT	0 🕞 😥 Size: 10 😡 😡
Patient data search did not return any patients	

5.1.2 Adding a New Patient

NEW PATIENT

After searching for the patient from the Household Search page, if the patient is not found, click



The **Registration** page will then be displayed.

ADD PATIENT	
	* 500500 - LOCAL HEALTH TEST SITE Primary Language
Patient#	* Chart # 🚔 NEXT CHART#
Name (F,M,L)	
Birth Date	
Visit Information	
Visit Date	
Reason(s) for Visit	
	y.
Patient Information	n
Mothers name(F,M,L)	
Maiden name	Prim Care Phy name
PCP #	•
Address	•
Chaba	KY 💌
State City/State/Zip	
Home Contact?	Yes 💌 If no, How to contact?
Alert Preference	No Alert
	is for Services other than WIC
Home Phone	Cell Phone Work Phone
Email	
Homeless?	
Marital	Migrant? 💌 Special Program?
Hisp/Latino?	•
Patient will not answe	r race (FP pats only)
	Available Codes Assigned Codes
	White Assigned Codes
Race Code(s)	* Black
	Native American/Indian Asian
	Hawaiian/Pacific Islander 👻 💙 👻
Immunization	
Birth Order	Share Data? Contact?
Contact Mail?	Contact Phone? Contact Email? Contact Cell?
Income	
Annual Amount	Number in Household * Income Assessed Date 😓 🗓
Annual Announc	numbel in noiseitoitu - Tittoine Assessed date 🛛 🖓 🖸
Third Party	
Medicaid Eligible	P Medicaid # Presumptive Date
VF	
Kenpac Eligible	
Medicare Eligible	
КТАР	
Contracted Service	
Primary Insuranc	e Subscriber Group # Policy #
	Subscriber Relation 🖉 Insurance Member #
Supplemental Insuranc	e Subscriber Group # Policy #
	Subscriber Relation
Voter	
Apply to Vote?	Print Form? Y
Comments/Notes	
Labels	
Pef Registrat	tion Mailing Lab Chart Chart2 Alert

5.1.3 Registering A New Patient

Registration Page

The Registration page is divided into nine sections: Add Patient, Visit Information, Patient Information, Immunization, Income, Third Party, Voter, Comments/ Notes, and Labels.

General Information

Information entered in the Add Patient section is general information about the patient: Clinic, Patient #, Name (First, Middle, Last), Birth Date, Gender, Primary Language, Chart #, and Privacy Policy Signed.

The Clinic (set by access role), Gender, and Primary Language boxes are drop-down menus

*

. Left-click on the arrow and select one of the answer choices.

NOTE: Clinics which provide WIC services are flagged in the system. Only clinics providing WIC services will allow a WIC Reason for Visit.

Example:

		_
Clinic *	500500 - LOCAL HEALTH TEST SITE	~
	500500 - LOCAL HEALTH TEST SITE	
	500500# - TEST HLS PHYSICIAN OFFICE	
	500500A - CUSTOM DATA PROCESSING TEST(A)	
	500500B - CUSTOM DATA PROCESSING TEST(B)	
	500500C - CUSTOM DATA PROCESSING TEST(C)	

NOTE: Validation is in place so that duplicate patient numbers cannot exist within the same county. When a user attempts to add a new patient number that matches an existing patient number within the same county, an error message will return and a different patient number must be entered.

Visit Information

Information entered in the Visit Information section is: Visit Date, and Reason Codes.

The Visit Date will be auto-filled with today's date. A different date can be typed into the

field. Once the Visit Date is entered, click

• Use the drop-down menu to select a **Reason Code(s)**.

Patient Information

Information entered in the **Patient Information** section is: **Mother's name (First, Middle, Last)**, **Maiden Name** (for the Patient being registered, if applicable), **Prim Care Physician name, Address, City/State/Zip, 4 digit sub zip, County Residence, Home Contact** (The patient may not want to be contacted at the address given), **If No, How to Contact?, Alert Preference** (for services other than WIC, for the auto dialer), **Home Phone, Cell Phone, Work Phone, Email, Homeless, Marital, Migrant** (an auto risk will be calculated for patient when Migrant flag is set to Yes), **Special Program, Hispanic/ Latino, Patient will not answer race** (for family planning patients only), and **Race Code**(s).

• The City/State/Zip and County Residence sections have drop-down menus.

City,State Zip *:	Frankfort	ex: Glasgow,KY 42141
	Frankfort Center,NY 13340	
	Frankfort Heights, IL 62840	
	Frankfort Hts, IL 62840	
	Frankfort,IL 60423	
	Frankfort, IN 46041	
	Frankfort, IN 46058	
	Frankfort,KS 66427	
	Frankfort,KY 40601	
	Frankfort,KY 40602	
	Frankfort,KY 40603	
	Frankfort,KY 40604	
	Frankfort,KY 40618	
	Frankfort,KY 40619	
	Frankfort,KY 40620	
	Frankfort,KY 40621	
	Frankfort,KY 40622	
	Frankfort,ME 04438	
	Frankfort,MI 49635	
	Frankfort,NY 13340	
	Frankfort,OH 45628	-

The Home Contact, Alert

Preference, Homeless, Marital, Migrant, Special Program, and **Hispanic/Latino** sections have drop-down menus. Left-click on the arrow, then left-click on an answer choice.

NOTE: The Alert Preference field is used for the Auto Dialer. The preference selected will be the method used to alert the patient of appointments.

Race Codes

- To select a race code left-click on a race, then click
 This will add the race code to the Assigned Codes table.
- To remove a race code left-click on the "assigned race code" to be removed, then click ${}^{ extsf{vol}}$.

	Available Codes		Assigned Codes
Race Code(s) *	Black Asian Hawaiian/Pacific Islander White	0	Native American/Indian

NOTE: Multiple race codes can be added.
Immunization

If the clinic has Immunization Registry flagged, the Immunization panel will show. Information in the Immunization section includes: Birth Order (select number with arrows or manually enter), Share Data, Contact, Contact Main, Contact Phone, Contact Email, and Contact Cell.

Income

Information in the Income section includes: Annual Amount, Number in Household, and Income Assessed Date.

- Income will auto fill from the Member page and Income page if either page has been completed.
- Use the calendar icon to select an Income Assessed Date by left-clicking on the icon, then clicking on a day, or manually enter the date. ***Note: The income eligibility guidelines are compliant with HHS and USDA regulations.

*Refer to WIC Procedures Section, <u>WIC Registration</u>.

Third Party

Information in the Third Party section is: Medicaid Eligible, Medicaid #, Presumptive Date, VFC, Medicaid MCO, MCO Member #, Kenpac Eligible, Kenpac Physician/ #, Medicare Eligible, Medicare #, Passport Advantage #, KTAP (Kentucky Transitional Assistance Program), Food Stamps, and Contracted Services. Insurance fields are available for completion if the patient is not in a household; if the patient is in a household, these fields are transferred from the completed household pages.

Many of the sections under **Third Party** have drop-down menus. Left-click on the arrow, and then click on an answer choice.

*Refer to WIC Procedures Section, <u>WIC Registration.</u>

Third Party						
Medicaid Eligible?		Medicaid #		Presumptive Date	MM/DD/YYYY	
VFC	•	Medicaid MCO	•	MCO Member #		
Kenpac Eligible?		Kenpac Phy/#	Ŧ			
Medicare Eligible?	T	Medicare #				
KTAP?	•	Food Stamps?	•			
Contracted Services	×					
Primary Insurance	×	Subscriber Name		Group #		Policy #
		Subscriber Relation	•	Insurance Member #		
Supplemental Insurance	•	Subscriber Name		Group #		Policy #
		Subscriber Relation		Insurance Member #		

Voter

Information in the Voter section is: Apply to Vote and Print Form.

Use the drop-down menus to select "yes" or "no".

Voter					
Apply to Vote?	No	۷	Print Form?	No	*

Comments / Notes

There is an option to left-click in the **Comments/ Notes** section and type a note about the patient.

Comments/Notes		
	Write Comment Here.	*

Labels

Information in the Labels section is: PEF (Patient Encounter Form), Additional PEF, Registration, Mailing, Lab, Chart, Chart 2, and Alert.

Labels							
PEF	Additional Pef?	Registration	Mailing	Lab	Chart	Chart 2	Alert
	After colocting the	augustition of angel	tune of lobal	ta ha printa	d click one	f the cove	

 After selecting the quantities of each type of label to be printed, click one of the save buttons at the bottom of the page.

Voter
Apply to Vote? 💽 Print Form? 💽
Comments/Notes
÷.
Labels PEF PEF Additional Pef? Registration 1 Mailing Lab Chart 1 Chart 2 Alert
SAVE SAVE & PORTAL SAVE & PATIENT SEARCH SAVE & PATIENT MENU SAVE & MEMBER SAVE & VOC PATIENT SEARCH MEMBER
 To save data entered and return to the CDP Portal, click Save & PORTAL To save information and search for another patient, click

- To save information and return to the Member page, click SAVE & MEMBER
- **NOTE:** Clicking Save & VOC is for out-of-state WIC VOCs only.
- A separate browser window appears with the label. Zoom in to enlarge the text, or print the label. Then close the window. An example is shown below.

Example:

SBC444444 04/26/2013 TESTING TEST HM CONTACT: Y DOB: 02 MDCD: Y MCO: N/A REASON FOR VISIT: AD-EX	M	2 AGE: 2	N/A	
FUT APT:	_	_	PV 0.00%	

NOTE: The PEF# will be used during outtake for PEF entry.

5.1.4 PEF Entry

After a patient has been registered, an encounter can be entered to document the services the patient received. PEF encounter entry can be performed by clicking **PEF Number Search** on the Portal.

A pop-up window displays to enter the PEF#.

CDP	Kentucky Clinic Ma	nagement		Kentukite spirit
Portal Logout				
Portal Logout				
CMS Encounter [v0.99.50 ©2019 <u>Custom Data Processi</u>	07/28/2022] <u>Release Notes</u> <u>ng, Inc.</u> All rights reserved.			
		Enter PEF#	×	
		PEF#		
		View Encounter Cano		

- 1. Enter the **PEF number**.
- 2. Click View Encounter.

Enter PEF#	×
PEF# 30083116	
View Encounter	Cancel

The PEF Entry page displays.

CDP _{ehs}	Kentucky Clinic M PEF Entry	anagen	lellť		Kentucky
Portal Logout					
PEF Entry					
Clinic	LOCAL HEALTH TEST SITE	Patient #	J-S150916	HH #	
Chart #		PEF #	30083116	Name (F, Mi, L)	MARY JOHN
Home Contact	YES	Date	08/25/2022	Birthdate	08/09/2017
Gender	Male	Primary Language		Interpreter?	
LEP	No	EDC Date		Date Entered	
Date Changed		Income	50000	Number in House	2
FFC	Choose a FFC	Medicaid	N - NO	Medicaid HMO	
Medicare	No	Medicare HMO		Place of Service / Payment	Choose a Payment
Insurance	Yes 🔻	Company	9006 HUMANA INSURANCE	Contract Code	Choose a Contract 🔻
Attending Physician	Choose a Provider	F Label	Select		
Preventive Health ('heck F/M				
Add CPT					
No CPT is available					
Save Cancel					

- 3. Select Yes or No for the **Fixed Full Charge** (FFC) field.
- 4. Complete any other known fields.
- 5. In the Preventive Health Check E/M panel, click Add CPT.

A pop-up displays allowing the user to document the services the patient received.

5.1.4.1 Adding CPT Codes

DP			Alama	D. OT OT T	n orođ			Vo	ntur	D
	Add CPT								×	RIT
Log	CPT Code	Enter 3 digit to select	CP v Pro	ovider	Choose a Provider	v	Charge			
ntry	Units			ccine Lot Imber			Referring Physician	Choose a Referring Physi	🔻	
#	ICD	Enter 3 digit to sele	ct ICDCode							
e Contac										
er	Overrides									
Change	Add	Clear		No	Overrides available					
are										
ance										
ding Ph										
ventive										
Id CPT	Add CPT	Add Next CPT	Clear Clos	5e						
PT is avai										
. Ca	ncel									

1. Click the **CPT Code** drop-down. Enter at least three characters to narrow the drop-down results and select the desired CPT code.

Units Ent selv CD 992 NET Overrides 992 Add C 992	er 3 character to sele 20 ter 3 character to lect a CPT Code 201, BRIEF E/M 20125, BRIEF E/M 20125, BRIEF E/M 20176, BRIEF E/M 20176, BRIEF E/M	Q 1	Provider Vaccine Lot Number	Choose a Pro	vider vider	Charge Referring Physician	Choose a Referring Physi	
Units Ent SCD 992 NET Overrides 992 Add Cl 992	ter 3 character to lect a CPT Code 201, BRIEF E/M 20125, BRIEF E/M 20125, BRIEF E/M 20176, BRIEF E/M	Î	Number				Choose a Referring Physi	v
Overrides 992 Add Cl 992	20125, BRIEF E/M W PATIENT 20176, BRIEF E/M		e					
Add Cl 992	W PATIENT 20176, BRIEF E/M							
992								
		•	No	o Overrides av	ailable			
Add CPT Add	l Next CPT Clea		Close					

2. Select a **Provider** from the drop-down. Typing the provider name or partial name will narrow the results in the drop-down list.

Add CPT					×
CPT Code	Enter 3 character to sele v	Provider	Choose a Provider	Charge	
Units		Vaccine Lot Number	C2999 NURSE TEST	Referring Physician	Choose a Referring Physi
ICD	Enter 3 digit to select ICDCo	de	C3119 NURSE #3 TEST		
Overrides			C3179 NURSE #2 TEST C3410 NURSE #1 TEST		
Add	Clear	N	o Overrides available		
Add CPT	Add Next CPT Clear	Close			

- 3. Leave the **Charge** field blank.
- 4. Enter **Units** if units are required for the selected CPT code.
- 5. Enter Vaccine Lot Number if applicable.
- 6. Enter **Referring Physician**.
- 7. Enter three digits to search for the ICD for the type of service performed. Select the appropriate **ICD** code(s) from the list.

						_
Add CPT						×
CPT Code	99201, BRIEF E/M NEW 🔻	Provider	C3119 NURSE #3 TEST V	Charge		
Units		Vaccine Lot		Referring		
onits		Number		Physician	Choose a Referring Physi	*
ICD	Z23					
	Choose ICDCodes					
Overrides	Z23 Encounter for immuni	zation				
Add	Clear					
			o Overrides available			
		INC	o overrides available			
Add CPT	Add Next CPT Clear	Close				

- **NOTE:** All required information for the Add CTP page is contained on the PEF label.
- 8. To override a value, click **Add** in the Overrides panel.
- 9. Click the Override Type ID drop-down and select an **Override Type ID**, then enter the override **Value**.

Add CPT		×
CPT Code	99201, BRIEF E/M NEW	Charge
Units	Vaccine Lot Number	Referring Physician Choose a Referring Physi v
ICD	Z23 Encounter for immunization × Z11.7 - Encounter for testing for latent tuberculosis infection ×	
Overrides Add	Clear	
Delete	Override Type ID	Value
×		123456790
	◀ ◀ ₽	age 1 of 1 () () Size 3 Go

10. To save the CPT and return to the PEF Entry page, click **Add CPT**. To save the current CPT and add another CPT code, click Add Next CPT. To clear the current CPT entry without saving, click Clear. To close the page without saving changes, click Close.

The PEF Entry page displays with the added CPT code entry at the bottom of the page.

PEF Entry											
Clinic	LOCAL HEALTH TEST SITE		Patient #	J-S150916			HH #				
Chart #			PEF #	30083116			Name (F, Mi,	L)	MARY JOHN	I.	
Home Contact	YES		Date	08/25/2022			Birthdate		08/09/2017		
Gender	Male		Primary Language				Interpreter?				
LEP	No	v	EDC Date				Date Entered				
Date Changed			Income	50000			Number in H	ouse	2		
FFC	Choose a FFC	T	Medicaid	N - NO			Medicaid HM	0			
Medicare	No		Medicare HMO				Place of Serv Payment	ice /	Choose a	Payment	
Insurance	Yes		Company	9006 HUMANA	INSURANCE	:	Contract Cod	e	Choose a	Contract	•
Attending Physician	Choose a Provider		F Label	Select		•					
Preventive Health Add CPT	Check E/M										
Edit Delete (CPT Code Cost Center	Payor	Provider	ICD	Charge	Units	Vaccine Lot #	٥v	verrides	Referring Physic	ian
9	9201 800		C3119 NURSE #3 TEST	Z23., Z11.7				NDC:1	23456790		
Save Cancel											

11. Click **Save** to save the PEF entry.

The Receipt page displays.

5.1.4.2 Receipt

The Receipt page is used to determine any payment owed for the services rendered or previous balances. The application will check for any third-party payors, insurance, Medicare, Medicaid, etc. and apply the amount toward the balance.

Receipt Pag	e									
Patient										
HLS 500500	Household #	Patient Num J-S150916	ber Name MARY JOHN 1st Main Street Roselle,IL 60172	Birth D 08/09/20			atient Age years & 1 m		PEF # 0083116	
Charges fo	or today									
CPTCode	Descript	ion		Provider		Cost	Payor	Total	Patient	Agency
99201	BRIEF E/M NEW		C3119 NURSE #3 TEST	rovider		Center 800	Code 9	Charge	Pay	Assumed
COPAY	MCD/MCO COPAY					800	15	25.00	25.00	0.00
Co-pay Du No data has										
Income 5	50000	Number in Ho	use 2	Poverty Level	273%		Perc	ent Pay	100%	
Cash Colle	ected						harges fo	-		\$ 0.00 \$ 0.00
Check Pay	yment		heck Number				/ Assumed			\$ 0.00
Debit/Cre	dit Payment		Confirmation #			Со-рау	Today		:	\$ 25.00
Donation							Private Bal		1	\$ 62.00
Save	Save with Receipt	Print Receip	t				Co-pay/de Due today	ductible		\$ 0.00 \$ 87.00
L						PEF L	isting		Vie	w A/R

In the example above, there are no charges for the service completed, however there is a co-pay and previous balance due.

Receipt Page	e									
Patient										
HLS 500500	Household #	Patient Num J-S150916	Der Name MARY JOHN 1st Main Street Roselle,IL 60172	Birth 08/09/:			atient Age years & 1 m		PEF # 0083116	
Charges fo	or today									
						Cost	Payor	Total	Patient	Agency
CPTCode	Descripti	ion		Provider		Center	Code	Charge	Pay	Assumed
99201	BRIEF E/M NEW		C3119 NURSE #3 TEST			800	9			
COPAY	MCD/MCO COPAY					800	15	25.00	25.00	0.00
No data has										
Income 5	0000	Number in Ho	ise 2	Poverty Level	273%		Perc	ent Pay 1	100%	
Cash Colle	ected					Total C	harges fo	r today		\$ 0.00
Check Pay	ment	c	heck Number				/ Assumed			\$ 0.00
Dehit/Cre	dit Payment		onfirmation #				e Pay toda	У		\$ 0.00
							r Today Private Bal	ance		\$ 25.00 \$ 62.00
Donation							Co-pay/de			\$ 0.00
Save	Save with Receipt	Print Receip				Total D)ue today		:	\$ 87.00
						PEF L	isting		Vie	w A/R

- 1. If the patient makes a payment toward the balance, enter the payment amount collected in the appropriate payment field (cash, check, debit/credit). Additionally, donations to the health department can be made by entering an amount in the Donation field.
- NOTE: For the example shown, if the patient makes a full payment, enter "87" in the appropriate payment field. Dollar signs and decimals do not need to be entered.

Receipt Pag	e									
Patient										
HLS 500500	Household #	Patient Num J-S150916	Der Name MARY JOHN 1st Main Street Roselle,IL 60172	Birth 1 08/09/2			atient Age years & 1 m		EF # D083116	
Charges fo	or today									
CPTCode	Descripti	on		Provider		Cost Center	Payor Code	Total Charge	Patient Pay	Agency Assumed
99201	BRIEF E/M NEW		C3119 NURSE #3 TEST			800	9			
COPAY	MCD/MCO COPAY					800	15	25.00	25.00	0.00
Co-pay Du										
Income 5	50000	Number in Ho	use 2	Poverty Level	273%		Perc	ent Pay 1	.00%	
Cash Colle	ected						harges fo			\$ 0.00 \$ 0.00
Check Pay	/ment	C	heck Number			_	Pay toda			\$ 0.00
Debit/Cre	dit Payment	c	onfirmation #			Co-pay	Today		\$	\$ 25.00
Donation							Private Bal		\$	\$ 62.00
Save	Save with Receipt	Print Receip	1				Co-pay/de Due today	ductible	:	\$ 0.00 \$ 87.00
							isting		Vie	w A/R

2. Clicking **Save** will save to the patient's A/R. Clicking **Save with Receipt** will display the receipt. A receipt can be printed for the patient by clicking **Print Receipt**.

Receipt Page								
Patient								
HLS Household # 500500	Patient Number J-S150916	Name MARY JOHN 1st Main Street Roselle,IL 60172	Birth 08/09/2			n t Age s & 1 month	PEF # 30083116	
Charges for today								
No data has been found								
Co-pay Due								
Visit Date	PEF	· Number	A	R Number			Open Amount	
08/25/2022	30083116		3008311615					25
Income 50000	Number in House 2		Poverty Level	273%		Percent Pay	100%	
Cash Collected	87					ges for today	\$ 0.	
Check Payment	Check N	umber			Agency Ass Private Pay		\$ 0. \$ 0.	
Debit/Credit Payment	Confirma	ation #			Co-pay Tod		\$ 0.	00
Donation					Prev. Priva		\$ 62.	00
Save Save with Receip	Print Receipt				Prev. Co-pa	ay/deductible	\$ 25. \$ 87.	
	-				PEF Listin		View A	_

A sample receipt is shown below.

CDP Kentucky	Vantuchu
Clinic Management	Nonuog
HID/LOC/SITE LOCAL HEALTH TEST SITE DOCUMENT NO	: 30083116
500500 /500/ 100 PANTHER Way DOCUMENT DATE Lexington, KY 40511 SERVICE DATE	: 09/08/2022 : 08/25/2022
composition to an and a second second	
PATIENT NAME : MARY JOHN PATIENT ID #	: J-5150916
	1 : 08/09/2017
CITY/ST/ZIP : Roselle, IL 60172	
CPT CD DESCRIPTION PROVD PC CHARGE SFS ELIG	NOT SFS EL
Na data fan Tadau - I	
No data for Today!	
TOTAL FEES FOR VISIT	\$ 0.00
FEES ASSUMED BY HEALTH DEPARTMENT TODAY'S AMT BILLED PATIENT	\$ 0.00 \$ 0.00
PREVIOUS UNPAID BALANCE	\$ 87.00
TOTAL AMOUNT DUE	\$ 87.00
AMT PAID BY PATIENT	\$ 87.00
REMAINING BALANCE DUE FROM PATIENT AMOUNT DONATED	\$ 0.00 \$ 0.00
PAYMENT RECEIVED BY - Cash : \$ 87.00	
sign. Check : \$ 0.00	Number :
EFT : \$ 0.00	Conf# :
CHS Enclaverer (vo.95.50.07/28/2022) <u>tectore terror</u> (20212 Castor Cela Accession, Joc, All rights reserved.	
Contract and an and a statement of the second statements.	

5.1.4.3 PEF Listing

1. To view the PEF Listing page from the Receipt page, click the **PEF Listing** button.

Receipt Page								
Patient								
HLS Ho 500500		<mark>tient Number</mark> 150916	Name MARY JOHN 1st Main Street Roselle,IL 60172	Birth Da 08/09/201		ent Age s & 1 month	PEF # 30083116	
Charges for to	oday							
No data has bee	en found							
Co-pay Due								
	Visit Date	PEF	Number	AR M	Number		Open Amount	
08/25/2022	Visit Date	PEF 30083116	Number	AR M 3008311615	Number		Open Amount	25
08/25/2022 Income 5000				3008311615	1umber 73%	Percent Pay	Open Amount 100%	25
	00 Nun	30083116		3008311615	73% Total Char	ges for today	100%	25
Income 5000	00 Nun	30083116		3008311615	.73%	ges for today sumed	100%	25
Income 5000	00 Nun ed	30083116 nber in House 2 87	Imber	3008311615	73% Total Char Agency As	ges for today sumed y today	100% \$ 0.00 \$ 0.00	25
Income 5000 Cash Collecte Check Payme	00 Nun ed	30083116 nber in House 2 87 Check Nu	Imber	3008311615	73% Total Char Agency As Private Pa Co-pay To Prev. Priva	ges for today sumed y today day ate Balance	100% \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 62.00	25
Income 5000 Cash Collecte Check Payme Debit/Credit Donation	20 Nun ed ent : Payment	30083116 nber in House 2 87 Check Nu	Imber	3008311615	73% Total Char Agency As Private Pa Co-pay To Prev. Priva	ges for today sumed y today day ate Balance ray/deductible	100% \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	25

The PEF Listing page displays a list of the patient's past visits.

atient M	lenu						
atient							
County 00 1edicaid	1#	Household #	Number J-S150916 Medicare#	Name MARY JOHN Primary Insurance	Birth Date 08/09/2017 Supplemental Insur	Patient Age 5 years & 1 month	Home Contact Yes
rearcard		HOO	No	9006 HUMANA INSURANCE	Supplemental Insu		
ist of PEF	F's			INSURAINCE			
st of PEF	F's PEF#		Clinic	INSURAINCE	C Date Entered	Page 1 of 1 D	Size 30 Go
		KY DEPT PUBLI	Clinic IC HEALTH - LOCAL HEALTI			Page 1 of 1 Last Update Date 09/08/2022	_
Edit	PEF#			н-	Date Entered	Last Update Date	Visit Date
Edit	PEF# 30083116	KY DEPT PUBLI	IC HEALTH - LOCAL HEALTI	H -	Date Entered	Last Update Date	Visit Date 08/25/2022

The list of PEFs includes the PEF Number, Clinic, Date Entered, Last Update Date, and Visit Date.

2. From the PEF Listing page, a user can edit past PEFs by clicking the **Edit** icon corresponding to the PEF #.

5.1.4.4 Viewing A/R

1. To view the A/R page from the Receipt page, click the **View A/R** button.

Receipt Page										
Patient										
HLS Household		t <mark>ient Number</mark> 50916	Name MARY JOHN 1st Main Street Roselle,IL 60172	Birth 08/09	Date /2017		nt Age & 1 month	PEF # 30083116		
Charges for today										
No data has been found										
Co-pay Due										
Co-pay Due Visit Date		p	EF Number		AR Number			Open Amount	:	
		P 30083116	EF Number	3008311615	AR Number			Open Amount		25
Visit Date 08/25/2022					AR Number		Percent Pay	Open Amount 100%		25
Visit Date 08/25/2022		30083116		3008311615			jes for today		\$ 0.00	25
Visit Date 08/25/2022 Income 50000 Cash Collected Check Payment	Num	30083116 ber in House 87 Check I	2 Number	3008311615		Total Charg Agency Ass Private Pay	jes for today sumed		2	25
Visit Date 08/25/2022 Income 50000 Cash Collected Check Payment Debit/Credit Payment	Num	30083116 ber in House 87 Check I	2	3008311615		Agency Ass	jes for today sumed r today ay		\$ 0.00 \$ 0.00	25
Visit Date 08/25/2022 Income 50000 Cash Collected Check Payment Debit/Credit Payment Donation	Num	30083116 ber in House 87 Check I Confirm	2 Number	3008311615		Agency Ass Private Pay Co-pay Tod Prev. Privat	jes for today sumed r today ay		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	25
Visit Date 08/25/2022 Income 50000 Cash Collected Check Payment Debit/Credit Payment	Num	30083116 ber in House 87 Check I	2 Number	3008311615		Agency Ass Private Pay Co-pay Tod Prev. Privat	ges for today sumed r today ay te Balance ay/deductible oday		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 62.00	25

The A/R Listing page is displayed.

Patient														
County 500	,	House	ehold #		umbe 515091		Name MARY JOHN		irth Date 8/09/2017		Patient A 5 years & 1	-	Home Cont Yes	act
4edica	id#	мсо		Mo	edica	re#	Primary Insura 9006 HUMANA INSURANCE	ince Si	upplementa	al Insurai	nce			
ist of A,	/R's								(3 ()	Page 1	of 1 💽) 🕑 Size 3(Go
View	Edit	Invoice Number	PEF Number	Site	PC	Visit Date	ARDate	Total Amount	Agency Assumed	Open Amount	Page 1 Paid Amount	of 1 D Adjust Amount	Size 30 Last Payment Date	_
				Site	PC 1	Visit Date 02/18/2020	ARDate 02/18/2020			Open	Paid	Adjust	Last Payment	Home
View	Edit	Number	Number					Amount	Assumed	Open Amount	Paid Amount	Adjust Amount	Last Payment Date	Home Cnt
View	Edit	Number 3000744801	Number 30007448		1	02/18/2020	02/18/2020	Amount 43.00	Assumed 0.00	Open Amount 0.00	Paid Amount 43.00	Adjust Amount 0.00	Last Payment Date	Home Cnt Yes

A/R Listing is used to view the patient's account receivable history. For each record the Invoice Number, PEF Number, Site, PC, Visit Date, ARDate, Total Amount, Agency Assumed, Open Amount, Paid Amount, Adjust Amount, Last Payment Date, and Home Contact is displayed. Details on a specific A/R can be viewed by clicking the **View** (magnifying glass) icon corresponding to an Invoice Number.

2. To edit an A/R, click the **Edit** icon.

The A/R Payment page is displayed.

County 500	Household #		mber 150916		ame ARY JOHN	Birth Date 08/09/2017	Patient Age 5 years & 1 month	Home Contact Yes
Medicaid#	мсо	Me No	dicare#	90	imary Insurance 06 HUMANA SURANCE	Supplemental Insu	rance	
(nsurance Medicare I	Medicaid MCO							
A/R invoice 3008311615 MCO/Company	PEF Number 30083116 Comment (Maximum charac	500	nic 0500		sit Date /25/2022	A/R Date 09/01/2022	Last Payment Date 09/08/2022 Pay Individual CPT YES *	PC 15
						•	Page 1 of 1	Size 30 Go
					Adjusted P	ayment Adjusted	Transfer	Transfer Amount ?
CPTCode CostCente	er Total Amount	Agency Assumed	Open Amount	Paid YTD		Amount Amount		
CPTCode CostCente COPAY 800	er Amount			Paid YTD 25	ÝTD 4	Amount Amount	Select	t 💙
	er Amount	Assumed 0	Amount	25	ÝTD 4	Amount Amount	Select 💌	

From the A/R Payment page comments can be added, Payment Amount and Adjusted Amount can be entered, Batch Number can be selected, and Return Check Fee can be entered.

After making any changes, click **Payment and PEF** to return to the PEF Listing page.

Click **Payment** to go to the AR Listing page.

Click **Back** to cancel without saving changes and return to the AR Listing page.

5.1.5 CMS 1500

CMS 1500 is used to rebill a denied claim for a PEF using an electronic form of the CMS 1500 form. The CMS 1500 process can be performed by clicking **CMS 1500** on the Portal.

A pop-up window displays to enter the PEF# and Payor Code.

Select CMS1500 Billing Param	eters	×
PEF# Payor Code	Select PayorCode	
View CMS1500 Cancel		

- 1. Enter the PEF#.
- 2. Use the drop-down to select the Payor Code.

Select CMS1500 Billing Parameters				
PEF# Payor Code	30083116 9 - INSURANCE			
View CMS1500 Cancel				

NOTE: The Payor Code must match the Payor on the PEF. In the example above, the Payor Code for the service to be rebilled is '9 – Insurance', as seen on the PEF Entry.

	Edit	Delete	CPT Code	Cost Center	Payor	Provider	ICD	Charge	Units	Vaccine Lot #	Overrides	Referring Physician
		×	99201	800	9	C3119 NURSE #3 TEST	Z23., Z11.7	42.88			NDC:123456790	
P	EF Er	ntry - Po	ayor									

3. Click View CMS1500.

Select CMS1500 Billing Parameters				
PEF#	30083116			
Payor Code	9 - INSURANCE	w		
View CMS1500 Cancel]			

The CMS1500 page displays.

CDP ebs Clin CMS150	nie Man	lagement		Kentucky
ealth Insurance Claim Form (PEF :	= 30083116. PAT = J-S	:150916)		
Patient and Insurance Informatio				
1.Claim Filing Indicator			1a.Insured's I.D. Numbe	r
2.Patient Name(Last Name, First JOHN MARY	t Name, MI)	3.Patient's Birth Date Sex 08/09/2017 M		Name, First Name, MI) ary
5.Patient's Address 1st Main Street		6.Patient's Relationship to Ins	7.Insured's Address 1st Main Street	
City Roselle	State IL v		City Roselle	State IL v
Zip Code 60172 -	Telephone (456) 546-4564		Zip Code 60172 -	Telephone (456) 546-4564
9.Other Insured's Name(Last Na		10.Patient's Condition related		
a.Other Insured's Policy or Grou		a. Employment?	a.Insured's Birth Date	Sex v
	Sex v	b. Auto Accident? Sta	v	
c.Employer's name/school		c.Other Accident?	c.Insurance plan name of HUMANA INSURANCE	or program name

Date of Current Illness	15.0ther Date	16.Dates Patient Unable to Work
		То
Name of Referring Provider	17a.Provider's ID 17b. NPI	18.Hospitalization Dates
Reserved for local use		20.Outside Lab? \$Charges
		T
Diagnosis or Nature of Illness or Inju	ICD Type ICD10 *	22.Resubmission Code Original Ref No
Z23. B. Z11.7	C D	23.Prior Authorization Number 18D12345667
F.	G. H.	
J.	K. L.	
dd New CPT		
. CPT Code Details		(Page 1 of 1) Size 30 Go
		Page 1 or 1 0 0 Size 30
Date of Place of EMG CPT Service Service	Code Modifier Diagnostic \$ Charges Units	EPSDT IDQ RndProvID NPI NDC
08/25/2022 11 No 💙 992		1902072804 123456790
.Federal Tax ID Number	26.Patient's Account No 27.Accept Assignment	
	Yes v	75.04 75.04
.Signature of Physician or Supplier URSE #3 TEST	32.Service Facility Location Information	33.Billing Provider Information Phone LOCAL HEALTH TEST SITE (502) 695-1999
te	Address	Address Address2
		100 PANTHER Way
	City	City Lexington
	City State Zip	

Many of the fields on the CMS1500 page will automatically be filled in.

NOTE: Any of the fields on the CMS1500 page can be updated, however the changes will only be saved to the CMS1500 page and will not update any other records in the system for that patient including adding a new CPT. To make changes that will be reflected in the patient records, return to PEF Entry and make the changes, then return to CMS1500.

The CPT Code Details show the charges, or the amount to be rebilled along with the date and place of service.

- 4. After reviewing the information on the page, enter **26**. **Patient's Account Number**. This is the *A*/*R Invoice Number* that the payment should be posted back to when the payor makes the payment.
- 5. To print a paper copy of the form to mail to the payor, click **Print**.
- 6. Click **Done** to save all information on the page, and the next time the billing cycle is run for the payor, the claim will be pulled and rebilled.
- NOTE: If a claim has not been billed initially, when the user attempts to click Done, an error message will return informing the user that the claim cannot be rebilled if it has not been previously billed.

5.1.5.1 Voiding or Canceling a Prior Claim

If a claim was incorrectly entered or sent in error, it can be voided or canceled from the CMS1500 page.

 To void or cancel a prior claim from the CMS 1500 page, use the drop-down for 22. Resubmission Code and select Void/Cancel of prior claim.

Physician or Su	pplier Information		
14.Date of Cur	rent Illness	15.Other Date	16.Dates Patient Unable to Work
17.Name of Re	ferring Provider	17a.Provider's ID 17b. NPI	18.Hospitalization Dates
19.Reserved fo	or local use		20.Outside Lab? \$Charges
21.Diagnosis o	or Nature of Illness or Injury	ICD Type ICD10 *	22.Resubmission Code Original Ref No
A. Z23.	B. Z11.7	C D	Replacemen
Е.	F.	G. H.	of prior claim
I.		K L	Void/cancel of prior
Add New CPT			claim

- 2. In the Original Ref Number field, enter the ECN number.
- 3. Click **Done**.

5.1.5.2 Rebilling Steps for PEFs – Quick Reference

Scenario	Steps
PEF billed to the wrong Medicaid MCO	 On Patient Registration, change the MCO information to the correct MCO and save. Make sure the visit date is set to the date the patient was seen. You should request to print the PEF label again (NOT a new one), and you don't have to print it if you don't need a new PEF label.

Scenario		Steps
	2.	On Portal, go to PEF Number Search and
		resave the PEF. This should change the
		payor code from the old MCO to the new
		MCO.
	3.	Go to AR invoice and transfer charges to
		new MCO Payor Code. NOTE: When you
		transfer an AR invoice to a different payor
		code, the system WILL NOT automatically
		adjust off the AR invoice that was set up
		for the wrong MCO. The AR invoice can be
		adjusted off when doing the transfer or
		after the transfer has been completed.
	4.	Go to CMS1500 for the new MCO payor
		code, verify the information, update AR invoice number, and then Print for hard
		copy or click Done to send the claim
		electronically.
	5.	The next time Medicaid billing runs if you
		selected Done, the claim will bill out
		electronically. To verify, review the rebill
		invoice register for the appropriate MCO.
PEF billed to Medicaid/MCO but denied	1.	On patient registration, verify all
· _ · · · · · · · · · · · · · · · · · ·		information entered is correct and save.
		Make sure that the visit date is set to the
		date the patient was seen. You should
		request to print the PEF label again (NOT a
		new one), and you don't have to print it if
		you don't need a new one.
	2.	On Portal, go to the PEF Entry page and
	3.	make any needed corrections and save. Go to the CMS1500 page to rebill. Select
	э.	Print for a hard copy of the claim or Done
		and the claim will rebill electronically.
	4.	The next time Medicaid billing runs if you
		selected Done, the claim will bill out
		electronically. To verify, review the rebill
		invoice register for the appropriate MCO.
PEF billed to Private Insurance but denied	1.	On patient Registration, verify all
		information entered is correct and save.
		Make sure that the visit date is set to the
		date the patient was seen. You should
		request to print the PEF label again (NOT a
		new one), and you don't have to print it if
	~	you don't need a new PEF label.
	2.	On Portal, call up the PEF and make any
		needed corrections and save.

Scenario	Steps
	3. Call up the CMS1500 screen to rebill. Select
	Print for a hard copy of the claim or Done
	and the claim will rebill electronically.
	4. The next time Private Insurance billing runs
	if you selected Done, the claim will bill out
	electronically. To verify, review the rebill
	invoice register for the Private Insurance.

6 Household Functions

This section describes functions that can be performed at the household level. Patients may be grouped in a household to keep information in a common place for all patients in a household, as well as allow issuance to be divided among the household.

To access the Household Search page from the Portal, click <u>Household</u> (refer to <u>CDP Portal</u> for more information).

There are a number of search filters that can be used to search for a household from the **Household Search** page.

The search filter for "**County**" is a drop-down menu that is used to select the county in which the household is located. Most counties will already have this auto-filled. If a user has access to multiple counties, they may select one from a drop-down list.

HOUSEHOLD SE	EARCH			
County	Local Health 💌	SEARCH	CLEAR	
Number				
Household #			OR	EBT Card #
Household Data				
Last Name Address Phone #				
Patient Data				
Patient # Last Name Cell Phone # Visit Date	08/25/2020			First Name

• Select a county from the drop-down menu.

Enter information before clicking any buttons on this page. Attempting to perform a search without entering information will result in an error message that reads "Must enter a search criterion to do a search".

From this page, enter the Household Number or eWIC Card Number, Name, Address, Phone Number, Patient Number, Last name, First Name, Cell Phone Number, or Visit Date. Information does not have to be entered for all fields to obtain results. After filling in the boxes, click SEARCH. A list of records will be displayed at the bottom of the page. If the household is in the system, typing a household number instead of a household name will return a direct hit.

HOUSEHOLD SI	EARCH			
County	Local Health 💌	SEARCH	CLEAR	
Number				
Household #			OR	EBT Card #
Household Data				
Last Name				
Address				
Phone #				
Patient Data				
Patient #				
Last Name				First Name
Cell Phone #				
Visit Date	06/25/2020			

H	IOUS	EHOLD					
	NEV	V HOUSEHO		Page 1 of 8 🕠	🕟 Size: 10 🖸	:0	
		Household #	Name	Address	City/State/Zip	Phone #	Status
	&	11	SMITH	123 WILDCAT LODGE	Latonia,KY 41015	(270) 666-7722	Active
	8	14	SMITH	123 ANYSTREET	88,KY 42130	(502) 695-1999	Active
	8	19	SMITH	123 TEST STR	Lexington,KY 40504	(270) 695-1999	Active
	8	12	SMITH	951 INDUSTRIAL ROAD	Russell Spgs,KY 42642		Active
	8	39	SMITH	100 SNOW COURT	Glasgow,KY 42141	(270) 207-7700	Active
	8	127	SMITH	2099 WILSON AVENUE	Frankfort,KY 40601	(502) 695-8998	Active
	8	139	SMITH	123 MAIN STREET	Henderson,KY 42419		Active
	8	142	SMITHSON	2332 WINTERGREEN	Owensboro,KY 42301	(270) 683-1419	Active
	8	118	SMITH	400 WEST MAIN STREET	Frankfort,KY 40601	(502) 564-7213	Active
	8	173	SMITH	100 WEST MAIN STREET	Frankfort,KY 40601	(502) 875-1200	Active

If the household is not on file, or an incorrect household number has been entered, the following message will be displayed, "Household does not exist".

From the **Household** page, there are three options:

- View members and information for an existing household.
- Edit an existing household.
- Create a new household.

6.1 Member Page

The Member page displays demographic information for all members, or patients, in a given household as well as a menu of options for each member. To access the Member page from the

Household Search page in the previous section, click the Go to Member icon ^a next to the household number.

Н	IOUS	EHOLD					
	NEW	HOUSEHOL		Page 1 of 1	Size: 10	GO	
		Household #	Name	Address	City/State/Zip	Phone #	Status
	&	11	SMITH	123 WILDCAT LODGE	Frankfort,KY 40601	(270) 666-7722	Active
>	&	14	SMITH	123 ANYSTREET	88,KY 42130	(502) 695-1999	Active
>	4	19	SMITH	123 TEST STR	Lexington,KY 40504	(270) 695-1999	Active
>	&	12	SMITH	951 INDUSTRIAL ROAD	Frankfort,KY 40601		Active
>	&	39	SMITH	100 SNOW COURT	Glasgow, KY 42141	(270) 207-7700	Active
>	&	127	SMITH	2099 WILSON AVENUE	Frankfort,KY 40601	(502) 695-8998	Active

The Member page will be displayed.

lousehold												
Status Active		County	LOCAL HEALTH	Household #	41							
Name MITCHEL	EBT	Account #		nouschold #	_	DIT HH S	EARCH	EBT ACCT	WIC INQ	UTRY	ONLINE EDUC	
Address 2 WILDCA	TE AVE City	/State/Zip	Lexington,KY 4050	3 Phone #	(502) 222-3355							r
Responsible Party												
Name	Addres		City/State/Zip	1								
	AUGIES		exington,KY 40503									
	WILDCAT NATI		exington,KY 40503	-								
			exing conjuct robood									
Emergency Name												
here are no record	ls to display	<i>.</i>										
		•										_
Medical Home												
There are no record	ls to displav	<i>.</i>										
												_
Member Reason Fo	VISIC											
EDIT												
	ls to display	,										
	ls to display	<i>.</i>										
EDIT There are no record	ls to display	r.										
	ls to display	r.										
	ls to display											
There are no record	ls to display		lumber in Househol	d <u>*</u> 4	Visit Dat	e 06/15/2020						
nnual Income		Ν	lumber in Househol	d 🗶 🛓	Visit Dat	e 06/15/2020	_					
nnual Income		Ν	lumber in Househol	d <u>*</u> 4	Visit Dat	e 06/15/2020						
There are no record		Ν	lumber in Househol	d 🗶	Visit Dat	e 06/15/2020						
nnual Income 0		Ν	lumber in Househol	d <u>*</u> 4	Visit Dat	e 06/15/2020	-					
nnual Income 0	sed Date 7	N 1/28/2009										
nnual Income 0 ast Household Asses Household Members SAVE & THERD PAR	sed Date 7	/28/2009 VE & INCO	ME/FROOFS	SAVE & ISSUAN	CE SAVE & RU	INSTATE/TERM	3					
nnual Income 0	sed Date 7	N 1/28/2009	ME/FROOFS	SAVE & ISSUAN		INSTATE/TERM						
Innual Income 0 ast Household Asses Insistential Household Asses SAVE & THERD PAR ADD SAVE	sed Date 7	1/28/2009	ME/PROOFS	SAVE & ISSUAN	RE SAVE & RE	INSTATE/TERM	1) 11()	Expose Ma	- Party B		Name Medical Name	
Innual Income 0 ast Household Assess Insertebold Hembers SAVE & THIRD PAR ADD SAVE Wenter	sed Date 7	N /28/2009 VE & INCO TRANS	MC/PROOFS	SAVE & ISSUAN RATION	CE SAVE & REI NEELS PATIEN Vot Name 1 B	INSTATE/TERM) 110) 0				Rame Medical Rome	Read
Innual Income 0 ast Household Assess Aute & Third Park ADD SAVE Ventur Ventur	sed Date 7 TY SAA DELETE	/28/2009 VE & INCO TRAVE INCO	ME/PROOFS SFER REGISTI Last Name 1 ST	SAVE & ISSUAN RATION LA ALEX	CE SAVE & RET IBELS PATIEN Vet Norma 1 B	T MENU TATE AT LAN	Dunder T	Г.,			1	944.57
Innual Income 0 ast Household Assess Aute & Third Park ADD SAVE Ventur Cond Promary Member	sed Date 7 IY SAA DELETE	VE & INCO TRANS 1122000 1122000	ME/PROOFS SFER REGIST Last Norma LE LE	SAVE & ISSUAN RATION (LA REX REX REX	CE SAVE & RET NEELS PATIEN wat have M R P	T (07/02/2005	Constant of Male of Male of		•	•	() ()	France
There are no record innual Income 0 inst Household Asses insteaded Hembers SAVE & THIRD PAR ADD SAVE Wanter Child Primary Nember	sed Date 7	/28/2009 VE & INCO TRAVE INCO	ME/PROOFS SFER REGISTI Last Name 1 ST	SAVE & ISSUAN RATION LA ALEX	CE SAVE & RET NBELS PATIEN wat have M R P	T (07/02/2005	Dunder T		•		1	Press of
Innual Income 0 ast Household Asses Herschold Hembers SAVE & THTRD PAR ADD SAVE Wenter Child Primary Hember Primary Hember	sed Date 7	VE & INCO TRANS 1122000 1122000	ME/PROOFS SFER REGIST Last Norma LE LE	SAVE & ISSUAN RATION (LA REX REX REX	KE SAVE & RE NEELS PATIEN MELS MINING MI NA R	T (07/02/2005	Constant of Male of Male of	STATE KENTU		•	() ()	946.5.7
Innual Income 0 ast Household Asses Herschold Hembers SAVE & THIRD PAR ADD SAVE Wenter Child Primary Hember	sed Date 7	VE & INCO TRANS 11223003 11223004 15535034	ME/PROOFS SFER REGISTI Last Norma LE LE SMITH	SAVE & ISSUAN RATION (LA ALEX BREEAN BREEAN	CE SAVE & RE BELS PATIEN MILEN MI MI MA MA TVE TVE	Constants / TERM Cons	Dender T Male • Fernale •	STATE KENTU		•		

Member Page

The first section of the Member page, as shown below, has general household information: Status, County, Household #, Name, EBT Account #, Address, City/State/Zip, and Phone #.

мемв	ER	
Househol	d	
Status Name Address	Active MITCHEL 2 WILDC	County LOCAL HEALTH Household # 41 EBT Account # ATE AVE City/State/Zip Lexington,KY 40503 Phone # (502) 222-3355 EDIT HH SEARCH EBT ACCT WIC INQUIRY ONLINE EDUC
	•	To update any of the general household information, click (Refer to <u>Editing a</u> <u>Household</u>)
	a	NOTE: Some changes made while editing an existing household only apply to the household as a whole. Changing the household Name does not change the individual member's name.
	•	To return to the Household Search page, click HH SEARCH (Refer to <u>Household Search &</u> <u>Patient Search</u>)

- To view the Household's EBT Account, click which is linked to the Household's Account Details page in the EBT System.
- To view the Household's WIC Inquiry Report, click WIC INQUIRY. A separate window will pop up and display the household's WIC information divided into sections for each household member. An example is shown on the following page.
- To view the household online education courses, click ONLINE EDUC
- NOTE: If any courses have been completed in the Online Education program, the records will appear on the Household Online Education page. Additionally, if any records exist for the household, the Label button will be enabled so that label containing the courses associated with the household can be printed for a patient's chart.

HOUS	SEHOLD ONLINE	EDUCATION						
Househo	ld							
Status	Active	County	LOCAL HEALTH	Household #	41		_	_
	MITCHEL 2 WILDCATE AVE	EBT Account # City/State/Zip	Lexington,KY 40503	Phone #	(502) 222-3355	HH SEARCH	MEMBER	LABEL
ONI	INE EDUCATION	COURSES						
	O Page 1	of 0 💽 🕑 s	ize: 20 GO)				
There a	are no records to	display.						

Responsible Party

The next section of the Member page, as shown below, has **Responsible Party** Information: The Responsible Party's Name, Address, and City/State/Zip. The Responsible Party is the contact who will be responsible for members in the household. There may be more than one Responsible Party per household.

Responsible Party		
Name	Address	City/State/Zip
MINIE MOUSE		Frankfort,KY 40604
MICKEY MUSE		Frankfort Heights,IL 62840

Emergency Names

The next section of the Member page, as shown below, has **Emergency Names** and **Phone Numbers**. An Emergency Name is the contact who should be notified in the event of an emergency, such as a doctor. There may be more than one Emergency Name per household.

Emergency Name	
Name	Phone Number
DR DAVIS	(502) 555-9999

Medical Home

The next section displays Medical Home (Primary Care Physician) information.

Physician/Clinic	Address	City/State/Zip	Phone	F
Family Care Physician	1313 Happy Lane	Frankfort,KY 40601	(502) 123-4567	
ehold Income				
Members page				
he next section displays	Household Income inf	ormation: annual Incom	e (total for the hou	seho
Number in Household, ar	nd Visit Date.			
Annual Income: 29000) Number in Ho	usehold: 5 Visit D	ate:03/22/2010	
sehold Members Section				
he last section displays t	he Household Membe	rs and a menu of options	s: Save & Third Part	v
The last section displays t nformation, Save & Incor		•		•
	me/Proofs Information	, Save & WIC Issuance, S	ave & Reinstate/Te	rmii
nformation, Save & Incor	ne/Proofs Information I members, Save, Delet	, Save & WIC Issuance, S e members, Transfer me	ave & Reinstate/Te	rmiı
nformation, Save & Incor Save & Appointment, Add	ne/Proofs Information I members, Save, Delet	, Save & WIC Issuance, S e members, Transfer me	ave & Reinstate/Te	rmiı
nformation, Save & Incor Save & Appointment, Add print Labels, go to Patient	ne/Proofs Information I members, Save, Delet : Menu, and RTC (Retui	, Save & WIC Issuance, S e members, Transfer me n to Clinic).	ave & Reinstate/Te	rmiı
nformation, Save & Incor Save & Appointment, Add print Labels, go to Patient	ne/Proofs Information I members, Save, Delet : Menu, and RTC (Retui	, Save & WIC Issuance, S te members, Transfer me in to Clinic).	ave & Reinstate/Te embers, Registratio	rmiı
nformation, Save & Incor Gave & Appointment, Add print Labels, go to Patient chold Members E & THIRD PARTY SAVE &	ne/Proofs Information I members, Save, Delet Menu, and RTC (Return INCOME/PROOFS SAV	, Save & WIC Issuance, S te members, Transfer me in to Clinic).	ave & Reinstate/Te embers, Registratio	rmiı
nformation, Save & Incor Gave & Appointment, Add print Labels, go to Patient chold Members E & THIRD PARTY SAVE &	ne/Proofs Information I members, Save, Delet Menu, and RTC (Return INCOME/PROOFS SAV	, Save & WIC Issuance, S te members, Transfer me in to Clinic).	ave & Reinstate/Te embers, Registratio	rmiı
nformation, Save & Incor save & Appointment, Add print Labels, go to Patient shold Members E & THIRD PARTY SAVE & SAVE DELETE Add Member	ne/Proofs Information I members, Save, Delet Menu, and RTC (Return INCOME/PROOFS SAV TRANSFER REGISTRAT	, Save & WIC Issuance, S te members, Transfer me in to Clinic).	ave & Reinstate/Te embers, Registratio	<i>.</i> rmiı
nformation, Save & Incor Gave & Appointment, Add print Labels, go to Patient ehold Members E & THIRD PARTY SAVE & SAVE DELETE Add Member	ne/Proofs Information I members, Save, Delet Menu, and RTC (Return INCOME/PROOFS SAV TRANSFER REGISTRAT	, Save & WIC Issuance, S te members, Transfer me on to Clinic).	ave & Reinstate/Te embers, Registratio	<i>.</i> rmiı
nformation, Save & Incor Gave & Appointment, Add print Labels, go to Patient ehold Members E & THIRD PARTY SAVE & SAVE DELETE	ne/Proofs Information I members, Save, Delet Menu, and RTC (Return INCOME/PROOFS SAV TRANSFER REGISTRAT	, Save & WIC Issuance, S te members, Transfer me on to Clinic).	ave & Reinstate/Te embers, Registratio	rmiı
nformation, Save & Incor save & Appointment, Add print Labels, go to Patient chold Members E & THIRD PARTY SAVE & SAVE DELETE Add Member To add a member from th sehold Members	ne/Proofs Information I members, Save, Delet Menu, and RTC (Return INCOME/PROOFS SAV TRANSFER REGISTRAT	, Save & WIC Issuance, S te members, Transfer me on to Clinic).	ave & Reinstate/Te embers, Registratio	<i>.</i> rmiı

A new row will appear in the grid below the menu of buttons, with blank fields for entering data for the patient.

Primary Language
LEP

- Use the drop-down menu to select a Member status for the patient (ex: Primary Member, Child, Cardholder Member, etc.). Enter the Patient #, Last Name, First Name, Middle Initial, and Birth Date in the appropriate fields. Use the drop-down menus to select the Gender, Responsible Party, Emergency Name, Medical Home (Primary Care Physician), and Primary Language.
- To save any changes made, click SAVE

6.1.2 Delete Member

■ To delete a member, select the □ next to the Member's name, and then click □ . An example is shown below.

Example:

Household Memb	ers				
SAVE & THIRD F	SAVE & INCO	ME/PROOFS SAVI	E & ISSUANCE	SAVE 8	k REINSTATE
ADD	DELETE TRANS	FER	ON LABELS	РАТ	IENT MENU
Membe	er * Patient # *	Last Name *	First Name *	MI	Birth Date *
Child	• 00000002	SMITH	BORIS	G	04/15/2006
Child	▼ 00000001	SMITH	BORIS	к	04/15/2000
Child	343432487	SMITH	DIMITRI	S	04/15/2006

6.1.3 Third Party Information

From the Household Members page, to save and view third party information, click

SAVE & THIRD PARTY. The Third Party Liabilities page will be displayed.

ouseno	ld									
Status Name ddress	Active SMITH I 123 TEST STR (EBT Account # 5	OCAL HEALTH 0019 exington,KY 40		sehold # Phone #	19 (270) 695-1999	EDIT	HH SEARCH	ЕВТ АССТ	
rimary	Insurance Con	npany								
	Name	Subscriber Name	Group Number	Status						
IUMANA		HOWARD SMITH		ACTIVE						
	OSS BLUE SHIELD	LISA SMITH								
				ACTIVE						
upplem iere are	ental Insurance no records to Reason For Vis	e Company display.		ACTIVE						
upplem nere are ember EDIT	ental Insuranc	e Company display. sit		ACTIVE						

``	/isit Date 0	1/25/2011	SAVE	CANCEL	E & MEMBER	SAVE & INC	OME/PROOFS	SAVE	& ISSUANCE					
🔲 All	Patient #			Medicaid Elig	Medicaid #	Medicare Elig	Medicare #		Food Stamps	Underinsured	Primary Ins. Subscriber	Sub Relat	Ins Mem #	Supplemental
	00000003	ANTONIO	2/3/2007	Yes		No 💌		$\overline{{}^{\prime}}$		Γ	v	-		T
	000000001	BORIS	4/15/2007					Г	Γ	Γ				~
	343432487	DIMITRI	4/15/2006	Applied 🕞		No 👻		Γ	Γ	Γ		•		
	288411671	IVAN	3/5/2008			-		Γ	Γ	Γ		-		
	232445689	IVANA	9/23/2007	Applied 🕞		-		Γ	Γ	Γ		•		
	123456789	зони	8/1/1954	No		No 👻		Γ	Γ	Γ		-		
	923489423	LEONARD	4/15/2006	Applied		T		Γ	Γ	Γ				v

This page contains information on: General Household Information, Primary Insurance Company, Supplemental Insurance Company, Member Reason for Visit, and Household Members information.

 To edit any of the Third Party information for a member, select the next to a members name and fields for eligibility will become editable.

Example:

Hou	Household Members														
Visit Date 04/24/2013 🗮 SAVE CANCEL SAVE & MEMBER SAVE & INCOME/PROOFS SAVE & ISSUANCE															
All		First Name	Birth Date	Medicaid Elig			Medicare Elig		КТАР	Food Stamps		Primary Ins. Subscriber	Sub Relat	Supplemental Ins. Subscriber	Sup Sub Relat
\odot	000000002	BORIS	4/15/2006	A - APPLIED	v		v					~	~	v	
	00000001	BORIS	4/15/2000	N - NO	\vee		No 🗸					~	V	V	
	343432487	DIMITRI	4/15/2006	A - APPLIED	\vee		No 🗸					~	v	V	
	288411671	IVAN	3/5/2008	Y - YES	√ 4	343434343	V					V	×	V	

*Refer to WIC Procedures Section, WIC Registration

6.1.4 Income/Proofs

To save information entered and view income/proofs information from the Member page, click **SAVE & INCOME/PROOFS**

All

Но	Household Members											
s	SAVE & THIRD PARTY SAVE & INCOME/PROOFS SAVE & ISSUANCE SAVE & REINSTATE/TERM											
ADD SAVE DELETE TRANSFER REGISTRATION LABELS PATIENT MENU RTC												
	Member	*	Patient # ≛		Last Name 👗	First Name 🍍	MI	Birth Date ≛	Gender 🍍	Responsible Party	Emergency Name	Medical Home
	Child	~	000000002		SMITH	BORIS	G	04/15/2006	Male 🗸	~	¥	\checkmark
	Child	>	000000001		SMITH	BORIS	ĸ	04/15/2000	Male 🗸	~		¥.
	Child	~	343432487		SMITH	DIMITRI	S	04/15/2006	Male 🗸	~	¥	Y
	Child	~	288411671	NHC	SMITH	IVAN	U	03/05/2008	Male 🗸	~	¥	V
	Child	Y	232445689		SMITH	IVANA	s	09/23/2007	Female 🗸	Y		

The Income/Proofs page includes General Household Information, Visit Date, Member Reason for Visit, Income Assessment, Salaried Income/Wages, and Other Income. There are drop-down menus corresponding to each household member.

- Checking the box next to a member's Patient # will open up the fields to enter or edit the member's Adjunct Eligibility and proofs.
- NOTE: The page extends beyond the width of a single page on a screen. To see the rest of the page, use the scroll bar at the bottom of the page.
- Each member can be selected to edit information individually or select to edit all members of the households' information at once.

	1E/PROOFS									
Househo Status		County	LOCAL HEALTH	Household #	19					
	SMITH	EBT Account #	50019	nouselloid #	19	EDIT HH SEAR				
		City/State/Zip		Phone #	(270) 695-1999	EBT ACCT				
Visit Date 01/25/2011										
Member Reason For Visit										
EDIT										

There are no records to display.

All	Patient #		Birth Date	Next Action Due	Initial Contact Date *		Physically Present *	Residence * ALL	Identification *	Income Qualify	Adjunct Eli
	00000003	ANTONIO	2/3/2007		06/19/2010	Yes	•	v	×	Yes	
	00000001	BORIS	4/15/2007			Yes	Ţ	Ţ	Ţ	Yes	
	343432487	DIMITRI	4/15/2006			Yes	Ţ	Ŧ	v	Yes	

- Under the Income Assessment panel, use the calendar icon or manually enter the Current Assessment Date (Today's date will automatically be filled in). If the income is being assessed, check the box next to Assessing Income. Once the box has been checked, the Salaried Income/Wages panel will no longer be grayed out and the income information can be entered.
- To save information entered and go to the WIC Issuance page, click SAVE & ISSUANCE. (Refer to section <u>6.1.5</u> for more information).

*Refer to WIC Procedures Section, WIC Registration

6.1.5 WIC Issuance

To save information and view WIC Issuance from the Household Member page, click

SAVE & ISSUANCE. The WIC Benefits Issuance page will be displayed.
WIC BENEFITS ISSUA	NCE				
Household					
Status Active Name SMITH E	County LOCAL HEALTH BT Account # 50019	Household # 19	EBT CARD		
Address 123 TEST STR C	Tity/State/Zip Lexington,KY 40504	Phone # (270	695-1999 EDIT HH	H SEARCH EBT ACCT	MEMBER
Issuance Info					
Print Benefit FIs	EBT Card #				
Clinic *		▼ Issue	Date *	Issue Day	
Bank Account	Ţ	FI Nur	iber	Check Previous	FI
Identification *		-			
Member Reason For Vis	it				

EDIT

There are no records to display.

Househ	old Members								
🗖 All	Patient #	Name	Next Action Due	FMNP	Last FP	Next Issuance Due	Next FP	Months To Issue	Cert Label Only?
Γ	00000034	BABY A SMITH				12/13/2012		v	Γ
	00000002	BORIS G SMITH		NO		12/13/2012	СВ		Γ
	00000001	BORIS K SMITH				12/13/2012		v	Γ
	343432487	DIMITRI S SMITH		NO		12/13/2012	СВ		Γ
Γ	288411671	IVAN U SMITH		NO		12/13/2012	СА	V	Γ
	232445689	IVANA S SMITH		NO		12/13/2012	СВ		Γ
Γ	923489423	LEONARD K SMITH		NO		12/13/2012	СВ	V	Γ
	343424335	MARLENA E SMITH		NO		12/13/2012	СВ		Γ
	790909099	MASHA Y SMITH		NO		12/13/2012	СВ	V	Γ
	434343432	NATASHA S SMITH		NO		12/13/2012	СВ	v	

PREVIEW BENEFITS

ISSUE BENEFITS



- Use the drop-down menu to select the Clinic. Enter the Issue Date and Issue Day. Use the Identification drop-down menu to select the method of Identification.
- To issue benefits to an eligible member, check the box next to the Patient # benefits are being issued to. Use the drop-down menu to select the number of Months to Issue.
- **NOTE:** If a member is ineligible the checkbox next to their Patient # will be grayed out.

434343432	NATASHA S SMITH		NO	1/26/2011	СВ	-
343423545	OKSANA R SMITH	Recertification	NO	1/26/2011	св 🤇	
288411670	OLEG N SMITH		NO	1/26/2011	СВ	1 month 2 months
342343256	PETYA D SMITH		NO	1/26/2011	СВ	3 months
657676767	SVETLANA L SMITH			1/26/2011		

After selecting the number of Months to Issue, the benefits can be previewed by clicking
 PREVIEW BENEFITS
 If the information is correct, click

*Refer to WIC Procedures Section, <u>WIC Benefits</u> and <u>WIC Labels</u>.

After issuing benefits from the WIC Benefits Issuance page, if the household has not yet been assigned an eWIC card, a message will be displayed at the bottom of the page.

\bigcirc	Benefits Issued.
	Household does not have an EBT Card

An EBT Card button is displayed at the top of the page for households that do not have an eWIC

card. To issue an eWIC card, click

6.1.5.1 eWIC Card Issuance

eWIC cards are issued to patients, or households, and contain benefits available to purchase WIC food items at participating stores. Items may be purchased as needed, and the balance will remain on the card until the issuance period ends.

6.1.5.1.1 Adding an EBT Cardholder

Adding a Cardholder to a Household (where cardholder is a household member)

• From the Member page, select the Cardholder Member for the Household using the dropdown menu item beside the Patient name, then click the Save & Issuance button.

Hou	sehold Members									
	AVE & 3RD PARTY	SAVE & INCOM		SAVE & WIC PROOFS	SAVE & WIC ISSUA		SAVE & REINSTA	TE/TERM		
	ADD SAVE D	ELETE T	ANSF	REGISTRATION	LABELS PA	TIENT MEN	URTC			
	Member *	Patient # *		Last Name *	First Name *	мт	Rinth Data 1	Condon #	Responsible Party	Emergency
	nember	Patient #		Last Name	First Name		birth Date	Gender	Responsible Party	Name
		00000003		SMITH	ANTONIO	А	02/03/1981	Male 💌	~	×
	Caronolider Member	00000002		SMITH	BORIS	G	04/15/2006	Male 🔽	~	~
	Ebt Chart Foster Child	00000001	Ì	SMITH	BORIS	к	04/15/0200	Male 💌	~	~
	Foster Parent Grandparent	343432487		SMITH	DIMITRI	S	04/15/2006	Male 💌	~	~
	Other Primary Member	288411671	NHC	SMITH	IVAN	U	03/05/2008	Male 💌	~	~
	Sibling	232445689		SMITH	IVANA	S	09/23/2007	Female 🔽	~	~
	Spouse/Significant Other Primary Member	123456789		SMITH	JOHN		08/01/1954	Female 💌	~	~

From the WIC Benefits Issuance page, click the EBT Card button at the top right corner of the page. The Add Card/Cardholder page will be displayed.

📃 🛃 ADD CAF	RD/CARDHOLDER						
Household Number	50018						
Card Number	606370900003803	۰	PIN P	PIN Entered			
First Name	James	٠	Middle Name		Last Name	Smith	*
Birth Date	01/01/1967	*					
	SAVE & NEW SAVE &	BACI	Back Clear				

- Click in the Card Number field. The six-digit BIN number will appear.
- Select the next eWIC card from the clinic card inventory. Swipe the card through the PIN pad/card reader. The card number will automatically appear in the Card Number field.



Click in the PIN entry field. Ask the participant to enter a 4-digit PIN number. Have them

confirm/re-enter that number. Note that when the to waiting and a 30-second timeout period is allowed to enter and re-enter a PIN.

• The **PIN** <u>PIN Entered</u> message will be displayed in the PIN field.

The cardholder name and birth date is auto-filled when the cardholder is designated on the SAVE & BACK

Member page. Click the button to save the information and view the Account Details page (Household #50018 is shown below). To return to the CMS Household page, close the Account Details page.

🖃 🔍 ACCOUNT DETAILS								
Household 50018 Number	Account Status A	ctive						
Address 1 123 TEST RO	AD Address 2							
City FRANKFORT	State K	Y	Zip Code 406	01				
Setup 03/03/2009 : Date/Time	2:24:38 AM Update 0 Date/Time	5/26/2009 05:33:06 PM						
$\Xi \subset$ Cardholders								
Actions	Card Number Card	Status Cardholder Status	s <u>Cardholder Type</u>	Cardholder Name	Cardholder Birth Date			
Please Select 💌	Go 606370900003803 Active	e Active	Primary	ames Smith	01/01/1967			
Denefits ending	7/27/2009) Size: 20 CO						
Category	<u>Subcategory</u>				<u>Quantity</u>			
03 - Eggs	001 - Fresh eggs				0.00 doz			
08 - Fish	005 - Tuna - conv	005 - Tuna - convenient pack						
09 - Infant Cereal	000 - Infant Food	000 - Infant Food - all authorized types 0.00 oz						
09 - Infant Cereal	000 - Infant Food	000 - Infant Food - all authorized types 0.00 oz						
21 - Infant Formula (IF)	057 - Good Start	Supreme DHA/ARA Pwd			0.00 can			
21 - Infant Formula (IF)	057 - Good Start	0.00 can 0.00 can						

Adding a Cardholder to an Account (when cardholder is not a household member)

- The same process as explained where a cardholder is a household member can be done, but the Name and Birth Date must be entered on the Add Card/Cardholder page.
- There is another method for adding a cardholder who is not a household member. From the Household Member page, click the *EBTACCT* button in the top right portion of the page.

MEMBER			
Household			
County: LOCAL HEALTH	Household #: 56	Name: SMITHER	
Address: 300 WEST FOURTH STREET	City/State/Zip: Lexington,KY 40508	Phone #: (859) 227-5645	EDIT HH SEARCH EBT ACCT
Responsible Party			

***Entire page not displayed.

button.

ADD CARDHOLDER

The Account Details page for the household is shown below (Household #56 is displayed).
 The benefits for the household are displayed in the three panels at the bottom of the page.

Note the "No cardholders found for the account" message. Click the

📃 🔍 ACCOUNT DETAILS								
Household 50056 Number	Account Status Active							
Address 1 300 WEST FOURTH STREET	Address 2							
City LEXINGTON	State KY	Zip Code 40508						
Setup 05/22/2009 03:11:40 PM Date/Time	Update 05/22/2009 03:13:01 PM Date/Time							
CARDHOLDERS Image: Control of the second s								
■ 🤤 BENEFITS ENDING 6/21/2009	9							
■ 🤤 🔍 BENEFITS FROM 6/22/2009 1								
📃 🔍 BENEFITS FROM 7/22/2009 1	0 8/21/2009							
UPDATE ADD CARDH	OLDER BENEFITS Transactions Back							

The Add Card/Cardholder page will be displayed as shown below. Add the required information for the cardholder and click the Save and Back button to return to the Account Details page. The cardholder name will now be displayed. Close the Account Details page to

📃 💱 ADD CAF	RD/CARDHOLDER					
Household (Number						
Card Number		*	PIN Ente	er PIN		
First Name		*	Middle Name		Last Name	*
Birth Date	MM/DD/YYYY	*				
	SAVE & NEW SAVE &	BAC	Back Clear			

return to the WIC Benefits Issuance page.

6.1.5.1.2 Changing Cardholders



To change a cardholder from the Member page, use the drop-down menu to designate a member as a Cardholder Member. Note that the Name and Birth Date must also be changed on EBT from the Add Card/Cardholder page. There can only be one Cardholder Member per household. If a previous cardholder member was selected, use the drop-down menu to change their member status (Primary Member, Foster Parent, Other, etc.).

Household Members									
SAVE & 3RD PARTY SAVE & 1	INCOME SAVE & WIC	PROOFS SAVE & WIC	ISSUANCE SAVE &	REINST	ATE/TERM				
ADD SAVE DELETE	ADD SAVE DELETE TRANSFER REGISTRATION LABELS PATIENT MENU RTC								
				_					
Membe r *	Patient # *	Last Name *	First Name *	MI	Birth Date *	Gender *			
CARDHOLDER MEMBER	666444666	SMITH	JAMES	E	1/1/1967	Male 💌			
CHILD	555000555	SMITH	JOHN		7/1/2008	Male 💌			
FOSTER PARENT									
OTHER									
SIBLING					🔽 🐴 Internet				
FOSTER CHILD FOSTER PARENT GRANDPARENT OTHER PRIMARY MEMBER	555000555	SMITH	JOHN		7/1/2008	Male 💌 [

After an eWIC card has been assigned to the household, close out of the EBT browser window. The Issuance page will still be displayed.

WIC BENEFITS ISSU	ANCE						
Household							
Status: Active	Count	Y: LOCAL HEALTH	Household #:	19			
Name: SMITH	EBT Account				EDIT HH S	SEARCH	BT ACCT MEMBER
Address: 123 TES	T STR City/State/Z	ip: Lexington,KY 40504	Phone #:	(270) 695-19	999	SEARCH 1	HEHBER
Issuance Info							
Print Benefit FIs:					EB	ST Card #: 60	063709000001138
Clinic *.	500500 - LOCAL HEALTH	TEST SITE V	Jacua Data	*: 09/24/2009		Day:	
	V		-	. 0012 112000]	· · ·	
Bank Account :			FI Number	:			heck Previous FI
Identification *:		~					
Member Reason F	or Visit						
EDIT							
EDIT							
There are no reco	ds to display.						
Household Member	5						
All Patient #	ŧ Name	Next Action Due	Farmer's Market	Last FP	Next Issuance Due	Next FP	Months To Issue 🍍
00000000	3 ANTONIO A SMITH		NO		3/23/2010	СВ	
00000000	2 BORIS G SMITH		NO		3/23/2010	СВ	
0000000					3/23/2010		
34343248			NO		3/23/2010	CA	
28841167			NO		3/23/2010	CA	
23244568			NO		3/23/2010	CB	
12345678	9 JOHN SMITH				3/23/2010		
PREVIEW BENEFI	TS ISSUE BENEFITS	CANCEL					
			*		he Clinic and	ldootifio	
	e the drop-dow			to select t	ne clinic and	identifica	ation type.
Er	iter the issue da	te.					
Se	lect a single pat	ient, multiple pa	tients. or al	I 🗹 All. O	nce a patient	is select	ed. a field for
			,				
М	onths to Print w	ill appear. Use th	ne dron-dov	vn menu		ど to se	elect a number
				VIIIIICIIU		10 50	
of	months, and th	en click	ENEFITS				
	·						
Household Members							
All Patient #	Name	Next Action Due Fa	rmer's Market	Last FP N	lext Issuance Due	Next FP	Months To Issue *
101010101	GABRIELLE SMITH		NO		9/24/2009	PLF	3 month 💙
748159000	JAY L SMITH				9/24/2009		
123456789	JOHN SMITH				9/24/2009		

ISSUE BENEFITS CANCEL

After benefits have been successfully issued, the following message displayed at the bottom of the page:

۲	Benefits Issued		
		MEMBER	

To return to the Member page, click

6.1.6 Transferring Members

Household members can be transferred to another household in the same county, or to a household in another county. Whole households can be transferred to other counties, and members can be transferred to a new household.

6.1.6.1 Transferring a Member to a Different Household within the Same County

To transfer a member to another household in the same county, select the \Box next to the Member's

	name, and then click at the bottom of the Member page.													
Но	usehold	Members												
s	AVE & T	HIRD PARTY	SAVE & INCO	DME/PROOFS SAVE	& ISSUANCE	SAVE 8	REINSTATE	/TERM						
A	DD	SAVE	TE TRAN	SFER	ON LABELS	РАТ	IENT MENU	RTC						
		Member *	Patient # *	Last Name *	First Name 🍍	MI	Birth Date *	Gender *	Responsible Party	Emergency Name	Medical Home	Next Action Due	LEP	Primary Language
V	Child	•	00000002	SMITH	BORIS	G	04/15/2006	Male 🔻	•	Y	-			Russian 💌
	Child	•	00000001	SMITH	BORIS	— K	04/15/2000	Male 💌	-	T	T			Russian 💌

unty	Patients					
Local Health	Patient #	Name		Birth Date	Gender	
	00000001	BORIS K SMITH	0	4/15/00	Male	
RECEIVE						
County	Local Health	SEARCH (CLEAR	REATE NEW H	IOUSEHOLD	CANCEL
mber						
Household #			OR EB	「Card #		
usehold Data						
Last Name						
Address						
Phone #						
tient Data						
Patient #						
Last Name			F	irst Name		

Household Transfer page

Transferring a Member to a Different Household

CREATE

The Household Transfer page will display the patient's current county and personal information (Patient #, Name, Birth Date, and Gender) at the top of the page.

A household can be found by searching by Household #, eWIC card #, Name, Address, Phone
 #, Patient #, or name and clicking SEARCH

A list of households will be displayed. To select a household for the member to be transferred to,

left-click on the
rext to the desired household number, or click

LABELS

The patient's new household Member page will be displayed. Check the Member section at the bottom of the page to see that the patient was successfully transferred.

6.1.7 Labels

To create labels for a patient in the household, check the box corresponding to the household

member, then click Household Members SAVE & THIRD PARTY SAVE & INCOME/PROOFS SAVE & ISSUANCE SAVE & REINSTATE/TERM DELETE REGISTRATION PATIENT MENU ADD SAVE TRANSFER LABELS RTC Last Name 🍍 Gender * SMITH Child v 000000002 BORIS G 04/15/2006 Male \mathbf{v} V Child SMITH BORIS K 04/15/2000 Male ¥ 000000001 ~ \mathbf{v} Child v 343432487 SMITH DIMITRI s 04/15/2006 Male ¥ ¥

A pop-up window will appear with the various labels that can be created: PEF (Patient Encounter Form), Additional PEF, Registration, Mailing, Lab, Chart, Chart 2, and ACH-58. Manually enter the

number of each label to be printed in the field corresponding to the label, then click

Но	Household Members													
	SAVE & THIRD PARTY SAVE & INCOME/PROOFS SAVE & ISSUANCE SAVE & REINSTATE/TERM													
	ADD SAVE DELETE TRANSFER REGISTRATION LABELS PATIENT MENU RTC													
		Member <u>*</u>	Patient # *	Last Name ≛	First Name 👗	MI	Birth Date 🗶	Gender *	Responsib	ole Party	Emergency Name	Medical Home	Next Action Due	LEP Pr
◄	Child	~	00000002	SMITH	BORIS	G	04/15/2006	Male	•	~	V	V		
	Child	~	00000001	SMITH	BORIS	К	04/15/2000	Male	v i	Y				
	Child	~	3434 CREATI	ELABELS										
	Child	~	2884 SMITH, BO	RIS G (00000002)										F
	Child	v	2324 PEF 1	Additional PEF? 🗌 Re	gistration 1 Mailing]	Lab	Chart	2 Chart2	2	ACH-58			F
	Child	~	9234				CREATE	DONE						
	Child	~	4443	•		_			_					
	Child	v	343424335	SMITH	MARLENA	E	02/03/2007	Female	- I	¥	V			

A PDF of the labels created will pop up in a new window. The labels can be printed from this page.

05/16/2014 SMITH BORIS G 000000002 DOB: 04/15/2006	HLS 500500 HH# 19
05/16/2014 SMITH BORIS G 000000002 DOB: 04/15/2006	HLS 500500 HH# 19
00000002 07/12/2011 NEW SMITH BORIS G #HSE: HM CONTACT: Y DOB: 04/15/2006 MDCD: A MCO: N/A M REA SON FOR VISIT: FUT APT:	5 INC: 0.00
LEXINGTON,KY 40504 DOB 04/15/2006 RC: W FP RC:	NOPP: 500 PH# (270) 695-1999
07/12/2011 EMER CNT: PCP# - MDCD: A PDT MCO: N/A Men KTAP: N FDST: N VOC: N MDCR: #HSE: 5 INC: 0.00	n#: N/A
07/12/2011	00000002

After the labels have been created, close out of the window and click **DONE** in the "Create Labels" window to return to the Members page.

6.1.8 Editing a Household

Household Search page

From the Household Search page, enter the **Household Number**, **Name**, **Address**, **Phone Number**, or **eWIC Card Number**. Entering as many of these fields as possible will narrow the results, but only one field is needed to perform a search.

After filling in the boxes with the corresponding answers, click **SEARCH**. A list of records will be displayed at the bottom of the page. Typing a household number instead of a household name will return a direct hit if the household is in the system.

■ To edit an existing household, click the Edit icon Prest to the household number.

HOUSEHOLD SE	ARCH				
County	Local Health 💌	SEARCH	CLEAR		
Number					
Household #			OR	EBT Card #	
Household Data					
Last Name Address Phone #	Smith				
Patient Data					
Patient # Last Name Cell Phone # Visit Date	08/25/2020			First Name	

Н	ous	EHOLD					
C	NEW	HOUSEHOL		Page 1 of 1	Size: 10	GO	
		Household #	Name	Address	City/State/Zip	Phone #	Status
>	&	11	SMITH	123 WILDCAT LODGE	Frankfort,KY 40601	(270) 666-7722	Active
>	&	14	SMITH	123 ANYSTREET	88,KY 42130	(502) 695-1999	Active
	&	19	SMITH	123 TEST STR	Lexington,KY 40504	(270) 695-1999	Active
	&	12	SMITH	951 INDUSTRIAL ROAD	Frankfort,KY 40601		Active

The **Edit Household** page, shown on the following page, will be displayed.

Edit Household Page

Household Search page

General Household Information

The first section of the Edit Household, as shown below, is general household information: County, Household #, Name, Address, City/State/Zip, Phone #, EBT Card #, and Record Status.

HOUSEHOLD (EI	Π)
County Household	LOCAL HEALTH SAVE CANCEL
Last Name 🔺	FAMILY2
	987 TEST2 ROAD Frankfort,KY 40601 ex: Glasgow,KY 42141
Phone #	(502) 555-9876
Last Benefit Form	EBT Card
EBT Card #	
Record Status	Active

***Note: Any search filter with an asterisk (*) is required.

- To change information in any of the entries, highlight the current entry, and delete it. Enter new information.
- To save information entered and return to the Member page, click SAVE
- To return to the Household Member page without saving changes, click CANCEL

Responsible Party

The next section, as shown below, is the **Responsible Party** section. The Responsible Party is the person(s) who will be held responsible for the household member(s). There may be multiple Responsible Parties per household, but only one per member.

Responsible Party					
A	DD				
	First Name *	MI	Last Name *	Address *	City/State/Zip *
×	HOWARD		HUGHES	144 MAIN STREET	Frankfort,KY 40601
×	KEVIN	D	KRING	344 ANYSTREET	Frankfort,KY 40601
×	JANET		JOHNSON	123 MAIN STREET	Frankfort,KY 40601

- To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- To add a Responsible Party, click
 Multiple Control C

Emergency Name

The next section, as shown below, is the **Emergency Name** section. This is the name of the person who should be contacted in the event of an emergency.

Emergency Name	
ADD	
Name *	Phone Number *
Name *	Phone Number *

- To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- To add an **Emergency Name**, click

Primary Insurance Company

The next section, as shown below, is the **Primary Insurance Company** section.

Primary Insurance Company			
ADD			
Name *	Subscriber Name *	Group Number *	Policy Number *
X 3 HUMANA	KEVIN KRING	123456	54321

- To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- To add a Primary Insurance Company, click . Type the Insurance Company's Name, Subscriber Name, Group Number, and Policy number.

Supplemental Insurance Company

The next section, as shown below, is the **Supplemental Insurance Company** section.

Supplemen	ntal Insurance Comp	any		
ADD				
	Name *	Subscriber Name *	Group Number *	Policy Number *
× 9004 H	UMANA	KEVIN KRING	1234568	0000005

- To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- To add a Supplemental Insurance Company, click . Type the Insurance Company's Name, Subscriber Name, Group Number, and Policy Number.

Medical Home

The next section, as shown below, is the **Medical Home** (Primary Care Physician) section.

Me	dical Home				
A	DD				
	Physician/Clinic *	Address *	City/St/Zip *	Telephone *	Fax *
×	FAMILY PHYSICIAN	123 TEST LANE			

- To edit a previous entry, highlight the information with the cursor, delete the entry, and type new information.
- To add a Medical Home, click ADD. Type the Physician/ Clinic Name, Address, City/ State/ Zip, Telephone Number, and Fax Number.

After edits are made, there are three options:

- To save changes and go to the Member page, click SAVE
- To return to the Household Search page without saving changes, click CANCEL
- To save changes and issue an eWIC card, click SAVE & EBT CARD ISSUANCE (Refer to eWIC Card Issuance for more information).
- NOTE: The EBT Card Issuance button is only displayed if the household has not been assigned an eWIC card.

6.1.9 Creating a New Household

Household Search page

• To create a new household from the Household Lookup page, type the household

member's name and click

NEW HOUSEHOLD

If the household name is not shown on the list, click

The Add Household page will be displayed.

PORTAL LOGOUT	Kentucky Clinic Household	Management	Kentucky
ADD HOUSEHOLD			
County: LOCAL Household #:	HEALTH	SAVE CANCEL	
Name:			
Address:			
City,State Zip:		ex: Glasgow,KY 42141	
Phone #:			
Responsible Party ADD DELETE Supplemental Insuran ADD DELETE Name Subscriber Na	ice Company ame Group Number Pol	icy Number	
Medical Home			
ADD DELETE Physician/Clinic Ad	dress City/St/Zip Telep	phone Fax	
	SAVE	SAVE & EBT CARD ISSUANCE CANCEL	
PORTAL LOGOUT CMS Household v1.0 B ©2009 <u>Custom Data F</u>	eta 02/19/2009 Processing, Inc. All right	s reserved.	

General Household Information

The first section of the Add Household **page**, as shown below, is general household information: **County, Household #, Name, Address, City/State/Zip, and Phone #.**

Example:

ADD HOUSEHOLD	
County: Household #:	LOCAL HEALTH SAVE CANCEL
Name *:	
Address *:	
City,State Zip *:	ex: Glasgow,KY 42141
Phone #:	
Last Benefit Form: EBT Card #: ·	

Adding a Responsible Party

The next section, as shown below, is the **Responsible Party** section. The Responsible Party is the person who will be held responsible for the member(s). There may be multiple Responsible Parties

per household, but only one per member. To add a Responsible Party, click . Enter the Responsible Party's **First Name**, **MI** (Middle Initial), **Last Name**, **Address**, and **City/ State/ Zip**.

Re	sponsible Party				
A	DD				
	First Name *	MI	Last Name *	Address *	City/State/Zip *
×					

Adding an Emergency Name

The next section, as shown below, is the **Emergency Name** section. This is the name of the person

who should be contacted in the event of an emergency. To add an **Emergency Name**, click

Emergency Name	
ADD	
Name *	Phone Number *
×	

Adding a Primary Insurance Company

The next section, as shown below, is the **Primary Insurance Company** section. To add a Primary

Insurance Company, click . Enter the Insurance Company's Name, Subscriber Name, Group Number, and Policy number.

Primary Insurance Company

ADD

Name	s * Subscrib	er Name * Group I	Number * Po	olicy Number *
×				

Adding a Supplemental Insurance Company

The next section, as shown below, is the **Supplemental Insurance Company** section. To add a

Supplemental Insurance Company, click . Enter the Company's Name, Subscriber Name, Group Number, and Policy Number.

Supplemental Insurance Company			
ADD			
Name *	Subscriber Name *	Group Number *	Policy Number *
×			

Adding a Medical Home

The next section, as shown below, is the Medical Home (Primary Care Physician) section. To add a

Medical Home, click . Enter the Physician/ Clinic Name, Address, City/ State/ Zip, Telephone Number, and Fax Number.

Medical Home				
ADD				
Physician/Clinic *	Address *	City/St/Zip *	Telephone *	Fax *
×				

• To delete any entries on the **Household Page**, check the × corresponding with the entry.

Example:

X) HUMANA

Supplemental Insurance Company			
ADD			
Name *	Subscriber Name *	Group Number *	Policy Number *

12345678

12345

KEVIN KRING

7 Patient Menu Functions

7.1 Patient Menu

Household Member page

To access the **Patient Menu** page from the **Household Member** page, check the \Box next to a

	member's r	nan	ne, and c	lick	PATIENT MENU).					
_	sehold Members		SAVE & INCOM	•	SAVE & WIC PROOFS	SAVE & WIC ISSUANC	•	AVE & REINSTA	TE/TERM		
	ADD SAVE	C	Patient # *	RANSF	ER RECISTRATION	First Name	ENT MEN	Birth Date	Gender 📍	Responsible Party	Emergenc Name
	Child	~	00000003		SMITH	ANTONIO	к	02/03/2007	Male 💌	~	~
	Child	×	00000001]	SMITH	BORIS	К	04/15/0200	Male 💌	×	~
	Child	*	00000002]	SMITH	BORIS	K	04/15/2006	Male 💙	~	~
	Child	~	343432487]	SMITH	DIMITRI	S	04/15/2006	Male 💌	~	~
	Child	*	288411671	NHC	SMITH	IVAN	U	03/05/2008	Male 😪	~	~
	Child	~	232445689	1	SMITH	NANA	S	09/23/2007	Female 💌	~	~
-											

The **Patient Menu** page will be displayed.

Patient #: 111264004	Medicaid Number: 1112640044	Chart Number:
Name (F, M, L): ELLA TWOSEXTYFOUR		DOB: 1/1/1995
PATIENT SEARCH		
AR Listing		
Growth Charts		
Measures & Bloodwork History		
Member		
PEF Listing		
Registration		
Edit		
Return to Clinic		
Scheduling		
Scheduling (old)		
Seals Edit		
Supplemental		
I WIC		
EBT Account Balance		
Food Pkg Assignment		
History		
Inquiry		
Print VOC		
Replace Benefits		
Return Purchased Formula		
View Benefits		

The Patient Menu page offers access to patient information in three main areas: Growth Charts, Registration, and WIC. The links below these main sections will take the user to a specific page within that area.

7.2 Accounts Receivable Listing

The Accounts Receivable (AR) Listing page allows staff to review AR invoices that have been set up. Adjustments can be made and/or payments to the invoices. The AR Listing page shows all open AR and those that have recently been cleared.

Patient #: 111264004	Medicaid Number: 1112640044	Chart Number:
Name (F, M, L): ELLA TWOSEXTYFOUR		DOB: 1/1/1995
PATIENT SEARCH		
PATIENT SEARCH		
AR Listing		
Growth Charts		
Measures & Bloodwork History		
Member		
Patient Results		
PEF Listing		
Registration		
Edit		
Return to Clinic		
Scheduling		
Scheduling (old)		
Seals Edit		
Supplemental		
I WIC		
EBT Account Balance		
Food Pkg Assignment		
History		
Inquiry		
Print VOC		
Replace Benefits		
Return Purchased Formula		
View Benefits		
Void Benefits		

To access the AR Listing page, click AR Listing on the Patient Menu.

The A/R Listing page displays all open invoices for a patient. An invoice is created for each visit for each payor that it is billed to. It is possible to have multiple invoices for a single PEF for a visit.

atient	ŧ													
ounty Household # 00		ehold #	Number J-5150916		Name MARY JOHN		Birth Date 18/09/2017		Patient A 5 years & 9	-	Home Cont Yes	act		
00 1edicaid#		мсо		Me No	edica	re#	Primary Insura 9006 HUMANA INSURANCE	nce S	Supplementa	al Insura	nce			
st of A	/R's													
									(•	Page 1	of 1 💽	Size 3	0 G 0
		Invoice	PEF	Site	PC	Visit Date	ARDate	Total Amoun	Agency t Assumed	Open Amount	Paid Amount	Adjust Amount	Last Payment Date	Home
View	v Edit Invoice PEF Number Number												Cnt	
View Q	Edit	Number 3000744801	Number 30007448	A	1	02/18/2020	02/18/2020	43.00	0.00	0.00	43.00	0.00	9/8/2022	Cnt Yes
				A	1 15	02/18/2020	02/18/2020	43.00 35.00		0.00	43.00	0.00	9/8/2022	
Q,		3000744801	30007448	A	_				0.00				9/8/2022 9/8/2022	Yes

The AR Listing page displays the general patient information at the top of the page and a list of the open accounts receivables at the bottom.

Invoice Number is the PEF Number and the Payor Code combined.

PC is the payor code.

Visit Date is the date the patient was in the clinic.

AR Date is the date the invoice was set up.

Total Amount is the original amount owed.

Agency Assumed only applies to services where the agency assumes the charge based on the patient income.

Open Amount is the amount that is still open and needs to be paid.

Paid Amount is the amount that has been paid.

Adjust Amount is the amount adjusted based on insurance or other adjustments.

1. To adjust or post to an AR invoice, click the edit icon next to an invoice number.

atient													
			Number J-S150916		Name MARY JOHN		Firth Date 8/09/2017		Patient A 5 years & 5	-	Home Contact Yes		
00 Iedicaid# MCO		Me No	edicaı)	re#	Primary Insura 9006 HUMANA INSURANCE	ince 5	upplementa	al Insurai	nce				
st of A/R's													
ist of A/R's													
								(•	Page 1	of 1 💽) 🕑 Size 30	Go
View Edit	Invoice Number	PEF Number	Site	PC	Visit Date	ARDate	Total Amoun	Agency	Open Amount	Page 1 Paid Amount	of 1	Size 30	Go Home Cnt
View Edit		PEF Number 30007448	Site A	PC 1	Visit Date 02/18/2020	ARDate 02/18/2020		Agency t Assumed	Open	Paid	Adjust	Last Payment	Home
	Number	Number					Amoun	Agency Assumed	Open Amount	Paid Amount	Adjust Amount	Last Payment Date	Home Cnt
۹ 🕑	Number 3000744801	Number 30007448		1	02/18/2020	02/18/2020	Amoun 43.00	Agency Assumed 0.00 0.00	Open Amount 0.00	Paid Amount 43.00	Adjust Amount 0.00	Last Payment Date	Home Cnt Yes

The AR Payment page displays.

AR Payment											
Patient											
County 500 Medicaid#		Household # MCO		umber ledicare#	Pri	me mary Insura UMANA			Patient Age ance	Home Co Yes	ontact
Insurance	nsurance Medicare Medicaid MCO										
A/R invoid 3780656101 MCO/Com		PEF Number 37806561 Comment		linic 00500		i t Date 14/2022	A/R D a 12/14/20		Last Payment Date Pay Individual CPT	РС 01	
		(Maximum char	acters:200)					h	YES *		
								•	Page 1 of 1	🕑 Size	
CPTCode		Amount	Agency Assumed	Open Amount	Paid YTD	Adjusted YTD	Payment Amount	Adjusted Amount	Transfer		Transfer Amount ?
99202	806	5	0	5	0	0			Select		
86580	806	5	0	5	0	0			Select	t Y	
Pay All?		Select	* Ad	just Remain	ing?	Select	* Transfe	r	Select v		
Batch Numb	ber	Select	• Pa	yment Amou	int		Return	Check Fee			
Payment a	ind PEF	Payment	Back								

The top panel of the AR Payment page contains the patient information. The middle panel contains the invoice details

Any information on the invoice can be captured and saved for future referencing using the **Comments** field.

If **Pay Individual CPT** is set to YES, payments/adjustments are posted to the individual CPT codes in the Payment Amount and Adjusted Amount fields shown below.

AR Payment									
Patient									
County 500 Medicaid#		Household # MCO		umber ledicare#	Pri	me mary Insurance JMANA	Birth Date	Patient Age surance	Home Contact Yes
Insurance	urance Medicare Medicaid MCO								
A/R invoid 3780656101 MCO/Com	pany	PEF Number 37806561 Comment (Maximum char	50	linic 00500		it Date 4/2022	A/R Date 12/14/2022	Last Payment Date	PC 01 Size 30 Go
CPTCode	CostCenter	Total Amount	Agency Assumed	Open Amount	Paid YTD	Adjusted YTD	Payment Adjuste Amount Amount		Transfer Amount ?
99202	806	5	0	5	0	•		Selec	t •
86580	806	5	0	5	0	0		Selec	t •
Pay All?		Select		just Remain	-	Select v	Transfer	Select *	
Batch Numb		Select	Back	yment Amou	int		Return Check Fee		

Payment Amount – A positive payment amount will add the amount to the Paid YTD amount for that CPT code. This will reduce the Open Amount. A negative payment amount will subtract the amount from the Paid YTD amount for the CPT code. This will increase the Open Amount.

Adjusted Amount – A positive adjusted amount will add the amount to the Adjusted YTD amount for the CPT code. This will reduce the Open Amount. A negative adjusted amount will subtract the amount from the Adjusted YTD amount for the CPT code. If Adjusted YTD is zero, this will increase the Open Amount.

Open Amount – Open Amount for an invoice is calculated using the following formula:

Total Amount - Agency Amount - Adjusted YTD - Paid YTD = Open Amount

Batch Number – If posting using batch numbers, select the appropriate batch number from the drop-down. Batch numbers are not required to post or adjust open amounts. More information on batches can be found in section <u>Accounts Receivable (AR Batch)</u>.

If charges need to be transferred to another payor, the Transfer field can be used to select the payor and the Transfer Amount. A new invoice will be created for the payor and amount entered.

NOTE: The current invoice balance will NOT be adjusted unless the adjusted amount is entered.

AR Payment											
Patient											
County 500		Household #		Number -5150916		me RY JOHN		Birth Da 08/09/20:		Patient Age 5 years & 5 months	Home Contact Yes
Medicaid#		мсо		Medicare# No	900	imary Insura 06 HUMANA 5URANCE	ance	Suppler	nental Insur	ance	
Insurance M	edicare M	edicaid MCO									
A/R invoice 3000749115 MCO/Compa		PEF Number 30007491 Comment		Clinic 500500		sit Date 04/2020		A/R Dat 03/04/202		Last Payment Date Pay Individual CPT	PC 15
Pico/ compa	iny	(Maximum char	acters:200)							YES V	
Add CPT											
									•	Page 1 of 1 💽	Size 30 Go
CPTCode	CostCenter	Total Amount	Agency Assumed	Open Amount	Paid YTD	Adjusted YTD	Pa Ar	yment nount	Adjusted Amount	Transfer	Transfer Amount ?
COPAY	806	25	0	0	0	25				Select.	. •
80000	806	10	0	5	5	0		5.00		Select.	. •
Pay All?		Select	▼ A	ljust Remain	ing?	Select	Ŧ	Transfer		Select v	
Batch Number	,	Select	• Pa	ayment Amou	unt			Return C	heck Fee		
Payment and	I PEF	Payment	Back								

In the example below, a \$5.00 payment is applied to CPT code 80000.

After clicking payment, a success message displays at the bottom of the page and in a pop-up window at the top of the screen. The amount of the payment is applied to the Open Amount and YTD. Clicking **OK** returns to the AR Listing page.

CDP	Kentucky Clin AR Payme	Payment done succ	cessfully.	(ок К	entucky
ortal Logout	_					
Patient						
County 500 Medicaid#	Household # MCO	Number J-5150916 Medicare# No	Name MARY JOHN Primary Ins 9006 HUMANA	Birth Date 08/09/2017 urance Supplemental I	Patient Age 5 years & 5 months	Home Contact Yes
Insurance Medicard	e Medicaid MCO		INSURANCE			
A/R invoice 3000749115 MCO/Company Add CPT	PEF Number 30007491 Comment (Maximum characters	Clinic 500500	Visit Date 03/04/2020	A/R Date 03/04/2020	Last Payment Date 01/06/2023 Pay Individual CPT YES v	PC 15
				•	Page 1 of 1	Size 30 Go
CPTCode CostCer	nter Total A <u>o</u> nter Amount Ass	gency Open sumed Amount	Paid YTD Adjuste YTD YTD	d Payment Adjust Amount Amou		Transfer Amount ?
	06 25 06 10	0 0		0		t v
ay All?	Select	Adjust Remainin	ng? Select	• Transfer	Select v	
atch Number Payment and PEF ayment done succe	Select	Payment Amoun	nt	Return Check Fe	e	

If **Pay Individual CPT** is set to NO, payments/adjustments are posted at the invoice level. Payments and adjustments will be spread across all CPT codes with a non-zero balance. The individual CPT code amounts are greyed out.

atient											
ounty		Household #		umber		ime	Birth Dat		Patient Age	Home Con	tact
00 Iedicaid#		мсо		5150916 edicare#		RY JOHN imary Insura	08/09/2017	ental Insur	5 years & 5 months	Yes	
ieurcaiu#		мсо	No		90	D6 HUMANA 5URANCE	nce Supplem	ental Insura	ance		
nsurance l	Medicare N	ledicaid MCO									
/R invoic	e	PEF Number		inic		sit Date	A/R Date		Last Payment Date	PC	
000749115		30007491	50	0500	03	/04/2020	03/04/2020)		15	
, 000749115 ICO/Company											
CO/Com	pany	Comment						(Pay Individual CPT	>	
	pany	Comment (Maximum chara	acters:200)					(Pay Individual CPT	>	
		(Maximum chara	Agency	Open	Paid YTD	Adjusted	Payment	(Adjusted	NO v) Size	Transfer
Add CPT	CostCente 806	(Maximum chara Maximum chara Total Amount	-		Paid YTD	Adjusted YTD 25	Payment Amount		NO		
Add CPT CPTCode	CostCente	(Maximum chan r Total Amount 25	Agency Assumed	Open Amount		ŶTD	Payment Amount	Adjusted	NO V Page 1 of 1 V Transfer	🗸	Transfer
Add CPT CPTCode COPAY 80000	CostCente 806	(Maximum char Total Amount 25 10	Agency Assumed 0 0	Open Amount 0 5	0	ўтр 25 0	Amount	Adjusted	NO V Page 1 of 1 V Transfer Select	🗸	Transfer
Add CPT CPTCode COPAY	CostCente 806	(Maximum chan r Total Amount 25	Agency Assumed 0 0	Open Amount 0	0	ŸТD 25	Payment Amount Transfer	Adjusted	Page 1 of 1 D Transfer Select	🗸	Transfer

Pay All – If set to Yes, payment posted will pay off the balance and clear the open amount for the invoice. If set to No, the payment posted will not clear the open amount for the invoice.

Adjust Remaining – If set to Yes, any remaining balance will be adjusted to zero. If set to NO, any remaining balance will not be adjusted to zero.

Transfer – A drop-down list of other payor sources. The amount adjusted will be used to set up a new AR invoice to the selected payor source and for the amount entered to be transferred. The option to transfer is only enabled for invoice line items with an open amount above zero.

Batch Number – If posting using batch numbers, select the appropriate batch number from the drop-down. Batch numbers are not required to post or adjust open amounts. More information on batches can be found in section <u>Accounts Receivable (AR Batch)</u>.

Payment Amount – The amount being paid to the invoice. If Pay All = YES, the payment amount must be equal to the total open amount.

Return Check Fee – If a check is returned for insufficient funds, this field allows the user to add the Return Check Fee the clinic charges to the invoice.

Pay All?	Select V	djust Remaining?	Select v	Transfer	Select v
Batch Number	Select v p	ayment Amount		Return Check Fee	
Payment and PEF Pa	ayment Back				

The **Payment and PEF** button posts the payment or adjustment as selected, then returns to the PEF Listing page.

The **Payment** button posts the payment or adjustment as selected, then returns to the AR Listing page.

The **Back** button returns to the AR Listing page WITHOUT saving or posting any payment.

7.2.1 AR Payment

The Patient Payment button at the bottom of the AR Listing page allows the user to capture patient payment starting with the oldest open invoice first.

Patient	t													
County 500	00		ehold #	Number J-5150916			Name MARY JOHN	-	i rth Date 8/09/2017		Patient A 5 years & 5	-	Home Cont Yes	tact
			Me No	edicar		Primary Insura 9006 HUMANA INSURANCE	nce S	upplementa	al Insura	nce				
ist of A	A/R's													
ist of A/R's														
											Page 1	of 1 💽	Size 3	0 Go
View	Edit	Invoice	PEF	Site	PC	Visit Date	ARDate	Total	Agency	Open	Paid	Adjust	Last Payment	Home
View Q	Edit	Invoice Number 3000744801	PEF Number 30007448	Site	PC 1	Visit Date 02/18/2020	ARDate 02/18/2020	Total Amount 43.00	Agency			-	-	_
		Number	Number					Amount	Agency t Assumed	Open Amount	Paid Amount	Adjust Amount	Last Payment Date	Home Cnt
Q,		Number 3000744801	Number 30007448		1	02/18/2020	02/18/2020	Amount 43.00	Agency Assumed 0.00	Open Amount 0.00	Paid Amount 43.00	Adjust Amount 0.00	Last Payment Date	Home Cnt Yes
ď		Number 3000744801 3000749115	Number 30007448 30007491		1 15	02/18/2020	02/18/2020	Amount 43.00 35.00	Agency Assumed 0.00 0.00	Open Amount 0.00 5.00	Paid Amount 43.00 5.00	Adjust Amount 0.00 25.00	Last Payment Date 9/8/2022	Home Cnt Yes Yes

The Patient Payment page displays.

atient											
ounty	Household #	Numb	er	Name	1	Birth Date	P	atient Ag	je	Home (Contact
00		J-S150	916	MARY JOHN	(08/09/2017	5	years & 5 r	months	Yes	
edicaid#	мсо	Medic No	are#	Primary In 9006 HUMAN/ INSURANCE		Supplementa	l Insuran	ce			
ivate A/R's						6		Page 1	of 1 🕕	D Siz	e 30 Ga
Invoice Number	- PEF N	umber	Site	Visit Date	ARDate	Total Amount	Agency Assumed	Open Amount	Paid Amount	Adjust Amount	Last Paymen Date
3000749115	30007491			03/04/2020	03/04/20	20 35.00	0.00	5.00	5.00	25.00	
3008311615	30083116			08/25/2022	09/01/20	22 25.00	0.00	0.00	25.00	0.00	9/8/2022
3000744801	30007448		A	02/18/2020	02/18/20	20 43.00	0.00	0.00	43.00	0.00	9/8/2022
3000749101	30007491			03/04/2020	04/23/20	20 21.00	0.00	0.00	21.00	0.00	9/8/2022
									Total	Patient O	wes : \$ 5.00
ash Collected	5.0	\supset									
heck Payment		Check	(Number								
ebit/Credit Paymer	ıt	Confi	rmation #								
onation		Mailir	ng Label	YES	~						

- 1. Enter the payment amount in the payment type field (cash, check, debit/credit, or donation). If payment is check, enter the check number. If debit/credit, enter the confirmation number.
- 2. Click **Post Pymt** to post the payment.

The payment will post to the oldest open invoice and a mailing label will be created. The mailing label is created in case the receipt needs to be mailed to the patient.

7.3 Growth Charts

The Growth Charts application is used to capture birth information for infants, height and weight, pre-pregnancy weights, hemoglobin/hematocrit, lead, and print charts.

To access the Measures & Blood Work History page in the Growth Chart Application, click Growth Charts on the patient menu.



The Measures and Blood Work History Page will be displayed.

7.3.1 Measures and Blood Work History

The Measures & Blood Work History page consists of a patient panel with general patient information, the patient's birth record, and a grid containing the patient's history of measures and blood work records.

PORTAL LOGOUT GROWTH CHARI MEA PATIENT MENU MEM MEASURES AND BLOOD	rowih Charts Asures/Bloodwo IBER RTC	Lamagem RK HIST NEW M NEW CERT/RECERT	ellt easures/bloo	DWORF BM3	CALC	HILLED SPIRIT
PATIENT						
Clinic	Househo	ld # ID	#	Name		Birth Date
500500	19	79090)9099	MASHA Y SMIT	Н	9/23/2007
Current Patient Age	Gende	r Char	t #	Certification Dat	te	Status
5 Years & 7 Months	Fema	le		11/04/2009		Child
Priority	Risk	Food Pa	ckane	Next Issuance	Ne	xt Action Due
0	211, 2		-			
PATIENT'S BIRTH RECO	RD					
Length No Record	Weight No Record	Gestational Age	No Record	NEW RECO	RD	
Mother's Data						
Height No Record	Weight No Record	BMI No Record				
Father's Data						
Height No Record	Weight No Record	BMI No Record				
HISTORY		_				
Page 1 of	1 Date of Measures	10 GO Height and Weight	Date of Hgb/I	нст ндь нст	Date of Lead	Lead Clinic
▼ × 06/29/2010 0	06/25/2010	Oft Oin Olb Ooz		0 0		500500
🐺 🗙 06/29/2010 0	06/25/2010	2ft 11in 35lb 0oz	06/25/2010	10 10		500500
X 11/04/2009	1/04/2009	3ft 6in 20lb 8oz	11/04/2009	10 10	11/04/2009	10 500500

To edit a record, click the Edit icon corresponding to a record. The Edit Measures and Blood Work page will be displayed.

HIS	TORY							
	🕢 Page 1	of 1 💽 🕑 Size:	10 GO					
	Date of Service	Date of Measures	Height and Weight	Date of Hgb/HCT	ндь нст	Date of Lead	Lead	Clinic
®×	11/04/2009	11/04/2009	3ft 6in 20lb 8oz	11/04/2009	10 10	11/04/2009	10	500500

7.3.2 Edit Measures and Blood Work

MEASURES AND BLOODWORK				
PATIENT				
Clinic 500500	Household # 19	ID # 790909099	Name MASHA Y SMITH	Birth Date 9/23/2007
Current Patient Age 6 Years & 7 Months	Gender Female	Chart #	Certification Date 11/04/2009	Status Child
Priority O	Ri≤k 211, 201h	Food Package CB	Next Issuance	Next Action Due
PATIENT'S BIRTH RECORD				
Length No Record Weight	No Record	Gestational Age No Record	NEW RECORD	
	No Record	BMI No Record		
Father's Data Height No Record Weight	No Record	BMI No Record		
Date of Service 11/04/20	009			
Date of Measures * 11/04/ Height 3 ft 6	2009 📖 in 🗌 Unknor	wn Height <u>Convert</u>		
Weight 20 lb 8	oz 🗌 Unknor	wn Weight <u>Convert</u>		
Head Circum 0 cm <u>Conve</u> BMI 8.17 Comme				
E BLOOD WORK				
Hgb/HCT Measures Date 11	/04/2009	Hemoglobin - Non-Invasive Hematocrit%	e gm/dL Hemoglobi	in - Invasive 10 gm/dL natocrit
Lead Measures Date 11	/04/2009	Lead Count 10 µg/dL	Unknown Lead	
SAVE	SAVE & PATI	ENT DETAIL	CERT/RECERT CANCEL	

To edit any of the measures or blood work fields, click in the text box fields and change the measures/blood work numbers. To save information and return to the Measures and Blood Work History page, click Save. To return to Measures & Blood Work History without saving changes, click Cancel.

7.3.3 New Measures/Blood Work

The New Measures and Blood Work page can be accessed from the Measures and Blood Work

History page. Click **NEW MEASURES/BLOODWORK** at the top portion of the page.

CDP	Kentucky Clinic Growth Char	e Mana	igement		Kentucky
PORTAL LOGOUT					
GROWTH CHART	MEASURES/BLC	DODWORK HIST	NEW MEASURES	/BLOODWORK	BMI CALC
PATIENT MENU	IEMBER	rc			
MEASURES AND BLO	ODWORK HIST	ORY			
PATIENT					
Clinic	Household #	ID #	Name	Birth Date	
500500	19	790909099	MASHA Y SMITH	9/23/2007	
Current Patient Age	Gender	Chart #	Certification Date	Status	
2 Years & 9 Months	Female		11/04/2009	Child	
Priority	Risk	Food Package	Next Issuance	Next Action Due	
1	201h, 211	CB			

MEASURES AND BLOODWORK				
PATIENT				
Clinic 500500	Household # 19	ID # 790909099	Name MASHA Y SMITH	Birth Date 9/23/2007
Current Patient Age 6 Years & 7 Months	Gender Female	Chart #	Certification Date 11/04/2009	Status Child
Priority 0	Risk 211, 201h	Food Package CB	Next Issuance	Next Action Due
PATIENT'S BIRTH RECORD				
Length No Record Weight	No Record	Gestational Age No Record	NEW RECORD	
Mother's Data Height No Record Weight	No Record	BMI No Record		
Father's Data Height No Record Weight	No Record	BMI No Record		
Date of Service * 05/02/2	014			
Date of Measures * 05/02 Height ft Weight lb	in Unknow	vn Height <u>Convert</u> vn Weight <u>Convert</u>		
Head Circum cm <u>Conv</u> BMI 0.00 Comme				
BLOOD WORK	M/DD/YYY	Hemoglobin - Non-Invasive Hematocrit %	e gm/dL Hemoglob	in - Invasive gm/dL matocrit
Lead Measures Date	M/DD/YYY	Lead Count µg/dL	Unknown Lead	
SAVE	SAVE & PATI	ENT DETAIL SAVE & WIC	CERT/RECERT CANCEL	

The Patient Details panel displays: Clinic, Household Number, ID Number, Name, Birth Date, Current Patient Age, Gender, Chart Number, Certification Date, Status, Priority, Risk, Food Package, Next Issuance, and Next Action Due.

The Patient's Birth Record panel displays: Length, Weight, Gestational Age, and Mother and Father's Height, Weight, and BMI.

- If a new Patient Birth Record is being entered, click NEW RECORD
- Date of Service is a required field. Use the calendar icon to select a date.
- The Measures panel displays: Date of Measures, Recumbent Measure, Height (ft.), Height (in.), Weight (lb.), Weight (oz.), Head Circumference (cm), BMI, Comments, and, if applicable, Pre-Pregnancy Weight. Complete fields.
- **NOTE:** The patient's BMI will be auto-calculated after measures have been entered.

Date of Service * 07/19/2010	
E MEASURES	
Date of Measures * 07/14/2010 C Recumbent Measure	
Height 5 ft 6 in Unknown Height <u>Convert</u>	
Weight 150 lb 3 oz Unknown Weight Convert	
Head Circum cm <u>Convert</u>	
BMI 24.24 Comments	

- The Blood Work panel displays: Hgb (Hemoglobin)/HCT (Hematocrit) Measures Date, Hemoglobin- Non-invasive (grams/deciliters), Hemoglobin – Invasive (grams/deciliters), Hematocrit (%), Lead Measures Date, and Lead Count (micrograms/deciliters). If blood work measures are unknown, check the appropriate unknown boxes.
- NOTE: Only a Hemoglobin or Hematocrit measure can be entered. An error message will be displayed if both measures are entered.

After all information has been entered, click Save to save information, or Save & WIC Cert/Recert.

*Refer to WIC Procedures Section, WIC Certification

7.3.3.1 Body Mass Index Calculator

The BMI Calculator page can be accessed by clicking **BMI CALC** at the top of any page in the Growth Charts application.

CDP Cli	icky inic Man: h Charts	agement		Kentucky
	ES/BLOODWORK HIST	NEW MEASURES/BL	OODWORK BMI CALC	
PATIENT MENU MEMBER	RTC NEW CE	RT/RECERT		
Clinia	Ususshald #	ID #	News	Rinth Data
Clinic	Household #	ID #	Name	Birth Date
Clinic 500500 Current Patient Age 3 Years & 2 Months	Household # 19 Gender Female	ID # 343423545 Chart #	Name OKSANA R SMITH Certification Date 12/01/2010	Birth Date 9/23/2007 Status Child

BMI CALCULATOR	O 51	ATUS (ADULT)
	вмі	Weight Status
.)	Below 18.	5 Underweight
	18.5 - 24	.9 Normal
In.)	25.0 - 29	.9 Overweight
bs.)	30.0 and Ab	ove Obese
Calculate	O STA	TUS (PREGNANT)
BMI	STA BMI	TUS (PREGNANT) Weight Status
BMI		Weight Status
BMI	вмі	Weight Status 8 Underweight
MI made according dult BMI Formula	BMI Below 19.	Weight Status 8 Underweight 0 Normal

Calculating Body Mass Index

 To calculate a patient's Body Mass Index (BMI), type the patient's Height (number of feet), Height (number of inches), and Weight (in pounds) in the corresponding boxes, then click

Calculate . The BMI will be calculated and appear in the bottom portion of the **BMI** Calculator box.
TOR	STATUS ((ADULT)
	вмі	Weight Status
	Below 18.5	Underweight
7	18.5 - 24.9	Normal
	25.0 - 29.9	Overweight
147	30.0 and Above	Obese
Calculate		
Calculate MI 23.72	O STATUS ((PREGNANT)
23.72	STATUS ((PREGNANT) Weight Status
1 23.72 made according	-	
II 23.72 made according ult BMI Formula inters for Disease	вмі	Weight Status
I 23.72 made according It BMI Formula	BMI Below 19.8	Weight Status Underweight

- Use the BMI number calculated and the Status charts to determine Weight Status category for the patient. There is a chart for adults and a separate chart for pregnant women.
- To reset the calculator, click Reset.

7.3.4 Viewing and Printing Growth Charts

After entering new measures and bloodwork, to view the growth charts for a patient, click the Growth Chart button. The Height chart will be displayed automatically as shown below.



Depending on the age of the patient, the charts may be displayed in WHO or CDC mode.

• To select a different chart (Weight, Head Circumfrence, or Weight for Length, click one of the charts in the "View or Print Charts" panel.

OR

Use the arrow buttons to change charts.



Below is an example of a Weight (0-24 months) chart.

	24 Months Old) 24 Months Old)	identity 00000	00034 - 500	SMITH A	BABY	2/3/2010	Male	C
Head Circum Neight for L Height (2 - 2		We	ight-for-age	percentiles, birth to	24 months			
MI hart Filte Il Availabl roup Prin - 24 Mon	e Charts 💌	And Exposition of the First	bg Ib 18 40 17 38 16 36 15 34 15 32 14 90 13 28 11 24 11 24 11 24 11 24					WEIGHT
COL JS 1 Foot 1 Inch 1 Pound 1 Ounce	Metric 30.48 cm 2.54 cm .45359237 kg .0283495231 kg	CEMAL CLIM DBP	9 20 9 8 18 7 16 7 16 5 12 4 8 7 6 4 8 7 6 7 6 7 6 7 7 8 10 10 10 10 10 10 10 10 10 10		0.86 Apr 10 Apr	236 Longi + Hant De 272.08 192	20 18 18 16 14 14 10 10 8 8 6 6 6	
			WHO Chill Gravith Stand		12 15 18 Months)	21 24	CDC	

Below is an example of a Head Circumference chart.

Height (0 - Neight (0 -	24 Months Old) 24 Months Old)	identity 0000	00034	- 500	SMITH /	4		Fire B.	ABY		2/3	/2010	Male	ð
l <mark>ead Circu</mark> Veight for I Ieight (2 -		Hea	ad cire	cumfer	ence-for	-age a	nd p	ercen	tiles	, birth	to 24	months	i	
art Filte I Availab oup Prin	le Charts	H E A D settices consult. Internet 400	48 46 44	in								9/2 90 	221 	HEAD CIRCUMFE
Co S Foot Inch Pound Ounce	Metric 30.48 cm 2.54 cm .45359237 kg .0283495231 kg	R R R	42 40 38 38 34 32 30	18				0.ms	Aga Brite	Maght (R-1) F 28.80 - 92		p Head Circ.	P	RENCE
			ино сы	Birth Birth d Grawth, Standa		Б	9 AGE	12 (MONTH	15	18		24	CDC	

Below is an example of a Weight for Length (0-24 months) chart

	24 Months Old) 24 Months Old)	Identite 000	0000034 - 500	SMITH A	BABY	2/3/2010 Male	ď
ad Circum		v	/eight-for-leng	gth percentiles, bi	rth to 24 months		
art Filte Availabl	20 Years Old) PRINT PC Charts	W E = G H T	13 -29 - 12 -20 - 11 -24 -	App Weight (b) P Length (b) P Ren 28.00 visit 22.00 100 Image: State of the state of t		D 50- 40- 40- 40-	
Cor Foot Inch Pound Dunce	Metric 30.48 cm 2.54 cm .45359237 kg .0283495231 kg		B20 B10 716 14 812 12 12 12 12 12 12 12 12 12 14 -				
			WHO Child Grawth Standard	ar 2006	LUGIN		

VIEW OR PRINT CHARTS 🖌 GROWTH CHART Select a Chart Height (0 - 24 Months Old) Pirth Durt 2/3/2010 2 000000034 - 500 SMITH A BABY Male Weight (0 - 24 Months Old) Head Circumference Weight for Length (0 - 24 Months Old) Stature-for-age percentiles, 2 to 20 years Weight (2 - 20 Years Old) BMI cm 200 -78 -78 195 -76 78. 190 -74 7.8 86 ₩ 185 4 72 37 180 70 PRINT 175 68 170 66 **Chart Filter** 165 64 -64 All Available Charts • 160 62 -62 155 60 -60 **Group Printing** 50 STATURE 58 68 0 - 24 Month Charts • 145 56 56 ATURE 40 -54 -54 PRINT GROUP 135 -52 -52 30 100 50 -50 125 -COMMIT: 48 -48 120 --46 45 115 -**O** CONVERSION DATA 14 -44 110-42 -42 105 -US Metric 40 Waldha (Dic) Stature (iii) 40 ρ ing Ca (Lage Age . . ρ 100 -9/18/30 72.80 31.08 38 1 Foot 30.48 cm 95 -36 -36 1 Inch 2.54 cm 90 -34 -34 85 -1 Pound .45359237 kg 32 -32 an -.0283495231 kg ٠ 1 Ounce 30 75 in. 12 13 14 15 16 17 18 19 20 3 6 7 8 9 10 11 AGE (YEARS) Publikhed May 30, 2000. SOURCE: Developed by the National Center for Health Statistics is cellularation with the National Center for Chronic Disease Prevention and Health Promotion (2000). CDC PERHEALT PC PAL DCX Vet 20.0.9

Below is an example of a chart showing Stature-for-age percentiles, 2 to 20 years old

Below is an example of a chart showing Weight-for-age percentiles, 2 to 20 years



Below is an example of a chart showing Body Mass Index-for-age percentiles, 2 to 20 years



7.3.5 Certification

To access the Cert/Recert (Certification and Recertification) Status Selection page in the Growth Chart application, click the New Cert/Recert button at the top of any page in Growth Charts.

7.3.5.1 Cert/Recert Status Selection

ATIENT				
Clinic	Household #	ID #	Name	Birth Date
500500	19	444333222	LUCY B SMITH	2/9/2012
Current Patient Age	Gender	Chart #	Certification Date	Status
1 Years & 2 Months	Female			
Priority	Risk	Food Package	Next Issuance	Next Action Due
0	None			
ELECT STATUS				
Status * Child	~			
Certification Date * 05/01	/2013	Action Date * 05/01/20	013	
tual Delivery Date MM/D	D/YYY) Expected	Delivery Date MM/DD/	m 🕅	

 Use the drop-down menu to select the Status. Once status has been entered, dates appropriate for the status must be entered. Use the calendar icon to select the date or manually enter the date.

After required information has been entered, click **CALCULATE RISK**. The New Cert/Recert page will be displayed.

7.3.5.2 New Cert/Recert

The Cert/Recert page displays risks automatically assigned based on the patient's measures and blood work.

PATIENT					
Clinic 500500	н	lousehold # 19	ID # 111222666	Name ABBY SMITH	Birth Date 10/22/2015
Current Patient Age 0 Years & 8 Month	5	Gender Female	Chart #	Certification Date	Status
Priority 0		Risk None	Food Package	Next Issuance	Next Action Due
STATUS					
Status	Infant Fully	Breastfed			
Certification Date	7/1/2016		Action Date	7/1/2016	
Actual Delivery Date			Expected Delivery Date		
Trimester	N/A				
PERCENTILES					
Date of Measures	7/1/2016	Date of Measure	es N/A		
Height(%)	<= 0	Hemoglobin(gm/dl	L) N/A		
Weight(%)	54.78	Hematocrit(%	•) N/A		
Head Circumference(%)	N/A	Lead Measures Dat	e N/A		
Weight for Length(%)	>= 100	Lead(µg/dI	L) N/A		
BMI(%)	N1/A				

NOTE: Page continues on next page.

RISK		
115 - High Weight for Length, at or above the 97.7th percentile weight for length 121c - Short Stature (<= 2.3rd percentile length for age (birth to 1.9 yrs)* 802 - Migrant*	on 0-24 month gro 🔺	
Lines marked with an asterisk (*) have been automatically calculated and can't b	e removed.	
REMOVE SELECTED		
Search By Risk or Description		
C Launch Risk Wizard		
Show List of Risks		
ADD RISK		
No Risks Assigned		
BREAST FEEDING QUESTIONS		
Is the infant being fed any breastmilk?	×	
Was the infant ever fed breastmilk?	.	
How long was the infant fed breastmilk?	Month Weeks Days	
Is the infant fed anything other than breastmilk?	Ŧ	
How old was the infant when he/she was fed something other than breastmilk?	Month Weeks Days	
COMMENTS		
PLAN		

The New Cert/Recert page is divided into sections: Patient, Select Status, Percentiles, Risk, Breastfeeding Questions (if appropriate for status), Comments, TV viewing (if appropriate for age) and Plan.

The Percentiles panel contains all of the percentages from the measurements entered for the patient. This includes Dates of Measures, Height, Weight, Head Circumference, Weight for Length, BMI (Body Mass Index), Date of Measures, Hemoglobin, Hematocrit, Lead Measures Date, and Lead.

The Risk panel shows the risks that were calculated for the patient based on the measures and blood work entered. The No Risks Assigned checkbox is used to flag ineligible patients due to no risk being able to be assigned. If risks are selected and the checkbox is checked, the error "No Risks Assigned cannot be checked if Risks are assigned" will be returned.

RISK	
1020.211 - Elevated Blood Lead (>= 10 ug/dl) within the past 12 months*	
Lines marked with an asterisk (*) have been automatically calculated and can't be removed.	
REMOVE SELECTED Search By Risk or Description	
© Launch Risk Wizard © Show List of Risks	
ADD RISK	

- To remove a Risk that has been assigned, click on a Risk to highlight it, and then click
 REMOVE SELECTED
- NOTE: If a Risk Code has been marked with an asterisk (*), it was calculated automatically and cannot be removed. To remove an automatically assigned risk, measures resulting in the risk assignment must be changed.
- To add a Risk, select the O next to the method by which the Risk will be found: Search by Risk or Description, Launch Risk Wizard, or Show List of Risks. If using Search by Risk or Description, once desired Risk is found, click on the Risk to highlight it, and then click. The ADD RISK
 Risk will be added to the Risk table.
- To Launch the Risk Wizard, select the O corresponding with Launch Risk Wizard. The Wizard is used to help make determinations about which risks to apply to a WIC Patient. If any of the criteria apply to the patient, select the Corresponding with it, and then click
 Next

. If the criteria do not apply to the patient, just click

After the process has been completed, click Finish

To Show a List of Risk Codes from which to choose, select the Ocorresponding with Show List of Risk Codes. Use the arrows to navigate through the list of Valid Risks, and click on a risk to highlight it, and then click ADD RISK

Show List of Risk Codes

~



7.3.5.3 MCHA

The following steps serve as a quick reference guide for the Mid-Certification Health Assessment (MCHA) process:

Registration

- 1. Begin the MCHA process by registering the participant.
 - a. Verify address & identity
 - b. Select a reason for visit "WIC-MCHA"
 - c. Select "Save and Patient Menu"

Steps for Certifying Health Professional

- 1. Go to "Household Search"
- 2. Type in "Household #"
- 3. Go to "Patient Menu" for selected patient
- 4. Select "Measures/Bloodwork History"
- 5. Select "New Measures/Bloodwork"
- 6. Enter new measures and the date the measures were obtained
- 7. Click "Save"
- 8. Print growth charts
- 9. Click "Patient Menu"
- 10. Click "History" button
- 11. Select the "edit" button next to the most recent Cert/Recert
- 12. Scroll down to "WIC Certification-Risk" and verify risks still apply
- 13. Select "Edit Record" to update Nutrition Risk Code Assignment
- 14. Delete previous comments and plan information (this information will be saved on the previous WIC 75)

15. Begin "Comments" section with "MCHA visit" and summarize counseling

MCHA VISIT

- 16. Begin "Plan" section with "MC-NEPP"
- 17. Click "Save and Food Package"
- 18. Click "Save and WIC 75"

The WIC-75 will display.

Date of Service	08/25/2020	WIC-75	(Clinic 5005	00
Patient Informat	tion				
Name Gender Birth Date Actual Del. Date	ELLA TWOSEXTYFOUR Female 01/01/1995 02/01/2020	Patient Number Age Status Priority	111264004 25 Years 7 Fully Breas 1	7 Months 24 I	Days
Height & Weigh	t	Bloodwork			
Date of Measur Height Weight BMI PPW PPW BMI	es 03/03/2020 5 ft. 9.00 in. 150 lbs. 0 oz. 22.15 Unknown Unknown	Date of Hgb/HCT Hemoglobin Hematocrit Date of Lead Mea Lead Count		03/03/2020 12.00) gm / dL % µg/dL
Additional Infor	mation				
Risk Assessmen	t		Priority	Referral	
904 - Exposure to sr	noke from tobacco products inside the hom	e	1		
Comments	MCHA vist				
Plan	MC-NEPP				
Food Package	FBF5 - Fully BF women - with chees	e and whole milk			

- 19. Print and sign document for medical record.
- 20. Proceed with Food Package issuance and return to clinic appointment.
 - NOTE: The Household Member and Edit Registration pages will display a warning panel at the bottom of the page as shown below, to alert users when a household has a member with an MCHA visit due.

A Patient is due an MCHA visit (09/03/2020)

7.4 PEF Listing

🔶 🛛 Patient Menu page

To access the PEF Listing page from the Patient Menu page, click **PEF Listing**.

The PEF Listing page displays.

Patient M	enu						
Patient							
County 500		Household #	Number J-S150916	Name MARY JOHN	Birth Date 08/09/2017	Patient Age 5 years & 1 month	Home Contact Yes
4edicaid	#	МСО	Medicare# No	Primary Insurance 9006 HUMANA INSURANCE	Supplemental Insur	ance	
	1-						
ist of PEF	's				•	Page 1 of 1 🚺	Size 30 Go
ist of PEF	*s PEF#		Clinic		Content of the second s	Page 1 of 1	
		KY DEPT PUBLI	Clinic IC HEALTH - LOCAL HEALTH	1-			
Edit	PEF#				Date Entered	Last Update Date	e Visit Date
	PEF# 30083116	KY DEPT PUBLI	IC HEALTH - LOCAL HEALTH	1 -	Date Entered	Last Update Date	08/25/2022

NOTE: The PEF Listing page can also be accessed via the PEF Number Search link on Portal. Click <u>PEF Listing</u> for more details.

7.5 Registration

Patient Menu page

To access the **Registration** page from the **Patient Menu** page, click Registration.



The Edit Patient page will be displayed for an established patient. For a new patient, the Add Patient page will be displayed. Refer to Adding a New Patient in section 5.1.

7.6 Account Balance

Patient Menu page

To access the Account Balance page from the Patient Menu page, click EBT Account Balance.

	AR Listing
Ξ	Growth Charts
	Measures & Bloodwork History
	Member
	PEF Listing
8	Registration
	Edit
	Return to Clinic
	Scheduling
	Scheduling (old)
	Seals Edit
	Supplemental
=	WIC
	EBT Account Balance
	Food Pkg Assignment
	History
	Inquiry
	Print VOC
	Replace Benefits
	Return Purchased Formula
	View Benefits
	Void Benefits

The **Account Details** page is part of the WIC Direct Stand-Beside Interface and will be shown in a separate window.

CDP Kentucky WIC Direct Stand-Beside				
LOG OFF CHANGE PASSWORD	PROFILE SETTINGS			
ACCOUNTS USERS PRODUCTS	VENDORS TRANSACTIONS	RECONCILIATION	REPORTS JOBS	FILES
MESSAGES LOGS				
📃 🔍 ACCOUNT DETAILS				
Household 50018 Number	Account Status Active			
Address 1 123 TEST ROAD	Address 2			
City Frankfort	State KY	Zip Code 406	01	
Setup 09/18/2009 05:59:44 PM Date/Time	Update 09/18/2009 05:59:44 Date/Time	4 PM		
📃 🔍 CARDHOLDERS				
No cardholders found for account.				
📃 🔍 BENEFITS				
UPDATE ADD CARDHO	LDER BENEFITS Transactions Ba	ack		

The Account Details page shows the benefits remaining for the household. The benefits can be modified or exported, depending on the user security. This page also allows the user to add a Cardholder. Refer to <u>WIC Issuance</u> for more details on this page.

To return to the Patient Menu page, close out of the Account Details page.

7.7 Food Package Assignment

Patient Menu page

To access the **Food Package Assignment** page from the Patient Menu, click Food Pkg Assignment. Food Package assignment is used by a Health Professional to assign an appropriate food package to a patient.

AR Listing
Growth Charts
Measures & Bloodwork History
Member
PEF Listing
Registration
Edit
Return to Clinic
Scheduling
Scheduling (old)
Seals Edit
Supplemental
□ WIC
EBT Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

The Food Package Assignment page will be displayed.

500500 Current Patient Age 3 Years & 9 Months Priority 0 FOOD PACKAGE Keyword/code Eood Package 8 - child with cheese	Household # 19 Gender Female Risk 211, 201h	ID # 790909099 Chart # Food Package CB	Name MASHA Y SMITH Certification Date 11/04/2009 Next Issuance cage III (contains) FILT	Birth Date 9/23/2007 Status Child Next Action Due	
Clinic 500500	19 Gender Female Risk 211, 201h	790909099 Chart # Food Package CB	MASHA Y SMITH Certification Date 11/04/2009 Next Issuance cage III	9/23/2007 Status Child Next Action Due	
500500 urrent Patient Age Years & 9 Months Priority 0 FOOD PACKAGE Keyword/code Food Package 3 - child with cheese	19 Gender Female Risk 211, 201h	790909099 Chart # Food Package CB	MASHA Y SMITH Certification Date 11/04/2009 Next Issuance cage III	9/23/2007 Status Child Next Action Due	
8 Years & 9 Months Priority 0 FOOD PACKAGE Keyword/code Food Package B - child with cheese Rx Date	Female Risk 211, 201h	Food Package CB	11/04/2009 Next Issuance	Child Next Action Due	
0 FOOD PACKAGE Keyword/code Food Package 28 - child with cheese Rx Date	211, 201h	СВ	cage III		
Keyword/code [Food Package CB - child with cheese Rx Date]	Contract Fo	rmula/Food Pacl		ER	
Keyword/code Food Package 8 - child with cheese Rx Date	Contract Fo	rmula/Food Pacl		ER	
Food Package CB - child with cheese Rx Date			(contains) FILT	ER	
B - child with cheese Rx Date					
Rx Date					
	MM/DD/YYY				
	MM/DD/YYY				
Approval N	None				
Person Contacted		-	Date Contacted	MM/DD/YYY	
No food items at the second seco		is not correct co	ntact WIC Authority.		
FB1X PACKAGE (PR	REGNANT SUPI	PLEMENTAL FO	DD PACKAGE)		
COMMENTS					

Patient Details

The first section of the page is the Patient Section. This has specific patient information including: Clinic, Household #, ID #, Name, Birth Date, Current Patient Age, Gender, Chart #, Certification Date, Status, Priority, Risk, Food Package, Next Issuance, and Next Action Due.

Selecting a Food Package

• The Food Packages populated will be based on the status and age of the patient.

Use	e the Keyword/code search filter to narrow results. Click FILTER.
Keyword/code	(contains) FILTER
■ Use	e the Food Package drop-down menu to select a Food Package.
Exampl	e:
Fo	od Package
CB - child	I with cheese

If the Food Package selected requires a prescription, the Rx Date and Rx Expiration Date must be completed.

• If approval for the Food Package is required, the Person Contacted must be completed. *Example:*

	Contract Formula 🗌 Foo	d Package III		
Description		(starts wi	th) FILTER	
Food Package *	B1Rx - Woman and Chi	ld w/Med Foods 💌		
Rx Date	07/07/2009 🕅			
Rx Expiration Date	10/07/2009			
Approval	State			
Person Contacted	DR CHARES ALEX	>	Date Contacted	07/07/2009

A list of the contents of the food package will be displayed. This includes the Subcategories and the quantities of each. The fields for Eliminate/Reduce, New Quantity, Reason, and Comment will be available to edit individual food items when elimination or reduction is allowed in the food package.

7.7.1 Eliminate/Reduce from Food Package

If a food package has been set to allow eliminates or reductions, the Eliminate/Reduce drop-down menu will not be grayed out for those subcategories. An example of this type of food package is shown below.

Qty	Subcategory	Eliminate/Reduce	New Qty	Reason	Eliminate/Reduce Comment
1.00	Peanut Butter 18 oz - cont	•		٣	۵. ۳
3.00	11.5 oz Conc/12.0 oz Frozen or 46/48 oz Juice - cont			٧	*
4.75	Reduced Fat 2%,Low Fat 1%, or Skim Milk - Gal	•		٣	A T
1.00	Eggs - in Dozen Cartons - dozen	•		٣	۸ ٣
1.00	Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans) - cont			¥	*
36.00	Breakfast Cereal - hot and cold 10 oz or Larger - Ounce			¥	*
10.00	Fruit and Vegetables - Cash Value Benefit - \$\$\$	•		٣	A 7
1.00	Cheese in 8 or 16 oz Packages - pound	•		٣	A 7
16.00	Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz - Ounce			٣	* *

The Subcategories also include the measurements for the specific food item. For example, cheese is in pounds and eggs are in dozens.

Example:

Qty (Subcategory	Eliminate/Reduce	New Qty	Reason	Eliminate/Reduce Comment
36.00	Cereal (Adult) - all authorized hot and cold - Ounce	*		×	
24.00	Whole fluid milk - quart	*		×	A V
4.00	Juice - All categories - 12 oz frozen or 48 oz liq - cont	~		×	×
3.00	Cheese - all authorized - pound	*		V	A V
8.00	Fruit and Vegetables - Cash Value Voucher - \$\$\$	*			×

The bottom portion of the page has the option to enter comments about the patient's food package.

СОММЕН	NTS	
		~
		~
:	Click SAVE to save data entered and return to the Patient Menu page. To cancel without saving data entered, click CANCEL.	

7.7.2 Replace Benefits

Patient Menu page

To access the **Replace Benefits** page from the Patient Menu page, click the Replace Benefits link. Replace Benefits is used to replace a patient's existing food package.

AR Listing
Growth Charts
Measures & Bloodwork History
Member
PEF Listing
Registration
Edit
Return to Clinic
Scheduling
Scheduling (old)
Seals Edit
Supplemental
□ WIC
EBT Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

7.7.2.1 Replacing a Food Package with the Same Food Package

The Issuance Replacement page shows Patient Details, the remaining Benefits, Void Reason, Food Package, Comments, and Issuance Information.

NOTE: The Food Package panel may only show the Food Package, depending on user security access.

PATIENT						
HLS	Household #	Number	Name	Birth Date	Patient Age	PEF #
500-500	96	111011111	LAUREN A SMITH	11/09/2006	2 Years & 6 Months	25001014
Status	Priority	Action Date	Action	Recertification/Terminate Due		
Child	1	05/27/2009	A - Add			RTC

ISSUANCE REPLACEMENT

MONTH 1 - FROM 7/2/2009 TO 8/1/2009

Void Entire Issuance

Check #774	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2.00	Eggs - all authorized
1.00	All authorized dry legumes (bean & peas) or peanut
8.00	Fruit and Vegetables - Cash Value Voucher
24.00	Whole fluid milk
4.00	Juice - All categories - 12 oz frozen or 48 oz liq

MONTH 2 - FROM 8/2/2009 TO 9/1/2009

Void Entire Issuance Check #775 36.00 Cereal (Adult) - all authorized hot and cold Cheese - all authorized 3.00 2.00 Eggs - all authorized 1.00 All authorized dry legumes (bean & peas) or peanut 8.00 Fruit and Vegetables - Cash Value Voucher 24.00 Whole fluid milk 4.00 Juice - All categories - 12 oz frozen or 48 oz liq

VOID REASON	
Void Reason *	

***Screen continues on the next page.

FOOD PACKAGE		
Use the Existing Fo	od Package	
	Contract Formula 🔲 Food Package III	
Description	(starts with) FILTER	
Food Package *		
Rx Date Rx Expiration Date		
Approval Person Contacted	[Not Applicable] Obtained Image: Contacted Image:	
COMMENTS		
		<
ISSUANCE INFO		
Print Benefit FIs Clinic * Bank Account Identification *	FI Number Check Previous FI	
Identification *	REPLACE BENEFITS CANCEL	

Patient Details

The first section is the Patient Section. This has specific patient information including: HLS, Household #, Name, Birth Date, Patient Age, PEF (Patient Encounter Form) #, Status, Priority, Action Date, Action, and Recertification/ Termination Due.

Select the next to the month for which benefits are being voided.

	2/2009 TO 8/1/2009
/oid Entire Issuance	
Check #774	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2,00	Eggs - all authorized
2.00	
1.00	All authorized dry legumes (bean & peas) or peanut
	All authorized dry legumes (bean & peas) or peanut Fruit and Vegetables - Cash Value Voucher

 Use the drop-down menu
 To select a Void Reason: Lost or Stolen, Damaged or Destroyed, Other, or Food Pkg Change.



Select "Use the Existing Food Package" to replace with the same food package. Note that access to this function depends on user security.



 Use the drop-down menu to select a Clinic, and an Identification type under the Issuance Information section.

Print Benefit FI's: Clinic: *	500500 - LOCAL HEALTH TEST SITE
Bank Account: Identification: *	FI #: Check Previous FI Drivers License Image: Check Previous FI
	REPLACE BENEFITS CANCEL

7.7.2.2 Replacing a Food Package with a Different Food Package

To replace an existing food package with a different food package, use the Food Package drop-down menu to select a new food package. To narrow results, type a description in the search filter and

click	FILTER	. Note that access to this function depends on user	security
-------	--------	---	----------

FOOD PACKAGE	
Use the Existing Food Packag	e
Description	(starts with) FILTER
B1 - Woma	an and Child n and Child an and Child man and Child w/Med Foods

A chart displaying all of the contents of the new food package will be displayed. This includes the Subcategories with the measures for the food items, and Quantities of each. For example, Cheese is measured in pounds, and the food package below contains 3 pounds of cheese.

Qty	Subcategory	Eliminate/Reduce	New Qty	Reason	Eliminate/Reduce Comment
36.00	Cereal (Adult) - all authorized hot and cold - Ounce	~		×	
19.00	Whole fluid milk - quart	~		×	
4.00	Low Fat Milk - All authorized - quart	~		×	
8.00	Canned - \$\$\$	~			
3.00	Cheese - all authorized - pound	~		×	
2.00	Juice - All categories - can/bottle	~		×	
3.00	Eggs - all authorized - dozen	~		×	
1.00	All authorized dry legumes (bean & peas) or peanut - cont	~			A V
2.00	Juice - All categories - 16oz froz or 64oz carton - cont	~		×	N V

After completing all steps, click

REPLACE BENEFITS

7.8 WIC History

Patient Menu page

To access the WIC History page from the Patient Menu page, click History.

AR Listing
Growth Charts
Measures & Bloodwork History
Member
PEF Listing
Registration
Edit
Return to Clinic
Scheduling
Scheduling (old)
Seals Edit
Supplemental
□ WIC
EBT Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

The WIC History page will be displayed.

ł	PATI	ENT								
			Clinic	н	lousehold #		ID #		lame	Birth Date
			500500		1118	1	11264004	ELLA TW	OSEXTYFOUR	1/1/1995
Curren		rrent	Patient Age		Gender	(Chart #	Certification Date		Status
	25	Yea	rs & 7 Month	S	Female		03/03/2020		Fully Breastfeeding	
Priority 1			Risk	Food Package Next Issuance		Issuance	Next Action Due			
			904		FBF5 07/28/2020		02/02/2021			
	HIST	ORY		of 1 🕞 🖗	Size: 10	GO				
		_		of 1 🕞 🖗	Size: 10 Status	GO Priority	Clinic		Terminate Reason	
	HIST	_	Page <mark>1</mark>		Status		Clinic 500500 LOCAL HEALTH T		Terminate Reason	
	•	1	Page <mark>1</mark> Action	Action Date	Status	Priority		EST SITE	Terminate Reason AT-VOC	
ŀ	•	1	Page 1 Action MCHA Terminate	Action Date 08/25/2020	Status Fully Breastfeeding	Priority	500500 LOCAL HEALTH T	EST SITE		

WIC History lists all WIC actions, including certifications, MCHA, and changes. WIC History also provides for viewing and editing information for the most current action.

NOTE: If an ICT has occurred, the action will be displayed on the WIC History page as an "ICT Change" in the Action field. An example is shown below.

Clinic 500500	Household # 651	ID # 777166617	Name GEOFFREY BARONE	Birth Date 9/28/2011
Current Patient Age	Gender	Chart #	Certification Date	Status
0 Years & 11 Months	Male		09/03/2012	Child
Priority	Risk	Food Package	Next Issuance	Next Action Due
ЗА	342j, 343, 346b	СВ	12/09/2012	03/04/2013

	9	90) Ра	ge <mark>1 of</mark>	1 🕞 🕒	Size: 10 GO)	
				Action	Action Date	Status	Priority	Cinic
٩	L	Þ	75	ICT Change	09/10/2012	Child	ЗA	500500 LOCAL HEALTH TEST SITE
Q	L.		75	Change	09/10/2012	Infant Partially Breastfed	ЗA	500500 LOCAL HEALTH TEST SITE

To view or edit patient details, click the Ficon.

Clinic	Household #	ID #	Name	Birth Date
500500	19	790909099	MASHA Y SMITH	9/23/2007
Current Patient Age	Gender	Chart #	Certification Date	Status
5 Years & 7 Months	Female		11/04/2009	Child
Priority	Risk	Food Package	Next Issuance	Next Action Due
0	211, 201h	СВ		
ISTORY				
Page 1 of 1) 🕞 Size: 10	60		
Action Action	n Date Status Priority	Clinic		

The Patient Detail page will be displayed.

7.8.1 Patient Detail Page

When the Edit icon is clicked on WIC History, a new Patient Detail/Edit page is displayed that shows the most recent WIC information for that patient.

WIC HISTORY ISSUANCE REPLACEMENT PATIENT MENU MEMBER RTC

PATIENT				
Clinic	Household #	ID #	Name	Birth Date
500500	19	790909099	MASHA Y SMITH	9/23/2007
Current Patient Age	Gender	Chart #	Certification Date	Status
2 Years & 9 Months	Female		11/04/2009	Child
Priority	Risk	Food Package	Next Issuance	Next Action Due
1	201h, 211	CB		
Status Pregn	ant			EDIT RECORD
Certification Date 4/20/	2012	Action Date Expected Delivery Date	4/20/2012 9/8/2012	
Certification Date 4/20/	2012			
Certification Date 4/20/	2012			
Certification Date 4/20/ Actual Delivery Date Trimester 2nd	2012		9/8/2012	

MEASURES							
Date of Measures	06/25/2010	Recun	ibent Measure	e No	Pregnancy No	(EDIT RECORD
Height	ft	in					
Weight	lb	oz					
Head Circum	0 cm						
BMI	0						
Comments							
BLOOD WORK							
Hgb/HCT Measures Da	ate	Hemo	globin	gm/dL	Hematocrit	%	
Lead Measures Da	ate	Lead	Count	µg/dL			
PERCENTILES							
Date of Measures	6/25/2010	Date of Measure	s N/A				
Height(%)	N/A	Hemoglobin(gm/dL	.) N/A				
Weight(%)	N/A	Hematocrit(%) N/A				
ead Circumference(%)		Lead Measures Dat	e N/A				
Weight for Length(%)	N/A	Lead(µg/dL	.) N/A				
BMI(%)	N/A						
VIC CERTIFICATION							
RISK							
c - Hematocrit <= 32.9	% or Hemoglo	bin <= 10.9 gm/dl (3r	d trimester) 2	27-40 wks			EDIT RECORD
COMMENTS							
comments entered.							
PLAN							

NOTE: Screen continues onto next page.

FOOD PACKAGE		
Food Package	EDI	T RECORD
RX Date		
RX Expiration Date		
Approval		
PersonContacted	Contacted Date	
FARMERS MARKET		
Issue Farmers Market		
FB1X PACKAGE (PREC	SNANT SUPPLEMENTAL FOOD PACKAGE)	
Issue FB1X Package (Pre	gnant Supplemental Food Package)	
COMMENTS		
BENEFITS ISSUED		
Next Issuance Date		
Last Issuance		
WIC HISTORY ISSU	ANCE REPLACEMENT PATIENT MENU MEMBER RTC	

The Patient Detail/Edit page contains panels of information including: Patient, Status, Income and Proofs, Birth Record, Measures and Blood Work, WIC Certification (Risk, Breastfeeding Questions (if age appropriate), Comments and Plan, TV Viewing question (if age appropriate)), Food Package, and Benefits Issued.

If information can be changed, the panel contains an Edit Record button.

To make changes from the Patient Detail/Edit page, click the Edit Record button in the panel of the information to be changed.

7.9 WIC Inquiry

Patient Menu page

To access the **WIC Inquiry** page from the Patient Menu page, click Inquiry.

AR Listing
Growth Charts
Measures & Bloodwork History
Member
PEF Listing
Registration
Edit
Return to Clinic
Scheduling
Scheduling (old)
Seals Edit
Supplemental
□ WIC
EBT Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

A separate window will appear with the household's WIC Inquiry report. This report breaks down the WIC information for each member of the household.

Cour LOCAL H		Ho	usehold # 1118	Household Name TWOSIXTYFOUR		
Number 111264004	Medicaid 111264		Name LLA TWOSEXTYFOUR	Birth Date 01/01/1995	Patient Age Today 25 years & 7 months	Chart Number
Statu Fully Breas		Priority 1	Certification Date 03/03/2020		ction Due Date 2/02/2021	Action Terminate
Next Issuan 07/28/20			Risk Codes 904		Foo	od Package FBF5
Number 111264007	Medicaid		Name ANK TWOSIXTYFOUR	Birth Date 01/01/2018	Patient Age Today 2 years & 7 months	Chart Number
Statu Chile		Priority 3A	Certification Date 03/03/2020		ction Due Date 3/04/2021	Action Recertification
Next Issuan 07/28/20			Risk Codes 114b, 201h, 90	4	Fo	od Package CB
Number 111264009	Medicaid	Number	Name GEORGE TWOSIXTYFOUR	Birth Date 06/30/2015	Patient Age Today 5 years & 1 months	Chart Number
Statu Chile		Priority 3A	Certification Date 03/03/2020		ction Due Date 7/01/2020	Action Terminate
Next Issuan 06/28/20			Risk Codes 114a, 114b, 201	lh	Foo	od Package CB

7.10 Return Purchased Formula



Patient Menu page

To access the Return Formula page from the Patient Menu page, click Return Purchased Formula.

medaanea eranooo	dwork History					
Member	Swork History					
PEF Listing						
Registration						
Edit						
Return to Clinic						
Scheduling						
Scheduling (old)						
Seals Edit						
Supplemental						
wic						
EBT Account Bala	nce					
Food Pkg Assignr	ment					
History						
Inquiry						
Print VOC						
Replace Benefits						
Void Benefits						
Void Benefits RETURN FORMULA						
RETURN FORMULA	Household #	ID #	Name	Birth Date		
RETURN FORMULA PATIENT	Household # 1376	ID # TLT081212	Name TINA L TUTT	Birth Date 8/12/2012		
RETURN FORMULA PATIENT Clinic						
RETURN FORMULA PATIENT Clinic 500500 Current Patient Age 0 Years & 9 Months Priority	1376 Gender	TLT081212 Chart # Food Package	TINA L TUTT Certification Date 08/17/2012 Next Issuance	8/12/2012 Status Infant Fully Breastfed Next Action Due		
RETURN FORMULA PATIENT Clinic 500500 Current Patient Age 0 Years & 9 Months	1376 Gender Female Risk	TLT081212 Chart #	TINA L TUTT Certification Date 08/17/2012	8/12/2012 Status Infant Fully Breastfed		

The Return Formula page shows the existing formula purchased.

- To return or replace the formula, enter the Quantity returned.
- Complete the Issuance Info at the bottom of the page. Use the drop-down menus to select the Clinic, Bank Account, and Identification type. Enter the FI Number, and then click

RETURN BENEFITS

*Refer to WIC Procedures section <u>WIC Benefits.</u>

7.11 Print VOC

Patient Menu page
To view and print the Verification of Certification (VOC) for the patient from the Patient Menu page, click Print VOC.

AR Listing
Growth Charts
Measures & Bloodwork History
Member
PEF Listing
Registration
Edit
Return to Clinic
Scheduling
Scheduling (old)
Seals Edit
Supplemental
□ WIC
EBT Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

The Verification of Certification will be displayed if the person has a current WIC certification.

				Kentucky W Verification o	/IC Program f Certificatio	n		
Patient In	formation							
HH # Name Gender Birth Date EDC	2	40 BRAD PITT Male 06/01/2010			Certific Age	Infant Fully	te 06/01/2011 0 Months 17 Days	5
		Height & We	eight				Bloodwork	
Date of M Height Weight BMI Gestation PPW		08/11/2010 1 ft. 6 in. 6 lbs. 5 oz. 13.70 0 LB 0 KG			Date of Hemog Hemati Lead C	porit	06/11/2010 12.70 10.80	gm/dL
	Ad	ditional Inform	ation					
Breastfee Age in We	-	Ever Brea a or Other Food		How Long (W	eeks) () D	ays O		
Risk Coo 2066 - 1 9lbs/4,00	51b - Growt 00 gm	h Problems (Lar		nal age) (birth weig hin the past 12 mor		Priority 1	Referral Medical Nutrition	Therapy
Food Pa Not App								
Issuance Ir Last Issua Next Issua	ance							
	KY DIVISI	ON OF LOCAL F						
Phone #	Frankfort, (502) 695-							
Signature	s	L	lanet Johnson				Date: 06	3/18/2010

The VOC displays Patient Information, Certification Date, Height & Weight, Blood Work, and Additional Information (Breastfeeding, Risk Assessment, and Food Package, if applicable).

- Click the printer icon to print the VOC.
- NOTE: If the patient does not have a current certification, the message "No Active Certification" will appear after clicking "Print VOC".

7.12 View Benefits

Patient Menu page

To access the View Benefits page from the Patient Menu page, click View Benefits.

AR Listing 🖃 Growth Charts Measures & Bloodwork History Member PEF Listing Registration Edit Return to Clinic Scheduling Scheduling (old) Seals Edit Supplemental □ wic EBT Account Balance Food Pkg Assignment History Inquiry Print VOC Replace Benefits Return Purchased Formula View Benefits Void Benefits

Clinic 500500	Household # 23	Number 543434353	Name CHILD TEST	Birth Date 05/07/2011	Patient Age 2 Years & 0 Months	PEF # 224869
500000	20	510101000	01120 1201	00,07,2011		221003
BT Account #	Status	Priority	Action Date	Action	Recertification/Terminate Due	
50023	Child	3A	05/07/2013		11/08/2013	
AVAILABLE BENE	FITS					
MONTH 1 - FRO	м 5/25/2013 то	6/24/2013				
Bank Ac	count #888888	B EBT #448	34853			
Quantity Available	e Subcatego	iry				
36.00	Breakfast	Cereal - hot and co	old 10 oz or Larger			
1.00	Cheese in	8 or 16 oz Packag	es			
1.00	Eggs - in l	Dozen Cartons				
1.00	16 oz Dry	or 4 Cans Bean/Pe	a or 18oz Peanut Bu	itter		
32.00	Bread 12,	16,24 oz / Rice 14,	16 oz / Tortilla 16 o:	z		
6.00	Fruit and	Vegetables - Cash	Value Benefit			
3.25	Reduced F	Fat 2%,Low Fat 1%,	or Skim Milk			
2.00	64 oz Juic	e				
MONTH 2 - FRO	м 6/25/2013 то	7/24/2013				
Dank Ar	count #8888888	3 EBT #448	4054			
			94034			
Quantity Available		Cereal - hot and co	d 10 en er Larger			
1.00		8 or 16 oz Packag				
1.00		Dozen Cartons				
1.00			a or 18oz Peanut Bu	itter		
1.00			16 oz / Tortilla 16 oz			
32.00		Vegetables - Cash		-		
32.00	Fruit and	regetables - cash				
32.00 6.00 3.25	Reduced S	Fat 2%, Low Fat 1%,	or Skim Milk			

The general patient information will be displayed at the top portion of the page. The available benefits for the patient will be shown.

7.13 Void Benefits

Patient Menu page

To access the Void Benefits page from the Patient Menu page, click Void Benefits.

AR Listing
Growth Charts
Measures & Bloodwork History
Member
PEF Listing
Registration
Edit
Return to Clinic
Scheduling
Scheduling (old)
Seals Edit
Supplemental
■ WIC
EBT Account Balance
Food Pkg Assignment
History
Inquiry
Print VOC
Replace Benefits
Return Purchased Formula
View Benefits
Void Benefits

The **Void Issuances** page will be displayed.

- The Void Issuances page contains Patient Details, the remaining balance of benefits, and Void Reason.
- Select the next to the month for which benefits are being voided.

IONTH 1 - FROM 7/	2/2009 TO 8/1/2009
/oid Entire Issuance	
Check #774	
Quantity Available	Subcategory
36.00	Cereal (Adult) - all authorized hot and cold
3.00	Cheese - all authorized
2.00	Eggs - all authorized
1.00	All authorized dry legumes (bean & peas) or peanut
8.00	Fruit and Vegetables - Cash Value Voucher
24.00	Whole fluid milk
4.00	Juice - All categories - 12 oz frozen or 48 oz lig

 Use the drop-down menu
 To select a Void Reason (Lost or Stolen, Damaged or Destroyed, Other or Food Pkg Change.

VOID REA	SON
Void Reason	*
	Lost Or Stolen Damaged Or Destroyed Other Food Pkg Change
Click VOID BENEFITS	
 To cancel without voiding b 	enefits, click

8 VOC Search

VOC Search is used to search for a WIC eligible patient who is transferring to your clinic.

 To access the VOC Transfer, click the VOC Search link on the CDP Portal page. The VOC Search page will be displayed.



NOTE: If VOC Search does not appear on the list of links on the CDP Portal, contact your supervisor to request access.

PORTAL	LOGOUT			
VOC SE	ARCH			
	Patient #		SEARCH	CLEAR CANCEL
	OR			
Name (Last, First)		/ Birth Date	

• Enter the Patient # or the patient's First and Last Name and Birth Date, then click

SEARCH. Entering the Name may return multiple results. When the results are displayed, click the green arrow corresponding with the patient to be transferred.

VOC SEARCH					
Patient #		SEARCH	CLEAR CANCEL		
OR					
Name (Last, First) Moving	Lisa	/ Birth Date 0	9/09/1990		
WIC PATIENTS					
Page 1 of 1 () () Size: 10 ()				
Clinic	Patient # Name	Status Certification Begin Date	Certification End Date	WIC Active?	Terminate Reason
BARREN CO HEALTH CENTER	301998877 LISA MOVING	Pregnant 1/14/2011	9/12/2011	ACTIVE	

All members of the household with valid certifications will be displayed and available to transfer.

SELEC	CT VOC PA	TIENTS								
Iousehol	ld									
Status Name	Moving		Count BT Account		Household #	3716				
				p tereamosper to						
WIC	PATIENTS	S								
TRAN	ISFER VO	CANC	EL							
	atient #	Name	Birth Date	Certification Begin Date	Certification End Date	Status	Food Package	Next Issuance Due	WIC Active?	Terminate Reason
3	01998877	LISA MOVING	9/09/1990	1/14/2011	9/12/2011	Pregnant	P2	4/14/2011	ACTIVE	

Check the box next to the patients to transfer, then click

SELEC	T VOC PA	TIENTS								
Househol	d									
Status Name	Active Moving	EB	Count T Account :	-	Household #	3716				
Address	400 Tran	sfer Road Cit	y/State/Zi	p Versailles,KY 40	383 Phone #					
	PATIENTS	S C CANCE								
	atient #	Name	Birth Date	Certification Begin Date	Certification End Date	Status	Food Package	Next Issuance Due	WIC Active?	Terminate Reason
3	01998877	LISA MOVING	9/09/1990	1/14/2011	9/12/2011	Pregnant	P2	4/14/2011	ACTIVE	

NOTE: If all of the patients in the household are being transferred, check the box for All, then click Transfer VOC.

SELECT VOC PATIENTS

ouseho	ld									
Status	Active		Count	BARREN	Household #	3716				
Name	Moving		EBT Account	# 0053716						
ddress	400 Tran	sfer Road (City/State/Zi	versailles,KY 40	0383 Phone #					
_	PATIENT									
_	PATIENT		ICEL							
			CEL Birth Date	Certification Begin Date	Certification End Date	Status	Food Package	Next Issuance Due	WIC Active?	Terminate Reason

*Refer to WIC Procedures Section, <u>WIC VOC</u>

8.1 VOC Transfer – Patient Demographics Only

ATIENT				
Number	Medicaid Number	Name	Birth Date	Current Patient Age
301998877	301998877	LISA L MOVING	09/09/1990	20 years & 4 months
Chart #	Status	Priority	Certification Date	Next Action Due
	Pregnant	1	01/14/2011	09/12/2011
Action	Next Issuance	Risk	Food Package	
		201a	P2	

TRANSFER		
Transfer WIC Data County		
Number		
Household #	# OR EBT Card #	
Household Data		
Name	e	
Address	5	
Phone #	#	
Patient Data		
Patient #	#	
Last Name	e First Name	

From the VOC Transfer page, a user can search for an existing household or create a new household to transfer patients to.

- To transfer patient demographics only (not WIC certification information), use the dropdown menu to select "No" for Transfer WIC Data.
- If the patient is being transferred to an existing household, verify the county listed or use the drop-down menu to select the County. If the patient is being transferred to a new household, click Create New Household. This will display the Transfer Household Add page.
- Use any of the search filters to find the household. Entering the Household number will return a direct hit.
- Click SEARCH

A list of results that match the search criteria will be displayed.

TRANSFER					
Transfer WIC Data	No 🗸				
County	Allen	SEARCH CLEAR CR	EATE NEW HOUSEHOLD CAI	NCEL	
Number					
Household #	523	OR	EBT Card #		
Household Data					
Name Address Phone #					
Patient Data					
Patient # Last Name			First Name		
HOUSEHOLD					
Pag	e 1 of 1 🕞 🗭	Size: 10 GO			
House	hold # Name	Address	City/State/Zip	Phone #	Status
⇒ 5:	23 SMITH	910 STOVALL ROAD	Scottsville,KY 42164	(270) 606-1906	Active

Click the green arrow next to the household to transfer the patient to that household.

TRANSFER					
Transfer WIC Data	No 👻				
County	Allen	SEARCH CLEAR CR	EATE NEW HOUSEHOLD CA	NCEL	
Number					
Household #	523	OR	EBT Card #		
Household Data					
Name Address Phone #					
Patient Data					
Patient # Last Name			First Name		
HOUSEHOLD					
e e e e e e e e e e e e e e e e e e e	e 1 of 1 🕞 🗭	Size: 10 GO			
House	hold # Name	Address	City/State/Zip	Phone #	Status
52	23 SMITH	910 STOVALL ROAD	Scottsville,KY 42164	(270) 606-1906	Active

The Household Member page will be displayed with the new patient listed as a member.

Innu	ual Income		N	umber in Househol	d *	Visit D	ate 01/14/20	011				
lou	sehold Members											
SA	VE & THIRD PARTY	SAV	E & INCOM	IE/PROOFS	AVE & ISSUANCE	AVE & C	HANGE BENE	FIT FORM	SAVE & REINST	TATE/TERM		
AD	DD SAVE DE	LETE	TRANSF	REGISTRAT	TION LABELS PA	ATIENT	MENU	тс				
AD	DD SAVE DEI Member *		TRANSF	ER REGISTRAT	TION LABELS P/	ATIENT	MENU R	TC Gender *	Responsible Party	Emergency Name	Medical Home	Ne
AD		P							Responsible Party	Emergency Name	Medical Home	Ne:
	Member *	P • 4	atient # *	Last Name *	First Name *	MI	Birth Date *	Gender *	Responsible Party			Ne

*Refer to WIC Procedures Section, WIC VOC

8.2 VOC Transfer – WIC Data

VOC TRANSFER				
PATIENT				
Number 301998877 Chart #	Medicaid Number 7 301998877 L Status Pregnant	Name ISA L MOVI Priority 1	Birth Date ING 09/09/1990 Certification Date 01/14/2011	Current Patient Age 20 years & 4 months Next Action Due 09/12/2011
Action	Next Issuance	Risk 201a	Food Package P2	
TRANSFER				
Transfer WIC Data County	No 💌	CLEAR	CREATE NEW HOUSEHOLD	CANCEL
Number				
Household #		OR	EBT Card #	
Household Data				
Name Address				
Phone #				
Patient Data				
Patient # Last Name			First Name	

- To transfer WIC Data, use the drop-down menu to select "Yes" for Transfer WIC Data. This will transfer WIC data including eWIC benefits, WIC certification history, food package, and growth chart history.
- If the patient is being transferred to an existing household, use the drop-down menu to select the County. If the patient is being transferred to a new household, click Create New Household. This will display the Transfer Household Add page.
- Use any of the search filters to find the household. Entering the Household number will return a direct hit.
- Click

A list of results that match the search criteria will be displayed.

TRANSFER					
Transfer WIC Data Yes 👻	\mathbf{b}				
County Allen	\bigcirc	SEARCH CLEAR CR	CAN CAN BE SHOLD	NCEL	
Number					
Household # 523	\supset	OR	EBT Card #		
Household Data					
Name Address Phone #					
Patient Data					
Patient #			First Name		
HOUSEHOLD					
Page 1	of 1 🕞 🗭 s	ize: 10 GO			
Household #	Name	Address	City/State/Zip	Phone #	Status
⇒ 523	SMITH	910 STOVALL ROAD	Scottsville, KY 42164	(270) 606-1906	Active

Click the green arrow next to the household to transfer the patient to that household.

TRANSFER					
Transfer WIC Data	Yes 🔻				
County	Allen 👻	SEARCH CLEAR CR	REATE NEW HOUSEHOLD CA	NCEL	
Number					
Household #	523	OR	EBT Card #		
Household Data					
Name					
Address					
Phone #					
Patient Data					
Patient #					
Last Name			First Name		
HOUSEHOLD					
() Pag	e 1 of 1 🕟 🗭	Size: 10 GO			
House	hold # Name	Address	City/State/Zip	Phone #	Status
5	23 SMITH	910 STOVALL ROAD	Scottsville,KY 42164	(270) 606-1906	Active

A window will pop up asking to complete the VOC Transfer. Click Yes.

(270) 606-1906

TRANSFER						
Transfer WIC Data	Yes 🔻					
County	Allen	• SEARCH C	LEAR CR	REATE NEW HOUSEHOLD CAN	NCEL	
Number						
Household #	523		OR	EBT Card #		
Household Data						
Name						
Address						
Phone #			VOC T	RANSFER VERIFICATION		
				Complete the VOC Transfe	er?	
Patient Data Patient # Last Name				YES NO		
HOUSEHOLD						
Page	e 1 of 1 🕟) 😥 Size: 10	:0			
House	hold # Nam	ne Addres	s	City/State/Zip	Phone #	Status
⇒ 52	23 SMIT	TH 910 STOVAL	LROAD	Scottsville,KY 42164	(270) 606-1906	Active

If the transferring patient has benefits, the Household Edit page will be displayed for entering issuance information.

TRANSFER HOU	SE	HOLD EDIT					
County Household Name Address City,State ZIP Phone Number Last Benefit Form EBT Card # Record Status	* * *	910 STOVALL ROAD	ex: Glas	sgow	SAVE	CANCEL	
Issuance Info							
Print Benefit FIs Clinic * Bank Account Identification *	_) D2002 - ALLEN CO HEALTH DEPT	•]	FI Number		Check Previous FI

- If the Household has an eWIC card, click Save. If the Household does not have an eWIC card, click Save & EBT Card Issuance.
- After clicking Save, the patient will be transferred. If the patient has eWIC benefits, a new WIC Benefits list will be displayed with the patient's new Household Number.

	vorites Help	1 (CDDD 1)C 0		🐴 🕶 🗟 👻 🖃 🖶 🕶 Page 🕶 Safety 🕶 Tools
orites 🥹 http	s://staging.cdpel	hs.com/CDPReportViewerSe		🖬 🔹 📷 🛨 📑 🕈 Page 🗸 Safety 🗸 Tools
			WIC BENEFITS LIST	Household No. 523
WIC Bene	fits List for S	SMITH Household N	lembers	
Household	Member:	LISA L MOVING	Birth Date: 09/09/1990	
Quantity	Unit		Food Item Description	Receipt Description
		011 - 02/13/2011	Food Item Description Issued on 01/14/2011	Receipt Description
Benefits Fo	or: 01/14/20 pound	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages	Receipt Description
Benefits F 1.00 1.00	or: 01/14/20 pound dozen	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons	Cheese Eggs
Benefits Fe 1.00 1.00 36.00	or: 01/14/20 pound dozen Ounce	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger	Cheese
Benefits Fe 1.00 1.00 36.00	or: 01/14/20 pound dozen	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz	Cheese Eggs Breakfast Cereal Peanut Butter
Benefits Fe 1.00 1.00 36.00 1.00	or: 01/14/20 pound dozen Ounce	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger	Cheese Eggs Breakfast Cereal
Benefits F 1.00 1.00 36.00 1.00 1.00	or: 01/14/20 pound dozen Ounce cont	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz	Cheese Eggs Breakfast Cereal Peanut Butter
Benefits F 1.00 1.00 36.00 1.00 1.00	por: 01/14/20 pound dozen Ounce cont cont Ounce	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans)	Cheese Eggs Breakfast Cereal Peanut Butter Beans/Peas/Canned Beans
Benefits F 1.00 1.00 36.00 1.00 1.00 1.00 16.00	or: 01/14/20 pound dozen Ounce cont cont Ounce \$\$\$	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans) Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz	Cheese Eggs Breakfast Cereal Peanut Butter Beans/Peas/Canned Beans Whole Grn Brd/Tort/Rice
Benefits F 1.00 1.00 36.00 1.00 1.00 16.00 10.00 4.75	or: 01/14/20 pound dozen Ounce cont cont Ounce \$\$\$	011 - 02/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans) Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz Fruit and Vegetables - Cash Value Benefit	Cheese Eggs Breakfast Cereal Peanut Butter Beans/Peas/Canned Beans Whole Grn Brd/Tort/Rice Fruit and Vegetables-CVB
Benefits F0 1.00 1.00 36.00 1.00 1.00 16.00 10.00 4.75 3.00	pound dozen Ounce cont ounce \$\$\$ Gal cont	011 - 02/13/2011 011 - 03/13/2011	Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans) Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz Fruit and Vegetables - Cash Value Benefit Reduced Fat 2%,Low Fat 1%, or Skim Milk	Cheese Eggs Breakfast Cereal Peanut Butter Beans/Peas/Canned Beans Whole Grn Brd/Tort/Rice Fruit and Vegetables-CVB 2%,1%, 1/2% or Skim Milk
Benefits F0 1.00 1.00 36.00 1.00 1.00 16.00 10.00 4.75 3.00 Benefits F0	pound dozen Ounce cont ounce \$\$\$ Gal cont		Issued on 01/14/2011 Cheese in 8 or 16 oz Packages Eggs - in Dozen Cartons Breakfast Cereal - hot and cold 10 oz or Larger Peanut Butter 18 oz Dry or Can Beans/Peas 16 oz (1 Bag = 4 Cans) Bread 12,16,24 oz / Rice 14,16 oz / Tortilla 16 oz Fruit and Vegetables - Cash Value Benefit Reduced Fat 2%,Low Fat 1%, or Skim Milk 11.5 oz Conc/12.0 oz Frozen or 46/48 oz Juice	Cheese Eggs Breakfast Cereal Peanut Butter Beans/Peas/Canned Beans Whole Grn Brd/Tort/Rice Fruit and Vegetables-CVB 2%,1%, 1/2% or Skim Milk

A VOC label for the patient will be displayed.

Edit Go To Favorites Help	/View.aspx?params=1CAFC2A10E3812D489D25B94DD1678BA20F878B566		
avorites 💿 https://staging.cdpehs.com/CDPReportViewerSe		🏠 🕶 🔂 👻 🚍 🛶 Page 🕶 S	safety 🕶 Tools 👻 🔞
SA L MOVING : 301998877 F T: Pregnant	D:01/14/2011 DIC:01/14/2011 HY PR: YES CERT:01/14/2011 RX DX:08/01/2011 DUE:		

A VOC for the patient will be displayed.

dit Go To Favorites Help				
orites 💓 https://staging.cd	pehs.com/CDPReportViewerSe		🏠 🕶 🖾 👻 🖃 🖶 🕶 Page 🕶	Safety ▼ Tools ▼
		icky WIC Program		
		ation of Certification		
Patient Information	1			
HH #	523	Certification Date	01/14/2011	
Name	LISA MOVING	Certification End Date	09/12/2011	
Gender	Female	Age 20 Years 4	Months 5 Days	
Birth Date	09/09/1990	Status Pregnant	Month's o Days	
EDC	08/01/2011	Priority 1		
	Height & Weight		<u>Bloodwork</u>	
Date of Measures	01/14/2011	Date of Measures	01/14/2011	
Height	5 ft. 4 in.	Hemoglobin	10 gm/dL	
Weight	125 lbs. 0 oz.	Hematocrit	%	
BMI	21.45	Lead Count	µg/dL	
Gestational Age			13	
PPW	0 lbs. 0 oz.			
Additional Inform	ation			
Risk Assessme	nt			
Risk Code		Priority	Referral	

If the patient's new household does not have an eWIC card, the Add Card/Cardholder page will be displayed. For information on issuing an eWIC card, refer to section eWIC Card Issuance.

*Refer to WIC Procedures Section, WIC VOC

9 Patient Search

Another common method used for searching for patients in the Clinic Management System is through the Patient Search page. To access the Patient Search page through the CDP Portal, click <u>Patient Search</u>.



The Patient Search page will be displayed.

CDP Clinic Management Patient & Immunization Search	Kentucky
PORTAL LOGOUT	
PATIENT SEARCH	
County Local Health Birth Date Patient # Birth State Chart # Birth Country	
Show Patient Search Criteria	8
Show Mother Search Criteria	3
Show Father Search Criteria	8
Show Guardian Search Criteria	3
SEARCH CLEAR NEW REGISTRATION NEW HOUSEHOLD NEW APPOINTMENT	

- To search for a patient on the Patient Search page, select the County from the drop-down menu. A patient can be found by entering the Birth Date, Patient #, Birth State, Chart #, or Birth Country. Any combination of search fields can be used; however, entering the Patient # will return a direct hit.
- NOTE: The grayed out buttons for New Registration, New Household, and New Appointment cannot be used until a search is performed for the patient.

Example:

PATIENT SEARCH								
County Local Health Birth Date Patient # 123456789 Birth State Chart # Birth Country Image: Construction of the state								
Show Patient Search Criteria			8					
Show Mother Search Criteria			3					
Show Father Search Criteria			3					
Show Guardian Search Criteria			3					
SEARCH CLEAR NEW REGISTRATION NEW HOUSEHOLD NEW APPOINTMENT								
• •)							
Patient # Chart #	<u>Full Name</u> JOHN SMITH	<u>Birth Date</u> 8/1/1954	<u>Birth State</u>					
123456789	JOHN SMITH	0/1/1904						

Notice that the patient was found in the system. From this page, a user can:

- Go to the patient's Registration page by clicking the Registration icon icon rext to the Patient
 #. Refer to <u>Registering A New Patient</u> for information on the Registration page.
- Copy the patient's registration information by clicking the Copy icon 10 .
- Go to the Patient Menu page by clicking the Patient Menu icon Solution. Refer to the <u>Patient</u> <u>Menu</u> section for information on the Patient Menu page. Accessing the Patient Menu via the Patient Search page is an alternative method of accessing the <u>PEF Listing</u> page.
- NOTE: The previously grayed out buttons for New Registration, New Household, and New Appointment are now available.

10 Food Instrument/Card Search

To access the Food Instrument application from the Portal page, click the * FI / Card Range Search link under WIC Card / Food Instrument.

The Food Instrument Ranges Search page will be displayed.

10.1 Food Instrument Ranges Search

FOOD INSTRUMENT RANGES
Clinic * 🔹
SEARCH CLEAR SEARCH RESULTS
ISSUE RECEIVE STOP PAYMENT REJECT & Page 1 of 0 > > Size: 10 GO

The Food Instrument Ranges Search page has Clinic and Bank Number drop-down menus.

 To search for a clinic, left-click on the Clinic drop-down menu and select a Clinic. Left- click on the Bank Number drop-down menu and select the desired bank number (606370 Bank Number is for eWIC cards), then click SEARCH.

A list of Search results will be displayed.

Clinic * 500500 - LOCAL HEALTH TEST SITE Bank Number 606370 SEARCH CLEAR												
SEARCH RESULTS												
ISSUE	RECEIVE	STOP PA	YMENT) R	EJECT	🕢 🕢 Page	2 1 of 1	Siz	e: 10 🔽	i0			
	Bank Number	Beginning FI / Card #	Ending FI / Card #	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unuse			
* 🛛 🗖	606370	14	499 0	3/19/2012	3/19/2012	499	0	0	499			
> × □	606370	857 9	857 9	3/19/2012	3/19/2012	1	0	0	1			
	606370	858 7	858 7	3/19/2012	3/19/2012	1	0	0	1			
	606370	30402 8	30492 9	3/20/2012	3/20/2012	91	0	0	91			
≥ ⊠ □	606370	124502 2	124510 5	3/20/2012	3/20/2012	9	0	0	9			
	606370	139997 7	139997 7	3/19/2012	3/19/2012	1	0	0	1			
* 🛛 🗖	606370	139998 5	139998 5	3/19/2012	3/19/2012	1	0	0	1			
₽ × 🗉	606370	900000623 6	900000623 6	3/19/2012	3/19/2012	1	0	0	1			

10.2 Food Instrument Issue

When food instruments and cards are needed in a clinic, a new Food Instrument Range will need to be issued. The State WIC Office will issue cards and food instruments to a clinic. To issue, click the

ISSUE button. The Issue Food Instrument Range page will be displayed.

ISSUE FOOD INSTRUM	ISSUE FOOD INSTRUMENT RANGE									
Clinic *	500500 - LOCAL HEALTH TEST SITE									
Bank Number *	606370 💌									
Beginning FI / Card # *	606370									
Ending FI / Card # *	606370									
Issue Date *	05/29/2012									
	SAVE CANCEL									

- Select the Clinic that the cards or food instruments will be issued to, and verify the correct Bank Number is selected in the Bank Number drop-down menu. If cards are being issued, the Beginning FI/Card # and Ending FI/Card # fields will be auto-filled with the Bank Number, which is also the first six digits of the eWIC card numbers.
- If food instruments are being issued, enter the beginning food instrument number. If cards are being issued, enter the remaining digits of the first card being issued in the Beginning FI/Card # field. The field should then contain the complete eWIC card number.
- If food instruments are being issued, enter the beginning food instrument number. If cards are being issued, enter the remaining digits of the last card being issued in the Ending FI/Card # field. The field should then contain the complete eWIC card number.
- The Issue Date will be auto-filled with today's date. Verify that all information has been entered correctly, then click save.

A message will appear that the eWIC cards were issued successfully.

10.3 Receive Food Instrument

After the State WIC Office has issued a range of eWIC cards to a clinic, the clinic will need to "receive" them in the system before issuing to participants. To receive the cards, click the • <u>FI / Card Range Search</u> link under WIC Card / Food Instrument on the CDP Portal page.

The Food	Instrument Rai	nges Search	page will be	displayed.

FOOD INSTRUMENT RANGES
Clinic * Bank Number SEARCH CLEAR
SEARCH RESULTS
ISSUE RECEIVE STOP PAYMENT REJECT & Page 1 of 0 > > Size: 10 GO

To search for your clinic, left-click on the Clinic drop-down menu and select the Clinic. Leftclick on the Bank Number drop-down menu and select the bank number to be received

(606370 Bank Number is for eWIC cards), then click SEARCH

A list of any eWIC cards that have been issued to the clinic will be displayed. Cards that have not been received will not have a date in Date Rec/Rej (Received/Rejected) and numbers will be zero.

SEARCH RESULTS											
ISSUE RECEIVE STOP PAYMENT REJECT & Page 1 of 1) > Size: 10 GO											
			Bank Number	Beginning FI / Card #	Ending FI / Card #	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused
	X		606370	1500	1550	5/30/2012		0	0	0	0

To receive the range of eWIC cards, check the box next to the range, then click **RECEIVE**

The Receive Food Instrument Range page will be displayed. The information on the card range will be displayed, including: Clinic, Bank Number, Beginning FI/Card #, Ending FI/Card #, and received date.

RECEIVE FOOD INSTRUMENT RANGE							
Clinic	500500 - LOCAL HEALTH TEST SITE						
Bank Number	606370						
Beginning FI / Card #	1500						
Ending FI / Card #	1550						
Received Date	05/30/2012						
	SAVE						

Verify that the first and last cards in the box received from the State WIC office match the numbers in the Beginning FI/Card and Ending FI/Card # fields.

If all information is correct, click Save. The message "Cards Received" will be displayed.

10.3.1 Food Instrument Block Detail

To access the Food Instrument Block Detail page, click the Edit icon corresponding to an FI Range on the Food Instrument Range Search page.

FOOD INSTRUMENT RANGES											
Clinic * 500500 - LOCAL HEALTH TEST SITE Bank Number 606370											
SEARCH CLEAR											
SEARCH RESULTS											
ISS	UE	RECEIVE	STOP PA		EJECT	🕢 💽 Page	e 1 of 1	D D Siz	e: 10 🕡	50	
ISS	UE	RECEIVE Bank Number	STOP PA Beginning FI / Card #	YMENT Ending FI / Card #				•••	e: 10 O		
	UE	_	Beginning	Ending				•••			
_		Bank Number	Beginning FI / Card #	Ending FI / Card #	Date Issued	Date Rec/Rej	Total Available	Number Used	Number Voided	Number Unused	

The Food Instrument Block Detail page will be displayed.



FOOD INSTRUMENT	BLOCK DETAIL
FOOD INSTRUMEN	TRANGE
Clinic Beginning FI / Card #	500500 - LOCAL HEALTH TEST SITE Bank Number 1246690 500 Ending FI / Card # 599
Beginning FI / Card #	530 SEARCH CLEAR SEARCH FOR NEXT OPEN FI / CARD
Void Reason	Void Date
SAVE CANCEL	VOID

		Status / Action	Bank Number	FI / Card #	Chk	Patient #	HH #	First / Last Valid Date	Void Date / Reason	Last Updated
٩	fiii	Void Void 💌	606370	900000000	7				03/28/2012 Stolen 💌	2/02/2012
٩	fiii	Void Void ▼	606370	90000001	5				03/28/2012 IIII Not Available 💌	2/02/2012
٩		Void Void 💌	606370	90000002	3				03/28/2012 📖 Damaged 💌	2/02/2012
٩		Void Void 💌	606370	90000003	1				03/28/2012 🗰 Stop Access 💌	2/02/2012
٩		Void Void 💌	606370	90000004	9				03/28/2012 IIII Not Available 💌	2/02/2012
٩		Open v	606370	90000005	6				03/28/2012	2/02/2012
٩	Ĩ	Open v	606370	90000006	4				03/28/2012	2/02/2012
٩		Open v	606370	90000007	2				03/28/2012	2/02/2012

The FI Block Detail page shows the Status/Action, Bank Number, FI /Card #, Check Number, Patient Number, Household Number, First/Last Valid Date, Void Date/ Reason, and Last Updated Date.

10.3.2 Farmers Market Nutrition Program

To view the Farmers Market Nutrition Program Block Detail page, select the appropriate Bank Number from the Bank Number drop-down menu. The Bank Number for FMNP is 1246720.

- Each participant is allotted \$20 for FMNP.
- A warning message will appear if an individual has exceeded their FMNP benefits.

10.3.2.1 Voiding Food Instruments

To void food instruments from the Food Instrument Block Detail page, select "Void" from the Status/Action drop-down menu.

	FOOI	D INS	STRUMENT R	ANGE							
Be	ginni	ng FI	Clinic 5(/ Card # 1	00500 - LOC	CAL HEALTI	H TE	ST SITE	E	Bank Number nding FI / Card #		
Beg	innin	g FI ,	/ Card # 31		SE	ARCI	H CLEAR	SE	ARCH FOR NEXT	OPEN FI / CARD	
SA	VE	_	Reason	DID	•		Void D	ate			
			Status / Action	_	FI / Card #	Chk	Patient #	нн #	First / Last Valid Date	Void Date / Reason	Last Updated
٩		Ē	Issued Void ▼ Issued	Bank Number	1		111010124		05/01/2012 05/31/2012		5/03/2012
q		Ē	Void Issued V	Bank Number	2		111010124		06/01/2012	·	5/03/2012

- Click the calendar icon to select the Void Date
- Left-click once on the "Reason" drop-down menu and select a Void Reason from the list
- Click the Save button

Check for the successfully saved message at the bottom portion of the page:

Saved

11 Order Forms

To order forms, click the Forms Order Search link on the Portal page. The Forms Order Search page will be displayed.

FORMS ORDER SEARCH	
District	
Clinic	Or
Form Number	
Description	
SEARCH CLEAR	
SEARCH RESULTS	
Page 1 of	0 🕞 😥 Size: 10 GO

Use the drop-down menus to select a District or Clinic to search for. If the Form Number or Description is known, enter in the appropriate fields, then click search.

FORMS ORDER SEARCH	l	
District	002 - ALLEN CO HEALTH DEPT	
Clinic	Or	
Form Number Description		
SEARCH CLEAR		

A list of search results will be displayed in a grid on the bottom portion of the page.

s	EARCH RESULTS	
	Page 1 of 3 🕟 🛞 Size: 10 GO	
	Form Number	Desription
⇒	555	Form A
⇒	556	Form B

To select a form to order, click the green arrow corresponding to the Form Number. The Forms Order Edit page will be displayed.

FORMS ORDER E	DI	ſ									
All orders mu	All orders must be placed by the 15 th and/or 30 th of each month!										
Form Number:		555 - David Form A	Quantity: *	Minimum: 1							
Email Address:	*	test.email @cdpehs.com	Phone #: *	Maximum: 1							
District / Clinic:	*	ALLEN CO HEALTH DEPT		Package Size: 1							
Address:	*	P O BOX 129									
City, State, Zip:	*	Scottsville,KY 42164	4-digit Sub Zip:								
			SUBMIT BACK								

12 Accounts Receivable (AR Batch)

Typically, electronic remittance is used, but sometimes batches are used. The Accounts Receivable application is used to manage batches.

1. To access Accounts Receivable (AR Batch) from the Portal, click the Accounts Receivable link.

The AR Batch search page will display.

CDP	Kentucky Clinice AR Batch Searc	Manaş	gement		Kentu	icky 2
Portal Logou						
AR Batch						
Clinic	Choose a Clinic	* Date		Payor Code	Choose a PayorCode	×
Insurance Company	Choose Insurance Company	Contract Company	Choose Contract Company	Medicaid MCO	Choose a MCO	w
Open batches Search Cle NEW	YES	×				

- 2. Select the **Clinic** from the drop-down, and any other known information to narrow the search results, then click **Search**.
- NOTE: Open batches are those which the posted amount is not equal to the amount the batch was setup for. Once the amount has been reached, the batch will be closed.

All batches that have been setup will be displayed.

	ch										
inic		1	500500 - LOCAL HEALTH	TE *	Date		Pa	yor Code	Choose a PayorC	ode	Ŧ
nsura ompa			Choose a Insurance Com	pa *	Contract Company	Choose a Contract	Company * Me	dicaid MCO	Choose a MCO		w
pen b	oatch	es	YES	*							
NEW											
Edit	\$	Delete	Clinic	Batch	Date	Payor	Company	Check #/EFT	1 of 1 Date of Check	Size 3	Posted
	\$ \$	Delete	Clinic 500500 - LOCAL HEALTH TEST SITE		Date 08/01/2021	Payor 1-PATIENT		ChecK			Posted Amoun
•			500500 - LOCAL	-			Company	ChecK ≢/EFT	Date of Check	Amount	Posted Amoun 0.0
	\$	×	500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL	420	08/01/2021	1-PATIENT	Company	ChecK #/EFT 99999999	Date of Check 01/01/2011	Amount -9999.99	Posted Arnoun 0.0 242.9
	\$	××	500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL	420	08/01/2021 01/22/2019	1-PATIENT 1-PATIENT	Company -	Check #/EFT 9999999 1234	Date of Check 01/01/2011 01/22/2019	Amount -9999.99 425.16	Posted Arnoun 0.0 242.9 10.0
	\$ \$ \$	× × ×	S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL	420 4 7	08/01/2021 01/22/2019 02/01/2019	1-PATIENT 1-PATIENT 1-PATIENT	Company	ChecK #/EFT 9999999 1234 1234	Date of Check 01/01/2011 01/22/2019 02/01/2019	Amount -9999.99 425.16 100.00	0 Go Posted Amouni 0.0 242.9 10.0 5.0 0.0
	\$ \$ \$	× × × ×	S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL HEALTH TEST SITE S00500 - LOCAL	420 4 7 9	08/01/2021 01/22/2019 02/01/2019 01/14/2021	1-PATIENT 1-PATIENT 1-PATIENT 1-PATIENT 8-CONTRACT/OTHER	Company	Check #/EFT 9999999 1234 1234 105	Date of Check 01/01/2011 01/22/2019 02/01/2019 01/05/2021	Amount -9999.99 425.16 100.00 25.00	Posted Amoun 242.9 10.0 5.0

From the AR Batch page displays the Clinic, Batch #, Date, Payor, Company, Check #/EFT, Date of Check, Amount, and Posted Amount for each batch. In the following example, \$10.00 has been posted toward the \$100.00 amount. \$90.00 still needs to be posted toward batch #7.

1000		HEALTH TEST SITE							
	\$ ×	500500 - LOCAL HEALTH TEST SITE	7	02/01/2019	1-PATIENT	1234	02/01/2019	100.00	10.00
63	v	500500 - LOCAL							

The edit icon allows the user to edit the corresponding batch.

The dollar sign icon allows the user to post to the batch.

The X icon allows the user to delete the corresponding batch.

12.1.1 Editing a Batch

1. To edit a batch, click the edit icon.

linic		500500 - LOCAL HEALTH	• TE •	Date		Pa	yor Code	Choose a PayorC	ode	*
nsurance ompany		Choose a Insurance Com	тра *	Contract Company	Choose a Contract	Company * Me	edicaid MCO	Choose a MCO		w
pen bat	ches	YES	×							
Search	Clea	-								
NEW										
							Page	1 of 1	Size 3	10 Go
			Datati			•		1 of 1 🕑	🕑 Size 🗄	
Edit \$	i Delet	e Clinic	Batch	Date	Payor	Company	R Rage Check #/EFT	1 of 1 Date of Check	Size 3	Posted
Edit \$	and the second	e Clinic 500500 - LOCAL HEALTH TEST SITE		Date 08/01/2021	Payor 1-PATIENT		ChecK	-		Posted Amoun
-	×	500500 - LOCAL	-	10000	1000-000	Company	ChecK ≢/EFT	Date of Check	Amount	Posted Amount 0.00 242.90
	×	500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL	420	08/01/2021	1-PATIENT	Company -	Check #/EFT 99999999	Date of Check 01/01/2011	Amount -9999.99	Posted Amount 0.0
	x x x x	500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL	420	08/01/2021 01/22/2019	1-PATIENT 1-PATIENT	Company -	Check #/EFT 9999999 1234	Date of Check 01/01/2011 01/22/2019	Amount -9999.99 425.16	Posted Amount 0.0 242.9 10.0
		500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL	420 4 7	08/01/2021 01/22/2019 02/01/2019	1-PATIENT 1-PATIENT 1-PATIENT	Company	Check #/EFT 99999999 1234 1234	Date of Check 01/01/2011 01/22/2019 02/01/2019	Amount -9999.99 425.16 100.00	Posted Arnount 0.0 242.9
2 (1) 2 (1)		500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL HEALTH TEST SITE 500500 - LOCAL	420 4 7 9	08/01/2021 01/22/2019 02/01/2019 01/14/2021	1-PATIENT 1-PATIENT 1-PATIENT 1-PATIENT 8-CONTRACT/OTHER	Company	Check #/EFT 9999999 1234 1234 105	Date of Check 01/01/2011 01/22/2019 02/01/2019 01/05/2021	Amount -9999.99 425.16 100.00 25.00	Posted Amoun 0.0 242.9 10.0 5.0

The Batch Setup (edit) page displays.

atch#	420 Clinic	500500 - L	OCAL HEALTH TEST	SITE	* Date	08/01/2021	
Payor Code	1 - PATIENT		*	Insurance Company	Enter 3 character to	select Insurance Company	*
Contract Company	Enter 3 character to s	elect Contract Com	pany *	Medicaid MCO	Enter 3 character to	*	
Check/EFT #	9999999						
Check Date	01/01/2011						
Check Amount	-9999.99		Posted amoun	t \$0.00			

Any field on the Batch Setup page can be edited or added with the exception of Clinic.

2. After making any edits, click **Update** to save the changes or Cancel to cancel without saving changes.

12.1.2 Posting to a Batch

1. To post to a batch from the AR Batch page, click the \$ icon corresponding to a batch.

The Batch AR Patient Search page will display for that selected batch.

Batch AR Pat Search						
Batch						
Batch# 420	Clinic 500500 - LOCAL HEALTH TEST SITE	Date 08/01/2021	Payor Code 1 - PATIENT	Company	Check Amount \$ 250.00	Posted amount \$ 0.00
Search						
A/R # (Patient : Last Name ICN # (Search Clear		Patient # First Name Company / Contract				
Batch Details						

Invoices can be searched by A/R Number, Patient Number, Patient Last Name, Patient First Name, ICN Number, or Company/Contract.

2. After entering any search criteria, click Search.

In the following example, the Patient Number was used to narrow the search results.

tch AR I	Pat Search								
Batch									
Batch# 120	50	<mark>linic</mark> 0500 - LOCAL HEALTH IST SITE	Date 08/01/2021	Payor Code 1 - PATIENT	Com		Check Amount \$ 250.00	Posted ame \$ 0.00	ount
Search									
/R #			Patient #	748159263					
Patient : Name	: Last		First Name						
ICN #			Company / Contract						
Search	Clear								
Batch De									
laten De	etalls								
						0 0	Page 1 of 1	Size 3	0 Go
\$	Patient #	Chart #	Full	Name	Birth Date	A/R #	ICN #	Visit Date	Paid Amount
3	748159263	111222	MARVINA T BARLO	w	10/10/1980	3237020701		08/17/2018	10.00
\$	748159263	111222	MARVINA T BARLO	w	10/10/1980	3251261101		09/20/2018	2.50
\$	748159263	111222	MARVINA T BARLO	W	10/10/1980	3301352801		01/15/2019	0.00

3. Click the \$ icon next to the invoice you would like to post to.

The Batch Posting page displays.

itch Posting				1		
Batch						
Batch# 420	Clinic 500500 - LOCAL HEALTH TEST SITE	Date 08/01/2021	Payor Code 1 - PATIENT	Company	Check Amount \$ 250.00	Posted amount \$ 0.00
Patient						
County 500	Household #	Number 748159263	Name MARVINA T BARLOW	Birth Date 10/10/1980	Patient Age 42 years & 2 months	Home Contact Yes
Medicaid# 123456789	мсо	Medicare#	Primary Insurance 3 HUMANA	Supplemental I		

CPICode CostCenter Amount Amount Inansfer Amount 99201 810 41.88 29.32 0 3 9.56 Image: CostCenter Image: CostCenter Image: CostCenter Image: CostCenter Image: CostCenter Amount Amount Image: CostCenter Image: CostCenter </th <th>/R invoice 301352801 ICO/Company</th> <th>PEF Number 33013528 Comment</th> <th>Clin 5005</th> <th></th> <th></th> <th>it Date 15/2019</th> <th>A/R Date 01/15/2019</th> <th>A</th> <th>Last Payment Date 08/05/2021 Pay Individual CPT YES *</th> <th>01</th> <th></th>	/R invoice 301352801 ICO/Company	PEF Number 33013528 Comment	Clin 5005			it Date 15/2019	A/R Date 01/15/2019	A	Last Payment Date 08/05/2021 Pay Individual CPT YES *	01	
ay All? Select an Opt * Adjust? Select an Opt * Transfer Select an Opt * Payment Amount /R Patient Search /R # Patient #	CPTCode CostCente				Paid YTD		Payment Amount	Adjusted	-	Size	30 Go Transfer Amount ?
/R # Patient #	99201 81		29.32	0	3	9.56				~	
		41.88					lect an Opt +	Paymen	t Amount	~	
Varient : Last First Name		41.88					fect an Opt +	Paymen	t Amount	~	

Enter the amount to post in the **Payment Amount**.

Click Post Payment/Next Patient to ...

Click Post Payment/Batch to...

Click **Cancel** to cancel without posting or saving any information entered on the page.

12.1.3 Adding a New Batch

1. To set up a new batch, click New.

					Date	Choose a Clinic	Clinic
	v	Choose a MCO	Medicaid MCO	Choose Contract Company	Contract Company	Choose Insurance Company *	Insurance Company
Open batches YES *						YES	Open batches

The Batch Setup page displays.

Batch Setup					
Clinic	Choose a Clinic	*	Date		
Payor Code	Choose a Payor	•	Insurance Company	Choose a Insurance Company	v
Contract Company	Choose a Contract Company	v	Medicaid MCO	Choose a Medicaid MCO	v
Check/EFT #					
Check Date					
Check Amount		Posted amount	\$0.00		
Save	cel				

- 2. Select the **Clinic** from the drop-down menu.
- 3. Enter the Date.
- 4. Select the **Payor Code, Insurance Company, Contract Company, or Medicaid MCO** from the drop-down menus.
- 5. Click Save.
- NOTE: When certain Payor Codes are selected, the Insurance Company, Contract Company, or Medicaid MCO fields may become disabled if not applicable to that payor code. If Insurance is selected as the Payor Code, the Insurance Company drop-down will become available to select from.

The batch will be automatically assigned a batch number and will now display on the AR Batch page.

13 Breastfeeding Peer Counseling

The Breastfeeding Peer Counseling application tracks participants in the peer counseling program. Whether you are a counselor in the field using a tablet PC or a supervisor in the office using a desktop computer, the Breastfeeding Peer Counseling application will track the status of all participants in the program, contacts with those participants, and discussion topics covered during counseling visits.

To access the Breastfeeding Peer Search page, click the Breastfeeding Peer Search link on the Portal page.

The Breastfeeding Peer Search page will be displayed.

PATIENT SEARCH				
Patient #		Birth Date	MM/DD/YYY	
Last Name		First Name		Middle Initial
Clinic	•	Counselor	•	
WIC Status	•	BF Peer Program Status	•	
Certification From Date	MM/DD/YYY	Certification To Date	MM/DD/YYY	
Actual Delivery From Date	MM/DD/YYY	Actual Delivery To Date	MM/DD/YYY	
Expected Delivery From Date	MM/DD/YYY	Expected Delivery To Date	MM/DD/YYY	
SEARCH CLEAR				
PORTAL LOGOUT				

The Patient Search page allows users to search for patients by a number of search criteria. Enter at least one search criteria, then click Search. A list of patients matching one or more of the search criteria will be displayed in the Search Results grid.

PATIENT SEARCH									
Patient #			Birth Date	MM/DD/YYY					
Last Name	smith		First Name			Middle Initial			
Clinic		•	Counselor		-				
WIC Status		•	BF Peer Program Status		•				
Certification From Date	MM/DD/YYY		Certification To Date	MM/DD/YYY					
Actual Delivery From Date	MM/DD/YYY		Actual Delivery To Date	MM/DD/YYY					
Expected Delivery From Date	MM/DD/YYY		Expected Delivery To Date	MM/DD/YYY					
SEARCH RESULTS	D D Siz	e: 10 GO							
Clinic Patient Name	Birth Date	WIC Status	<u>Address</u>	Contact		Certification Date	Delivery Date	Program Status	<u>Counselor</u>
OO2002 JANE SMITH SMITH SMITH	9/13/1990	Fully Breastfeeding	Sample Address	H: (;)		8/24/2012	A: 08/03/2012	UNASSIGNED	
➡ 002002 MAY SMITH	6/02/1975	Partially Breastfeeding	Sample Address	н:() -		1/28/2010		UNASSIGNED	
DO2002 BETTY SMITH	1/03/1988	Pregnant	Sample Address	н: ()		8/27/2013	E: 03/27/2014	UNASSIGNED	

The Clinic, Patient Name, Birth Date, WIC Status, Address, Contact phone number, Certification Date, Delivery Date, Program Status, and Counselor will be shown for each patient in the Search Results grid.

To edit the BF Peer program information for a patient, click the Edit icon corresponding to the patient.
	SEARCH RESULTS									
	R O Page 1 of 1 D B Size: 10 GO									
	<u>Clinic</u>	Patient Name	<u>Birth Date</u>	WIC Status	<u>Address</u>	<u>Contact</u>	Certification Date	Delivery Date	Program Status	<u>Counselor</u>
Ø	002002	JANE SMITH	9/13/1990	Fully Breastfeeding	Sample Address	H: (; _)	8/24/2012	A: 08/03/2012	UNASSIGNED	
Ņ	002002	MAY SMITH	6/02/1975	Partially Breastfeeding	Sample Address	H: (;) -	1/28/2010		UNASSIGNED	
Ģ	002002	BETTY SMITH	1/03/1988	Pregnant	Sample Address	H: ()· -	8/27/2013	E: 03/27/2014	UNASSIGNED	

The Breastfeeding Peer Program Edit page will be displayed. The BF Peer Program Status and/or BF Peer Counselor Assigned can be changed by making a new selection from the drop-down menus.

REAST FEEDING	PEER PROGRAM							
PATIENT								
Clinic	Name	Birth Date	Current Patient Age					
002002	JANE SMITH	9/13/1990	25 Years & 9 Months					
Gender	Certification Date	Status	Next Action Due					
Female	08/24/2012	Fully Breastfeeding	08/04/2013					
BF Peer Progra		>						

To save the changes, click Save. To cancel without saving changes and return to the search results, click Cancel.

14 Clinic Billing

The Clinic Billing application is for **State use only**. Only state users will have the security membership to the application. To access, click the Clinic Billing link from the Portal page.



14.1 Clinic Billing Search

CDP	Kentucky KYCMS Clinic Search	Tables		Ke	INDRIGLED SPIRITY
PORTAL LOGOUT					
CLINIC SEARCH					
Name NPI Number		District Record Status	All 💌 Active 💌	County All SEARCH	CLEAR

The Clinic Billing Search page displays a list of clinics, or sites. The top portion of the page contains search filters for searching for a specific clinic. To search for a clinic, use any combination of the search filters. Users do not have to use every search filter, however using at least one should narrow the results.

Enter the Clinic Name and/or NPI Number in the text fields. Select the District, County, and/or Record Status from the drop-down menus.

Example:			
Name	District	All	County All 💌
NPI Number	Record Status	Active	SEARCH CLEAR
Click.			

The clinic(s) that match the search will be displayed in the result grid on the bottom portion of the page.

		Nai	ne		District All	•	County	Local Health	•
NPI Number Record Status Active SEARCH CLEAR									
N	EW								
-									
	a	Read	a 1 of 1 0 0 1	Size: 30 CO	-				
	•	Pag	e 1 of 1 🜔 💓 S	Size: 30 GO					
	•) 🕢 Pag <u>HLS #</u>	e 1 of 1 District	Size: 30 GO <u>County</u>	Name		<u>City, St., Zip</u>	<u>Home</u> <u>Site</u>	<u>NPI #</u>
2	ح	<u>HLS #</u>	•••			Lex	<u>City, St., Zip</u> ington, KY 40511		<u>NPI#</u> 190207280

14.1.1 Edit Clinic Record

To edit a clinic record, check the box next to the clinic to be edited and click **EDIT**, or click the edit icon rext to the clinic.



CLINIC		
District * 500 - KY DEPT PUBLIC HEA	LTH 👻 County 📩 500 - LOCAL HEALTH 👻 Site 👗	
Name * LOCAL HEALTH TEST SITE	Record Status Active	
Update Date 2/25/2020	Setup Date 5/13/1987	
PHYSICAL ADDRESS	BILLING ADDRESS Copy Physical Address PAY TO/CORRESPONDENCE Copy Bill ADDRESS Address	ing 🗖
Address 1 * 100 PANTHER Way	Address 1 * 100 PANTHER Way Address 1 * 62 John Roberts Drive	
Address 2	Address 2 Address 2	
Zip Code * Lexington,KY 40511	Zip Code * Lexington, KY 40511 Zip Code * Frankfort, KY 40601	
Zip Ext	Zip Ext I234	
GENERAL		
Receipt Address Type * Billing • Email gary.causey@cd;	Phone Number (502) 695-1999 Fax Number (502) 695-1777 webs.com Web Site https://www.cdpehs.com (502) 695-1777	·
E-reports Site * 34 Assign PEF Yes -	School Site No Time Zone EST Autodialer Yes Cervical Screen Flag Yes Last Vaccine Number 8 Last RX Number 2011	
Last Chart Number 2 WIC Provider From EBT Yes	Last Vaccine Number 8 Last RX Number 2011 Appt Password NOWAY Cash Password GLORY	
	Overbook Limit 2 Default Appt Slots 4	
Immunization Reg Pilot No 💌	Dual Participation Yes Chart Pull Sort Order Pt Ln, Fn	•
WIC INFORMATION		
Name CDP TEST HLS 500500 RE	C Address 1 951 INDUSTRIAL RD Address 2 1 W HARRIS AVE	
Zip Code Lexington,KY 40511	Zip Extension 1255 Phone No. (502) 695-1999	
Email walter.wells@cdpehs.com	Web Site www.cdpehs.com Fax No. (502) 695-1777	
FMNP Allocation 250.00	Total Amount 104.00 Remaining 146.00 FMNP Issued 104.00	
CLINIC BILLING NUMBERS		
National Provider Identifier Fede	eral Tax Number CLIA Provider Taxonomy Number	
1902072804 6110	17529099 18D12345667 251K00000X	

1edicaid Provider		Passport Provi	der		Coventry	y Provider		
20002010		200020101			20002010)2		
Begin Date End Date		Begin Date	End Da	te	Begin Da	ite E	End Date	
01/01/2019 12/31/2024		02/01/2019	12/31/202	5	03/01/20	19 🛄 12/	31/2026	
y Spirit Provider		Well Care Provider			Humana	Provider		
200020103	7	200020104			20002010	05		
egin Date End Date		Begin Date	End Da	te	Begin Da	nte E	End Date	
04/01/2019 12/31/2027		05/01/2019	12/31/202	8	06/01/20	19 12/	31/2029	
MEDICARE								
ledicare Provider	FLU0104				Mass Imm	23	4567	
lain Provider Name (F, M, L)	CHARLES	E	BROWN		Credential	s MI	D 💌	
ailroad Provider	123456		_		Railroad B	iller RR	124578	
ill Insurance Electronically	● Yes [©] No		Ser	ni-monthly Iı	isurance Bill	● Yes [©] No		
EMPLOYEE BILLING NUMBE	RS							
ADD (Page 1	of 1 🜔 🖗	Size: 10	GO					
<u>Employee <u>NPI</u> Number</u>	Taxonomy	<u>Medicaid</u> <u>Num</u>	<u>Medicare</u> <u>Num</u>	<u>Railroad</u> <u>Num</u>	Anthem BC/BS P	<u>Managed</u> <u>Care</u>	<u>Effect</u> <u>Date</u>	<u>End</u> Date
X C1999 ARNP TEST 150884382	2						1/1/2019	12/31/20
1 BART B	JKL	ABC	123	DEF	GHI	789	7/31/2019	6/1/2020
X 1 BART B SIMPSON 123456789								

The Edit Clinic page is divided into six different sections: Clinic Information, Physical Address, Billing Address, Contact Address, General, and WIC Information. All fields with text boxes can be edited by clicking in the text field and typing the correct information. Any fields with drop-down menus can be edited by left-clicking on the drop down menu and selecting from the list. Any number fields can be edited by typing a number in the field, or using the arrows to increase or decrease the number.

- The Clinic Information section displays the District, County, Site, Record Status, Date Deleted, Setup Date, and Update Date. To delete a clinic record, use the drop-down menu for Record Status and select User Delete.
- The Physical Address section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- The Billing Address section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.

- The Contact Address section displays the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- The General section contains the: Receipt Address Type, Phone Number, Fax Number, Email, Website, Home Site Number, School Site, Keying Site, Time Zone Difference, Labels Per Patient, Labels Across, Assign PEF, Voter Print Form, Registration Form, Chart Sequence, Autodialer, Audit Trail, Appointment By Provider, Cervical Page Flag, Chart 3 x 5 Pull, Run No-Show Report, Run Reminder Report, Run Cancel Report, Physician Page, Area Type Flag, Print Download Flag, Last Chart Number, Last Vaccine Number, Last RX Number, Verification Percentage, Appt Password, Cash Password, EBT, TOI Name, EMR, Immunization Reg. Pilot, Overbook Limit, Default Appt. Slots.
- The WIC Information section displays the Name, Address 1, Address 2, Zip Code, 4 Digit Extension of the Zip Code, Phone Number, Fax Number, Email, Website, Non-Activity Site, On Demand, Assign Number, Dual Participation, Store FI Number, Label Profile, Scheduled Appointment, Access, FMNP Allocation, Total Amount FMNP Issued, and Remaining FMNP Amount.

14.1.2 Add Clinic

The Add Clinic screen is used to enter information about a specific clinic that is not currently in the system.

NIC SEARCH			
Name	District	All	County Local Health
NPI Number	Record Status	Active	SEARCH CLEAR

CDP,	Inc.

District * Local Health	County * JEFF CO CHC -	Site *
lame *	Record Status Active	Date Deleted
Ipdate Date	Setup Date	
PHYSICAL ADDRESS	BILLING ADDRESS Copy Physical Address	PAY TO/CORRESPONDENCE Copy Billing Address
Address 1 *	Address 1 *	Address 1 *
Address 2	Address 2	Address 2
Zip Code 🔭	Zip Code *	Zip Code 🔭
Zip Ext	Zip Ext	Zip Ext
		JL
GENERAL		
Receipt Address Type * Billing Email	Phone Number Web Site	Fax Number
Email	Web Site	
Email	School Site No	Time Zone * EST V
Email	Web Site School Site No Autodialer No	
Email	Web Site School Site No Autodialer No Cervica Last Vaccine Number La	Time Zone 🔺 EST 💌
Email	Web Site School Site No Autodialer No Last Vaccine Number La Appt Password	Time Zone 🔺 EST 💌 Il Screen Flag No 💌 st RX Number
Email E-reports Site * Assign PEF No Last Chart Number WIC Provider From EBT No	Web Site School Site No Autodialer No Last Vaccine Number La Appt Password Overbook Limit	Time Zone * EST I Screen Flag No St RX Number ash Password
Email E-reports Site Assign PEF No Last Chart Number WIC Provider From EBT No EMR No	Web Site School Site No Autodialer No Last Vaccine Number La Appt Password Overbook Limit	Time Zone * EST Il Screen Flag No st RX Number ash Password ult Appt Slots
Email E-reports Site Assign PEF No Last Chart Number WIC Provider From EBT No EMR No Immunization Reg Pilot No	Web Site School Site No Autodialer No Last Vaccine Number La Appt Password Overbook Limit	Time Zone * EST Il Screen Flag No st RX Number ash Password all Appt Slots
Email E-reports Site Assign PEF No Last Chart Number WIC Provider From EBT No Immunization Reg Pilot No WIC INFORMATION Name	Web Site School Site Autodialer No Autodialer No Cervica Last Vaccine Number La Appt Password Overbook Limit Dual Participation No	Time Zone * EST I Screen Flag No st RX Number ash Password ult Appt Slots ull Sort Order Pt Number
Email E-reports Site Assign PEF No Last Chart Number WIC Provider From EBT No EMR No Immunization Reg Pilot No WIC INFORMATION	Web Site School Site No Autodialer No Last Vaccine Number La Appt Password Ca Overbook Limit Defa Dual Participation No Address 1	Time Zone * EST Il Screen Flag No st RX Number ash Password ult Appt Slots ull Sort Order Pt Number Address 2

tional Provider Identifier	Federal Tax Number	CLIA Provide		xonomy mber
MEDICAID				
1edicaid Provider	Passport Provid	er	Coventry Provid	er
Begin Date End Date	Begin Date	End Date	Begin Date	End Date
	MM/DD/YYYY	MM/DD/YYYY		
y Spirit Provider	Well Care Provider		Humana Provide	r
egin Date End Date	Begin Date	End Date	Begin Date	End Date
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MEDICARE				
1edicare Provider]	Mass Imm	
1ain Provider Name (F, M, L)			Credentials	•
ailroad Provider			Railroad Biller	
INSURANCE				
Bill Insurance Electronically 🛛 🛇 Y	es 🖲 No	Semi-monthly	Insurance Bill 🔘 Yes	® №
EMPLOYEE BILLING NUMBERS				
ADD A Page 1 of	0 🕥 🏟 Size: 10	GO		

The fields used to enter information on the Add Clinic screen are the same fields as contained on the Show Clinic and Edit Clinic screens. The screen is divided into six sections: Clinic Information, Physical Address, Billing Address, Contact Address, General and WIC Information.

- The **Clinic Information** section contains the District, County, Site, and Name.
- The Physical Address section contains the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- The Billing Address section contains the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- The Contact Address section contains the Address 1, Address 2, Zip Code, and 4 Digit Extension of the Zip Code.
- The General section contains the: Receipt Address Type, Phone Number, Fax Number, Email, Website, Home Site Number, School Site, Keying Site, Time Zone Difference, Labels Per Patient, Labels Across, Assign PEF, Voter Print Form, Registration Form, Chart Sequence,

Autodialer, Audit Trail, Appointment By Provider, Cervical Page Flag, Chart 3 x 5 Pull, Run No-Show Report, Run Reminder Report, Run Cancel Report, Physician Page, Area Type Flag, Print Download Flag, Last Chart Number, Last Vaccine Number, Last RX Number, Verification Percentage, Appt Password, Cash Password, EBT, TOI Name, EMR, Immunization Reg. Pilot, Overbook Limit, Default Appt. Slots.

The WIC Information section contains the Address 1, Address 2, Zip Code, 4 Digit Extension of the Zip Code, Phone Number, Fax Number, Email, Website, Non-Activity Site, On Demand, Assign Number, Dual Participation, Store FI Number, Label Profile, Scheduled Appointment, Access, FMNP Allocation, Total Amount FMNP Issued, and Remaining FMNP Amount.

14.2 Clinic Contact Search

The Clinic Contact Search page allows users to search for contacts by clinic.

CLINIC CONTAC	T SEARCH		
Name		SEARCH	CLEAR
Clinic 📩	500500 - LOCAL HEALTH TEST SITE		

Enter the contact name or search all contacts within a clinic by selecting the clinic from the Clinic drop-

down, then click SEARCH

A list of search results for contacts within that clinic will display.

CLINIC CONTACT	SEARCH				
Name	500500 - LOCAL HEALTH TE	ST SITE		SEARCH	CLEAR
SEARCH RESULTS	s				
		<u> </u>			
Clinic	n Name	Phone Number	Ema	il	
LOCAL HEALTH	TEST SITE JOHN SMITH	(502) 695-1999	TEST.EMAIL		

14.2.1 Clinic Contact Edit

To edit a clinic contact, click the corresponding edit icon F for the contact. The Clinic Contact Edit page allows users to edit the information for a specific clinic contact, including Title, Name, Phone Number, Extension, Email, and Cell Phone.

CLINIC CONTACT E	DIT	
Clinic	LOCAL HEALTH TEST SITE	
	WIC Coordinator 💌	
Name *	JOHN SMITH	
Phone Number *	(502) 695-1999	
Extension		
Email *	TEST.EMAIL	
Cell Phone		
	SAVE	CANCEL

If any updates or edits are necessary, make the changes then click **SAVE** to save changes and return to the Clinic Contact Search page.

14.3 CDP KYCMS Support Tables

14.3.1 Forms

The Forms Search page allows users to search for forms by number, description, or record status. The fields on the search page are read-only.

	FORMS SEARCH	ł					
s	Form Number Description Record Status SEARCH	All					
	NEW 🔍	Page 1	of 7 🕞 💮 Size: 10 😡				
	<u>Form</u> <u>Number</u>	Description	<u>Email Address</u>	<u>Min Order</u> <u>Oty</u>	<u>Max Order</u> <u>Qty</u>	<u>Packaqe</u> <u>Size</u>	<u>Record</u> <u>Status</u>
P	1234567890	testrec	testrec@test.com				Active
	345	fgh	gfh@test.com				Active

To edit any of the information in these fields, click the Edit icon mext to a form. The Edit Form screen will be displayed.

14.3.1.1 Edit Form

The Edit Forms screen is used to edit information about orderable forms.

EDIT FORM	
Form Number	1234567890
Description	testrec
Email Address	testrec@test.com
Minimum Order Quantity	
Maximum Order Quantity	
Package Size	
Record Status	Active
FORM PAYMENT INFOR	ΜΑΤΙΟΝ
NEW DELETE	📢 🕢 Page 1 of 1 🕟 🗭 Size: 10 😡
<u>Fund</u> <u>Agency</u>	Organization / Sub Program Activity OBJ/S Job / Project Percent
GG	 50



The fields that can be edited include: Form Number, Description, Email Address, Minimum Order Quantity, Maximum Order Quantity, Package Size, and Record Status.

The bottom portion of the screen is for editing, adding, or deleting Form Payment Information. Fields that can be edited in this panel include: Fund, Agency, Organization/Sub, Program, Activity, OBJ/S, Job/Project, and Percent.

- To add form payment information, click the **NEW** button and fill in the blank fields.
- To delete form payment information, check the box next to a Fund, and click the button.

📃 👂 FOI	RM PAYMEN	T INFORMATION					
ADD	DELETE	• • Page 1	of 1 🕟	Page S	Size 10 📫	GO Total Ite	•ms: 1
Fund	Agency	Organization / Sub	Program	Activity	OBJ/S	<u>Job / Project</u>	Percent
	804	XYZ	LHO	098	0988	54321	100

14.3.2 Employee

14.3.2.1 Employee Search

The Employee Search screen is used to search for clinic employees in the system.

	EMI	PLOYEE				
		Districts All First Name Last Name Employee Number Record Status Active		SEARCH CLEAR		
		EW • • Page 1 of 1765 •	Size:	10 GO		
		Clinic	<u>Number</u>	<u>First Name</u>	<u>Middle</u> Initial	<u>Last Name</u>
	٩	Clinic 002002 - ALLEN COUNTY HEALTH DEPARTMENT	<u>Number</u> 25001	<u>First Name</u>	<u>Middle</u> <u>Initial</u>	Last Name CPA LAB
P	۹ ۹			<u>First Name</u>	<u>Middle</u> <u>Initial</u>	
-	<u> </u>	002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001	First Name ALCY	Middle Initial	CPA LAB
	٩	002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001 24508		Initial	CPA LAB GLASGOW RADIOLOGY
	4	002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001 24508 H2714	ALCY	<u>Initial</u>	CPA LAB GLASGOW RADIOLOGY GILLENWATER
		002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001 24508 H2714 C3233	ALCY AMY	<u>Initial</u>	CPA LAB GLASGOW RADIOLOGY GILLENWATER HUDSON
	4 4 4	002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001 24508 H2714 C3233 20507	ALCY AMY ANESTHESIA &	<u>Initial</u>	CPA LAB GLASGOW RADIOLOGY GILLENWATER HUDSON PAIN SPECIALISTS
	0 0 0 0 0 0 0	002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001 24508 H2714 C3233 20507 25003	ALCY AMY ANESTHESIA & ASSOCIATED	<u>Initial</u>	CPA LAB GLASGOW RADIOLOGY GILLENWATER HUDSON PAIN SPECIALISTS PATHOLOGY
	444444	002002 - ALLEN COUNTY HEALTH DEPARTMENT 002002 - ALLEN COUNTY HEALTH DEPARTMENT	25001 24508 H2714 C3233 20507 25003 20504	ALCY AMY ANESTHESIA & ASSOCIATED ASSOCIATES	<u>Initial</u>	CPA LAB GLASGOW RADIOLOGY GILLENWATER HUDSON PAIN SPECIALISTS PATHOLOGY ANESTHESIOLOGY

Employees can be searched by: District, First Name, Last Name, Employee Number, and/or Record Status. Enter any known search criteria and click the Search button. A list of all results matching the search criteria will be displayed.

To view an employee, click the \bigcirc icon associated with an employee. The Show Employee page will be displayed.

SHOW EMPLOYEE					
Clinic	002 - Allen County Health Dept.				
Employee Number	25001				
Name	CPA LAB				
Email					
Credentials		State Employee Number			
CPT Classification	TECHNICIANS/ASSISTANTS	Discipline Code		Medicaid Billable?	
Appointments Made MTD	0	Appointments Made YTD	0	Appointments Made LYTD	0
Registrations Made MTD	0	Registrations Made YTD	0	Registrations Made LYTD	0
Encounters Entered MTD	0	Encounters Entered YTD	0	Encounters Entered LYTD	0
Termination Date		State WIC Approval?			
Record Status	Active	Setup Date	3/9/1995	Update Date	3/3/2020
ОК					

Click OK to return to the Employee Search page.

15 User Security

15.1 User Security Search

The User Security Search page is displayed when the User Security link is accessed from the Portal.

	USER SEARCH	I											
	Recon	ne State	All 🔽 Kentucky	Page 1	of 144 () (*) Size: 10								
	<u>Username</u>	<u>Last</u> <u>Name</u>	<u>First</u> <u>Name</u>	Email Address	<u>Force Change</u> <u>Password</u>	<u>Legacy</u> <u>Value</u>	<u>Setup</u> <u>Date</u>	<u>Update</u> <u>Date</u>	<u>Record</u> <u>Status</u>	<u>Question</u> <u>Group</u>	Login Question?	<u>Locked</u> <u>Out</u>	<u>Home</u> <u>State</u>
P	add.user	User	Add		No		5/02/2011	12/07/2017	Active	Kentucky	Yes	Yes	Kentucky
P	Add.User2	User2	Add		No		5/04/2011	4/30/2018	Deleted	Kentucky		No	Kentucky
_	Add.User3	User	Add		No		7/20/2017	4/05/2018	Active	Kentucky	Yes	No	Kentucky
P													Kentucky

To search for a user, enter search criteria by typing in the "Search for" field, selecting the user's record status, and/or Home State. Click Search.

Any users matching the search criteria will be displayed in the results grid.

Search fo	add.user2	>	SEARCH	AR							
Record Statu	s All 💌										
Home Stat	e Kentucky	•									
NEW EXPORT T	O EXCEL	Page 1	of 1 🕟 🕟 Size: 🚺 10	GO							
				Legacy	Setup	<u>Update</u>	<u>Record</u>	Question	Login	Locked	Hor
<u>Username</u> <u>Last</u>	First	Email Address	Force Change								

15.2 Edit User

To edit a user's security, click the edit icon corresponding to the user on the User Search page.

NEW (D	KPORT TO E		Page 1 of 1	• Size: 10	GO
<u>Username</u>	<u>Last</u> <u>Name</u>	<u>First</u> <u>Name</u>	<u>Email Address</u>	<u>Force Change</u> <u>Password</u>	<u>Legacy</u> <u>Value</u>
Add.User2	User2	Add		No	

The Edit User page will display.

EDIT USER	
Username	Add.User2
Last Name	User2
First Name	Add
Email Address	
Force Password Change	No 💌 Reset Password
Legacy Value	
Record Status	Deleted 💌
Question Group	Kentucky
Last Failed Login	MM/DD/YYYY
Login Question?	×
Change Password Question?	v
Locked Out	No 💌
Home State	Kentucky
GROUPS	of 1 () () Size: 10 (GO)
X 567890 Test Only	
CDP KYCMS Support Admin	
X KYCMS_C013_Registration	▼.
X Test Test 123	
LEGACY	
NEW (Page 1	of 1 💓 🔅 Size: 10 GO Schema Name Table Name Field Name
× 013	Household CMS_Reg KyCMS_0132
SAVE	NCEL

From the Edit User page, a number of fields can be edited under the Edit User panel.

The user can be removed from groups or added to new groups within the Groups panel by using the $\boxed{}$ button to add a new group, or the corresponding \times icon to remove access to an existing group.

The user can be removed from or add new legacy values under the Legacy panel by using the $\boxed{}$ button to add a new value, or the corresponding \times icon to remove an existing value.

After any changes have been made, click Save to save the changes or cancel to return without saving changes.

16 Help

16.1 Contacts

16.1.1 Program Contacts

KY WIC Help Desk (877) 597-0367

Business Hours: 8 am to 5:30 pm

16.1.2 Application Assistance

KY WIC Help Desk (877) 597-0367

Business Hours: 8 am to 5:30 pm

Or

Local Health Operations Help Desk (502) 564-6663

16.1.2.1 Password Assistance

If you have forgotten or would like to change your password, refer to Forgot My Password.

16.1.3 General Hardware and Software Assistance

Contact your IT Support provider for assistance with hardware or software.

Appendix A: WIC Procedures

A.1 WIC Benefits Issuance

The table below is an Issue Date Reference. For each given situation, there is a suggestion for the Issue Date to use and an explanation of the Issue Day used.

	"Issue Date" Reference	
Situation	*Issue Date	Issue Day
Issuance to a new Household (New to WIC, never issued benefits)	 Same day the participant is certified. 	 The system will automatically complete the issue day using information entered in the "Issue Date" field
lssuance to an existing Household	 If issuance takes place before benefits begin or on the actual date benefits begin, use the date that benefits are to begin. (Example: Participant comes to clinic on 2/13/12 and next issuance date is 2/16/12, 	 Already established based on prior issuance
Issuance to a participant after "next issuance due" date	 enter 2/16/12 date in the "issue date" field) Enter the actual date the participant is issued benefits. (Example: Participant comes to clinic on 2/17/12 and the "next issuance" was due 2/14/12. Enter 2/17/12 in the "issue date" field. Note: In order to issue an appropriate quantity of food, the system will automatically adjust the amount of benefits issued. 	Already established based on prior issuance
Issuance to coordinate benefits with an existing HH member receiving benefits	 Enter the actual date the participant is issued benefits. The system will issue an appropriate quantity of food benefits and coordinate the new member to the household's established issue date. (Example: Mom's issue date is 4/10/12; baby is added 4/20/12. Enter 4/20/12 in the "issue date" field.) 	 Already established based on HH member established prior to issuance

	"Issue Date" Reference	
Issuance when ALL members transferring to a new site	 Determine the last time benefits were issued. If issuance is due, and participant is in clinic before "next issuance", enter the date benefits are to begin in the "issue date" field. (Example: Participant comes to clinic on 2/13/12 and next issuance date is 2/16/12, enter 2/16/12 date in the "issue date" field) 	 Issue Day already established (issue day is transferred along with the members transferred via VOC Search)
	 If the participant presents "after" the next benefit issuance is due, enter the actual date in the "issue date" field. (Example: Participant comes to clinic on 2/17/12 and the "next issuance" was due 2/14/12. Enter 2/17/12 in the "issue date" field. 	
Issuance when a member is transferring to an existing HH at another site	 If the member does not have benefits and is due benefits before the established issue day, enter the current date as issue date. (Example: Member transfers on 4/15/12 without any benefits to a HH with issue day of 20. Enter 4/15/12 as the issuance date. A prorated package will be issued for 4/15 to 4/19) If the member has benefits, determine when next benefits are due and enter "next issuance" date in the "issue date" field. 	 Issue Day already established (Example: The transferring member's issue day was 10 and transfers into a HH with an issue day of 20. The transferring member's issue day becomes 20)
	(Example: Member transfers on 4/15/12 and "next issuance" due is 4/27/12. Enter 4/27/12 in the "issue date" field.	Rev. 5/2012

NOTE: Once the issue day has been established for a household, the issue day cannot be changed.

CDP Cms Kentu Cli Horsel	nic Management	Kentucky
PORTAL LOGOUT		
WIC BENEFITS ISSUANCE		
Household		
Status Active Name JONES Address 900 WEST FOURTH STREET	EBT Account # 50040 City/State/Zip Versailles,KY 40383 Phone # (666) 777-6666	BT CARD DIT HH SEARCH EBT ACCT EMBER
Issuance Info Print Benefit FIs Clinic *	EBT Card # ····	Issue Day 14
Bank Account	FI Number	Chack Previous FI
Member Reason For Visit EDIT There are no records to display.	Refer to "Issue Date" Column	Refer to "Issue Day" Column
Household Members	Name Next Action Due FMNP Last FP Next Issuance	Cert Due Next FP Months To Issue Label

A.1.1 Replacement

HEALTH PROFESSIONAL REPLACING AND RETURNING EWIC BENEFITS

STEPS FOR HEALTH PROFESSIONAL DOING ISSUANCE

REPLACING BENEFITS WHEN FORMULA IS NOT RETURNED

- 6. Search for the patient.
- 7. Click Patient Menu icon for the patient.
- 8. On Patient Menu, click Replace Benefits.
- 9. On Replace Benefits:
 - a. In Void Benefits, check months to void.
 - b. In Void Reason, select reason from drop-down.
 - c. In Food Package, select new food package.
 - d. In Issuance Info, verify/select Clinic and select Identification.
 - e. Click Replace Benefits.
 - f. Windows appear with issuance label and benefits list; print each and close each window.

REPLACING BENEFITS WHEN FORMULA IS RETURNED

- 1. Enter number of cans of formula returned:
 - a. Search for the patient.
 - b. Click Patient Menu icon for the patient.
 - c. On Patient Menu, click Return Purchased Formula.
 - d. On Return Formula:
 - i. In Quantity Returned, enter number of cans returned.
 - ii. Click Return Benefits.
 - iii. Message displays that benefits were successfully returned.
 - iv. Click Back.
- 2. Void benefits, change food package and replace benefits:
 - a. On Patient Menu, click Replace Benefits.
 - b. On Replace Benefits:
 - i. In Void Benefits, check months to void.
 - ii. In Void Reason, select reason from drop-down.
 - iii. In Food Package, select new food package.
 - iv. In Issuance Info, verify/select Clinic and select Identification.
 - v. Click Replace Benefits.
 - vi. Windows appear with issuance label and benefits list; print each and close each window.

REPLACING AND RETURNING EWIC BENEFITS

STEPS FOR SUPPORT STAFF

REPLACING BENEFITS WHEN FORMULA IS NOT RETURNED

- 1. Refer food package change to health professional to assign a new food package.
 - a. If benefits to be replaced are for months where an ICT was done, the ICT changed infant status to child status. If the food package change is for the infant food package, the child status assigned in the ICT must be changed to the appropriate infant status before a new infant food package can be assigned.
- 2. After food package is changed, void and replace benefits:
 - a. Search for the patient's household.
 - b. On Member screen, select patient and click Patient Menu.
 - c. On Patient Menu, click Replace Benefits.
 - d. On Replace Benefits:
 - i. In Void Benefits, check months to void.
 - 1. If replacing benefits for a month(s) for an infant with a current ICT:

- a. If replacing the infant food package(s), check months for all infant and child packages to void. The system will replace the infant package(s) and do the ICT again to replace the child package(s) if appropriate. This ensures the appropriate child food package is issued.
- b. If replacing the child food package(s), check only the month(s) for the child package.
- ii. In Void Reason, select reason from drop-down.
- iii. In Food Package, assigned food package shows.
- iv. In Issuance Info, verify/select Clinic and select Identification.
- v. Click Replace Benefits.
- vi. Windows appear with issuance label and benefit list; print each and close each window.

REPLACING BENEFITS WHEN FORMULA IS RETURNED

- 1. Enter quantity of formula returned:
 - a. Search for the patient's household.
 - b. On Member screen, select patient and click Patient Menu.
 - c. On Patient Menu, click Return Purchased Formula.
 - d. On Return Formula:
 - i. In Quantity Returned, enter quantity of purchased formula returned.
 - ii. Click Return Benefits.
 - iii. Message returns that benefits were successfully returned.
 - iv. Click Back or Portal.
- 2. Refer food package change to health professional to assign a new food package.
 - a. If benefits to be replaced are for months where an ICT was done, the ICT changed infant status to child status. If the food package change is for the infant food package, the child status assigned in the ICT must be changed to the appropriate infant status before a new infant food package can be assigned.
- 3. After food package is changed, void and replace benefits:
 - a. Search for the patient's household.
 - b. On Member screen, select patient and click Patient Menu.
 - c. On Patient Menu, click Replace Benefits.
 - d. On Replace Benefits:
 - i. In Void Benefits, check months to void.
 - 1. If replacing benefits for a month(s) for an infant with a current ICT:
 - a. If replacing the infant food package(s), check months for all infant and child packages to void. The system will replace the

infant package(s) and do the ICT again to replace the child package(s) if appropriate. This ensures the appropriate child food package is issued.

- b. If replacing the child food package(s), check only the month(s) for the child package.
- ii. In Void Reason, select reason from drop-down.
- iii. In Food Package, assigned food package shows.
- iv. In Issuance Info, verify/select Clinic and select Identification.
- v. Click Replace Benefits.
- vi. Windows appear with issuance label and benefit list; print each and close each window.

A.2 WIC Certification

MEASURES AND WIC CERTIFICATION

A. Measures and Certification steps when health professional enters all data:

- 1. From Portal click Patient Search
- 2. Enter patient ID number and click Search button
- 3. Click Patient Menu icon for selected patient
- 4. From Patient Menu click Measures & Blood Work History link
- 5. From Measures & Blood Work History, click New Measures/Blood Work button
- 6. Enter measures and blood work (if age appropriate)
- 7. To print growth chart, click Save button (saves data & returns to Measures & Blood Work History screen)
- 8. Click Growth Chart button
- 9. Click a print button to print growth charts, then close print window (click X)
- 10. Click New Cert/Recert button
- 11. On Cert/Recert Status Selection screen, select status and click Calculate Risk button
- 12. Complete Risk, Comments, Plan (and Breastfeeding/TV questions if age appropriate) and click Save & Food Pkg Assign button
- 13. Select food package and click Save & WIC 75 button
- B. Measures steps when Clinical Assistant enters measures and blood work:

- 1. From Portal click Patient Search
- 2. Enter patient ID number and click Search button
- 3. Click Patient Menu icon for selected patient
- 4. From Patient Menu click Measures & Blood Work History
- 5. From Measures & Blood Work History, click New Measures/Blood Work button
- 6. Enter measures and blood work (if age appropriate)
- 7. To print growth chart, click Save button (saves data & returns to Measures & Blood Work History screen)
- 8. Click Growth Chart button
- 9. Click a print button to print growth charts, then close print window (click X)
- 10. Click Portal button for next patient search
- C. Certification steps when health professional enters only certification data:
 - 1. From Portal click Patient Search
 - 2. Enter patient ID number and click Search button
 - 3. Click Patient Menu icon for selected patient
 - 4. From Patient Menu, click History under WIC
 - 5. From History screen, click New Cert/Recert button
 - 6. On Cert/Recert Status Selection screen, select status and click Calculate Risk button
 - 7. Complete Risk, Comments, Plan (and Breastfeeding/TV questions if age appropriate) and click Save & Food Pkg Assign button
 - 8. Select food package and click Save & WIC 75 button

State	Federal	Description
Risk	Risk Code	
Code	204.244	
1010 1020	201 211	LOW HCT/HGB ELEVATED BLOOD LEAD
2040	142a	PRETERM
2040	142b	
2049	152a	HEAD CIRCUMFERENCE BELOW 5TH PERCENTILE
2050 2060	141 114	LOW BIRTHWEIGHT/VL BIRTHWEIGHT AT RISK FOR OVERWEIGHT
2061	111	OVERWEIGHT
2062	103	AT RISK FOR UNDERWEIGHT
2063	101	
2064	121	AT RISK FOR SHORT STATURE
2065	121	SHORT STATURE
2066	151	GROWTH PROBLEMS
2067	131	INAPPROPRIATE WEIGHT GAIN PATTERN
3010	371	SUBSTANCE USE
3011	904	SECONDHAND SMOKE
4010 4020	601 602	BF INFANT/BF WOMAN AT NUTRITIONAL RISK BREASTFEEDING COMPLICATIONS
4040 4070	601 701 703	BF INFANT/BF WOMAN WITH DIETARY CONCERNS INFANT OF WIC
4075 5011	301	MOTHER/MOTHER AT RISK INFANT OF A MOTHER W/COMPLICATIONS WHICH
		IMPAIR NUTRITION PREGNANCY INDUCED CONDITIONS
5012	311	DELIVERY OF PREMATURE
5012	312	DELIVERY OF LBW INFANT
5013	321	FETAL OR NEONATAL DEATH
5014	331	GENERAL OBSTETRICAL RISK
6010	341	NUTRIENT DEFICIENCY
6010	342	GI DISORDERS
6010	343	DIABETES
6010	344	THYROID DISORDERS
6010	345	HYPERTENSION
6010	346	RENAL
6010	347	CANCER
6010	348	CNS DISORDERS
6010 6010	349 350	GENETIC/CONGENITAL DISORDERS PULORIC STENOSIS
6010	351	INBORN ERRORS OF METABOLISM
6010	352	INFECTIOUS DISEASES
6010	353	FOOD ALLERGIES
6010	354	CELIAC DS
6010	355	LACTOSE INTOLERANCE
6010	356	HYPOGLYCEMIA
6010 6010	357 359 360	DRUG/NUTRIENT INTERACTIONS RECENT SURGERY, TRAUMA, BURNS JVARTHRITIS,
6010 6020	902	CARDIORESP DS, LUPUS, HEART DS, CF, ASTHMA IMPAIRED ABILITY TO PREPARE FOOD
6030	361 & 362	COMPLICATIONS WHICH IMPAIR NUTRITION
6040	381	DENTAL PROBLEMS
6050	382	OTHER HEALTH RISK
7010	401	PRESUMED DIETARY RISK
7010	401 411.1	FEEDING PRACTICES - INFANTS
7012	411.1 425.1	FEEDING PRACTICES - INFANTS FEEDING PRACTICES - CHILDREN
7012	423.1	

7012	427.1	FEEDING PRACTICES - WOMEN
7012	428	FEEDING PRACTICES - INFANTS
7015	402	INAPPROPRIATE NUTRIENT INTAKE
7015	403	INAPPROPRIATE NUTRIENT INTAKE
7020	358a	EATING DISORDERS
7090	901	RECIPIENT OF ABUSE
7095	903a	FOSTER CARE
7098	801	HOMELESSNESS
7099	802	MIGRANCY
8030	501	REGRESSION PRIORITY III
9010	502	TRANSFER

16.2 WIC Labels

OBTAINING WIC CERTIFICATION LABEL FOR FULLY BREASTFED INFANTS ASSIGNED BF1/F1 FOOD PACKAGE

Household Contains Fully Breastfeeding Infant (single infant or multiple infants) NOT Receiving Benefits (BF1/F1 package) – Printing Certification Label for Infant(s) Only

- 1. On Member screen, click Save & Issuance.
- 2. On WIC Benefits Issuance screen:
 - a. Click on the "Cert Label Only?" box for participant(s) with a BF1/F1 package.
 - b. Click Issue Benefits.
 - c. A window will appear with the certification label(s). To print label(s):
 - i. Click File or the print icon in the toolbar that appears in the window.
 - ii. Select or verify label printer is selected printer.
 - iii. Click Print/OK.
 - iv. Close window when printing is complete.
- 3. Place certification label in participant's medical record(s).

Household Contains Fully Breastfeeding Infant (single infant or multiple infants) NOT Receiving Benefits (BF1/F1 Package) – Printing Certification Label for infant(s) and Issuing Benefits to Other Household Members

1. On Member screen, click Save & Issuance.

- 2. On WIC Benefits Issuance screen:
 - a. Verify/select clinic from the dropdown.
 - b. Enter issue date.
 - c. Select the type of identification presented from the drop down.
 - d. Select member(s) to receive issuance by checking the box next to Patient # or check the "All" box to select all Household Members.
 - e. Do not check or uncheck the box next to the Patient # of the participant(s) assigned the BF1/F1 package.
 - f. Check the "Cert Label Only?" box for participant(s) assigned the BF1/F1 package.
 - g. Select number of months to issue for participant(s) receiving benefits.
 - h. Click Issue Benefits.
 - i. Two (2) windows will appear: one with the benefits list and shopping list for the household member(s) receiving benefits and one with the certification label(s) and issuance label(s). To print:
 - i. Click File or the print icon in the toolbar that appears in the window.
 - ii. Select/verify label printer is selected printer.
 - iii. Click Print/OK.
 - i. Close each window when printing is complete.
- 3. Place certification and issuance labels in participant's medical records.
- 4. Give benefits list and shopping list to participant(s).

Note: The BF1/F1 label can be reprinted through the CDP Report Viewer option.

16.3 WIC Registration

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REGISTERING FOR WIC CERTIFICATION/RECERTIFICATION

PATIENT(S) WITH MEDICAID, FOOD STAMPS OR KTAP

- 1. On CDP Portal, click HH Search.
- 2. On Household Search, enter search criteria for the household and click Search.

- 3. On Member screen, verify household address and phone number. If new address or phone number, click Edit at top of screen. On Household Edit screen, change address and/or phone number and click Save.
- 4. Enter/verify number in household.
- 5. Click Save & Third Party on Member screen.
- 6. On Third Party Liabilities screen, click box beside name(s) of patients being certified. If all household patients are receiving services, click the All box.
- 7. Select/verify Medicaid eligibility and enter/verify Medicaid number if applicable. Click in box for KTAP or Food Stamps if patient receives these.
- 8. Click Save & Income/ Proofs.
- 9. On Income/Proofs screen, click box beside name(s) of patients being certified. If all household patients are receiving certification, click the All box.
- 10. Complete initial contact date (if a new certification), proof for residence, proof for identity, adjunct eligibility and adjunct eligibility proof for each patient for certification/recertification.
- 11. Click Save & Member.
- 12. On Member screen, click box beside patient name and click Registration.
- 13. On Registration, ensure all required fields are completed. Make sure correct clinic is on Registration. Update/complete fields as needed.
- 14. Select WIC Cert/Recert as reason for visit.
- 15. If address and phone number was not verified on Member screen verify on Registration. Update household address and/or phone number if needed.
- 16. Enter number for labels needed.
- 17. Click Save & Member if another household member needs to be registered. If thru with household, click Save & Portal.
- 18. Window will appear with labels. Click print icon in toolbar that appears in window. Ensure printer is label printer. Click OK/Print. Do not close (X) window until labels are thru printing.

PATIENT(S) FOR INCOME SCREENING

- 1. On CDP Portal, click HH Search.
- 2. On Household Search, enter search criteria for the household and click Search.
- 3. On Member screen, verify household address and phone number. If new address or phone number, click Edit at top of screen. On Household Edit screen, change address and/or phone number and click Save.
- 4. Enter/verify number in household.
- 5. Click Save & Income/Proofs on Member screen.
- 6. On Income/Proofs, click box beside name(s) of patients being certified. If all household patients are receiving certification, click the All box.
- 7. Complete initial contact date (if a new certification), proof for residence, proof for identity, adjunct eligibility and adjunct eligibility proof for patient(s) for certification/recertification.
- 8. Click box for Assessing Income.
- 9. Enter/update household income information:
 - a. For Salaried Income/Wages:
 - i. To do a new entry for salaries/wages, click Add to open line for data to be entered. Click Add for each entry needed.
 - ii. Complete name (of person with wages), employer, pay period, income amount and proof.
 - b. For Other Income:
 - i. To do a new entry for other income, click Add to open line for data to be entered. Click Add for each entry needed.
 - ii. Complete name (of person with other income), income source, pay period, amount, and proof.
- 10. Click Save & Member.
- 11. For patient(s) over WIC income guidelines, a Notice of Ineligibility (WIC-54) will appear in a separate window to print. If over WIC income guidelines, Registration must be completed for documentation.
- 12. On Member screen, click box beside patient name and click Registration.
- 13. On Registration, ensure all required fields are completed. Make sure correct clinic is on Registration. Update/complete fields as needed.
- 14. Select WIC Cert/Recert as reason for visit.
- 15. If address and phone number was not verified on Member screen, verify on Registration. Update household address and/or phone number if needed.
- In Income section, enter date income was assessed (today's date) in Income Assessed Date. (Income Assessed Date must be completed with date income was assessed to receive 4th registration label.)
- 17. Enter number for labels needed.
- 18. Click Save & Member if another household member needs to be registered. If thru with household, click Save & Portal.

19. Window will appear with labels. Click print icon in toolbar that appears in window. Ensure printer is label printer. Click OK/Print. Do not close (X) window until labels are thru printing.

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REMINDERS FOR INCOME DOCUMENTATION FOR WIC CERTIFICATION

- Enter zero (0) in the income field when the participant reports zero household income (i.e. there is no income for the household).
- If an income screening has never been done on the household (for example, participants with Medicaid, KTAP, or Food Stamps), the annual income field will be blank. If income screening is not required, the field should be left blank. CMS will accept a blank income field. If an income screening has been done, the annual income field may contain the annual amount.
- Annual income fields should be blank when income is unknown or has never been assessed (CMS will accept a blank income field). Do not enter nines (99999) for unknown income in any income fields in CMS. Nines in the income field in CMS are considered as a dollar amount (i.e., \$99,999). Only enter nines if it is the income amount (i.e., \$999.99).
- Nines (99999) appearing in the annual income field on Registration may be from the transfer of income data from Bridge to CMS (99999 was entered in the Bridge system for unknown income). If household income has not been assessed or is not being assessed, nines should be deleted from the annual income field in CMS leaving the field blank (CMS will accept a blank income field); otherwise, it will appear that the annual household income is \$99,999.
- When household income is assessed for a patient, the Income Assessed Date on Registration must be completed with the date income was assessed to receive the fourth registration label

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WIC PROGRAM DOCUMENTATION FOR KCHIP III ELIGIBILITY

Persons eligible for KCHIP III are not adjunct income eligible for WIC. To identify if a patient is KCHIP III eligible, the Kentucky Health Net Eligibility Verification System will have a "P7" in Program Status. Patients with KCHIP III must be screened for household size and household income. Steps for documenting KCHIP III and income information:

- 1. On the Member screen, click Save & Third Party.
- 2. On Third Party Liabilities, select member by clicking box for patient name.
- 3. In Medicaid Eligible drop-down, select KCHIP 3.
- 4. Click Save & Income/Proofs.
- 5. On Income/Proofs, select member by clicking box for patient name.
- 6. Select proof from drop-downs for Residence and Identification.
- 7. Select None from Adjunct Eligibility drop-down.
- 8. Select Not Applicable from Adjunct Eligibility Proof drop-down.
- 9. Check Assessing Income box.
- 10. Update existing income info or click Add to add new income info for Salaried Income/Wages and/or Other Income.
- 11. Complete all required fields for income including proof.
- 12. Click Save & Member.
- 13. For patient(s) over WIC income guidelines, a Notice of Ineligibility (WIC-54) will appear in a separate window to print. If over WIC income guidelines, Registration must be completed for documentation.
- 14. On Member screen, select member by clicking box for patient name.
- 15. Click Registration.
- 16. On Registration, complete Income Assessed Date in addition to required fields. Make sure correct clinic is on Registration. Update/complete fields as needed.
- 17. Select labels.
- 18. Click Save & Portal or Save & Member.
- 19. Print labels for documentation.

16.4 WIC VOC

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ADDING AN IN-STATE WIC TRANSFER/VOC USING VOC SEARCH

- User must have security for VOC Search to appear on Portal.
- Once the transfer is completed using VOC Search:

- An email is automatically sent to the losing clinic to alert staff of the transfer(s).
- WIC History is updated for the patient(s) transferred.*

VOC Search

- 1. On Portal, click VOC Search.
- 2. On VOC Search screen, enter Patient ID # or Name and Birth Date.
- 3. Click Search.
- 4. Match displays at bottom of screen in WIC Patients panel if patient has current WIC certification. If name shows in multiple clinics, it is in order by most recent clinic. (Panel displays Clinic, Patient #, Name, Status, Certification Begin Date, Certification End Date, WIC Active, and Terminate Reason (reason shows if terminated**)).
- 5. To transfer, click green arrow next to Clinic that patient is in.
- 6. Select VOC Patients screen returns. WIC Patients panel shows all household members who have current WIC eligibility and members' certification info.***
- 7. Click box next to Patient # to select patient(s) to transfer or click All to transfer all patients.
- 8. Click Transfer VOC.
- 9. On VOC Transfer screen, complete Transfer panel:
 - a. Transfer WIC Data: Select Yes to transfer WIC info. ("No" transfers patient demographics only).
 - b. Residence and Identification proof: Select proof for residence and identification from dropdown for each patient transferring.
 - c. County: Verify/select county to receive patient(s).
- 10. Create a new household or search for the existing household to transfer patient(s) into.

To Create New Household

- 1. Click Create New Household.
- 2. VOC Transfer Verification box appears. Click Yes in Complete the VOC Transfer?
- 3. Transfer Household Add screen returns.
- 4. Change household Name, Address, City/State/Zip, and Phone Number as needed.
- 5. Complete Issuance Info panel with Clinic and Identification. Make sure correct clinic is selected.
- 6. Add/update Responsible Party, Emergency Name, Primary Insurance Company, Supplemental Insurance Company, or Medical Home as needed.
- 7. Click Save. ****
- 8. Multiple windows appear with a VOC for patient(s) transferred, a WIC Benefit List (with benefits transferred if patient(s) has eWIC benefits), an issuance label (if patient(s) has eWIC benefits), and Add Card/Cardholder screen to issue an eWIC card (card may be issued now or close window and issue at check out).
- 9. Member screen displays the new household created with the transferred patient(s).
- 10. Enter Number in Household on the Member screen and click Save.

- 11. Register transferred patient(s). Select a member and click Registration.
- 12. On Registration, complete required and applicable fields. Make sure correct clinic is on Registration. Enter Reason for Visit of WIC VOC. Select needed labels and click Save & Member or Save & Portal. (Do not click Save & VOC).
- 13. Issue benefits as appropriate at checkout based on date due. Date due is shown on WIC Benefits Issuance screen in Next Issuance Due and date reflects any transferred benefits.

To Transfer to Existing Household

- 1. Enter household number, name, etc. for existing household to transfer patient(s) into.
- 2. Click Search.
- 3. Match from search displays at bottom of screen in Household panel.
- 4. To transfer, click green arrow next to Household # to transfer patient(s) into.
- 5. WIC Transfer Verification box appears. Click Yes in Complete the VOC Transfer?
- 6. Transfer Household Edit screen returns with household info. Edit household info as needed.
- 7. Complete Issuance Info panel with clinic and identification. Make sure correct clinic is selected.
- 8. Add/update Responsible Party, Emergency Name, Primary Insurance Company, Supplemental Insurance Company, or Medical Home as needed.
- 9. Click Save.
- 10. Multiple windows appear containing a VOC for patient(s) transferred, a WIC Benefit List (with benefits transferred if patient(s) has eWIC benefits), an issuance label (if patient(s) has eWIC benefits), and Add Card/Cardholder screen to issue an eWIC card if household does not have an eWIC card (card may be issued now or close window and issue at check out).
- 11. Member screen displays with transferred patient(s) added in existing household.
- 12. Update number in household and click Save.
- 13. Register transferred patient(s). Select member and click Registration.
- 14. On Registration, complete required and applicable fields. Make sure correct clinic is on Registration. Enter Reason for Visit of WIC VOC. Select needed labels and click Save & Member or Save & Portal. (Do not click Save & VOC).
- 15. Issue benefits as appropriate at checkout based on date due. Date due is shown on WIC Benefits Issuance screen in Next Issuance Due and date reflects any transferred benefits.

* Certification history from the previous clinic is transferred and shows in the WIC Certification History along with the VOC for the transfer.

**A participant who has WIC eligibility but has been terminated can be transferred. However, the participant's terminated status is transferred. Before any benefits can be issued to a terminated participant, the reason for termination must be reviewed and a reinstatement done if appropriate.

***Select VOC Patients includes the Next Issuance Due date. Use this date along with information gathered from the participant to determine when to complete the VOC or schedule the participant for service. If the participant is in clinic and benefits are due, complete the VOC process; if benefits are not

due but a new eWIC card is needed to access benefits, complete the VOC (i.e., if a member(s) from a household is transferring but a member(s) still remains in the household, such as a child transferring while mom, or another child, receives WIC benefits and has the card, complete the VOC and issue a new card to access the transferred benefits); if benefits are not due and the entire household has transferred and has the eWIC card, cancel the VOC and schedule an appointment as needed to complete the VOC.

***Note: If address or phone number matches an existing household, a duplicate household warning will appear. To proceed, click Continue Save; to cancel, click Cancel.

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ADDING AN OUT-OF-STATE WIC PARTICIPANT

For an out-of-state-participant:

To be valid, the VOC must contain, at a minimum, the name of the participant and the beginning and ending dates of the certification period, and there must be eligibility remaining. If the VOC is determined to be invalid, the transferring site may be contacted for necessary information. If information cannot be obtained, the person must be screened as a new applicant in the receiving site.

Residence requirements must be met. Request to see proof of residence and identity of the individual being transferred. If proof cannot be provided, refer to the WIC and Nutrition Manual, Certification and Management Section, WIC Eligibility Requirements, "Applicant Unable To Provide Proof Of Residency At WIC Certification" and/or "Applicant Unable To Provide Proof Of Identity At WIC Certification."

- 1. On Portal, click HH Search.
- 2. Enter search criteria and click Search (transfer patient(s) may be added to an existing household or create a new household).
- 3. On Member screen, click Add to open line to enter patient info.
- 4. Complete required fields (Member, Patient #, Name, Birth Date, and Gender).
- 5. Complete/update Number in Household.
- 6. Click Save.
- 7. Check box for the patient.
- 8. Click Registration.
- 9. On Registration, complete all applicable and required fields. Enter Reason for Visit of WIC VOC.
- 10. Click Save & VOC.
- On VOC, enter all required fields: Proof of Residence and Identification, Beginning and Ending Certification Date, and Status; once status is entered, the screen auto-fills VOC risk (risk code 502). Be sure to check beginning and ending certification dates and enter correctly.
- 12. Click Save & Food Package.
- 13. Window will appear containing a VOC label; print label for placement in the medical record.

- 14. On Food Package Assignment screen:
 - Option A: If food package information is provided by the previous clinic, consult with health professional for food package assignment **PRIOR** to selecting the food package, select the food package, click save and proceed to step #15); <u>or</u>
 - Option B: If food package information is not provided by the previous clinic, a health professional must assign a food package. Click Member, arrange for participant to see health professional, and proceed to step 15.
- 15. On Member screen, request labels:
 - a. Check box for the patient.
 - b. Click Labels.
 - c. Enter number in needed labels and click Create.
 - d. Labels appear in window to print; when labels have been printed, click Done.

• WIC VOC

Kentucky WIC Program Verification of Certification

Patient Information

HH #	1147		15/2012
Name	ZOE ZANE		15/2013
Gender Birth Date EDC	n Date 06/21/2011	Age 1 Years 3 Months 2 Status Child Priority 3A	4 Days

Height & Weight			Bloodwork		
Date of Measures	10/15/2012	Date of Measures	10/	15/2012	
Height	0 ft. 30 in.	Hemoglobin	9	gm/dL	
Weight	23 lbs. 0 oz.	Hernatocrit		%	
BMI	17.97	Lead Count		µg/dL	
Gestational Age					
PPW	0 lbs. 0 oz.				

Additional Information

Breastfeeding	No	Ever Breastfed	No	How Long	
Age in Weeks F	ormula or C	Other Food Given		0 Months 0 Weeks 0 Days	
Hours per day v	vatching TV	1 Hour			

Risk Assessment

Risk Code	Priority	Referral
142 - Prematurity (Birth at <= 37 weeks gestation) (up to age 2) (age adjusted)	3A	
141a - Low Birth weight <= 5 lb 8 oz/2500 grams (LBW) up to 2 years of age	ЗA	
201g - Hernatocrit <= 32.8% or Hemoglobin <= 10.9 gm/dl (age 9.0 months to 1.9 yrs)	3A	Hematocrit <= 27% or hemoglobin <= 9gm/dL refer ME

Food Package CB - child with cheese

Issuance Information

Last Issuance 10/28/2012 - 11/27/2012 Next Issuance 11/28/2012 Agency KY DEPT PUBLIC HEALTH

LOCAL HEALTH TEST SITE Clinic Lexington, KY, 40511

Phone # (502) 695-1999

Signature: ____

Janet Johnson

Date: 11/01/2012

• WIC VOC Transfer Email Alert

10/2012

WIC VOC TRANSFER EMAIL ALERT

An email is automatically sent from a transfer using VOC Search. The email is sent to the agency losing the participant(s) through VOC Search.

